						A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					i onn	
	Division, Department, or Reg	on (If Applicable	9)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)		-			
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	(Month Day Year)	
2.	Function or Event Infor	nation				(Monut, Day, Ivar)	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	1780.00	
	Event Description Oakland A			—			
	Event Description	Provide Title/Exp	lanation	Date(s)	Date(s) <u>05 /13 /14/</u> /		
	Ticket(s)/Pass(es) provided b	agency2		If no. Oaklar	ব If no: Oakland A's		
	nonet(a)/Fasa(ea) provided b	yagencyr	Yes 🔲 No		Name of S	0.000/1	
	Was ticket distribution made at the behest No I Yes		No 🗌 Yes	If yes: Valle,	, Richard- Supervisor	District 2	
	of agency official?	of agency official?			Official's Name	(Last, First)	
3.	Recipients						
		/'s department or		tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pub		blic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:	
				If checking "Ceremon	ial Role" or "Other" describe below.		
		3		Ceremonial Role If checking "Ceremon	Other describe below.	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	League of Volunteers 8440 Central Ave. Newark CA 94560		20	To reward a non-pr community.	ofit organization for it	s contributions to the	
	Helps with the needs of youth, senior citizens providing safety net services						
4.	Verification I have read and understand FPPC Regu Signature of Agency Head or Designee Comment:		d 18942. I have ve Michelle Di Print Nam	ianda	orth above, is in accordance w Supervisor's Aide _{Title}	vith the requirements. <u>414414</u> (Menth, Day Year)	

						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Region	n (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)	1			
	Michelle Dianda				provide explanation in Part 3.)	
		전 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은				
_	(510) 272-6692 r	nichelle.dian	ida@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					1790.00
	Does the agency have a ticket p		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	1780.00
	Event Description Oakland A's	vs. Toronto	Blue Jays	Date(s)07	<u>0614</u>	//
	Provide Inter/Explanation					
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So	ource
	Was ticket distribution made at t	the behest	No 🗌 Yes	Valle, Valle	Richard- Supervisor	
	of agency official?			In yes:	Official's Name (Last, First)
3.	Recipients					
(7)) (• Use Section A to identify the agency's	department or u	ction B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
			Pass(es)			
	B. Name of Individual		Number of		Identify one of the follow	laar
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ng:
					Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other D	Income
					ial Role" or "Other" describe below:	20-
			Number of			
	C. Name of Outside Organiza (include address and descr		Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)	-		
	St. Rose Hospital Foundation 27200 Calaroga Ave Hayward		20	To reward a non-pr community.	ofit organization for its	s contributions to the
				community.		
	Helps fund hospital services, and health of patients and fan					
4		nines				
4.	Verification	ons 18944.1 and	18942. I have ve	wified that the distribution set f	orth above, is in accordance wi	ith the requirements
		ono roo rar una	Michelle D			4/15/14
	Signature of Agency Head or Designee	<	Print Nam		Supervisor's Aide	(Mpnth, Day Year)
	V			Q.		
	Comment:					
					FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Comment: __

0.00			and a second share of the second			A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 602		
	Division, Department, or Reg	jion (If Applicabl	e)			r or onear out only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Michelle Dianda					
	Area Code/Phone Number				provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	30.00
	Event Description Oakland /	A's vs. Housto	n Astros	Date(s) 04	4 , 19 , 14	//
	Event beachpiton	Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's	
	Was tisket distribution made at the behavior				Name of Sc	
	Was ticket distribution made at the behest No □ Yes ☑ If yes: Valle of agency official?				, Richard- Supervisor Official's Name (
-						
3.	• Use Section A to identify the agend	v's department or	unit a Use Sec	tion B to identify an individ	ual	tify an outside organization
	A. Name of Agency, Departm	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)			
	B. Name of Individu	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Steele, Chris		6	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in		
			7		potential revenue from	
				입장 것 같은 것 같은 것 같아. 이 것 같아.	Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy	
	Verification	Wations 18944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	ith the requirements,
		A CONTRACTOR OF CONTRACTOR				11 - 111
	Signature of Agency Clearl or Designe	2	Michelle D	ianda	Supervisor's Aide	4/15/14

1.	Agency Name Alameda County		Date Stamp	California Form 802		
	Division, Department, or Reg	on (If Applicable	9)			For Official Use Only
			5			
	Board of Supervisors Designated Agency Contact (Nama Titlat				
		ivanie, nile)				
	Michelle Dianda Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	S. V. 1897 1988	nda@acgov.	ora	Date of Original Filing:	
2	Function or Event Infor		naalgaogon			(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	□ Face Value o	f Each Ticket/Pass \$	24.00
	Event Description Oakland A		n Astros			//
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No [If no: Oaklar	nd A's	
				200 - 20 - 20 - 20 - 20 - 20 - 20 - 20	Name of So	
	Was ticket distribution made at the behest No Yes If yes of agency official?				Richard- Supervisor I	District 2
-					children o Hanne (i	
3.	• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Describe the pub Pass(es)		plic purpose made pursuant to the agency's policy		
	B. Name of Individual (Lost, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Steele, Nick	Steele, Nick			Other X ial Role" or "Other" describe below:	Income
			2		ance at an event held potential revenue from	
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	Signature of Agente Liesd or Designee		Michelle Di	ianda	Supervisor's Aide	4/15/14 Month, Day, Year)
	Comment:					

-						
1.	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Reg	ion (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.dian	ida@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	24.00
	Event Description Oakland A	s vs. Seattle N Provide Title/Expla	Mariners	Date(s)5	<u>, 05 , 14</u>	050614
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Oaklar	nd A's	
	noner(a)// daa(ea) provided b	yageney			Name of S	
	Was ticket distribution made at the behest No □ Yes ☑ If yes: Valle				Richard- Supervisor	District 2
_	of agency official?		1.5-100 0.10	Official's Name	(Last, First)	
3.		11555 N 58	61 - 532 - 534	n 30 Br 20 March	2 8 5 3 91 10	187 LAP 1 1 1
	Use Section A to identify the agence	y's department or u	and the second se	tion B to identify an individu	al. • Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pub Pass(es)		olic purpose made pursuant to the agency's policy	
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			Pass(es)	Ceremonial Role	Other D	Income
				여 옷 가지 않는 것이 같은 것을 알 수 있다.	ial Role" or "Other" describe below:	income
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy	
	Searles Elementary School 33629 15th Street, Union C	ity CA 94587	2	To reward a school	for its contributions t	o the community.
	Public elementary school for students in Union City	er K-5th grade	2			
4.	Verification Theve read and understand FPPS Regu- Signature of Agency Meed or Designed Comment:		18942. I have ve Michelle D Print Nam	ianda	orth above, is in accordance w Supervisor's Aide _{Title}	rith the requirements. <u>4417714</u> (Month. Day Year)

Agency Report of:

Cere	emonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
94 W.S.C.	g ency Name ameda County				Date Stamp	California Form 802
Div	lision, Department, or Reg	gion (If Applicable	9)		-	For Official Use Only
	eard of Supervisors signated Agency Contact	(Name Title)	-			
		(ivanie, inte)				
1997	chelle Dianda				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number E-mail (510) 272-6692 michelle.dianda@acgov.org				Date of Original Filing:	(Month, Day, Year)
	Inction or Event Info		ANG MARK A MAR - 1	24.00		
	es the agency have a tick		of Each Ticket/Pass \$ _			
Eve	ent Description Oakland	A's vs. Washin Provide Title/Exp	5 <u>, 11 , 14</u>	//		
Tic	ket(s)/Pass(es) provided l	by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sc	ource
	as ticket distribution made f agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (District 2
	B Cipients se Section A to identify the agen	cy's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
В.	R Name of Individual		Number of Ticket(s)/		Identify one of the follow	ána:
	(Last, First)		Pass(es)			
Mo	ott, Gil		2	Ceremonial Role If checking "Ceremo	Definition of the second secon	Income
1.1.1.1.1			2		ance at an event held potential revenue from	
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
c.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy

4. Verification	
-----------------	--

Signature of Agency Head or Designee

(1 he	ive read a	nd unders	stand FPPO F	Regulations 18944.1 and	d 18942. I have verified that	the distribution set forth abo	ve, is in accordance with	the requirements.	
Ш	A	1			Michelle Dianda		pervisor's Aide	4/1	171

Michelle Dianda Print Name

Title

fonth, Day, Year)

Comment: _

11

-	eremonial Role Even	its and no	Neur ass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			ronni -		
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					(Monin, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	24.00
	Event Description Oakland				1 , 20 , 14	
	Event Description	Provide Title/Expl	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oakla	nd A's	
		, y ugonoy i		······	Name of So	
	Was ticket distribution made at the behest No □ Yes ☑ If yes: Valle of agency official?			If yes: Valle	, Richard- Supervisor	District 2
_	or agency official?		Official's Name (Last, First)		
3.	Recipients					
	Use Section A to identify the agend		unit. • Use Sec Number of			
	A. Name of Agency, Departm	Ticket(s)/ Describe the publ Pass(es)		lic purpose made pursuant to the agency's policy		
	B. Name of individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Cheema, Sukhveer			CC3.57227033713373737572	Other X	Income
			2		ance at an event held potential revenue from	
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.	Verification	ulations 18944.1 and	d 18942. I have ve Michelle D		forth above, is in accordance wi Supervisor's Aide	th the requirements. 4/18/14
	Signature of Agency Head or Designe	0	Print Nam	ie	Title	(Month, Day, Year)
	Comment:					

