A Public Document

0010		no and me	Nour abb	Distributions		A Public Document	
1. Ag	ency Name		Date Stamp	California 802			
Ala	meda County			and the second			
Divi	ision, Department, or Re	gion (If Applicable	e)		-	For Official Use Only	
Bo	ard of Supervisors						
	signated Agency Contact	(Name, Title)			-		
Ste	even Jones						
	a Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	0) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
	nction or Event Info		065003011013			(Month, Day, Year)	
	es the agency have a tick		Yes 🛛 No	Eace Value	of Each Ticket/Pass \$ _	30	
Eve	ent Description Baseball	game Provide Title/Ext.	<u>+ / 10 / 14</u>	//			
			Yes 🗌 No	If no: Oakla	and A's		
Tick	<pre>ket(s)/Pass(es) provided</pre>	by agency?	Name of S	ource			
Wa	s ticket distribution made	at the behest	No 🗌 Yes	If yes: Cha	n, Wilma		
of	of agency official?				Official's Name	(Last, First)	
3. Re	cipients						
	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.	A. Name of Agency, Department or Unit			Describe the pu	blic purpose made pursuant to the agency's policy		
200			Ticket(s)/ Pass(es)				
В.	R Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
	(Lost, First)		Pass(es)				
Ro	binson, Fred			Ceremonial Role	onial Role" or "Other" describe below	Income	
r.co	binaon, ried		2	1	nunity volunteer for his		
				public			
				Ceremonial Role	Other	Income	
			2	If checking 'Cereme	onial Role" or "Other" describe below		
			-				
C.	Name of Outside Org (include address and d		Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	(monute dutress and a		Pass(es)				
_							
	rification					the time and a second sec	
1 ha	ve read and understand FPPC Re	gulations 18944.1 ai					
-	Su C. J		Steven J	the second se	Central District Direct		
	Signature of Agency Head or Designee			00	Title	(Month, Day, Year)	

Comment: ...

						AT ubite boeument	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Reg	ion (If Applicable		For Griddar Gao Grily			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				02036	
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$.	30			
	Event Description Baseball	game	Date(s) 4	1 , 19 , 14	//		
	Even Beschpilon	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	Yes 🗌 No 🛛	g If no: Oakla	and A's Name of S	Pourse		
				- Char		iource	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes 🛿	If yes: Char	Official's Name	(Last, First)	
-							
3.	* 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, Departm	and a second second second	Number of		blic purpose made pursua		
	A. Name of Agency, Department of Onit		Ticket(s)/ Pass(es)	Deserve ine pri	house house a short a house		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	1000 - 1000			Ceremonial Role		Income	
	Lam, Joe	2	If checking "Ceremonial Role" or "Other" describe below. To reward a community volunteer for his or her service to the public				
			2		Other D anial Role" or "Other" describe below	Income	
	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	ulations 18944.1 an	d 18942. I have ver	ified that the distribution set	t forth above, is in accordance	with the requirements.	
4.	I have read and understand EDDC Dec	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the					
4.	I have read and understand FPPC Reg		Steven In	200	Central District Direct	tor 05/09/2014	
4.	I have read and understand FPPC Reg		Steven Jo		Central District Direc	tor 05/08/2014 (Month. Day, Year)	

A Bublic Decument

Alameda County				Date Stamp	California 802	
		Agency Name Alameda County				
livision, Department, or Reg	ion (If Applicable)				For Official Use Only	
Board of Supervisors						
Pesignated Agency Contact	(Name Title)					
	((((((())))))))))))))))))))))))))))))))					
	Les a			Amendment (Must)	provide explanation in Part 3.)	
rea Code/Phone Number 510) 272-6693	CONTROLOGY COMPANY	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Infor	mation				30	
loes the agency have a tick	Yes 🛛 No [
went Description Baseball		Date(s) 4	, 20 , 14	1 1		
vent Description	nation					
icket(s)/Pass(es) provided t	Yes 🗖 No 🕻	If no: Oakla	nd A's			
			Name of S	ource		
Vas ticket distribution made of agency official?	No 🗌 Yes [If yes: Char	official's Name	(Last, First)		
Recipients Use Section A to identify the agend	sy's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	tify an outside organization.	
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
2 Name of Individu	ial	Number of		Monthly one of the follow	dag:	
B. Name of individual (Last, First)		Pass(es)	Identity one of the following:			
			Ceremonial Role	Other	Income	
Harris, Bill		2	Contraction of Contraction States and State States and States and Stat States and States and Sta	reward a community volunteer for his or her service to the		
C. Name of Outside Organization (include address and description)		2	(1923) (1924) (1924) (1924) (1924) (1923) (1924) (1924) (1924) (1924)		Income	
		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	Steven Jones rea Code/Phone Number 510) 272-6693 Function or Event Infor boes the agency have a ticke went Description Baseball (icket(s)/Pass(es) provided to Vas ticket distribution made of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Departm B. Name of Individe (Last, Feat) Harris, Bill C. Name of Outside Orga (include address and definition of the section of the se	Steven Jones E-mail rea Code/Phone Number E-mail 510) 272-6693 steven.jones@ Function or Event Information boes the agency have a ticket policy? boes the agency have a ticket policy? boes the agency have a ticket policy? event Description Baseball game Provide Title/Explain Provide Title/Explain icket(s)/Pass(es) provided by agency? Steven Jones Vas ticket distribution made at the behest of agency official? Steven Jones Recipients Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit B. Name of Individual (Last, Fast) Harris, Bill C. Name of Outside Organization (include address and description) Verification Verification	Steven Jones E-mail steven.jones@acgov.org Function or Event Information tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [tooes the agency have a ticket policy? Yes 🖾 No [Vas ticket distribution made at the behest of agency official? No 🗆 Yes [Recipients • Use Section A to identify the agency's department or unit. • Use Sector A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last Feat) Number of Ticket(s)/ Pass(es) Harris, Bill 2 C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Verification Image: Pass (Pass) Image: Pass(Pass)	Siteven Jones E-mail steven.jones@acgov.org steven.jones@acgov.org Function or Event Information poses the agency have a ticket policy? Yes INo I Face Value of vent Description Baseball game Date(s) 4 Provide TitlerExplenation If no: Oakla Vas ticket distribution made at the behest of agency official? No Yes I for yes Chan Recipients • Use Section B to identify an Individ Use Section A to identify the agency's department or unit. • Use Section B to identify an Individ A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Ceremonial Role I-arris, Bill 2 C. Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) O. Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) O. Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) O. Name of Outside Organization Number of Ticket(s) Pass(es) O. Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) Describe the pullic 0 O. Name of Outside Organization (include address and description) Describe the pullic	Steven Jones	

Comment: _

Agency Name Alameda County				Date Stamp	California 802
					Form CO2
Division, Department, or Reg	gion (If Applicable		Tor Onion Ose Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Steven Jones					and a subscription in Dark 21
Area Code/Phone Number	E-mail				
(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Info	rmation		20		
	1927 - 1928 - 1979 - 19	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$.	50
Event Description Baseball	game		Date(s)4		//
	Provide Title/Exp				
Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛			If no: Oakia	Name of S	Source
Was ticket distribution made	at the behest		Char	n, Wilma	
of agency official?	at the beneat	NOL Test	△ If yes.	Official's Name	(Last, First)
Recipients					
	cy's department or	lual. • Use Section C to ide	entify an outside organization.		
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Klashaver Duser			Ceremonial Role	Other	Income
Kleebauer, Susan		2	To reward a community volunteer for his or her service to the public		
			Ceremonial Role	Other	Income
		2	If checking "Ceremo	nial Role" or "Other" describe below	Y:
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	b) Describe the public purpose made pursuant to the second sec		nt to the agency's policy
			villed that the distribution set	forth above, is in accordance	with the requirements
Verification	oulations 18944 1 au	d 18942. I have ve			
Verification I have read and understand FPPC Re	gulations 18944.1 an				
		d 18942. I have ve Steven Jo Print Nam	ones	Central District Direc	
	Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Info Does the agency have a tick Event Description Baseball Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individ (Last, Frag) Kleebauer, Susan	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number [E-mail] (510) 272-6693 [E-mail] steven.jones Function or Event Information Does the agency have a ticket policy? Event Description Baseball game Provide Title/Expl 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 Agency, Department or Unit [East, First] Kleebauer, Susan	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail steven.jones@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No [Was ticket distribution made at the behest of agency official? No □ Yes [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, Ferd) Number of Ticket(s)/ Pass(es) Kleebauer, Susan 2 C. Name of Outside Organization Number of	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 E-mail Steven Jones Function or Event Information Does the agency have a ticket policy? Yes 🖾 No 🗆 Face Value of Event Description Baseball game Date(s) 4 Provide Title/Explanation Date(s) 4 Was ticket distribution made at the behest of agency official? No 🖾 Yes 🖄 No 🖾 Yes S If yes: Char of agency official? Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pu Pass(es) Kleebauer, Susan 2 Ceremonial Role if checking Corentary	Alameda County

C	eremonial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or R Board of Supervisors	ran on and a sciencia of the saverage	"			
	Designated Agency Conta	ct (Name, Title)				
	Steven Jones				Amendment (Must a	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693		s@acgov.org		Date of Original Filing:	
2.	Function or Event Inf Does the agency have a tic Event Description Baseba	cket policy?		of Each Ticket/Pass \$	30	
	Ticket(s)/Pass(es) provide Was ticket distribution mad	d by agency?	^{tanation} Yes ☐ No No ☐ Yes	If no: Oakla	nd A's Name of Sc	
	of agency official?	to at the behavior	NOL Test	n yes.	Official's Name ('Last, First)
3.	* Use Section A to identify the agency's department or unit. * Use Section B to identify an individu				ual. • Use Section C to iden	atify an outside organization.
	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
	B Name of Individual		Number of Ticket(s)/			
	Lost. First)			Identify one of the following		
	Rodriguez, Michael		2	To reward a comm	nial Role" or "Other" describe below nunity volunteer for his	or her service to the
			2	public Ceremonial Role If checking "Ceremo	Other Intel Role" or "Other" describe below:	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy

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.

Str C. Ja	Steven Jones	Central District Director	05/08/2014	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	
Comment:				

A Public Document

200			Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County						
	Division, Department, or Region (If Applicable)		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Steven Jones						
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Information				1.01.28		
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	30		
	Event Description Baseball game		Data(a) 4	1 , 23 , 14			
	Event Description Provide Title/Expl		/				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's			
	rener(e), acc(co) pre nece c) carrier			Name of 5	lource		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(Last First)		
_				Cilician s Hanno	(East, First)		
3.	* Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	tual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:		
	(Last, First)	Pass(es)			18.2751		
	Wydler, Diane		Ceremonial Role	Other Donial Role" or "Other" describe below	Income		
	Wyddi, Diano	2	To reward a community volunteer for his or her service to the public				
			Ceremonial Role	Other	Income		
		2	Verbalitetetetetetetetetetetetetetetetetetete	onial Role" or "Other" describe below	v.		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
	(include address and description)	Pass(es)					
4.	Verification I have read and understand FPPC Regulations 18944.1 an	d 18942. I have ve	, arified that the distribution set	t forth above, is in accordance	with the requirements.		
	Et CA	Steven Jo		Central District Direc			

1.00	Otevenioonea	Central District Director	00/00/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

C	eremonial Role Ever	nts and Tic	ket/Pass Dis	stributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form	
	Division, Department, or Reg	gion (If Applicable	»)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			0		
	Michelle Dianda						
	Area Code/Phone Number			. 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 Info	rmation				05.00	
	Does the agency have a tick		Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$ _	85.00	
	Event Description Oakland	A's vs. Toronto	Blue Jays	Date(s)07	<u>0314</u>	//	
	Ticket(s)/Pass(es) provided I	Yes 🗌 No 🖾	If no: Oakland A's				
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	ou's department or	unt in Use Postion C to Iden	life an autoble avecalization			
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant			
	B. Name of Individual		Number of				
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
					Other I	Income	
					Other in Other of "Other" describe below:	Income	

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	
Union City Lions Club P.O. Box 2314 Union City, CA 94587		4	To reward a non-profit organization for its contributions to the community.	
Support to local youth organizations & programs to end blindness				

4. Verification

I have read and understand FPPC Regulations 189	44.1 and 18942. I have verified that the distribu	ution set forth above, is in accordance with the	requirements.
MAL	Michelle Dianda	Supervisor's Aide	5/5/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: Includes 1 parking pass at the value of \$20.

Agency Report of:

C	eremonial Role Evei	nts and Tic	ket/Pass Dis	stributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Re	gion (If Applicable	»)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	vrovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info					24.00
	Does the agency have a tick		Yes 🛛 No 🗆		of Each Ticket/Pass \$ _	
	Event Description Oakland	A's vs. Chicage Provide Title/Exp	o White Sox	Date(s)	5 <u>12 14</u>	<u> </u>
	Ticket(s)/Pass(es) provided	Yes 🗌 No 🛛	If no: Oakland A's			
	Was ticket distribution made	No 🗌 Yes 🗵	If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?		Official's Name (Last, First)		
3.	 Recipients Use Section A to identify the agent 	cy's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
			Pass(os)	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D	Income

Number of Ticket(s)/ Pass(es) C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Centro de Servicios To reward a non-profit organization for its contributions to the 2 525 H St. Union City, CA 94587 community. Non-profit social services org. helping 2 low income and immigrant families

4. Verification

I have read and understand FPPC Regulations 189-	14.1 and 18942. I have verified that the distribution	ution set forth above, is in accordance with the	requirements,
MAL	Michelle Dianda	Supervisor's Aide	5/7/19
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

80		2201220200000	0.0 T. T. A. HTT T. T.			A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	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	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				390.020
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$.	94.00
	Event Description Romeo Sa	antos Concert		Date(s)05	, 23 , 14	//
		Provide Title/Expl	anation	California	Olate Mania	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of S	ource
	Was ticket distribution made a	at the behest	No 🗆 Yes	Valle.	Richard- Supervisor	
	of agency official?	it the beneat	No Li res l	A If yes:	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	B. Name of Individu	al	Number of			5
	B. Name of Individu. (Lost, Fest)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Lara, Daisy		4		al Role" or "Other" describe below.	
			4		nce at an event held potential revenue fror	at a County facility in n sales.
					Other Differ Other Other Other Other Other Other Other Delow.	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
4.	Verification I have read and understand FPPC Required and understand FPPC Required and understand or Designed Signature of Agency Head or Designed	~	f 18942. I have ve Michelle Di Print Name	anda	orth above, is in accordance w Supervisor's Aide Title	vith the requirements.
						Condinant Condit (and)
	Comment:					

A Public Documen	А	Publ	ic	Document	t
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0	eremonial Role Even	its and fic	KeuPass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (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	mation				(mona), buy, rouy
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	24.00
	Event Description Oakland	A's vs. Los Ang	geles Angels	Date(s)0	6 , 01 , 14	//
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Oakla	Ind A's Name of So	
	Was ticket distribution made	at the behavet		valle	, Richard- Supervisor I	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (i	ast, First)
3.	Recipients					
	• Use Section A to identify the agend	y's department or	the second s	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of		Identify one of the follow	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	McEvoy, Regina		2		Other M nial Role" or "Other" describe below: nunity volunteer for her	Income
				To reward a comm	funity volunteer for her	service to the public.
				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 pursuant	to the agency's policy
4.	Verification I have read and understand FPPC Regi	ulations 18944.1 and	1 18942. I have ve Michelle Di		forth above, is in accordance wi Supervisor's Aide	th the requirements.
	Signature of Agency Head or Designe	0	Print Name		Tille	(Month, Day, Year)
	Comment:					
						the second s

		to and no	Neur uss	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable		1	For Official Use Only	
	Board of Supervisors					8
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	성업, 24억 만큼 여행 등 김 것이가 관련을 얻었다. 가지 않는
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month Day Year)
2.	Function or Event Infor	mation				(Monin, Day, Youry
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	23.10
	Event Description Sesame S	Street Live	200.000			//
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of Sol	
	Was ticket distribution made : of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I	District 2
_					Official's Name (I	.ast, F1fs()
	Recipients					
- 3	Use Section A to identify the agence		Number of			the second s
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
9						
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Gonzalez, Caitlin		4	If checking "Ceremon	Other X aial Role" or "Other" describe below:	Income
					ance at an event held a potential revenue from	
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1.	Vețification					
1	have read and understand FPPC Registered and understand FPPC Registered and understand FPPC Registered and the standard of Designed		d 18942. I have ve Michelle D Print Nam	ianda	forth above, is in accordance wit Supervisor's Aide Title	h the requirements 5/2/14 Month, Dak Yean
	Comment:					Provide of 1980

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 295.47 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes X No Event Description Bruno Mars Concert Date(s) 05 / 28 14 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 🗵 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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
4	Ceremonial Role Other Income Income I Checking "Ceremonial Role" or "Other" describe below: 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.
	Ceremonial Role Other I Income Income II checking "Geremonial Role" or "Other" describe below:
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
and 18942. I have ver	rified that the distribution set forth above, is in accordance with the requirements. anda Supervisor's Aide 5/20/14
	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) 4 Image: state

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A	Publ	IC	Document

~	eremonial Role Lvei	na and no	Neur ass	Distributions		A Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Re Board of Supervisors	gion (If Applicable	-	For Official Use Only		
	Designated Agency Contact	(Mame Title)				
	Designated Agency Contact	(Ivame, Lille)				
	Michelle Dianda		Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number (510) 272-6692	E-mail michelle.dia	nda@acgov.	org	Date of Original Filing: .	
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	22.00
	Event Description Oakland	A's vs. New Yo	ork Yankees	Date(s)	<u> </u>	/
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [200 C	Name of Sol	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2 .ast, First)
3.	Recipients • Use Section A to identify the ager	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • 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 pul	blic purpose made pursuant	to the agency's policy
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Valle, Raul		2	To promote attend	Other X nial Role" or "Other" describe below: ance at an event held a potential revenue from	
				Ceremonial Role If checking "Ceremon	Other D	Income

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

4. Verification

Signature of Agency Head or Designee

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

Title

Comment: _

Seremonial Role Ev	ento ana rick	cur ass	Distributions	08	A Public Documer
. Agency Name			¥)	Date Stamp	California 802
Alameda County					
Division, Department, or F	Region (If Applicable)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)	1			
Lee Ann Fergerson, Sup	ervisor's Assistant				
Area Code/Phone Number	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	사실 것 같은 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은			Date of Original Filing:	(Month, Day, Year)
. Function or Event Inf	ormation				are DD
Does the agency have a tie	cket policy? Ye	es 😰 No [Face Value of	of Each Ticket/Pass \$ _	8500
Event Description	selsall	(Date(s) _5	-,10,14	, ,
Event Description	Provide Title/Explana	tion	Date(s)	1.0	
Ticket(s)/Pass(es) provide	d by agency? Ye		If no: Ca	kland D	Abletics
Was ticket distribution mad	e at the behest	lo 🗆 Yes	If yes:	ameda County Supervisor	Scott Haggerty, District 1
of agency official?		- (Official's Name ((Last, First)
• Recipients • Use Section A to identify the ag	ancy's department or unit	e lleo Soot	lion B to identify an induid	unt a the Postian C to idea	
A. Name of Agency, Depar		Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	
	-	装			
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Supervisor]	Jaggerty	4/		ht of facilities or events funding or support	Income
		1	Ceremonial Role If checking "Ceremon	Other Other describe below.	Income
C. Name of Outside Org (include address and o	amzation	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification					
1 Have read and understand FPPC Re	-				1
Fleungra		Ann Ferg	erson	Supervisor's Assistant	5/1/14
Signature of Agency Head or thesign		Print Name		Title	(Month, Day, Year)
Comment:					

ency Report of:	ALDees Dis	tributions		A Public Document
remonial Role Events and Tick	evrass Dig		Date Stamp	California 802
Agency Name				For Official Use Only
Alameda County				
Division, Department, or Region (If Applicable)				
Board of Supervisors		and the second		
Designated Agency Contact (Name, Title)		X	/	
Lee Ann Fergerson, Supervisor's Assistar	nt		Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filin	
(510) 272-6691 leeann.ferge	rson@acgov.or	9	Date of Onginal I may	
Function or Event Information				3000
Function or Event information	Yes 🗭 No 🗖	Face Value of	Each Ticket/Pass \$	
Does the agency have a ticket policy?		Date(s) 5	,5,14	man and many and second
Event Description	lenation	_ Date(s)		IP Onto C
		If no: Ca	kland +	SAMETICS_
Ticket(s)/Pass(es) provided by agency?	Yes No		Name o	
Was ticket distribution made at the behest		If yes:		or Scott Haggerty, District 1 ne (Last, First)
of agency official?			Official S Ivar	ua (real, Luai)
				· · · ·
 Recipients Use Section A to identify the agency's department of 	r unit. • Use Sectio	n B to Identify an Individu	al. • Use Section C to I	dentify an outside organization.
A. Name of Agency, Department or Unit	And Hilling Area	Beechise the publ	lie purpose made pure	uent to the sysney's polley
Maine or Agency, Depairment of Con-	Abite Arte		Same and the second	den er en ander en en en er er er en er
Caracterization and the contract of the second s		/		
125t.	6	To promote attendand	ce at a county sponsored	event in order to
		maximize potential co	ounty revenue for concest	sion and parking sales
		a na mana ang kana da sa kana na mang kana na na mang kana da sa mang kana da sa sa kana da sa sa sa sa sa sa s		an ng sa kang mga mga mga mga mga mga mga mga mga mg
Name of Individual	Number of Ticket(e)/		Identify one of the fo	llowing:
(Last, Firel)	Pdax(ao)	والمتعادية والمعاركة والمتعاركة والمعاركة والمعاركة والمعاركة والمعاركة والمعاركة والمعاركة والمعاركة والمعاركة		
			Sther Cher describe by a contract of the contr	ncome
		a checking Gerennan		
		Ceremonial Role	Other	
~			nial Role" or "Other" describe b	,
C. Name of Outside Organization	Number of	Becerite the put	lia numara mada num	uant to the agency's policy
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	nic builtoss mede buie	dant to the sgency a policy
n an				
			,	haanaan amaa ahoo haykaa dagaa ahkaanaa magayykaa kanaa maanaa ahka kaa madaa kanaa ka ka maada ka maada ka maa
		a ta ya wana kata kata kata kata kata kata kata k		n fan in steamer staar en staar fan it Russia staar de staar staar staar st
. Verification		8	ladh abaija da ba annaid	a
1 Have read and understand FPPC Regulations 18944.1				
	Lee Ann Eerg	erson	Supervisor's Assis	$\frac{1}{2} \frac{1}{1} \frac{1}$
Jellen xx dis				Alasti Barri Mand
Signature of Agenty Heavy or Designed	Print Name		0	(Month, Day, Year)
				(Month, Day, Year)