A Public Document

-						Fill dono boodinoni			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form OUZ For Official Use Only					
	Division, Department, or Reg	gion (If Applicab	-						
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)	-						
	Michelle Dianda Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
		510) 272-6692 michelle.dianda@acgov.org			Date of Original Filing:				
0			Date of Original Filing:(Month, Day, Year)						
2.	Function or Event Info Does the agency have a tick		Yes 🛛 No 🗆	Face Value	of Each Ticket/Pass \$	660.00			
	Event Description Golden S	tate Warriors Provide Title/Ex,	Playoff Game A	_ Date(s) <u>04 / 24 / 14</u> //					
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golden State Warriors Name of Source					
	Was ticket distribution made of agency official?	at the behest	, Richard- Supervisor L Official's Name (L	District 2 ast, First)					
3.	• Use Section A to identify the agen	cv's department o	r unit. • Use Section	B to identify an individual. ● Use Section C to identify an outside organization.					
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant				
				1					
	B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:			
	Gonzalez, Robert			Ceremonial Role If checking "Ceremo	Other Annual Role" or "Other" describe below:	Income			

B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
Gonzalez, Robert	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
Decena, Eduardo	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification		

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Michelle Dianda

Print Name

Supervisor's Aide

Comment: _

lignature of Agency Head or Designee

Ce	remonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
	Agency Name		Date Stamp	California 802		
8	Alameda County					101111
Ì	Division, Department, or Reg	ion (If Applicable,)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
1.1	Michelle Dianda	LE mail			Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	da@aaaau	0.00	Date of Original Filing:	
_	(510) 272-6692	michelle.diar	ida@acgov.	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor			-	A 400 () A 100 () A 100 ()	660.00
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	000100
ł	Event Description Golden St	ate Warriors P	layoff Game	B Date(s)		//
		Provide Title/Expla	- C1-1- 141			
3	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of Sc	WICO		
١	Nas ticket distribution made a	t the behest	Richard- Supervisor			
1	of agency official?	ti the benest	Official's Name (Last, First)		
-	Recipients • Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to iden	
ī	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🛛	Income
	Hickey, Neal		2		ial Role" or "Other" describe below:	
			2		ance at an event held potential revenue from	
1				e erennen riene	Other 🛛	Income
6	Dianda, George		2		ial Role" or "Other" describe below:	at a Causta Caulta I
			19.25		ance at an event held potential revenue from	
Ċ	C. Name of Outside Organ (include address and des					

4. Verification

1

-

I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda Supervisor's Aide V Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

001	emonial Role Ever	no una mo	1001 000	Distributions		A Public Document	
1. A	gency Name		Date Stamp	California 802			
A	lameda County			Form			
Di	vision, Department, or Re	gion (If Applicable)			For Official Use Only	
В	oard of Supervisors						
De	esignated Agency Contact	(Name, Title)					
M	lichelle Dianda						
A	rea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part		
(5	510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. F	unction or Event Info	rmation					
	oes the agency have a tick		Yes 🛛 No		of Each Ticket/Pass \$ _	660.00	
E١	vent Description Golden S	tate Warriors F	5 , 01 , 14	//			
Ti	cket(s)/Pass(es) provided I	by agency?	n State Warriors Name of So	urce			
	as ticket distribution made of agency official?	at the behest	, Richard- Supervisor Official's Name (i	District 2 Last, First)			
	ecipients Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual a Use Section C to iden	tify an outside organization	
A			Number of Ticket(s)/ Pass(es)		blic purpose made pursuant		
-			Number of				
B	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
S	Smith, Arlando		2	To promote attend	Other International Other Other Other Other Other Other describe below: ance at an event held potential revenue from		
н	enninger, Tona		2		Other Other of Other Other Other Other Other Other Other of "Other" describe below:	Income	

		6653	order to maximize potential revenue from sales.
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		8	

. Venification			
I have soud and up dominand CDDC DevideVerse 400.			
I have read and understand FPPC Regulations 1894	14.1 and 18942. I have verified that the distribu	ition set forth above, is in accordance with the	requirements.
r have read and understand PPPC Regulations 1894	Michelle Dianda	ttion set forth above, is in accordance with the Supervisor's Aide	S/1/14

Comment: Includes 1 parking pass at the value of \$30.

Ceremonial Role Even	is and fich	(et/Pass	Distributions		A Public Documen
1. Agency Name			(+)	Date Stamp	California 802
Alameda County	Division, Department, or Region (If Applicable)				Form OUZ For Official Use Only
	on (<i>ii Applicable</i>)				
Board of Supervisors Designated Agency Contact (Name Title)				
Lee Ann Fergerson, Supervi Area Code/Phone Number	E-mail	t		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acqo	ov.org	Date of Original Filing:	
2. Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticket policy? Yes 2 No Face Value of				3000
Event Description	elsall	Ţ	Date(s)	0,16,14	7,22,14
	Provide Title/Explan	nation			
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes No I If no:			kland Dr Name of Sc	
Was ticket distribution made a of agency official?	the behest	No 🗌 Yes	If yes:	meda County Supervisor Official's Name (Contract of the second s
3. Recipients • Use Section A to identify the agency	's department or ur	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization
A. Name of Agency, Departmen	Approximation of the second	Number of Ticket(s)/		lic purpose made pursuant	
		Pass(es)		ne purpose mude pursuam	to the agency's policy
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following of the following of the second seco	ng:
				Other Other al Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
Save- 1900 Mowry Ave, Sui Fremont CA	tezaf				
94538 Varification					
A Verification	ons 18944.1 and 18	942. I have ver	ified that the distribution set for	th above, is in accordance with	the requirements
Robertrak		e Ann Ferg		Supervisor's Assistant	5-1-14
Signature of Agency Head or thesignee		Print Name	and the second se	Title	(Month, Day, Year)
Comment: A Sale	place fo	'r ba	Hered Jabue	sed women	
Fremone			/	PPC Toll Free Helplins: 80	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Ceremo	nial Role Even	ts and Tic	ket/Pass Di	stributions		A Public Document
1. Agency Name					Date Stamp	California 802
Alameda County						Form 002
	n, Department, or Reg	ion (If Applicable	9)		-	For Official Use Only
Board	of Supervisors					
Designa	ated Agency Contact	(Name, Title)				
Lee An	n Fergerson, Superv	visor's Assista	nt			and de angles d'an la Dad D l
Area Co	ode/Phone Number	E-mail				provide explanation in Part 3.)
(510) 2	(510) 272-6691 leeann.fergerson@acgov.org				Date of Original Filing:	(Month, Day, Year)
2. Funct	ion or Event Infor	mation				660.00
Does th	e agency have a ticke	et policy?	Yes No		of Each Ticket/Pass \$ _	660.00
Event D	Description We	WYIOYS	Basket	balbate(s) 5	1114	//
	2	Provide Title/Exp	lanation		Gul	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🖉 No 🗖	If no:	SW Name of Se	ource
Was tic	ket distribution made	at the behest	No 🗆 Yes 🗆	If yes:	ameda County Supervisor	Scott Haggerty, District 1
	ncy official?			ii yes.	Official's Name	(Last, First)
3. Recip	ients					1614) STAND - 62 - 62
• Use Sec	ction A to identify the agend	y's department or		B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.
A. 1	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
B.	Name of Individu	al	Number of	1000000	Identify one of the follow	4
D .	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	
N	cholas De	1 fino	2	To promote attenda maximize potential	ance at a county sponsored e county revenue for concessio	come vent in order to n and parking sales
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below.	
				2		
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	t to the agency's policy
			Pass(es)			100
4. Nerific	ation					
		ulations 18944.1 an	d 18942. I have verifie	d that the distribution set	forth above, is in accordance w	ith the requirements.
Nel	in Tun	~	Lee Ann Ferge	rson	Supervisor's Assistar	4 - 29 - 14
V Sigi	nature of Agency Head or Designe	0	Print Name		Title	(Month, Day, Year)
Comm						
Comm	ent					EBBC Form 802 (4/12)

4.

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 20 Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: ome To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agen Print Name V He Title

th. Day.

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s) Provide Title/Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No Ves If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Lost, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income To reward a county employee for his or Rudol 2 her exemplary service to the public. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification Have read, and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agen Print Name Title Comment: .

4.