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Agency Report of: and Ticket/Base Distrib

1

Comment: _

Signature of Agency Head or Designee

			Data Stamp	O-Ilf	
			Date Stamp	California 802	
tment, or Region (If Applica	Alameda County				
unent, or region (a Appaca	Division, Department, or Region (If Applicable)				
ervisors				00	
ency Contact (Name, Title)			-		
erson, Supervisor's Assist	ant		Amendment (Must	provide explanation in Part 3.)	
영화가 여러 여러 여러 가지 않는 것은 것은 것이 물었다. 것	gerson@acgov.	org	Date of Original Filing	(Month, Day, Year)	
cy have a ticket policy? on <u>JCBANE</u> Provide Tille/E es) provided by agency? ibution made at the behest	xplanation Yes P No E	Date(s)	<u>50, 14</u> SW Name of S		
identify the agency's department	or unit. • Use Section	on B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:	
	Ticket(s)/	If checking "Ceremo		Income	
	Event Information cy have a ticket policy? on <u>SUBAWE</u> Provide Tille/E es) provided by agency? ibution made at the behest cial?	1 leeann.fergerson@acgov. Event Information cy have a ticket policy? Yes P No point on Constant on Constant policy? Yes P No policy? on Constant policy? Provide Title/Explanation es) provided by agency? Yes P No policy ibution made at the behest No Provide Yes P No policy ibution made at the behest No Yes P identify the agency's department or unit. Number of Ticket(s)/	1 leeann.fergerson@acgov.org Event Information cy have a ticket policy? Yes No Face Value on Provide Title/Explanation Provide Title/Explanation on Provide Title/Explanation If no: A ibution made at the behest No Yes If yes:A colspan="2">Colspan="2">A colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspa="2"Colspan="2"Colspan="2"Cols	ne Number E-mail Date of Original Filing 1 Iceann.fergerson@acgov.org Date of Original Filing Event Information Event Information Event Information cy have a ticket policy? Yes No Face Value of Each Ticket/Pass \$. on Date/Drovide Title/Explanation Date(s) Date(s) Date(s) es) provided by agency? Yes No If no: Name of S ibution made at the behest No Yes If yes: Alameda County Superviso cial? If yes:	

Print Name

Title

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 85.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$. Event Description _____Baseball Game 03 29 14 03 31 14 1 Date(s) Provide Title/Explanation If no: Oakland Athletics 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
Board of Supervisors	4	County of Alameda Employee
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Dother Differ Income
		Ceremonial Role Dother Differ Income Income Income
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

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.

	Anna Gee	Operations Chief	05/9/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)				Form 002	
					For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee				-	
	Arrea Code/Phone Number	IE-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6694				Date of Original Filing	
noopost K		anna.gee@	acyov.org			(Month, Day, Year)
	Function or Event Infor			F		30.00
	Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$.	
	Event Description Baseball	<u>Jame</u>		Date(s)	0114	040214
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	ID Athletics Name of S	01/200
	Mae ficket distribution mode	ot the behavi		m Milev		ource
	Was ticket distribution made a of agency official?	at the benest	No 🛛 Yes	If yes: Miley	Official's Name	(Last. First)
	• Use Section A to identify the agence	w's denartment o	runit elice Sou	ction B to identify an individu	alles Section C to ide	ntify an outside organization
			Pass(es)		and the second	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	B. Name of Individu	al	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon		Income
	B. Name of Individu	al	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Dial Role" or "Other" describe below.	income
	B. Name of Individu (Lest, First) C. Name of Outside Organ (include address and dest	hization	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other	Income
	(Lest, First)	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health,	Other Other Other Other Other Other Other Dother D	Income
	C. Name of Outside Organ (include address and dea United Seniors of Oakland	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, vulnerable populati	Other Other Other Other Other Other Other Dother D	Income In
	C. Name of Outside Organ (Include address and der United Seniors of Oakland County - 7200 Bancroft Ave Oakland, CA 94605.	nization scription) & Alameda a, Ste 251,	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, vulnerable populati privileged, seniors of	Other Carlor Other	Income
	C. Name of Outside Organ (include address and der United Seniors of Oakland County - 7200 Bancroft Ave Oakland, CA 94605. SENIOR ADVOCACY Verification	nization scription) & Alameda a, Ste 251,	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, vulnerable populati privileged, seniors o	Other Carlor Other	Income Income Income

				A asing Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (If Applicable))			
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Anna Gee			Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing: .	. ,
(510) 272-6694 anna.gee@a	cgov.org			(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?			f Each Ticket/Dage ¢	30.00
	Yes 🛛 No		f Each Ticket/Pass \$	04 04 44
Event Description Baseball Game Provide Title/Expla.	ination	Date(s)04	, 03 , 14	04 , 04 , 14
Ticket/a)/Daga(a) was ideal by a second	Yes 🗌 No	If no: Oaklar	nd Athletics	
			Name of Sou	irce
Was ticket distribution made at the behest of agency official?	No 🛛 Yes	If yes: <u>Miley</u>	Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or u	ınit. ● Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors	2	County employee		
B, Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	
			Other describe below:	Income L
			Other .	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
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251,	2			panded opportunities to as the disabled, under-
Oakland, CA-94605. SENIOR ADVOCACY		privileged, seniors a	& youth in foster care.	
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	h the requirements.
HIT !!	Anna G	ee	Operations Chief	05/9/14
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12

10001000						
1.	Agency Name			Date Stamp	California 802	
	Alameda County	Alameda County Division, Department, or Region (If Applicable)				Form GOZ For Official Use Only
	Division, Department, or Region (Ir Applicable)					
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Anna Gee				Amendment (Must	provide explanation in Part 3,)
		-mail				. ,
		anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day. Year)
L.	Function or Event Inform		- Franki	•••••		30.00
	Does the agency have a ticket p	-	Yes 🛛 No	6	f Each Ticket/Pass \$	
	Event Description Baseball Ga	me Provide Title/Expla	enelion	Date(s)	0514	
	Ticket(s)/Pass(es) provided by a			If no: Oaklar	nd Athletics	
	noner(3/1 daa(ca) provided by a	agency:	Yes 🗌 No	12.3	Name of Sc	DUrce
	Was ticket distribution made at t of agency official?	he behest	No 🗙 Yes	If yes: <u>Miley</u>	, Nate Official's Name ('Last, First)
3.	Recipients • Use Section A to identify the agency's	department or I	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Board of Supervisors		2	County employee		
	B. Name of Individual (Last. Firet)		Number of Ticket(s)/ Pass(es)		Identify one of the follow Other I Other I I Other I I I Other I I I I I I I I I I I I I I I I I I I	ing: Income
					Other	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
	United Seniors of Oakland & County - 7200 Bancroft Ave, S		2			xpanded opportunities to h as the disabled, under-
	Oakland, CA 94605. SENIOR ADVOCACY			privileged, seniors	& youth in foster care	
4.	Verification	ipns 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	ith the requirements.
~~~	/ / ALLE		Anna G	ee	Operations Chief	05/9/14
	Signature of Agency Head or Designee		Print Nam	ie	Title	(Month, Dəy, Year)
	Comment:				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/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 (510) 272-6694 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball Game , 18 04 14 04 19 14 Date(s) ____ Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Miley</u>, 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)

<b>D</b>	Name of Individual	Number of	
B.	(Lest. First)	Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other I Income
			Ceremonial Role Other 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
	eniors of Oakland & Alameda 7200 Bancroft Ave, Ste 251,	4	To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, under-
	, CA 94605. ADVOCACY		privileged, seniors & youth in foster care.

4. Verification

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

- AAA	Anna Gee	Operations Chief	05/9/14
Signature of Agency Head or Designet	Print Name	Title	(Month, Day, Year)

Comment:

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				(Monal, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	30.00
	Event Description	Same			, 20 , 14	04 , 21 , 14
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
					Name of Sc	ource
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	If yes: Miley	, Nate Official's Name (	// oot Eicot)
					Official's Name (	Last, F1131)
3.	• Use Section A to identify the agency	<i>i's department or</i> i	unit alles So	tion B to identify an individu	allee Section C to iden	tife an outside organization
			Number of	I		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individua (Last, First)	d	Number of Ticket(s)/		Identify one of the follow	/ing:
			Pass(es)	Ceremonial Role	Other 🔀	
	Yu, James				ial Role" or "Other" describe below:	income L
			1	To reward a comm	unity volunteer for the	ir service to the public
		DOLED THE READ OF BUILD DOLED TO THE READ OF BUI				
	Urbiota Dimoo			Ceremonial Role		Income
	Urbieta, Dimas		1		ial Role" or "Other" describe below:	ir service to the public
					anity volunteer for the	
	C. Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	United Seniors of Øakland &	& Alameda		To promote health.	motivate & provide e	xpanded opportunities to
	County - 7200 Bancroft Ave	, Ste 251,	2			ch as the disabled, under-
	Oakland, CA 94605.			privileged seniors	& youth in foster care	
	SENIOR ADVOCACY					•
4.	Verification			<u>L</u>		
-	I have read and understand FRFC Regu	ations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
	1744	Y	Anna G	ee	Operations Chief	05/9/14
	Signature of Agency Head or Designee		Print Nan	7e	Title	(Month, Day, Year)
	Comment:					·
	COURTER					

						A Lablic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	900-900-1000-000-000-000-000-000-000-000		-	
	Anna Gee					
	Area Code/Phone Number	E-mail			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 o	of Each Ticket/Pass \$ _	30.00
	Event Description Baseball G	Game		Date(s) 04		04 , 23 , 14
		Provide Title/Expl	anation			manuferrounderend terministerieren menseerenderenderen
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛		If no: Oaklar	nd Athletics		
	Was ticket distribution made at the behest No 🕅 Yes 🗔 If yes		- Milev	Name of S	ource	
	of agency official?	at the periest	No 🗙 Yes	If yes: Miley	Official's Name	(Last, First)
3.	Recipients					
•.	Use Section A to identify the agency	y's department or	unit. 🏾 🛛 Use Sec	ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public			lic purpose made pursuan	it to the agency's policy	
			Pass(es)			
					****	
	B. Name of Individua	.1	Number of			
	D. Name of molyada (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
		****		Ceremonial Role	Other	Income
				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	lic purpose made pursuan	t to the agency's policy
		2 Alama da	1.455(65)	T		
	United Senfors of Oakland & County - 7200 Bancroft Ave		4			xpanded opportunities to ch as the disabled, under-
		,				
	Oakland, CA 94605. SENIOR ADVOCACY			privileged, seniors	& youth in foster care	•
4.	Verification		<u> </u>	L		
- <u>1</u>	I have read and understand FPPC Regu	lations 18944.1 and	1 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
			Anna G		Operations Chief	05/9/14
	Signature of Agency Head of Designee	<i>j</i>	Print Narr		Title	(Month, Day, Year)
	$\setminus$ .					
	Comment:					EBBC Earm 802 (4/42)

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)				Form 002	
					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@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 o	of Each Ticket/Pass \$ _	30.00
	Event Description Baseball G	Same		Date(s) 05	<u>, 05 , 14</u>	05 , 06 , 14
		Provide Title/Expl	anation			**************************************
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	*****
	Mos tisket distribution mode	t the behavi			Name of So	urce
	Was ticket distribution made a of agency official?	at the penest	No 🗙 Yes	If yes: Miley	, Nate Official's Name (I	Last, First)
 2	Recipients					
۶.	• Use Section A to identify the agency	y's department or	unit.   ● Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of		lic purpose made pursuant	
			Ticket(s)/ Pass(es)		ne parpese made persuan	to the agency a policy
					*****	
			Alternation of			
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other 🛛	
					ial Role" or "Other" describe below:	
	Buffington, Rob		1	To reward a comm	unity volunteer for the	ir service to the public
		davaratistitionara concete a companya an	<u> </u>			
	Buffington, Faith			Ceremonial Role		Income
	bunnyton, raith		1		ial Role" or "Other" describe below: unity volunteer for thei	ir service to the public
	C. Name of Outside Organ	iization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	United Seniors of Oakland &	& Alameda		To promote health.	motivate & provide ex	panded opportunities to
	County - 7200 Bancroft Ave		2			h as the disabled, under-
	Oakland, CA 94605.		1	nrivileged seniors	& youth in foster care.	
	SENIOR ADVOCACY			privilegeu, seriiors (	a youn in ioster care.	
Į.,	Verification		<u> </u>	I		
	I have read and Understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
~	- K / K_	v	Anna G	ee	<b>Operations</b> Chief	05/9/14
	Signature of Agency Head or Designee		Print Nan	10	Title	(Month, Day, Year)
	Comment:		<u> </u>			FPPC Form 802 (4/12)

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 (510) 272-6694 anna.gee@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball Game Date(s) _____ 07 14 05 09 14 Provide Title/Explanation If no: Oakland Athletics 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Dother Dother Income Income Income It checking "Ceremonial Role" or "Other" describe below:			
Miley, Nathan	1	To promote attendance at & event held at a County facility in order to maximize potential County revenue from parking			
Miley, Sarah	1	Ceremonial Role Conternation Other Conternation Income Conternation Income Conternation 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			
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251,	2	To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, under-			
Oakland, CA 94605. SENIOR ADVOCACY		privileged, seniors & youth in foster care.			
	d 18942. i have ve	arified that the distribution set forth above, is in accordance with the requirements.			

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

	Anna Gee	Operations Chief	05/9/14
Signature of Agency Head or Designee	Print Name	Title	(Monlh, Day, Year)
Comment:			

			neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)			-	
	Anna Gee					
	A TRANSPORT OF THE OWNER OWN	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6694		andov ord		Date of Original Filing: _	
	Function or Event Inform	anna.gee@	acyov.org			(Month, Day, Year)
6.	Does the agency have a ticket					1700.00
			Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Baseball G	Provide Tille/Exp	to a financia	Date(s)	, 09 , 14	
		Fronde Hue/Exp	ranation	Ooklar	Athlatica	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗙 Yes	If yes: Miley,	, Nate	
	of agency official?	· · · · · · · · · · · · · · · · · · ·	NU KA TEST	Lind IT yes.	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agency	's department or	unit. 🔹 Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)			
				****		
	B. Name of Individua	I	Number of Ticket(s)/		Identify one of the followin	ig:
			Pass(es)	Commonial Data	Other	
					al Role" or "Other" describe below:	Income
				Ceremonial Role		Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
	• · · · · · · · · · · ·		Number of			
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		~ ^	1 (03(03)			
	East Bay Innovations-5326 ( Pleasanton, CA 94566	Jase Ave,	20			banded opportunities to as the disabled, under-
		380050-8702-94-9539-80-25-86-9-86-9-86-9-8-9-8-9-8-9-8-9-8-9-8-9-				
	PROGRAMS/SERVICES FO	OR SPECIAL		privileged, seniors &	& youth in foster care.	
	NEEDS ADULTS					
4.	Verification					

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.

Anna Gee **Operations Chief** 05/9/14 1 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

1000000000						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Vame, Title)		ND-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	Anna Gee					
		E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acaov.ora		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	<u> </u>	0 0			(Wonth, Day, Year)
	Does the agency have a ticket		Yes 🛛 No	En Eace Value o	f Each Ticket/Pass \$	85.00
	Event Description Baseball G	Provide Title/Expla	anation	Date(s)		
	Tielest/s)/Dess(ss) was dided by	_	Yes 🗌 No 🛛 If no: Oaklar		ad Athletics	
	Ticket(s)/Pass(es) provided by	agency?			Name of Sou	Ifce
	Was ticket distribution made at the behest		No 🛛 Yes	If yes: Miley	Nate	
	of agency official?			11 y 00	Official's Name (L	.ast, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or <b>ı</b>	unit. 🏾 🛛 Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
-						
	B. Name of Individua	I	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	0		·
					al Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income
				If checking "Ceremon	al Role" or "Other" describe below:	
			Number			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	Alameda Health Systems-14	11 E. 31st	4		Fo reward a nonprofit organization for its contributions to the	
	St, Oakland, CA 94602			community		
	SUSTAINING COUNTY HO	SPITAL				
	Verification					
	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	- ABK /		Anna G	ee	Operations Chief	05/9/14
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					

	eremonial Role Events and Tick	1001 000	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County					
	Division, Department, or Region (If Applicable)		***************************************		For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·			
	Anna Gee			****		
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(Mohin, Day, Tear)	
	Does the agency have a ticket policy? Yes X No Face Val			of Each Ticket/Pass \$ _	30.00	
	Event Description Baseball Game		6	<u>, 31 , 14</u>	06 , 15 , 14	
	Event Description Provide Title/Explan	nation	Date(s)			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics		
			broad a	Name of Sc	burce	
	Was ticket distribution made at the behest No 🛛 Yes 🗍 If yes: <u>Miley, Nate</u> of agency official? Official's Name (Last, First)					
<u> 6660-0200</u>				Officiai s Name (	Ləsi, Firsi)	
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, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	llo purpose made pursuan	t to the agency's policy	
	Board of Supervisors		County employee			
	2					
				********************		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Lexy, Unix)	Pass(es)				
	Griffin, Justin		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below;	Income	
	,	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 Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
A.	Vorticatio					
4.	Verification Lhave read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.	
77	NYN	Anna G		Operations Chief	05/9/14	
	Signature of Ansncy Head or Designee	Print Nam		Title	(Month, Day, Year)	

С	eremonial Role Even	ts and Tio	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Anna Gee	¢				
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					(Mohili, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌 Face Value of		of Each Ticket/Pass \$ _	1700.00
	Event Dependentian Baseball (	Game		Date(s)	6 , 01 , 14	, ,
	Event Description	Provide Title/Exp	lanation	Date(s)		******************
	Ticket(s)/Pass(es) provided b	y agency?	Yes No X If no: Oaklan		nd Athletics	******
	Was ticket distribution made at the behest of agency official?				Name of Sc	ource
			No 🛛 Yes 🗌 If yes: 州		/, Nate Official's Name (	Last. First)
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:
					nial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremo	Definition of the second secon	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	St. Martin de Porres-675 41 Oakland, CA 94609	st St,	20	To reward a non p community	rofit organization for its	s contributions to the
	SCHOLARSHIP FUND					

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.

 Anna Gee
 Operations Chief
 05/9/14

 Signature of Agenty Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: _

800100ec						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	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		******	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation	2007a 120072002000000000000000000000000000000			(Mohin, Day, Tear)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	85.00