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes Z No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No 🗌 Yes 🕨 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) To promote attendance at a county sponsored event in order ome RobinMichel to maximize potential county revenue for concession and parking sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification + Have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name Signature of Agen Title Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information OD Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔽 No 🗆 US **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No 🗌 Yes 🔀 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Gunol Glen wo ommu To reward a school or nonprofit organization for 9458 its contributions to the community. Verification Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Print Name

Comment: PTA Fundraiser to raise funds for the next school year for programs that Would have been cut
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

4.

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No Ves If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income To reward a county employee for his or Kansey Ismal her exemplary service to the public. Income Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification Have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agei Print Name Title (Month, Day, Year Comment: .

A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 00 Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No 🗆 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No Ves If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Lost, Firel) Pass(es) come Krause To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agency Hea Print Name do Title (Month, Day,

Comment: .

A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 30 Does the agency have_a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 **Event Description** Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No Ves If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Ager Print Name d oi Title (Month, Day, Comment:

gency Name				
			Date Stamp	California 802
ameda County rision, Department, or Region (<i>If Applicabl</i>	al		_	Form OU2 For Official Use Only
ard of Supervisors signated Agency Contact (Name, Title)				
-	nt		Amendment (Must)	provide explanation in Part 3.)
	.org	Date of Original Filing:		
nction or Event Information				(monin, cay, rear)
es the agency have a ticket policy?	Yes 😰 No 🛛	_ Face Value	of Each Ticket/Pass \$ _	3000
ent Description <u>Buseball</u> Provide Title/Expl	lanation	Date(s)	,23, 14	
ket(s)/Pass(es) provided by agency?		If no: 📿	kland Dr Name of So	thetics
		If yes:	meda County Supervisor : Official's Name (i	
	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to iden	tify an outside organization
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)			the second s
Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followi	ng:
			Identify one of the followi	
	Ticket(s)/	To promote attenda maximize potential o	Identify one of the followince at a county sponsored ever county revenue for concession	ome
(Lost, F#st)	Ticket(s)/	Ceremonial Role	nce at a county sponsored ev	ome
	ea Code/Phone Number E-mail 10) 272-6691 leeann.ferge inction or Event Information es the agency have a ticket policy? ent Description Buscher Provide Title/Expl ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? ecipients es Section A to identify the agency's department or	10) 272-6691 leeann.fergerson@acgov Inction or Event Information es the agency have a ticket policy? Yes P No P ent Description Image: Comparison Provide Title/Explanation ket(s)/Pass(es) provided by agency? Yes P No P s ticket distribution made at the behest agency official? No P Yes P ccipients No I Yes P we section A to identify the agency's department or unit. • Use Section Number of Ticket(s)/	E-mail E-mail 10) 272-6691 leeann.fergerson@acgov.org Inction or Event Information es the agency have a ticket policy? Yes P No Face Value of Date(s) ent Description Image: Comparison of the poly of	aa Code/Phone Number E-mail leeann.fergerson@acgov.org Date of Original Filing: 10) 272-6691 leeann.fergerson@acgov.org Inction or Event Information es the agency have a ticket policy? Yes P No Frevide Title/Explanation Provide Title/Explanation ket(s)/Pass(es) provided by agency? Yes P No If no: Callameda County Supervisor S agency official? official's Name (response to the agency's department or unit. * Use Section B to identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/

Comment: _

mp California 802 Form 802 For Official Use Only at (Must provide explanation in Part 3.) If Filing:(Month, Day, Year) ass \$ Amendations		
For Official Use Only It (Must provide explanation in Part 3.) I Filing:(Month, Day, Year) ass \$ ass \$		
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C to identify an outside organization.		
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Identify one of the following:		
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ored event in order to		
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sistant 4-llo-l4		
(Month, Day, Year)		

Ceremonial Role Eve	ents and fic	kevPass D	Istributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County	Alameda County				rom
Division, Department, or Re	egion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	t (Name, Title)	-			
Lee Ann Fergerson, Supe	nvisor's Assistar				
Area Code/Phone Number	E-mail	ii.		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691		rson@acgov.c	ora	Date of Original Filing:	
2. Function or Event Info					(Month, Day, Year)
Does the agency have a tic		Yes 🗹 No 🗆	Face Value of	of Each Ticket/Pass \$ 💄	1700
Ave	Los s - b				
Event Description	Provide Title/Expl	anation	Date(s) 🍏		//
Ticket(s)/Pass(es) provided	n mana an an an an an Alb	2010 - 20	Know Oa	kland Id	bletics
ficket(s)/Fass(es) provided	by agency?	Yes 🚺 No 🗖	II NO.	Name of So	urce
Was ticket distribution made	e at the behest	No 🗌 Yes 🗌	If yes:	neda County Supervisor Sc	ott Haggerty, District 1
of agency official?				Official's Name (I	.ast, First)
8. Recipients					
Use Section A to identify the age		Number of			
A. Name of Agency, Depart	ment or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	e ^{li}		Ceremonial Role If checking "Ceremon	Other D	Income 🗌
			Ceremonial Role If checking 'Ceremon	Other in the scribe below:	Income 🔲
C. Name of Outside Org. (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Easter Seals/	Kaleidosk	qe	To reward a	To reward a school or nonprofit organiza its contributions to the community.	
2+25 Larka	le Ave 14568	20/4			
. Verification					
have read and understand FPPC Reg	~				the requirements.
Juli to the		ee Ann Ferger	rson	Supervisor's Assistant	4-11-14
Signature of Agency Head & Designation		Print Name	e education outr	Title	(Month, Day, Year) so that people living with
Comment: - autism and of					so that people living with
comment autism and of	ner disabilities	can live, learn	i, work and play		

Agency Report of: te and Tick 4112 -. . . 100.1

Seremonial Role Even	no una more	101 000 0			A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	jion (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Lee Ann Fergerson, Superv	/isor's Assistant				
Area Code/Phone Number					provide explanation in Part 3.)
(510) 272-6691	leeann.fergerso	on@acgov.	org	Date of Original Filing:	Manth Day Vasd
. Function or Event Infor					(Month, Day, Year)
Does the agency have a ticke		s 🗆 No 🗆	Face Value	of Each Ticket/Pass \$ _	3000
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Event Description	Provide Title/Explanat	ion	Date(s)	21-21-17	//
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	, agono, 16	s 🖾 No 🗆		Name of Sc	
Was ticket distribution made a	at the behest N	o 🗆 Yes 🔽	If yes:	ameda County Supervisor	
of agency official?				Official's Name (Last, First)
. Recipients					
Use Section A to identify the agency		Use Section		ual. • Use Section C to Iden	
A. Name of Agency, Departme	ont or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
			S		
B. Name of Individua		lumber of Ticket(s)/	1.	Identify one of the follow	ing:
(case, rang)		Pass(es)			
				Other describe below:	Income
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Herb Hastings	· · · · · · · · · · · · · · · · · · ·	-		ntial county revenue for co	
5			parking sales		
O Name of Outside Organi	Institution N	umber of			
C. Name of Outside Organi (include address and desc	rintion)	ficket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
A					
Verification	None 19011 1 and 1901				
I have read and understand FPPC Regula					11 11 11
	00	Ann Lorge	rean	Supervisor's Assistant	
TUM QUE	Lee	Ann Ferge		the second s	
Signature of Agency Neal of Designee	Lee	Print Name		Title	(Month, Day, Year)

	emonial Role Lven	ts and no	Reprass	Distributions		A Public Documen	
	Agency Name Alameda County Division Development				Date Stamp	California 802	
						r onin	
D	ivision, Department, or Reg	ion (If Applicable	- G ²	For Official Use Only			
В	loard of Supervisors						
D	Designated Agency Contact (Name, Title)				-		
L	ee Ann Fergerson, Superv	isor's Assista	nt				
Ā	rea Code/Phone Number	E-mail			_ Amendment (Must)	provide explanation in Part 3.)	
(!	510) 272-6691	leeann.ferge	erson@acgov.	.org	Date of Original Filing:	(Month, Day, Year)	
2. F	Function or Event Information				and the second		
D	oes the agency have a ticke	t policy?	Yes No E	Face Value	of Each Ticket/Pass \$ _	30.00	
E	vent Description	Provide Title/Expl	28,14	//			
т	cket(s)/Pass(es) provided by	y agency?	Yes 😰 No 🗆] If no: OAK	LAND STHLET		
	as ticket distribution made a f agency official?	t the behest	No 🗌 Yes 🗌	If yes:	ameda County Supervisor Official's Name (
	ecipients	u'r department er	unit - Uso Posti	en B de Ideedlês en le di id			
1.00	Jse Section A to identify the agency	1	Number of				
A	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
-			Number of				
В	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
					Other D ial Role" or "Other" describe below:	Income	
-				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🔲	
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	ISSION SAN JOSE HIG REDRAING ARTS	H SCHOOL	2	To reward a s its cont	chool or nonprofit org ributions to the comm	janization for	
M	MSJPUPS, P.O. BOX 3252 FREMONT, CA 94539						
	rification	Kons 180444 and					
(L	read and understand FPPC Regula					the requirements.	
A	Signature of Agency Head or Designee	L	ee Ann Ferge	erson	Supervisor's Assistant	4-7-14	
					Title	(Month, Day, Year)	
Co	mment: a non-profit	org-dedica	sted to cret	ating, fostering,	and encourage	1g-theperforming	
	avts @ MS					FPPC Form 802 (4/12)	