	Event Description Baseball G	Provide Title/Expla	anation	Date(s)6		
	Ticket(s)/Pass(es) provided by	v adency?	Yes 🔲 No 🛛 If no: Oaklar		nd Athletics	
		y agency :			Name of Sou	rce
	Was ticket distribution made at the behest		No 🛛 Yes	If yes: Miley,	Nate	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or u		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant l	to the agency's policy
			Pass(es)			
	******	****				*****
	D Newsethallolder		Number of			
	B, Name of Individua (Lest First)	41	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
				Ceremonial Role	Other describe below:	Income
	C. Name of Outside Organ	ization	Number of	Departition the much	ta museu an ande museu av	te the according attac
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant I	to the agency's policy
	Women on the Way to Reco	overv-20424		To reward a non pr	ofit organization for its	contributions to the
	Haviland Ave, Hayward, CA		20	community		
	PROGRAM FOR WOMEN	TO				
	PREVENT RECIDIVISM	10				
4.	Verification					
	Lhave read and understand FRPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	MAN >	Ð	Anna G	ee	Operations Chief	05/9/14
L	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:		-11			

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 85.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Baseball Game 06 13 14 1 Date(s) _ Provide Title/Explanation If no: Oakland Athletics 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

B, Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
		Ceremonial Role Other I Income Income I Income	
		Ceremonial Role Other I Income Income	
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	
Center for Early Intervention on Deafness-1035 Grayson St, Berkele	ey 4	To reward a non profit organization for its contributions to the community	
CA 94710 SUPPORT FOR DEAF CHILDREN			
Verification	44.1 and 100.10 J have w	t	

I have read and ynterstand ppp6-Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- HAYE	Anna Gee	Operations Chief	05/9/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
a second s			

Comment: .

4

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee	, , , , , , , , , , , , , , , , , , ,				
	Arrea Code/Phone Number	E-mail		*****	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	caov ora		Date of Original Filing:	
			cyov.org			(Month, Day, Year)
ha .	Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Fa				f Each Ticket/Pass \$ _	30.00
			Yes 🛛 No	6		
	Event Description	Jame Provide Title/Expla	unation	Date(s) <u></u>	<u>, 19 , 14 </u>	
				If no: Oaklar	nd Athlatics	
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Uaka			Name of So	Urce	
	Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: Miley		Nate			
	of agency official?				Official's Name (	Last, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agenc</li> </ul>	y's department or u	init. • Use Sec	tion 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 pub	lic purpose made pursuant	to the agency's policy
	Board of Supervisors		2	County Employee		
			-			****
			Number of			
	B. Name of Individua (Last. First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 435(63)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
				Ceremonial Role		Income
				In checking Ceremon	ial Role" or "Other" describe below:	
			н. 			
	Name of Outside Organ	nization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	C					
					*****	
Δ	Verification		L			
₩. _	Thave read and understand FPPC Regu	llations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	ith the requirements.
	$> 1 \times 1 \times 1$		Anna G	ee	Operations Chief	05/9/14
	Signature of Agency Head or Designee	····f······	Print Nam		Title	(Month, Day, Year)

Comment: _

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

A Public Document

1	Agency Name				Data Stamp	Colifornit
	Alameda County				Date Stamp	California Form 802
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	-	Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		_			, <i>Sup</i> , rour
	Does the agency have a ticket	t policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	250.00
	Event Description Basketball Game Date(s)				<u>, 04 , 14 .</u>	04 <u>14</u> 14
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	Name of Sou	ſſĊŧ
	Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: <u>Miley, Nate</u> of agency official? <i>Official's Name (Last, First)</i>					
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		Number of	I		
	m. Name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	*****	****				
	B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🔀	Income
	Designated Agency Contact (Name, Title)   Anna Gee   Area Code/Phone Number   (510) 272-6694   Function or Event Information   Does the agency have a ticket policy?   Event Description   Basketball Game   Provide Title/E   Ticket(s)/Pass(es) provided by agency?   Vas ticket distribution made at the behest of agency official?   Recipients   Use Section A to identify the agency's department   A.   Name of Individual   (Lest Prist)   Marquardt-Norris, Judi  Collins, Victoria		4		al Role" or "Other" describe below:	·····
					nt held at a County fac venue from parking an	ility in order to maximize d concession sales
	Collins Victoria			Ceremonial Role		Income
	Marquardt-Norris, Judi		4			ility in order to maximize
					evenue from parking and concession sales	
			Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
4.	Verification					
-	I have read and understand EPPC Regul	ations 18944.1 and				
	Signature of Agency Head or Designee	<u> </u>	Anna G		Operations Chief	(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) 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 200.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Basketball Game 04 06 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 X 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Pete, Geoffrey		Ceremonial Role D Other X If checking "Ceremonial Role" or "Other" describe below:	Income
	4	To promote an event held at a County facility in potential County revenue from parking and cor	
	4	Ceremonial Role Other I Other I Ceremonial Role" or "Other" describe below:	. Income
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	and 18942. I have veril	ied lhat the distribution set forth above, is in accordance with the re	quirements.
NINY .	Anna Ge		05/09/14
13-31			

Comment: _

E-mail

A Public Document Date Stamp California Form Division, Department, or Region (If Applicable) For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: . anna.gee@acgov.org (Month, Day, Year) 350.00 Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆

		· · · · · · · · · · · · · · · · · · ·
Event Description Basketball Game Provide Title/Exp		Date(s) 04 / 10 / 14 //////////////////////////
Provide Title/Exp	planation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No 🕅	If no: Golden State Warriors
		Name of Source
Was ticket distribution made at the behest	No 🛛 Yes 🗌	If yes: Miley, Nate
of agency official?		Official's Name (Last, First)

#### 3. Recipients

Comment: .

1. Agency Name

Anna Gee

(510) 272-6694

Alameda County

Board of Supervisors

Area Code/Phone Number

Designated Agency Contact (Name, Title)

2. Function or Event Information

Does the agency have a ticket policy?

• 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:
Appleton, Rob	4	Ceremonial Role Other Other Income Income Income Techecking "Ceremonial Role" or "Other" describe below: To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales
	4	Ceremonial Role Other Other Income Income
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		
ARY 1	Anna G	
Signature of Agency Head on Designee	Print Nam	e Title (Month, Day, Year)

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 660.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ . Event Description Basketball Game 04 / 24 14 05 01 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Health Care Services Agency	2	county employee	
Social Services Agency	2	county employee	****
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Hoffman, Arthur	2	Ceremonial Role D Other Other Income I If checking "Ceremonial Role" or "Other" describe below: To promote an event held at a County facility in order to maximiz potential County revenue from parking and concession sales	
	2	Ceremonial Role Other I Income Income	
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 fead and understand FPPC Regulations 18944.1 and	d 18942. I have ve	orified that the distribution set forth above, is in accordance with the requirements.	
CH-HH-	Anna G	ee Operations Chief 05/09/14	
Signature of Agency Head or Designee	Print Nam		******
A Public Document

. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Reg	<b>jion</b> (If Applicable	)			i of official due officy
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Anna Gee					
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing: .	(Month, Day. Year)
. Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	660.00
Event Description Basketbal	I Game		Doto(c) 04	, 27 , 14	05 , 01 , 14
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				Name of Sou	Jrce
Was ticket distribution made a of agency official?	at the behest	No 🛛 Yes	If yes: <u>Miley</u> ,	, INATE Official's Name (L	ast. First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agence</li> </ul>	v's department or I	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm		Number of			
A. Name of Agency, Departm	ent of Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors		4	county employee		
					4
		Number of			
B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremon	al Role" or "Other" describe below:	
:			Ceremonial Role	Other associate below:	Income
:					Income
:					Income
C. Name of Outside Organ		Number of	If checking "Ceremon	al Role" or "Other" describe below:	
		Number of Ticket(s)/ Pass(es)	If checking "Ceremon		
C. Name of Outside Organ (include address and dea United Seniors of Oakland	scription) & Alameda	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub To promote an even	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac	to the agency's policy cility in order to maximize
C. Name of Outside Organ (include address and de	scription) & Alameda	Ticket(s)/	If checking "Ceremon Describe the pub To promote an even	al Role" or "Other" describe below: lic purpose made pursuant	to the agency's policy cility in order to maximize
C. Name of Outside Organ (include address and dea United Seniors of Oakland	scription) & Alameda	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub To promote an even	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac	to the agency's policy cility in order to maximize
C. Name of Outside Organ (include address and der United Seniors of Oakland County-7200 Bancroft Ave, Oakland, CA/94605 SENIOR AD/VOCACY Verification	& Alameda Ste 251,	Ticket(s)/ Pass(es) 2	If checking "Ceremon Describe the pub To promote an ever potential County rev	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac venue from parking &	to the agency's policy cility in order to maximize concession sales
C. Name of Outside Organ (include address and dea United Seniors of Oakland County-7200 Bancroft Ave, Oakland, CA/94605	scription) & Alameda Ste 251, ulations 18944.1 and	Ticket(s)/ Pass(es) 2	If checking "Ceremon Describe the pub To promote an ever potential County rev	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac venue from parking &	to the agency's policy cility in order to maximize concession sales
C. Name of Outside Organ (include address and der United Seniors of Oakland County-7200 Bancroft Ave, Oakland, CA/94605 SENIOR AD/VOCACY Verification	& Alameda Ste 251,	Ticket(s)/ Pass(es) 2	If checking "Ceremon Describe the pub To promote an ever potential County re-	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac venue from parking &	cility in order to maximize concession sales
C. Name of Outside Organ (include address and der United Seniors of Oakland County-7200 Bancroft Ave, Oakland, CA/94605 SENIOR AD/VOCACY	scription) & Alameda Ste 251, lations 18944.1 and	Ticket(s)/ Pass(es) 2 18942. / have ve	If checking "Ceremon Describe the pub To promote an even potential County rev enfied that the distribution set for ee	al Role" or "Other" describe below: lic purpose made pursuant nt held at a County fac venue from parking & orth above, is in accordance wit	to the agency's policy cility in order to maximize concession sales

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 (510) 272-6694 anna.gee@acgov.org Date of Original Filing: . (Month, Day, Year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball Game 05 28 14 05 30 14 Date(s) ___ Provide Tille/Explanation If no: Oakland Athletics 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	Describe the public purpose made pursuant to the a	the public purpose made pursuant to the agency's policy		
Board of Supervisors	2	County employee		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role Dother D It checking "Ceremonial Role" or "Other" describe below:	Income	
		Ceremonial Role D Other D	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the a	agency's policy	
Ever Forward Club-3301 E. 14th St, Oakland, CA 94601	2	To reward a nonprofit organization for its contri community	butions to the	
YOUTH EMPOWERMENT SUPPORT				
Verification There read and understand PRPC Regulations 18944.1 and	1 18942. I have ve	rified that the distribution set forth above, is in accordance with the rec	quirements.	
- total 1	Anna G	ee Operations Chief	05/9/14	

A Public Document

A Public Document 1. Agency Name Date Stamp California Form Alameda County Division, Department, or Region (If Applicable) For Official Use Only 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 anna.gee@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description P.O.P concert 04 05 14 1 1 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No X 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(os)	Describe the public purpose made pursuant to the agency's policy		
Clerk of the Board	4	county employee		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role D Other D If checking "Ceremonial Role" or "Other" describe below.	Income	
		Ceremonial Role Conter	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the a	igency's policy	
Verification I have regarded understant FPPG Regulations 18944.1 a	and 18942. I have ve	nified that the distribution set forth above, is in accordance with the req	uirements.	
ALL	Anna G	ee Operations Chief	05/09/14	
Signature of Agency Head or Designee	Print Narr	no Title	(Month, Day, Year)	
Comment:				

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

1.	Aganay Mana				1	A Public Docume
	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Regio		-1			Form OU2 For Official Use Only
	Division, Department, or Regio	n (II Applicabl		Tor onionin ose Only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Lee Ann Fergerson, Supervis	or's Assista	nt			
	Area Code/Phone Number E	-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6691	eeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					2000
	Does the agency have a ticket p	olicy?	Yes 😰 No	Face Value of	of Each Ticket/Pass \$ _	3000