Agency Report of:

Ceremo	nial Role Even	its and fic	ket/Pass Di	stributions		A Public Document
1. Agenc	y Name				Date Stamp	California 802
Alamed	Alameda County					rom
Division	, Department, or Reg	jion (If Applicable)			For Official Use Only
Board o	of Supervisors					
	ted Agency Contact	(Name, Title)		-		
Lee An	n Fergerson, Super	visor's Assistar	ht			
	de/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	72-6691	leeann.ferge	erson@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)
2. Functi	ion or Event Info	mation				
	e agency have a tick		Yes 🛛 No 🗆	Face Value of	of Each Ticket/Pass \$ _	30
Event D	BA	ISEBAU		Detector 7	1, Ce, 14	6.17.14
Event D	escription	Provide Title/Expl	anation	_ Date(s)		
Ticket(s)/Pass(es) provided t	ov agency?	Yes 🗹 No 🗆	lf no: 🦾	keend Stul	efics
				Alama	Name of So	
	ket distribution made ncy official?	at the behest	No 🖸 Yes Д	If yes:	da County Supervisor Sco Official's Name (Last Einst
					Cinciard Haine (cusi, i nuty
3. Recipi		cv's department or	unit. • Use Section	B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	lame of Agency, Departm		Number of Ticket(s)/		olic purpose made pursuant	
			Pass(es)			
В.	Name of Individu (Lost, First)	ial	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Noter Net Conter Conternation	ing: Income
				Ceremonial Role If checking "Ceremoi	Other Inial Role" or "Other" describe below:	Income
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy
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P.O.	Boy 48. comore CA A	14551	2			
4. Verifio	ation					
Thave read	and understand FPPC Reg				forth above, is in accordance wi	1 0 111
Mus	mart		Lee Ann Ferge	rson	Supervisor's Assistan	
V Sign	ature of Agency Head of Designe	NY N 22	Print Name		Title	(Month, Day, Year)
Comme	ent: High Sc	thool 5	aters	Sober Gr	ad Night	
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			1001 000			A Public Document			
1.	Agency Name				Date Stamp	California Form 802			
	Alameda County								
	Division, Department, or Reg	ion (If Applicable	-	For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Anna Gee								
	Area Code/Phone Number	E-mail	******		. D Amendment (Must	provide explanation in Part 3.)			
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day. Year)			
2.	Function or Event Inform	mation							
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	250.00			
	Event DescriptionBasketball				8 , 18 , 14				
	Event Description	Provide Title/Expla	analion	Date(s)					
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	IX If no: Golder	n State Warriors				
				1	Name of Sc	ource			
	Was ticket distribution made a of agency official?	at the behest	No 🛛 Yes	If yes: Miley	, Nate Official's Name (l ool Eiroli			
					Oniciar's Marine (
3.		Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. 							
			Number of						
	A. Name of Agency, Departme	int or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
						Salareen verste soon aan aan aan aan aan aan aan aan aan			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	lina:			
	(Last, First)		Pass(es)						
	Miley, Sarah				ial Role" or "Other" describe below:	Income			
	inney, ourain		2			cility in order to maximize			
					venue from parking a				
				Ceremonial Role	Other	Income			
			2	If checking "Ceremon	ial Role" or "Other" describe below:				
			Number of						
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy			
			Pass(es)						
	-71.								
4.	Verification	lations 18944 1 and	18942 have w	erified that the distribution set f	orth above, is in accordance w	ith the requirements			
*****	A A A A A A A A A A A A A A A A A A A	adono 10077. i anu							
	Signature of Agency Head or Designee		Anna G		Operations Chief	04/7/14 (Month, Day, Year)			
	ingener inder of building			-	1110	(month, Day, Tour)			

Comment: .

A Public Document 1. Agency Name Date Stamp California 6 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6694 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 350.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes X No Event Description Basketball Game 03 30 14 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No 🛛 Yes 🗌 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) County Counsel County employee 4 Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Lest, First, Ceremonial Role Other X Income Walker, Christina If checking "Ceremonial Role" or "Other" describe below. 2 To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales Ceremonial Role Other Income Winters, Jonathan If checking "Ceremonial Role" or "Other" describe below. 2

C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

Verification Inderstand APPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements: hàvẹ read ang **Operations Chief** 04/7/14 Anna Gee Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

Comment: .

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 350.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Basketball Game 03 30 14 Date(s) 1 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No 🛛 Yes 🗌 of agency official? Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Dones, Alan		Ceremonial Role Other Income Income Income
	2	To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales
Campbell, Michael		Ceremonial Role Dother S Income Income If checking "Ceremonial Role" or "Other" describe below:
	2	To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 a	and 18942. I have ve Anna G	rified that the distribution set forth above, is in accordance with the requirements.

- \'		Anna Occ		07/1/17
			ŢŗŗŢġĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊ	***************************************
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	and another and a second secon			(

Comment: .

100.000				21011104110110		A Public Document
1.	Agency Name		Date Stamp	California Form 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform		0 0			(Wonth, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Eace Value o	of Each Ticket/Pass \$	350.00
	Event Description Basketball Game Date(s) 03					///
	Ticket(s)/Pass(es) provided by				n State Warriors	
	nokel(a)/i daa(ea) provided b	Yes 🗌 No		Name of Sou	urce	
	Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: Mile			If yes: Miley	, Nate	
	of agency official?			,	Official's Name (L	.ast, First)
3.	Recipients			2006.com/mbal/second-company.com/second-company.com/second-company.com		
	 Use Section A to identify the agency 	y's department or		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	R Name of Individua	-1	Number of			
	B. Name of Individua (Lest. First)	11	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			1	Ceremonial Role	Other 🛛	Income
	Miley, Nathan		2 To promote an e		ial Role" or "Other" describe below:	
					rent held at a County facility in order to maximize revenue from parking and concession sales	
				Ceremonial Role If checking "Ceremon	Other is Other is Other is Other is Other is Other is Other.	Income
			2			
	C Name of Outside Organization		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include-address and des	cription)	Pass(es)	besense the pub	no purpose mode purodum	to the agency a policy
				**************************************	and a constant of the second of the	
4	Verification					
	I have read and understand KPPC Regul	lations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	1 1 AAK		Anna G	ee	Operations Chief	04/7/14
	Signature of Agency Head or Designee	\sim (Print Nam		Tille	(Month, Day, Year)
	Comment:					

-	Ageney Name	nts and T	cket/Pass I	Distributions		A Public Documer		
۱.	Agency Name				Date Stamp	California 802		
	Alameda County					Form 002		
	Division, Department, or Re	gion (If Applicat	ole)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contac	t (Name, Title)						
	Lee Ann Fergerson, Supe	rvisor's Assist:						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferg	erson@acgov.	org	Date of Original Filing:			
2.	Function or Event Info			0		(Month, Day, Year)		
	Does the agency have a tick		Yes 🔀 No 🗆	T Face Value of	of Each Ticket/Pass \$ _	2000		
	· A	game	165 LA 140 L	S				
	Event Description _ HS	Provide Title/Ex	planation	Date(s)		//		
	Ticket(s)/Pass(es) provided	hy agency2] If no:	SW			
	none((a)) ass(es) provided	by agency r	Yes No] fr no:	Name of So	urce		
	Was ticket distribution made	at the behest	No 🗆 Yes					
	of agency official?				Official's Name (Last, First)		
	Recipients							
	• Use Section A to identify the agen	cy's department or		on B to identify an individu	ual. • Use Section C to Iden	lify an outside organization.		
	A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
			1 400(00)					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Kevin Zollin	ger	2	To promote atte to maximize pol parking sales	endance at a county spons tential county revenue for a	ored event in order		
					Other	Income		
				I checking Ceremonia	al Role" or "Other" describe below:			
ō	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy		
7			-					

	to and ficket/Fasa	Distributions		A Public Documen
gency Name		Date Stamp	California 802	
lameda County				Form OUZ
vision, Department, or R	ion (If Applicable)			Por Onicial Ose Only
oard of Supervisors				
signated Agency Conta	(Name, Title)			
e Ann Fergerson, Supe	isor's Assistant			
ea Code/Phone Number	E-mail		Amendment (Must pro	vide explanation in Part 3.)
10) 272-6691	leeann.fergerson@acgc	v.org	Date of Original Filing:	(Month, Day, Year)
unction or Event Info		•		3000
es the agency have a tic	t policy? Yes No	Face Value	of Each Ticket/Pass \$	10
ent Description	pasetall	Date(s)	,26,14	5,27, 14
	Provide Title/Explanation	0	obla phil	110
ket(s)/Pass(es) provided	y agency? Yes 🗹 No	If no:	Name of Sour	Lettes
as ticket distribution made	t the behest No 🗆 Yes	If yes:	meda County Supervisor Sco	ott Haggerty, District 1
f agency official?	10 🖬 100	7 II yes	Official's Name (La	st, First)
ecipients				
se Section A to identify the age	's department or unit. • Use Se	tion B to identify an individ	dual. • Use Section C to identify	y an outside organization.
Name of Agency, Depart	nt or Unit Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
Name of Individ	Number of Ticket(s)/ Pass(es)		Identify one of the following	9:
		Ceremonial Role If checking *Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲
Name of Outside Org (include address and d		Describe the put	blic purpose made pursuant to	the agency's policy
vermore - Orano holarship Awards	a Boosters 2	To reward a so its contr	chool or nonprofit organ ibutions to the commun	ization for
17 Fourth St vermore CH 91	550 2			
	tions 18944.1 and 18942. I have ve			e requirements.
Signature of Agency Head or Destino	the second se	and a second	and the second	
00			THE	(Month, Day, Year)
vermore CA 9		gerson	forth above, is in accordance with th Supervisor's Assistant Title	4-

Ceremonial Role Events and	a ficket/Pass Di	istributions		A Public Documen
I. Agency Name Alameda County			Date Stamp	California 802 Form
Division, Department, or Region <i>(II Ap</i> Board of Supervisors Designated Agency Contact <i>(Name, Tit</i>)	• De la declara #1			
Lee Ann Fergerson, Supervisor's As Area Code/Phone Number E-mail (510) 272-6691 leeann	ssistant n.fergerson@acgov.or	a	Amendment (Must)	provide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Event Description	Yes No	Face Value o Date(s) 5	of Each Ticket/Pass \$ 	cott Haggerty, District 1
. Recipients				
• Use Section A to identify the agency's department of Agency, Department or Unit	Number of	a subscript Scilland and service	al. • Use Section C to iden lic purpose made pursuan	the second s
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow DOTHER DOTHE	ing: Income
		Ceremonial Role	Other describe below:	Income 🗖
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Mublen High Scho ATHLETIC BOSTERS	198 4		hool or nonprofit orga butions to the comm	
SIGI Village Partway Dubl Verification Have read and understand FPPC Regulations 1894. Signature of Agency Head of Designee Comment: The attletic Boos	4.1 and 18942. I have verified Lee Ann Fergers Print Name	ion s	Supervisor's Assistant Title	<u>H-1-14</u> (Month, Day, Year)
uniforms, supplemental e Scholarships & much no Dublin H.S.	equipment, touris	nament fees, Litravus and	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772) lent athere @

		nts and Tic	cket/Pass [Distributions		A Public Documen
1. Agency					Date Stamp	California 802
Alameda	•					Form 002
Division, D	epartment, or Re	gion (If Applicabl	e)			For Official Use Only
	Supervisors					
	d Agency Contact					
	Fergerson, Super	visor's Assista	int			provide explanation in Part 3.)
Area Code	/Phone Number	E-mail	· · ·	949 - 1947 - 194		
(510) 272-	-6691	leeann.ferg	erson@acgov.	org	Date of Original Filing	:(Month, Day, Year)
. Functior	n or Event Info	mation				100 05
Does the a	gency have a tick	et policy?	Yes 🕅 No 🗆] Face Value	of Each Ticket/Pass \$.	102.25
Event Desc	rintion Popth	e Dream	2014	Date(s)	1, 5, 14	
Lvent Dest		Provide Title/Exp				
Ticket(s)/Pa	ass(es) provided t	y agency?	Yes No	1 If no: GS	$\sim W$	
				-	Name of S	
Was ticket of agency	distribution made	at the behest	No 🗌 Yes 🗌] If yes:	meda County Supervisor S	·
					Official's Name	(Last, First)
Recipien						
			Number of	Balan	lual. • Use Section C to ide	
A. Name	e of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
		t _*!!+///	16		and a second	979.
(A)'C	> OFFICE	, ,	T I	To reward a c	ounty employee for h	is or
<u>Oouul</u>		·Lala		her exemplary	service to the public	, ,
Comm	y gamimi	strufor				
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/	200	Identify one of the follow	ving:
			Pass(es)	Contractic Data	Other	
					Definition of the describe below:	Income
				-		
						
				Ceremonial Role If checking "Ceremon	Definition of the contract of	Income
				-		
	ame of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the accentule policy
(incl	lude address and des	cription)	Pass(es)			t to the agency's policy
10000 - 10000 - 10000						
Norificatio	20					
Werificatio		ations 18944.1 and	18942. I have verifie	ed that the distribution set fo	orth above, is in accordance wi	th the requirements
PLO VI AN	XALS					11 A 111
Signature o	Agency Head or Designee	L	_ee Ann Ferge		Supervisor's Assistant	(Month Day Vear)
	\bigcirc			, ·		(monut, Day, Teat)
Comment: .	12210	ale St.	5453	le - Oahla	ind CA 94	412
				1	EPBC Tell Free Heinliner (FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

					A Public Documer	
. Agency Name				Date Stamp	California 802	
Alameda County		m\v			Form For Official Use Only	
Division, Department, or Reg	ion (If Applicable)				For Onicial Use Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Lee Ann Fergerson, Superv	visor's Assistant	t		Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number	E-mail		22	Amendment (Must provide explanation in Part 3.)		
(510) 272-6691	leeann.ferger	son@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Infor	mation					
Does the agency have a ticke	t policy?	Yes 🔊 No 🗆] Face Value o	f Each Ticket/Pass \$ _		
Event Description	Gall		Date(s)	14,14	5,11,14	
,	Provide Title/Explan					
Ticket(s)/Pass(es) provided b	y agency?	$rest P$ No \Box] HAR. CC	Name of So	Ince	
				neda County Supervisor S	·	
of agency official?				Official's Name (I	.ast, First)	
Recipients						
• Use Section A to identify the agency	y's department or ur	nit. • Use Secti	on B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individua (Last, First)	il ·	Number of Ticket(s)/		Identify one of the followi	ng:	
B. Name of Individua (Last, First)	il ·		Ceremonial Role	-		
B. Name of Individua (Last, First)	11	Ticket(s)/	•	Identify one of the followi	ng: Income	
B. Name of Individua (Last, First)	11 -	Ticket(s)/	If checking *Ceremoni	Other	Income	
B. Name of Individua (Last, First)		Ticket(s)/	If checking *Ceremoni Ceremonial Role	Other		
B. Name of Individua (Last, First)		Ticket(s)/	If checking *Ceremoni Ceremonial Role	Other		
B. Name of Individua (Last, First) C. Name of Outside Organi (include address and desc	ization	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia	Other	Income	
(Last, First) C. Name of Outside Organi (include address and desc	ization	Ticket(s)/ Pass(es)	If checking *Ceremoni Ceremonial Role [If checking *Ceremoni Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Comparison of the second below: Com	Income	
(Last, First)	ization	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Other Al Role" or "Other" describe below: Other Other I Other Al Role" or "Other" describe below:	Income	
C. Name of Outside Organi (include address and desc City of Fremont	ization	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Chool or nonprofit org	Income	
C. Name of Outside Organi (include address and desc CITY of Fremont GIVING Hope Verification	ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking 'Ceremoni Ceremonial Role [If checking 'Ceremonia Describe the publ To reward a so its contr	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: ic purpose made pursuant (thool or nonprofit org ibutions to the comm	Income	
C. Name of Outside Organi (include address and desc CITY OF Fremont GIVING Hope	ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3942. I have verifi	If checking 'Ceremoni Ceremonial Role [If checking 'Ceremonia Describe the publ To reward a so its contr	Other	Income	
C. Name of Outside Organi (include address and desc CITY OF Fremont GIV ING Hope Verification I have read and understand FPPC Regula	ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3942. I have verifi-	If checking 'Ceremoni Ceremonial Role [If checking 'Ceremonia Describe the publ To reward a so its contr	Other Al Role" or "Other" describe below: Other Other Coller" or "Other" describe below: Describe of the comm Other of t	Income In	
C. Name of Outside Organi (include address and desc City of Freemont Giving Hope Verification	ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3942. I have verifi	If checking 'Ceremoni Ceremonial Role [If checking 'Ceremonia Describe the publ To reward a so its contr	Other A Role" or "Other" describe below: Other Other Coller" describe below: Coller" or "Other" describe below: Coller" or "Other" describe below: Coller or "Other" describe below: C	Income	

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Agency Report of:

			Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regio	on (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Amy Shrago					
	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	102.25
Event Description Pop The Dr	ream Concer	t	Data(a) = 04	1 , 05 , 14	
Event Description	Provide Title/Expl	anation			quantum cancer and a second providence of a second construction of the second const
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of So	urce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Cars	Official's Name (i	Last, First)
3. Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departmer	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ìng:
\$4				Other 🛛	Income
Mitchell, Jason		2	Ŭ	nal Role" or "Other" describe below:	
			To promote attend potential County re	-	ity in order to maximize
Encard and A more data. And reactions water and a solar and an analysis and an and an and an and an and an and			Ceremonial Role	Other	Income
Cabrera, Stephanie		2		nial Role" or "Other" describe below	
				y employee for his or l courage staff developn	her exemplary service to nent
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuant	t to the agency's policy
	un valan an a				
4. Verification			and a second		

Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read

Amy Shrago Supervisor's Assistant 4/10/14 rul. or Designee Frint Name (Month, Day, Year) Agency Hea Title

Comment:

Agency Report of: J Tickot/Da Distributio

	its and in	neurass	DISTINUTIONS		A Public Document
Agency Name				Date Stamp	California 802
Alameda County [,]					Form CO-
Division. Department, or Re	gion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	: (Name, Title)				
Amy Shrago					
Area Code/Phone Number	E-mail	ana da ang ang ang ang ang ang ang ang ang an			· ·
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	30.00
Event Description Oakland	A's		Data(s) = 3	, 31 , 14	1 1
Event Description	Provide Title/Exp	planation			rennen ander and
Ticket(s)/Pass(es) provided by agency?			If no: Oaklar	nd A's	
				Name of Sou	Irce
Was ticket distribution made at the behest No Yes			If yes: Carso	on, Keith	oot Giral)
or agency officiar?				Oniciai's Name (L	ast, r#st)
 Recipients Use Section A to identify the agent 	icy's department o	r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Income
Shrago, Amy		2			
		2			Income
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Agency Name Alameda County: Division, Department, or Re Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Info Does the agency have a tick Event Description Oakland Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agendation of Agency, Department B. Name of Individ (Last. First) Shrago, Amy Shrago, Amy	Agency Name Alameda County: Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Individual (Last. First) Shrago, Amy	Agency Name Alameda County: Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Event Cost or Event Information Does the agency have a ticket policy? Yes □ No Event Description Oakland A's Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Last. First) Pass(es) Shrago, Amy 2 Q C. Name of Outside Organization (Inclusion)	Alameda County: Division. Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No X Face Value o Event Description Oakland A's Date(s)3 Provide Title/Explanation Date(s)3 Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oaklar Was ticket distribution made at the behest of agency official? No Yes X If yes: Carsc of agency official? Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual (cart free) B. Name of Individual (cart free) Number of Ticket(s)/ Pass(es) Describe the pub Shrago, Amy 2 Ceremonial Role if checking: Coremon To reward a County the public or to enc. 2 If checking: Coremon Ceremonial Role if checking: Coremon To reward a County the public or to enc.	Agency Name Date Stamp Alameda County: Division. Department, or Region (If Applicable) Board of Supervisors

C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Thave

hage Designee e of Agoncy H Comment: .

Amy Shrago Print Name

Supervisor's Assistant 4/10/14 (Month, Day, Year) Title
A Public Document

Ceremoniai Noie Lven	is and no	neur ass	DISTINUTIONS		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County			·		Louun -
Division, Department, or Regi	on (If Applicable	<i>;)</i>			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Amy Shrago					
Area Code/Phone Number	E-mail	****	nen en	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	30.00
Event Description	's		Date(s) 4	, 1 , 14	/
Event Description	Provide Title/Expl	lanation			neuronannan ann ann an Sannan an Anna a
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sou	
					<i>IfC</i> e
 Was ticket distribution made a of agency official? 	t the behest	No 🗌 Yes	If yes: Carso	Official's Name (L	.ast, First)
				,	
 Recipients Use Section A to identify the agency 	/'s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ifv an outside organization.
A. Name of Agency, Departme		Number of		olic purpose made pursuant	
name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency's policy
	ang personang ang sang sang sang sang sang sang s		· ·		
B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)	Ceremonial Role	Other 🔀	Income
Wilson, Jenny		_		al Role" or "Other" describe below:	income L
		2			ty in order to maximize
		_	potential County re	evenue from parking ar	nd concession sales
			Ceremonial Role	Other	Income
		2	If checking "Ceremor	vial Role" or "Other" describe below	
C Name of Outside Organ	ization	Number of			
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	******	1			
W ang ang ing ang ing ing ing ing ing ing ing ing ing i				****	**********

4. Verification

I have read approximate repaired and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

of Agency Head qnee

Amy Shrago Supervisor's Assistant

Comment: _

Title

Agency Report of: and Tickot/Page Distributions

Cerem	onial Role Even	ts and no	:ket/Pass	Distributions		A Public Document
1. Agen	cy Name				Date Stamp	California 802
Alame	da County					1 Ontri
Divisio	n, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Board	of Supervisors					
Design	ated Agency Contact	(Name, Title)				
Amy S	hrago					
-	ode/Phone Number	E-mail				ovide explanation in Part 3.)
(510) 2	272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Funct	tion or Event Infor	mation			1	
Does th	ne agency have a ticke	t policy?	Yes 🗌 No	🔀 🛛 Face Value c	of Each Ticket/Pass \$	30.00
prove prove	Event Description Oakland A's Date(s) 4			, 3 , 14		
Eventi	Event Description Date(s)			annon ann ann ann ann ann ann ann ann an	oursenesses and an and a second second second second second	
Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Oaklai	nd A's	
	-,	, - <u>J</u> , .			Name of Sol	<i>irce</i>
	ket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	ant Eirch
Main and American American	ency official?				Oniciai s Marile (L	.451, 171181)
3. Recip		u'r donartmant o	unit a Una Sac	tion D to identify on individ	unt a line Section C to ident	ifu an outcide organization
	Name of Agency, Departme		Number of Ticket(s)/		ual. • Use Section C to ident	
anan in distant		an a	Pass(es)			an ferremente esta marcana con constante esta constante des posta constantes de constantes de constantes de con
book and a second community of region						
B.	Name of Individu (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ì	Ceremonial Role	Other X	Income
Jenkin	is, Kevin		2		nal Role" or "Other" describe below:	
					y employee for his or h courage staff developm	ner exemplary service to nent
care resource Accordon - Kare				Ceremonial Role	Other	Income
			2	If checking "Ceremor	vial Role" or "Other" describe below	
~	Name of Outside Orga	aivation	Number of	ana ang ang ang ang ang ang ang ang ang	9200aa 1996 waxayaa waxayaa yaxaa yaxaa ahaa ahaa waxaa waxaa waxaa ahaa ka 1990 waxaa waxaa	****
C.	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
Samala anna anna anna anna anna anna anna						##29994####4009994######################
A \1						
4. Verifi		dations 19044.1 or	x1 18042 Thous ve	wified that the distribution est	forth shoup, is in secondance wit	h the conviramente

18942. I have verified that the distribution set forth above, is in accorda ice with the requirements

esignee

Amy Shrago Print Name

Supervisor's Assistant 4/10/14 Title (Month, Day, Year)

Agency Report of:

U	eremonial Role Even	ts and lic	ket/Pass	UISTRIBUTIONS		A Public Document
1.	. Agency Name				Date Stamp	California 802
	Alameda County					Form 0024
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		ана до полната на полнате на полната и се на села са села са села се полната и села 4004 и села 6004 и 644 села Пола до полната на села села села села села села села сел		
	Amy Shrago					
	Area Code/Phone Number	E-mail	_ Amendment (Must pi	ovide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes 🗌 No 🛛			Face Value of	of Each Ticket/Pass \$	30.00
	Event Description Oakland A's Date(s			Date(s) 4	514	
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 N			If no: Oakland A's Name of Source		
	Was ticket distribution made at the behest No T Yes X If ye			Carso	Carson, Keith	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?			, Official's Name (L	Last, First)	
3.	. Recipients					
	 Use Section A to identify the agence 		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		والمارج المناسبة والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع				
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		ing:
	Brooke Dodsow			Ceremonial Role		Income
	Brooks, Rodney		2	1	nial Role" or "Other" describe below:	nor oxomplary porvice to
					courage staff developm	ner exemplary service to nent
	ar anna ann an ann a' ann ann an ann an ann an	in general and a second se		Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below	

4. Verification

C.