	Event Description	Trovide Title/Exp	lanation	Date(s)	2,6,14	//
	Ticket(s)/Pass(es) provided by a	agency?	Yes PNo	If no: Ca	kland Dr Name of So	thetics
	Was ticket distribution made at t of agency official?	he behest	No 🗆 Yes	If yes:	imeda County Supervisor \$ Official's Name (i	
3.	Recipients • Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	
	B. Name of Individual (Last, First)		Ticket(s)/		Identify one of the following of the following of the second seco	ng: Income [
	(Last, First)		Ticket(s)/		Other	
	B. Name of Individual (Last, First) Devel- Eddy		Ticket(s)/	If checking "Ceremoni To promote attenda	Other	Income
,	(Last, First)		Ticket(s)/	If checking "Ceremoni To promote attenda maximize potential	Other al Role" or "Other" describe below:	Income
,	Devel Eddy		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda maximize potential	Other al Role" or "Other" describe below:	Income
	Devel Eddy	ntion)	Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda maximize potential Describe the publ	Other  al Role" or "Other" describe below:  nce at a county sponsored evo county revenue for concession  ic purpose made pursuant t	Income
	Devel Eddy Devel Eddy C. Name of Outside Organizat (include address and descrip	ntion)	Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda maximize potential Describe the publ	Other  al Role" or "Other" describe below:  nce at a county sponsored evo county revenue for concession  ic purpose made pursuant t	Income

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 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) ome Rhiannon Eddy To promote attendance at a county sponsored event in order to 2 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) 7 Verification 1 Have readyand 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

4.

	nto and ficket/aso	A rubic bocume
I. Agency Name		Date Stamp California 802
Alameda County	elen (# 4)	Form OU A For Official Use Only
Division, Department, or Re	gion (If Applicable)	. of one of the only
Board of Supervisors		
Designated Agency Contac	t (Name, Title)	
Lee Ann Fergerson, Super	visor's Assistant	
Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acgo	V.org Date of Original Filing:(Month, Day, Year)
. Function or Event Info Does the agency have a tick Event Description	Provide Title/Explanation	Date(s) 5, 5, 14
Was ticket distribution made of agency official?	C	Name of Source
Recipients • Use Section A to identify the agen	cy's department or unit. • Use Sec	tion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Departm	Number of	Describe the public purpose made pursuant to the agency's policy
Dist. 1	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
B. Name of individu (Last, First)	al Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income
		Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:
C. Name of Outside Organ (include address and det		Describe the public purpose made pursuant to the agency's policy
Verification I flave read and understand FPPC Regu Signature of Agency Head or Designee	lations 18944.1 and 18942. I have veri Lee Ann Ferg Print Name	
Comment:		

eremonial Role Lve			Biotributiono		A Public Documer	
Agency Name				Date Stamp	California 802	
Alameda County					- On -	
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	ervisor's Assistan	t				
Area Code/Phone Number				Amendment (Must	provide explanation in Part 3.)	
(510) 272-6691	leeann.ferger	rson@acgo	v.org	Date of Original Filing	(Month, Day, Year)	
Function or Event Inf	ormation					
Does the agency have a tic	ket policy?	Yes 😰 No	Face Value	of Each Ticket/Pass \$ .	3000	
Event Description	selsall	(	Date(s)	5,30,14		
Event Description	Provide Title/Expla	nation	Date(s)			
Ticket(s)/Pass(es) provideo	by agency?	Yes		kland D		
Was ticket distribution mad of agency official?	e at the behest	No 🗌 Yes	If yes:	ameda County Supervisor Official's Name	And the second se	
Recipients • Use Section A to identify the age	incy's department or u	nit.   • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.	
A. Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
CountyAdul	ustrator			nty employee for his o	or	
Office.		2	her exemplary service to the public.			
B. Name of Individ	dual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			Ceremonial Role If checking "Ceremon	Other describe below:	Income [	
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below.	Income	
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Verification	-				h the requirements.	
		e Ann Ferg		Supervisor's Assistant		

Cere	monial Role Ever	its and Tic	ket/Pass I	Distributions		A Public Document
1. Ag	ency Name		Date Stamp	California 802		
Ala	meda County			Form		
Divi	sion, Department, or Reg	jion (If Applicable		For Official Use Only		
Boa	ard of Supervisors					
	ignated Agency Contact	(Name, Title)				22
Ste	even Jones					
	a Code/Phone Number	E-mail				provide explanation in Part 3.)
(51	0) 272-6693	steven.jones	s@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Fu	nction or Event Info	mation				30
Doe	es the agency have a tick	et policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ .	
Eve	nt Description Baseball	game		Date(s)	5 <u>, 31 , 14</u>	
	in coonprion	Provide Title/Exp				
Tick	(et(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	g If no: Oakla	and A's Name of S	ource
10/0	s ticket distribution made	at the behavi	N. D. V., B	If yes: Cha		
	agency official?	at the benest	No 🗌 Yes 🛛	s If yes:	Official's Name	(Last, First)
3 Re	cipients					
* Us	e Section A to identify the agen	cy's department or	idual. • Use Section C to ide	ntify an outside organization.		
A.	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		nt to the agency's policy
			Pass(es)			
в.	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			1 489(69)	Ceremonial Role	e 🗌 Other 🗖	Income
Ko	eng, Srey		2	If checking "Cerem	nonial Role" or "Other" describe below	
			-	To reward a community volunteer for his or her service to the public		
_				Ceremonial Role	e 🗌 Other 🗌	Income
					nonial Role" or "Other" describe below	(c)
			2			
			Number of			
с.	Name of Outside Org (include address and d	anization escription)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
-						
4. Ve	vification ve read and understand FPPC Re	autokono 100111	100.19 Linux	slind that the distribution a	el forth above, is in accordance	with the requirements
Tha		guiations 10944.1 ai	Steven Jo		Central District Direc	
-	Signature of Agency Head or Design	100	Print Nam	and an owner of the second sec	Tille	(Month. Day, Year)

A Public Document

1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 002			
	Division, Department, or F	Region (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Conta	ict (Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	r E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event In	formation					
	Does the agency have a ti	icket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30	
	Event Description Baseba	all game Provide Title/Exp	lanation	Date(s)	4 <u>20</u> 14	//	
	Ticket(s)/Pass(es) provide		Yes 🗌 No	If no: Oakla	and A's Name of Sc	burce	
	Was ticket distribution ma	de at the behest	n, Wilma				
	of agency official?	de at the benest	No 🗌 Yes	⊠ Tryes	Official's Name (	(Last, First)	
3.	Recipients • Use Section A to identify the a	gency's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors, District 3		2	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Hand, Margaret	nd, Margaret 2 Cerem If check To reward		If checking 'Cereme	Ceremonial Role Other Income		
	C. Name of Outside Organization (include address and description)		2	Ceremonial Role If checking "Cerem	Other     Other     Other     describe below	Income	
			Number of Ticket(s)/ Pass(es)	Describe the p	Describe the public purpose made pursuant to the agency's policy		
	Meals on Wheels 6955 Foothill Blvd., Oal	kland 94605	2	To reward a comr public	munity volunteer for his	s or her service to the	
	Provides hot meals to h Alameda County reside						
4.	Verification	Regulations 18944.1 a	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance v	with the requirements.	
	Stu C.Ja		Steven J	ones	Central District Direct	or 5.30.2014	
	Signature of Agency Head or De	esignee	Print Nat	ne	Title	(Month, Day, Year)	
	Comment:					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) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information 30 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Baseball game 20 14 4 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No Ves X 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(os) Board of Supervisors, District 3 2 Number of Name of Individual в. Identify one of the following: Ticket(s)/ Wast, First, Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Brown, Lloyd 2 To reward a community volunteer for his or her service to the public Income Other Ceremonial Role 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

 Meals on Wheels 6955 Foothill Blvd., Oakland 94605
 2
 To reward a community volunteer for his or her service to the public

 Provides hot meals to homebound Alameda County residents

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

Signature of Agency Head or Designee	Steven Jones	Central District Director	5.30.2014	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

Ceremonial Role Eve	nts and Ticket/Pa	ss Di	stributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County				12	
Division, Department, or Re	gion (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Steven Jones Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	steven.jones@acgov	/ ora		Date of Original Filing:	(Month, Day, Year)
		loig			(Monin, Day, Year)
. Function or Event Info Does the agency have a tic			Face Value o	f Each Ticket/Pass \$ _	30
- new connection against a subficient of the					
Event Description Basebal	Provide Title/Explanation		_ Date(s)		//
2014 MAR 11 11 11 11 11		No 🛛	If no: Oaklar	nd A's	
Ticket(s)/Pass(es) provided	by agency? Yes 🗌	Name of So	urce		
Was ticket distribution mad	Was ticket distribution made at the behest No 🗌 Yes 🛛 🔰 If yes: Char				
of agency official?				Official's Name (	Last, First)
A. Name of Agency, Depart	Iment or Unit Ticket Pass(		Describe the put	lic purpose made pursuan	t to the agency's policy
B. Name of Indivi	dual Numb Ticket Pass	(s)/		Identify one of the follow	ding:
			Ceremonial Role	Other	Income [
Gin, Hal	2		If checking 'Ceremonial Role' or 'Other' describe below To reward a community volunteer for his public		or her service to the
	2		Ceremonial Role If checking "Ceremon	Other describe below	Income
C. Name of Outside Or (include address and		(8)/	Describe the pu	olic purpose made pursuan	t to the agency's policy
Verification			1		

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.

 Signature of Neency Head or Designee
 Steven Jones
 Central District Director
 05/08/2014

 Print Name
 Title
 (Month, Day, Year)

С	eremonial Role Ever	nts and Tic	:ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		(A)	the second s		
	Division, Department, or Re	gion (If Applicabl	(c)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail		provide explanation in Part 3.)		
	(510) 272-6693	12 13 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				and the second
	Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value c	of Each Ticket/Pass \$ _	30
	Event Description Baseball	game Provide Title/Ex	planation	Date(s)5		//
		r torner mieriasj		If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided	by agency r	Yes 🗌 No [		Name of St	ource
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	团 If yes: <u>Chan</u>	n, Wilma Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the age	ncy's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departe	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
	B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Briekke-Miesner, Lucas				D Other nial Role" or "Other" describe below	Income
		2		To reward a community volunteer for his or her service to the public		
			2	Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below	Income
	C. Name of Outside Org (include address and c		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy

#### 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.

Str. Cifor	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month. Day. Year)

Selemonial Role Events	sand nekeurass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County	lameda County			and the second
Division, Department, or Regio	n (If Applicable)	-	For Official Use Only	
Board of Supervisors				
Designated Agency Contact (N	ame, Title)		-	
Steven Jones Area Code/Phone Number	E-mail		Amendment (Must p	rovide explanation in Part 3.)
그 같은 것 같이 많으며 나는 것 같이 같이 없다.	steven.jones@acgov.or	0	Date of Original Filing:	
2. Function or Event Inform		9		(Month, Day, Year)
Does the agency have a ticket		Eace Value	of Each Ticket/Pass \$	30
		· 🛏		
Event Description Baseball ga	me Provide Title/Explanation	Date(s)	5 <u>, 27 , 14</u>	//
	Torido Thiorespininion	If no: Oakla	and A's	
Ticket(s)/Pass(es) provided by	agency? Yes 🗌 No	- Lined	Name of So	urce
Was ticket distribution made at	the behest No 🗆 Yes	If yes: Cha	n, Wilma	
of agency official?		11 yos	Official's Name (I	Last, First)
3. Recipients • Use Section A to identify the agency' A. Name of Agency, Departmen	Number of		dual. • Use Section C to iden	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Toletino, Edgar	0.00	Ceremonial Role	Other of Other contail Role or "Other" describe below:	Income
Foldario, Edgar	2	<ul> <li>International and the transferration of the second sec second second sec</li></ul>	To reward a community volunteer for his or her service to the	
	2	Ceremonial Role	a Other D ionial Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desc	zation Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy

#### 4. Verification

1

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.

St. C. Jan	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Dublis Deau

Agency Name						
Alameda County	1	Date Stamp	California Form 802			
Board of Supervisors				_		
Designated Agency Contact	(Name, Title)					
Steven Jones				Amendment (Must p	provide explanation in Part 3.)	
Area Code/Phone Number (510) 272-6693	E-mail steven.jones	@acgov.org		Date of Original Filing:		
Function or Event Info	rmation				30	
Does the agency have a tick	et policy?	Yes 🛛 No [				
Event Description Baseball game Provide Title/Explanation						
Ticket(s)/Pass(es) provided I	by agency?	Yes No [	If no: Oakla	nd A's	ume	
Was ticket distribution made at the behest No □ Yes ⊠			If yes: Char			
Recipients • Use Section A to identify the agen	cy's department or u	ınit. • Use Sec	tion B to identify an individ	lual. • 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		
		Number of				
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the following:		
Oddie, Jim			그는 그 같은 것 같아. 이는 것 같은 것 같은 것이 있는 것 같이 많을 것 같아.	If checking "Ceremonial Role" or "Other" describe below:		
			public			
	2		Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below.	Income	
	C. Name of Outside Organization Number of Ticket(s)/ (include address and description) Pass(es)		Describe the pu	iblic purpose made pursuar	nt to the agency's policy	
	Division, Department, or Reg Board of Supervisors Designated Agency Contact Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Infor Does the agency have a tick Event Description Baseball Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individ (Last. First) Oddie, Jim	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail (510) 272-6693 E-mail (510) 272-6693 E-mail (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Event Description Baseball game Provide Title/Expla 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 unit B. Name of Agency, Department or Unit Oddie, Jim C. Name of Outside Organization (include address and description)	Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [         Event Description       Baseball game Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes □ No [         Was ticket distribution made at the behest of agency official?       No □ Yes         Recipients • Use Section A to identify the agency's department or unit. • Use Sector       • Use Sector         A.       Name of Agency, Department or Unit       Number of Ticket(s)' Pass(es)         Oddie, Jim       2         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)' Pass(es)	Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name.Title)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven.jones@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes IN No I       Face Value of         Event Description       Baseball game       Date(s) 5         Provide Title/Explanation       If no: Oakla         Vas ticket distribution made at the behest of agency official?       No I Yes I If yes: Char         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individe agency         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pu         B. Name of Individual (Last, Freq)       Recipients       Ceremonial Role of the diverse and description)         Quddie, Jim       2       Ceremonial Role of the diverse and description)         C. Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pu         Quddie, Jim       2       Ceremonial Role of the diverse and description)       Stevee of the pu         Pass(es)       Describe Organization (include address and description)       Stevee of the pu	Division, Department, or Region (# Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Codd/Phone Number (510) 272-6693         Event Jones (Sold Steven, Jones@acgov.org)         Date of Original Filing:         Function or Event Information         Does the agency have a ticket policy?       Yes No         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes No         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes No         Vas ticket distribution made at the behest of agency official?       No         Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual. • Use Section C to ident	

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.

St. Ctom	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month. Day, Year)
Comment:			

C	eremonial Role Ever	its and Tic	ket/Pass I	Distributions		A Public Document
١.	Agency Name Alameda County	and the Appellantit	Date Stamp	California 802 Form For Official Use Only		
	Division, Department, or Reg Board of Supervisors	gion (If Applicable	)			
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
( (	Does the agency have a tick	et policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ _	
	Event Description Baseball	game Provide Title/Expl	anation	Date(s)5	<u>, 12 , 14</u>	/
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠				Name of S	ource
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [	If yes: Char	n, Wilma Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last. First)		Pass(es)			
	Chang, Kimberly		2		Other D onial Role" or "Other" describe below nunity volunteer for his	
			2	Ceremonial Role It checking "Ceremo	Other D onial Role" or "Other" describe below	Income
	C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
	Verification					

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.

Str. Chan	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month. Day, Year)

Comment: .

-						
۱.	Agency Name				Date Stamp	California 802
	Alameda County					ronn
	Division, Department, or Re	gion (If Applicable	»)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	steven.jone:	s@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				
				of Each Ticket/Pass \$ .	30	
	Baseball	game		Data(e)	5 <u>, 11 , 14</u>	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla			and A's		
				Name of S	ource	
	Was ticket distribution made at the behest No I Yes I If yes: Cha			n, vviima Official's Name	(Last. First)	
	of agency official?					
3.	• Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	b)/ Describe the public purpose made pursuant to the agency's policies		nt to the agency's policy
			Pass(es)	bereine ine p		
			Pass(os)			
	B. Name of Individ				Identify one of the follo	
	(Last, Fust)		Pass(es)	Ceremonial Role	Identify one of the follo	wing:
			Pass(es)	Ceremonial Role If checking "Ceren	Identify one of the follo	wing:
	(Last, Fust)		Pass(es)	Ceremonial Role If checking "Ceren	Identify one of the follo	wing:
	(Last, Fust)		Pass(es)	Ceremonial Role If checking "Ceren To reward a com public	Identify one of the follo	wing: Income s or her service to the
	(Last, Fust)		Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role	Identify one of the follo	wing: Income of the sorvice to the Income of the service to the othe service to the service to t
	(Last, Fust)		Pass(es)	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role	Identify one of the follo	wing: Income [ s or her service to the Income [
	Kavasch, Catherine	lual	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Number of	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role If checking "Ceren	Identify one of the follo aOther munial Role" or "Other" describe below munity volunteer for hi aOther nonial Role" or "Other" describe below	wing: Income [ s or her service to the Income [
	(Last, Fust)	lual	Pass(es) Number of Ticket(s)/ Pass(es) 2 2	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role If checking "Ceren	Identify one of the follo	wing: Income [ s or her service to the Income [
	C Name of Outside Org	lual	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role If checking "Ceren	Identify one of the follo aOther munial Role" or "Other" describe below munity volunteer for hi aOther nonial Role" or "Other" describe below	wing: Income [ s or her service to the Income [
	C Name of Outside Org	lual	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role If checking "Ceren	Identify one of the follo aOther munial Role" or "Other" describe below munity volunteer for hi aOther nonial Role" or "Other" describe below	wing: Income [ s or her service to the Income [
	C Name of Outside Org	lual	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceren To reward a com public Ceremonial Role If checking "Ceren	Identify one of the follo aOther munial Role" or "Other" describe below munity volunteer for hi aOther nonial Role" or "Other" describe below	wing: Income [ s or her service to the Income [

 Steven Jones
 Central District Director
 05/08/2014

 Signature of Agency Head or Designee
 Print Name
 Tille
 (Month. Day, Year)

C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Reg	jion (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones				Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	1546			
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				30
	Does the agency have a tick	et policy?	Yes 🛛 No [		of Each Ticket/Pass \$ _	
	Event Description Baseball	game Provide Title/Exp	lanation		714	//
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No [	25M	Name of S	ource
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [	If yes: Char	n, Wilma Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Baca, Annette			Ceremonial Role If checking "Ceremo	Other D	Income
			2	To reward a comm public	nunity volunteer for his	s or her service to the
			2	Ceremonial Role . If checking "Ceremo	Ceremonial Role D Other D If checking "Ceremonial Role" or "Other" describe below:	
		C. Name of Outside Organization (include address and description) Pass(es)		Describe the public purpose made pursuant to the agency's policy		

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.

Signature of Agency Head or Designee	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Sele	enomal Role Eve	nts and no	Neur ass D	istributions		A Public Document	
1. Aç	jency Name				Date Stamp	California 802	
Ala	ameda County					roim	
Div	Division, Department, or Region (If Applicable)					For Official Use Only	
Bo	ard of Supervisors						
	signated Agency Contac	t (Name, Title)			-		
		- 1					
	even Jones	Le			Amendment (Must p	rovide explanation in Part 3.)	
	ea Code/Phone Number	E-mail	- One and		Date of Original Filing:		
	10) 272-6693		s@acgov.org			(Month, Day, Year)	
	inction or Event Info					30	
	es the agency have a ticl	1.52	Yes 🛛 No 🗆		of Each Ticket/Pass \$ _		
Ev	ent Description Basebal	game		Date(s)5	614	//	
	and a second point of the	Provide Title/Exp	anation				
Tic	ket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Oakla	nd A'S Name of So	urce	
144	- the table to the second	at the behast		If yes: Char			
	as ticket distribution made f agency official?	e at the benest	No 🗌 Yes 🛛	If yes:	Official's Name (	Last, First)	
_							
3. R	ecipients Ise Section A to identify the age	ncv's department or	r unit. • Use Sectio	n B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
			Number of		ublic purpose made pursuant to the agency's policy		
A	. Name of Agency, Depart	ment or Unit	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuan	to the agency a policy	
-				*			
			Number of				
в	Name of Individ     (Last, First)	dual	Ticket(s)/		Identify one of the follow	ving:	
			Pass(es)	Ceremonial Role	Other D	Income	
Jo	ohnson, Dave				nial Role" or "Other" describe below:		
			2	To reward a community volunteer for his or her service to the			
				public			
				Ceremonial Role		Income	
			2	If checking "Ceremo	onial Role" or "Other" describe below:		
			Number of			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
С	<ul> <li>Name of Outside Or (include address and</li> </ul>		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy	
<u> </u>			-				
4. V	erification						
1h	ave read and understand FPPC R	egulations 18944.1 a	nd 18942. I have veri	fied that the distribution se			
	St. C. Jou		Steven Jor	nes	Central District Direct	the second s	
_	Signature of Agency Head or Desi	gnee	Print Name		Title	(Month, Day, Year)	

-	eremonial Role Ever	its and the	Neurass I	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			The second			
	Division, Department, or Reg	gion (If Applicable	)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	acov ora		Date of Original Filing: .	Alexile Day Vand	
0	Function or Event Info		gaageriarg			(Monin, Day, Year)	
<b>6</b> .	Does the agency have a tick		Var IVI Na I	T Eace Value	of Each Ticket/Pass \$	30	
			Yes 🛛 No [				
	Event Description Baseball	game Provide Title/Expl	lanation	Date(s)		//	
		i i string i interacije		If no: Oakla	ind A's		
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🔲 No 🕻		Name of Sol	urce	
	Was ticket distribution made	at the behest	No 🗌 Yes [	If yes: Char	n, Wilma		
	of agency official?				Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Departm		unit. • Use Sec Number of Ticket(s)/ Pass(es)		lual. • Use Section C to iden blic purpose made pursuant		
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Role Other Income			
	Leslie, Barbara				onial Role" or "Other" describe below:	1949/96 - <del>De</del> l Maria de Carlos de Car	
			2	To reward a comm public	munity volunteer for his or her service to the		
				Ceremonial Role If checking 'Ceremo	Other Donial Role" or "Other" describe below:	Income	
	C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	he public purpose made pursuant to the agency's policy		
						2	

#### 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.

Signature of Agency Head or Designee	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Titla	(Month, Day, Year)

Comment: .

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County		Date Stamp	California Form 802		
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Steven Jones				Amondmont (Muster	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
_	(510) 272-6693		s@acgov.org		Succession of Succession Succession	(Month, Day, Year)
2.	Function or Event Infor Does the agency have a tick		Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ _	\$295.47
	Event Description Bruno Ma	rs	5_ <u>2814</u>			
	Ticket(s)/Pass(es) provided t	Trovide Thistory	en State Warriors			
			Name of Sc			
	Was ticket distribution made of agency official?	at the behest	neda County Superviso Official's Name (	Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department o	runit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pul Pass(es)		ıblic purpose made pursuan	t to the agency's policy
			Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Wong, Christine		2	If checking "Caram	Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below. To reward a community volunteer for his or her service to the public	
	C. Name of Outside Organization (include address and description)		2	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:		
			Number of Ticket(s)/ Pass(es)	Describe the p	Describe the public purpose made pursuant to the age	
	ł					terrent and the later of the
4.	Verification	gulations 18944.1 a		erified that the distribution se	ot forth above, is in accordance v Central District Direct	

Comment: _

Agency Rep	ort o	f:				
Ceremonial	Role	<b>Events</b>	and	<b>Ticket/Pass</b>	Distributions	

#### A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$23.10 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Sesame Street Live Date(s) 5 / 30 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source If yes: Alameda County Supervisor Wilma Chan 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. Ticket(s)/ Pass(os) Number of R Name of Individual Identify one of the following: Ticket(s)/

(Lost First)	Pass(es)	Normal of the or the Isliciting.
Lyons, Marva	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a school or non-profit organization for its contributions to the community.
	2	Ceremonial Role Other Income I
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

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

St. C.fer	Steven Jones	Central District Director	5/30/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			ronn			
	Division, Department, or Reg	gion (If Applicable	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693		s@acgov.org		Date of Original Filing	: (Month Day Year)	
2.						(monini, bay, rivary	
fer 1	Does the agency have a tick		Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ .	30	
	Event Description Baseball	Provide Title/Exp	Date(s)		//		
	Ticket(s)/Pass(es) provided	hy agency?	Yes 🗌 No [	If no: Oakla	nd A's		
	neket(a)/Pasa(ea) provided	by agency i			Name of S	lource	
	Was ticket distribution made	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	Hast First		