Name of Outside Organization

(include address and description)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Number of Ticket(s)/ Pass(es)

Amy Shrago Supervisor's Assistant 4/10/14 (Month. Day, Year) Print Name Title . Desianee

Comment: _

Describe the public purpose made pursuant to the agency's policy

Ut	remonial Kole Even	ts and fic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	<i>ə)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago	. ,			namen karan kanan kan	
	Arrea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Mouth Day Year)
2.	Function or Event Infor					(Month, Ed., 1997)
	Does the agency have a ticke		Yes 🗌 No [Face Value o	of Each Ticket/Pass \$ _	85.00
					, 5 , 14	
	Event Description <u>Oakland A's</u> Date(s) <u>4</u>			Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oaklan			nd A's		
		j agonoj.	Yes 🗌 No [Name of Sc	Durce
	Was ticket distribution made a	it the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith Official's Name (anna a Thur an Thur an
A. A	of agency official?				Oniciai's Name (Last, rustj
3.	Recipients			a mana na arra a cara		117
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of			,		
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	R Name of Individu	al	Number of			
	B. Name of Individua (Last. First)	a)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
					Other	Income
	Brown, Aisha		4		ual Role" or "Other" describe below:	han avananlam aan isa ta
					y employee for his or courage staff developr	her exemplary service to nent
	9952 - 544 - 946 - 947 - 942 -		*****	Ceremonial Role	Other D	Income
			4	If checking "Ceremon	ial Role" or "Other" describe below.	
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
		~ I A	r ass(es)			······
	Alternatives in Action 3666 Oakland, CA 94610 Youth I	,	16	to reward a school to the community	l or nonprofit organiza	tion for its contributions
anceros A						
	Verification There read and understand FPPC Regu	Unliana 19044 4	d 18012 1 hour	wified that the distribution and	forth above is in accordance w	ith the requirements
	The read and understand FFF C Kegt	aanons roggg,rah	u TUBAZ, THAVE VE	moo macine uisinbullon sel l	เอาอา สมบิพธ, 18 11 สินมีปีเปลิทย์ยี่ W	nn mo royurdtheths.

15 March	Amy Shrago	Supervisor's Assistant	4/10/14
Janature of Agency Vestor Designee	Frint Name	Title	(Month. Day, Year)

Comment: ____

Agency Report of:

C	eremonial Role Ever	its and lic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Reg	gion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	nenne genaamen zoon kunnen en virkan kande zoon kanna k	99 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199			
	Amy Shrago						
	Area Code/Phone Number	E-mail		an a		rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info	rmation				00.00	
	Does the agency have a ticket policy? Yes 🗌 No 🛛			Face Value of	Face Value of Each Ticket/Pass \$		
	Event Description Oakland A's Provide Title/Explanation			Date(s)	614	//	
	Ticket(s)/Pass(es) provided by agency? Yes No			If no: Oaklar	nd A's Name of Soc	urce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: - of agency official?			If yes: Carso	on, Keith Official's Name (I	Last, First)	
3.	 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individuation 				ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy	
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Sakamoto, Seth		2	If checking "Caremon To promote attend	Ceremonial Role Other Inco If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order to maxim potential County revenue from parking and concession sales		
			2	Ceremonial Role If checking "Ceremor	Other Die of "Other" describe below	Income	

C.

4. Verification

Name of Outside Organization

(include address and description)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Number of Ticket(s)/ Pass(es)

Amy Shrago Supervisor's Assistant 4/10/14 Mage Print Name Title (Month. Day. Year) ature of Agency I d or Designee

Comment:

Describe the public purpose made pursuant to the agency's policy

A Public Document

AND-02015						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form COZ
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago				Amendment (Must pro	vide explanation in Part 2.)
	Area Code/Phone Number	E-mail	*******	мдарария на бала бала така на		
	(510) 272-6695	amy.shrago@))acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				00.00
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	30.00
	Event Description	'S Provide Title/Expla	wation	Date(s)4		//
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Oaklar	nd A's Name of Sour	Ce
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes	s 🛛 If yes: <u>Carson, Keith</u> Official's Name (Last, First)		st, First)
3.	Recipients • Use Section A to identify the agency	y's department or u	init. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		2.000-9-000-9-00-9-00-9-00-9-00-9-00-00-00			анцын алын наса цалан насар чөрүүнө кан алаан чөрөн айнал алын төрөөн бөлөөн айнал төрөөн айнал айнал айнал айн	

B.	Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brooks, Rodney		2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below. To reward a County employee for his or her exemplary service to the public or to encourage staff development
		2	Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
und als yes als photos			

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

holund	Amy Shrago	Supervisor's Assistant	4/10/14
signature of Agancy fead or Designee	Print Name	Tille	(Month, Day, Year)

Agency Report of: d Tiakas/D 4 8

C	eremonial Role Events and T	icket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applica	ble)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail	an de service a constant de la constant de la decimitada de la constant de la constant de la constant de la con	₩₩\$₩₩\$₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		provide explanation in Part 3.)
	(510) 272-6695 amy.shrag	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			- <u>-</u>	
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	85.00
	Event Description Oakland A's Date(s) 4			, 22 , 14	//
	Provide Title/E	xplanation	Date(5)	unnannen onennennennen kanaannen in de senter ander senter senter senter senter senter senter senter senter se	Encountermannen and appreciation approximation of approximation of a second second second second second second
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's	
	and a second brand a second brand			Name of Sc	ource
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cars			Official's Name (Last, First)
2					
J,	Recipients • Use Section A to identify the agency's department	or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	itify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the		Describe the put	blic purpose made pursuan	t to the agency's policy
		Ticket(s)/ Pass(es)		she paripose rivers parentin	and a general a barrest
		Number of		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	
	B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other 🛛	Income
	Brown, Aisha	5		nial Role" or "Other" describe below:	
				ty employee for his or courage staff developr	her exemplary service to
	Greene, Hannah		Ceremonial Role If checking "Ceremo	Definition of "Other" describe below.	Income
		5			her exemplary service to
			the public or to end	courage staff developr	nent
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
		1			

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

the Strong	Amy Shrago	Supervisor's Assistant	4/10/14
Sinature of Agen CHrad or Designee	Print Name	Title	(Month. Day, Year)

		s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Reg	jion (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact	(Name, Title)		-	
Lee Ann Fergerson, Super	visor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acg	jov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor Does the agency have a ticke		lo 🗌 🛛 Face Value	of Each Ticket/Pass \$ _	3000
Event Description	Event Description A'S Game Provide Title/Explanation			7.5.14
	Ticket(s)/Pass(es) provided by agency? Yes 2 No		Acland Dt Name of So	6676
Was ticket distribution made a of agency official?	at the behest No 🗌 Ye	If yes: Ala	official's Name (
 Recipients Use Section A to identify the agence 	y's department or unit. • Use S	iection B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	Number of		Describe the public purpose made pursuant to the agency	
B. Name of Individua (Last, First)	al Number of Ticket(s)/ Pass(es)		Identify one of the following:	
		Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below:	Income
		Ceremonial Role If checking *Ceremo	Other D onial Role" or "Other" describe below:	Income 🔲
C. Name of Outside Organ (include address and des			blic purpose made pursuant	to the agency's policy
Womms Transporta	ton Linuner 4	To reward a its co	a school or nonprofit o potributions to the com	rganization for
V hwards event 1800 Sutter St., Ste 901	Concord CA 94	520		
. Verification		verified that the distribution set	forth above, is in accordance with	the requirements
Signature of Agency Head or Designee	Lee Ann Fe	rgerson	Supervisor's Assistant	(Month, Day, Year)
Comment: honoring	this years	award & S	cholarship	FPPC Form 802 (4/12)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information OC Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no Yes 🗋 No 🕅 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🚺 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) dation The Unermore Valley wine growers Four & The Wente Foundation to Educa For An stron To reward a school or nonprofit organization for its contributions to the community. 3585 Greenville Road Stey \bigcirc Livermore CA 94550 Brand 4. Verification hive read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year, supports under saved chil dren owndrest Oth FPPC Form 802 (4/12)

Ceremonial Role Eve	and ficket/	Pass DI	stributions		A Public Document
1. Agency Name		Date Stamp	California 802		
Alameda County			Form 002		
Division, Department, or R	egion (If Applicable)	1	For Official Use Only		
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				
Lee Ann Fergerson, Sup	Lee Ann Fergerson, Supervisor's Assistant				
Area Code/Phone Number				Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson	@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inf	Function or Event Information				(wonin, Day, Year)
Does the agency have a tic			Face Value of	of Each Ticket/Pass \$ _	1,700.00
A's I	A. Predecht			0.9.14	
Event Description	Provide Title/Explanation	_ Date(s)		/	
Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes R No I If no:			klaud Ath	letis
				Name of Se	
Was ticket distribution mad of agency official?	e at the behest No	□ Yes	If yes:	neda County Supervisor S	
		×	1200	Official's Name ((Last, First)
 Recipients Use Section A to identify the age 	nov's department or unit	Lise Section	B to identify an individ	ual a lise Section C to kiew	differen eutelde envertention
	Nur	nber of	a second and a second second		
A. Name of Agency, Depart		ket(s)/ ss(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
B. Name of Indivi- (Last. First)	Tic	nber of ket(s)/ ss(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Inter Int	ing: Income 🔲
÷			Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🔲
C. Name of Outside Org (include address and d	anization Ticl	nber of ket(s)/ ss(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Manueda County Meals on wheels 2		4	To reward a school or nonprofit organization for its contributions to the community.		
P.O. BOX 14002 D. Cr 94614	akland		its contribution	is to the community.	
I. Verification					
Signature of Agency Head of Design	Lee A	I have verified t nn Fergers Print Name		nth above, is in accordance with Supervisor's Assistant Title	1 - 11
Comment: Provides	hot meals t	o hor	nebound ?	Deniors m,	FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

	remomal Role Even	is and nu	Revrass	Distributions		A Public Documen
	Agency Name		Date Stamp	California 802		
- 222	Alameda County					
D	ivision, Department, or Regi	on (If Applicable		For Official Use Only		
E	Board of Supervisors					
	esignated Agency Contact (Name, Title)	-			
	ee Ann Fergerson, Supervi		nt			
	-	E-mail	nt		Amendment (Must)	provide explanation in Part 3.)
- 19			man		Date of Original Filing:	
	510) 272-6691	-	erson@acgov	7.org	bute of original rining.	(Month, Day, Year)
	Function or Event Information					1 700.00
D	oes the agency have a ticket	policy?	Yes No [Face Value of	of Each Ticket/Pass \$ _	11.00.00
E	vent Description	msebal	ei	Date(s) 之	30,14	//
		Provide Title/Exp	lanation	0	D.D. O XL	1. Ontres
Ti	icket(s)/Pass(es) provided by	agency?	Yes No [] If no:	Name of Sc	week 102
M	as ticket distribution made a	the behast		Alam	neda County Supervisor Se	
	of agency official?	t the benest	No 🗌 Yes	If yes:	Official's Name	
0 0	tecipients		/			
	Use Section A to identify the agency	's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A	The second s		Number of		olic purpose made pursuan	
1	 Name of Agency, Department 	n or onic	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
-			Number of			
в	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
-				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
-				0		
				Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
C.	Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	 (include address and desc 	ription)	Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's policy
U	Jasmington Healthca	re Hosed	al	To reward a col	hool or nonprofit orga	anization for
F	oundation	- unifi			butions to the comm	
2	000 MOWLY Are		2.2/			
é	remont ch 9.45	2.26	20/4			
Ne	erification	10	<u> </u>			
C	ve read and understand EPPC Regula	tions 18944.1 and	18942. I have veri	fied that the distribution set fo	orth above, is in accordance wit	h the requirements.
VL	UN YUS		.ee Ann Ferg		Supervisor's Assistant	11-9 11
r-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Ch C	Co de	A - M	111	20 20 10 10 10 PM	8 18 2.0
	omment: <u>hmbing</u>	smar	for the		surgical Sr	VICES &
10	> fund the purc strumentation @	hase of	advan	ced surgice	PC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
10	istrumentation @	Washing	ton Hosp	ital.		
		Contraction of the second s				

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1. Agency Name					Date Stamp	California 802
- 112	Alameda County			Form		
1	Division, Department, or Reg		For Official Use Only			
	Board of Supervisors					
1	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Superv	/isor's Assistar	nt			
7	Area Code/Phone Number	E-mail	+		Amendment (Must provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value Event Description AIS Daseball Date(s) Provide Title/Explanation Date(s) If no: Oaseball Ticket(s)/Pass(es) provided by agency? Yes No If no:			of Each Ticket/Pass \$ <u>L Q</u> <u>L Q</u> <u>C Q</u> Name of So Name of So Name of So Name of So Official's Name (I	cott Haggerty, District 1		
	Recipients					
- 77	Use Section A to identify the agenc	Second Second States	Init. • Use Secti	and the second state of th		
_	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		to the agency's policy
E	Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following Other Defined at Role" or "Other" describe below:	ng: Income
-				Ceremonial Role	Other describe below:	Income
C	Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
U	as Positas College 5000 Campus 9 wormane 00		2%/4		nool or nonprofit orga butions to the commu	
J.	erification ave read and understand FPPC Regula Signature of Agency (Head or Designee comment: En al raising	L	ee Ann Ferge Print Name		Supervisor's Assistant	the requirements. <u>4-8-14</u> (Month, Day, Year) as Positas Colleg FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 102.25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description POP The Dream 04 , 05 , 14 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to Identify the agency's department or unit. . Use Section B to Identify an individual. . Use Section C to Identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income Wicklow, Eryn If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy

(include address and description)
 Ticket(s)/
 Pass(es)
 Describe the public purpose made pursuant to the agency's policy
 Pass(es)

 4. Venification
 I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 Michelle Dianda
 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day Year)

Comment: _

A Public Document

	cremental Role Even	to una mo	Neur des	Distributions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	nda@acgov.	ora	Date of Original Filing:		
-	Function or Event Infor			0.9		(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	24.00
	Event Description Oakland A	Provide Title/Expl	anation	Date(s)	0014	//
	Ticket/s\/Pass(es) provided b			- Knov		
	Ticket(s)/Pass(es) provided b	y agency r	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	🗆 If yes:	Official's Name (i	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agence	y's department or	-	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
ĩ	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
	Trans. 1994		Pass(es)	Ceremonial Role	Other 🛛	Income
	Garchar, Randy		2		ial Role" or "Other" describe below:	income
				To promote attendance at an event held at a County facility in		
					potential revenue from	
	Niveres Orlanda			Ceremonial Role		Income
	Olivares, Orlando		2		ial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential revenue from	
	Name of Outside Organization		Number of		Describe the public purpose made pursuant to the agency	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	10000					
4.	Verification					
	I have read and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	nified that the distribution set f	orth above, is in accordance wi	th the requirements.
	Inter	-	Michelle D	ianda	Supervisor's Aide	4/3/14
	Signature of Agency Head or Designe	9	Print Nam	e	Title	(Month, Day, Year)
	0					
	Comment:					

C	eremonial Role Events and Tic	ket/Pass E	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802	
	Alameda County			8	Form OUZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	and Same and Same States and States and States and				
	Michelle Dianda	Amendment (Must)	provide explanation in Part 3.)		
	Area Code/Phone Number E-mail (510) 272-6692 Biochemichelle.dia	anda@acgov.o	rg	Date of Original Filing:	
2.	Function or Event Information			(States)	
	Does the agency have a ticket policy?	Yes 🛛 No 🗆] Face Value o	f Each Ticket/Pass \$ _	24.00
	Event Description Oakland A's vs. Washin Provide Title/Exp	ngton Nationals	5 Date(s)5	<u>, 09 , 14</u>	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗵	If no: Oaklar	nd A's Name of Sc	burce
	Was ticket distribution made at the behest of agency official?	If yes: Valle,	Richard- Supervisor Official's Name (District 2 (Last, First)	
3.	• Use Section A to identify the agency's department of	runit. • Use Sectio	on B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
				Other describe below:	Income
				Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	New Haven Schools Foundation P.O. Box 1574, Union City, CA 94587	2	To reward a studen	t for outstanding scho	plastic achievement.
	Raises funds for New Haven schools for scholarships & extra-curricular activities	2			
4.	Verification	nd 18942. I have veril	fied that the distribution set fo	orth above, is in accordance w	ith the requirements.
	Inth	Michelle Dia	inda	Supervisor's Aide	4/4/14
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

Comment:

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 85.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description Oakland A's vs. Washington Nationals Date(s) 05 / 10 / 14 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other X Ceremonial Role Income Blanchard, Jeremy If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement. Michelle Dianda Supervisor's Aide nature of Agency Head or Designee Print Name Title Includes 1 parking pass at the value of \$20

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17	eremoniar Role Even	to arra rro	1001 000	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			ronn -			
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Michelle Dianda						
	Area Code/Phone Number	E-mail	. Amendment (Must provide explanation in Part 3.)				
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$	1780.			
	Event Description Oakland A	N's vs. Texas F	9 , 17 , 14				
	Event Description	Provide Title/Expl	anation			//	
	Ticket(s)/Pass(es) provided b	y agency?	nd A's				
			Name of So				
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2	
_					Oniciar's Name (uai, riraij	
3.	• Use Section A to identify the agence	v's department or	unit a Usa Sac	tion B to identify an individ	uni - a Una Saction C ta idant	life an outside exceptration	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	R Name of Individual		Number of				
	B. Name of Individual (Lost, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
					Other Other of "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremor	Other D	Income	
	C. Name of Outside Organization (include address and description) Greater HARD Foundation 1099 E Street, Hayward CA 94541		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
			20	To reward a non-profit organization for its contributions to the community.			
	Preserves quality of park au facilities and programs in H						
4.	Verification I have read and understand FPPC Regu- Signature of Agency Head or Designed Comment:	<u> </u>	I 18942. I have ve Michelle Di Print Nam	ianda	forth above, is in accordance wit Supervisor's Aide ^{Title}	th the requirements, 4/10/14 (Mpnth, Day, Year)	

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 24.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$.. Yes X No Event Description Oakland A's vs. Houston Astros 04 , 18 , 14 Date(s) ____ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy

	Pass(es)	Seconde the public purpose made purchannel to the agency of poincy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Ysit, Ario		Ceremonial Role Other S Income Income If checking "Ceremonial Role" or "Other" describe below:
	2	To reward a community volunteer for his service to the public
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification		rified that the distribution set forth above, is in accordance with the requirements.
HUCC-	Michelle D	
Signature of Agency Head or Designee	Print Nam	e Title (Month, Chy, Year)

Comment: .

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