	of agency official?			3.0 S 6.27.5.5470	Official s Name	(Last, First)	
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agent</li> </ul>	cy's department or	runit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)			nt to the agency's policy	
	B. Name of Individ				Identify one of the following:		
				Ceremonial Role	Other	Income	
	Sheridan, Mike		2	If checking "Ceremonial Role" or "Other" describe below. To reward a County employee for his or her exemplary service			
				the public or to en	the public or to encourage staff development		
		1	2	Ceremonial Role	Other Danial Role" or "Other" describe below	Income	
		Number of					
	C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	int to the agency's policy	

 Steven Jones
 Central District Director
 05/31/2014

 Dignature of Agency Head or Designee
 Print Name
 Title
 (Month. Day. Year)

Ceremonial Role Eve	nts and ficket/Pass	Distributions		A Public Documen
I. Agency Name		Date Stamp	California 802	
Alameda County				For Official Use Only
Division, Department, or Re	gion (If Applicable)			to one of the only
Board of Supervisors				
Designated Agency Contact	t (Name, Title)		1	
Lee Ann Fergerson, Super	rvisor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acgc	ov.org	Date of Original Filing	(Month, Day, Year)
. Function or Event Info	rmation			and a second and a second
Does the agency have a tick	et policy? Yes 💯 No		of Each Ticket/Pass \$ .	295.47
Event DescriptionBR	Provide Title/Explanation		,28,14	//
Ticket(s)/Pass(es) provided	by agency? Yes 2 No	□ If no:	SW Name of S	ource
Was ticket distribution made of agency official?	at the behest No 🗌 Yes	If yes:	ameda County Supervisor Official's Name	
• Use Section A to identify the agen	cy's department or unit. • Use Se	ction B to identify an individ	lual. • Use Section C to Ide	ntify an outside organization.
A. Name of Agency, Departm	nent or Unit Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
B. Name of Individu	ual Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Other Dinial Role" or "Other" describe below:	Income
Robin Am	ador 4		dance at a county sponsor ntial county revenue for co	
C. Name of Outside Orga (include address and de		Describe the pub	olic purpose made pursuan	t to the agency's policy
Verification	lations 18944.1 and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements
Poeles XXdx	Lee Ann Fer		Supervisor's Assistant	- ad ul
Signature of Agenty Head or thesigned	Contraction of the second seco	And a second sec	Title	(Month, Day, Year)

Ceremonial Role Even	ts and ficked	rass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ For Official Use Only	
Division, Department, or Reg	ion (If Applicable)			]	Por Official Ose Only
Board of Supervisors					
Designated Agency Contact (	(Name, Title)				
Lee Ann Fergerson, Superv	isor's Assistant				
Area Code/Phone Number	E-mail			. Amendment (Must j.	rovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson	@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	mation				2-00
Does the agency have a ticke	t policy? Yes	💯 No [	Face Value o	f Each Ticket/Pass \$ _	3000
Event Description	elsall	(	Date(s)	1,23,14	8.2.N
Event Description	Provide Title/Explanation		Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes No I If no:				kland Dr Name of So	thetics
Was ticket distribution made a	t the behest No [	□ Yes	If yes:	meda County Supervisor S	the second se
of agency official?		(		Official's Name (	.ast, First)
. Recipients					
Use Section A to identify the agency	• Use Sect	tion B to identify an individu	al. • Use Section C to iden	ify an outside organization.	
A. Name of Agency, Departme	nt or Unit Tic	ket(s)/ ss(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual		nber of ket(s)/		Identify one of the followi	ng:
	Pa	ss(es)	Ceremonial Role	Other	Income 🗖
				al Role" or "Other" describe below:	Income
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organi (include address and desc	zation Ticl	nber of ket(s)/ ss(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
C.A.R.D 1736 Franklin?	St. L	1	To reward a school or nonprofit organization for its contributions to the community.		inization for
Dakland CA 9	Held.			building to the commu	anty
Verification	Kone 18044 1 and 18042		fad that the distribution on fa	dh abawa <i>in in manadawa si</i> t	
Color Viedic					and requirements.
Signature of Agenty Head or thesignee	and the second sec	nn Ferge	erson S	Supervisor's Assistant	0-10-14
	a Antonio antonio antonio a			rite	(Month, Day, Year)
Comment: Collaborati	ing Agencies	Resp	of philonos	Disasters	
WWW.CARD	Cantlelp.con	1		PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12)

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

			A Public Documen			
Agency Name Alameda County Division, Department, or Region (If Applicable)			California Form 802 For Official Use Only			
(Name Title)						
		Amendment (Must p	provide explanation in Part 3.)			
leeann.fergerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)			
et policy? Yes P No	□ Date(s) <u>(</u>	kland Name of So	Scott Haggerty, District 1			
of agency official? Official's Name (Last, First) Recipients						
Number of						
Number of Ticket(s)/ Pass(es)			ng: Income [			
ENDRICKSON Z	To promote atten to maximize pote parking sales.	dance at a county sponse ntial county revenue for c	ored event in order ne Concession and			
	Describe the public	; purpose made pursuant	to the agency's policy			
			the requirements.			
	(Name, Title) visor's Assistant E-mail leeann.fergerson@acgo mation et policy? Yes P No Provide Title/Explanation by agency? Yes No at the behest No Yes y's department or unit. • Use Sec ent or Unit Number of Ticket(s)/ Pass(es) Al N	(Name, Title)         visor's Assistant         E-mail         leeann.fergerson@acgov.org         mation         et policy?       Yes Provide Title/Explanation         Vis department or unit         • Use Section B to Identify an Individuation         ent or Unit         Number of         To promote attem         Explanation         Pass(es)         Describe the public         pa	(Name, Title)         risor's Assistant         E-mail         leeann.fergerson@acgov.org         mation         et policy?         Yes         Provide TitleExplanation         Provide TitleExplanation			

A Public Document 1. Agency Name California Date Stamp 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 (510) 272-6691 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information OR Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 DA **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 A. 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: (Last, First, To promote attendance at a county sponsored event in order ne to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (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 Print Name Signature of Agency Head or D Title

Comment:

C	eremonial Role Even	its and Ho	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			and the second			
	Division, Department, or Reg	jion (If Applicable	o)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info		0 0 0			and the second	
	Does the agency have a tick		Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	85	
	Event Description Baseball game Date(s) 4					//	
	Provide Title/Explanation       Ticket(s)/Pass(es) provided by agency?     Yes □ No ⊠     If no: Oakla			nd A's			
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No [	If no: Outline	Name of Sc	ource	
	Was ticket distribution made	at the behest	, Wilma				
	Was ticket distribution made at the behest No Yes If yes: Chan, Wilma Official's Name (Last, First)						
3.	Recipients • Use Section A to identify the agen	cy's department o	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuan	t to the agency's policy		
			Number of				
	B. Name of Individu	Jal	Ticket(s)/ Pass(es)	Identify one of the following:			
	Perez, Lee		20	a - 2008.05.25 날 같은 1000억 이렇게 가슴 수 있어야 한다.	Other D nial Role" or "Other" describe below nunity volunteer for his	Income	
			20	Ceremonial Role If checking "Ceremo			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy	

#### 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.

Xt.Cp	Steven Jones	Central District Director	05/08/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form			
	Division, Department, or Reg	jion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	Steven.Jon	es@acgov.or	9	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	250/\$30	
	Event Description Warriors	vs. Kings			4 , 4 , 14	//	
	Event Description	Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			en State Warriors			
				Name of S			
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alar	meda County Supervis Official's Name	(Last, First)	
	of agency official?						
3.	ecipients • 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 Number				ublic purpose made pursua		
	A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the p	a the burne burbers where bursteries are shown in the sh			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		wing:		
				Geremonial Role	and a second sec	Income	
	Moreno, Jennifer	4/park	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nonial Role" or "Other" describe below dance at an event hel	d at a County facility in		
					e potential County reve		
				Ceremonial Role	e 🗌 Other 🗌	Income	
			4/park	If checking "Ceren	nonial Role" or "Other" describe below		
			-4/park				
			Number of				
	C. Name of Outside Orga (include address and d		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			( usa(us)				
4	Verification						
	I have read and understand FPPC Re	gulations 18944.1 a	nd 18942. I have ve	arified that the distribution s	et forth above, is in accordance	with the requirements.	
	()		StevenJo	NG 123	Central District Direc	tor 3/27/14	

A Public Document

			A A M. MAYS				
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form For Official Use Only			
	Division, Department, or Re	gion (If Applicable	»)			i or ornerar ore orny	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones					provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6693	steven.jone:	s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				200/\$20 parking	
	Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ _	200/\$30 parking	
	Event Description Warriors	vs. Jazz		Date(s)	4 <u>, 6 , 14</u>	//	
	Event beschpton	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _				en State Warriors Name of S	ource	
		at the helicet	No 🗌 Yes 🛛	Alar	neda County Supervis		
	Was ticket distribution made of agency official?	at the benest	Official's Name	(Last, First)			
3	Recipients						
9.	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, Departm	Number of Ticket(s)/	Describe the p	ublic purpose made pursuar	nt to the agency's policy		
			Pass(es)				
			Number of		Identify one of the follow	wing:	
	B. Name of Individual		Ticket(s)/ Pass(es)		Identity one of the follow	wing:	
				Ceremonial Role		Income	
	Dutra, Allen		2/park		onial Role" or "Other" describe below dance at an event helo		
				order to maximize potential County revenue from sales.			
			2/park	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy	
		<u></u>	Pass(es)				
4.	Verification	gulations 18944.1 a	nd 18942. I have ve	mified that the distribution se	et forth above, is in accordance v	with the requirements.	
	Co.		Steven Jo	ones	Central District Direct	tor 3/27/14	
	Signature of Agency Head or Design	nee	Print Nam		Title	(Month. Day, Year)	

A Public Document Ģ, 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) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 steve.jones@acgov.org (Month, Day, Year) 2. Function or Event Information 200 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description Warriors vs. Jazz Date(s) 4 / 6 / 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients . Use Section B to identify an individual. . Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Oddie, Sarah	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 County revenue from sales.
	2	Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
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

#### 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.

Xa	Steven Jones	Central District Director	5/8/14	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

С	Ceremonial Role Events and Ticket/Pass Distributions					A Public Document	
1.	Alameda County Date Stamp					California Form 802	
	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones					For Official Use Only	
	Area Code/Phone Number E-mail (510) 272-6693 steve.jones@acgov.org				Date of Original Filing:		
2.	Function or Event Information         Does the agency have a ticket policy?       Yes INO         Event Description       Warriors vs. Nuggets				of Each Ticket/Pass \$ _ 41014	350	
	Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ Was ticket distribution made at the behest No □ Yes ⊠ of agency official?			If no: Golde	en State Warriors Name of St neda County Supervise Official's Name	^{ource} or Wilma Chan	
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 Individ	ual	Number of Ticket(s)/		Identify one of the follow	ving:	

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:
		Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
		Ceremonial Role Other Income Income Income
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
St. Paul's Episcopal School 262 Grand Ave, Oakland, CA 94610	2	To reward an Oakland school for its contributions to the community.
262 Grand Ave, Oakland, CA 94610		community.

#### 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.

iteven Jones	Central District Director	3/19/14	
Print Name	Title	(Month. Day, Year)	
	Charles March Michael & Construction Construction		

-	eremonial Role Ever	ns and no	Reurass	Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
						A sum the second s	
	Division, Department, or Reg	gion (If Applicable	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones				Date of Original Filing:		
	Area Code/Phone Number E-mail (510) 272-6693 Eteve.jones@acgov.org						
2.	Function or Event Info	rmation					
	Does the agency have a tick		Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	250	
				2 , 10 , 14	//		
	Event Description	Provide Title/Exp		/			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No 🛛	If no: Golde	en State Warriors		
	nonen(officient process)	-,			Name of		
	Was ticket distribution made	at the behest	No 🗌 Yes [	If yes: Alan	If yes: Alameda County Supervisor Wilma Chan		
	of agency official?			Official's Name	a (Last, First)		
3.	Recipients						
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individual				dual. • Use Section C to id	entify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the pu	blic purpose made pursua	int to the agency's policy	
			Pass(es)				
			-				
			Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:			
			1 433(43)	Ceremonial Role	Other D	Income	
				If checking 'Ceremi	w.		
			2				
				Ceremonial Role		Income	
			2	If checking "Caremonial Role" or "Other" describe below:			
			102				
			Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the pu	iblic purpose made pursua	ant to the agency's policy	
	(		Pass(es)	7.5		N 1027 22	
	Buena Vista Elementary School		To reward a school for its contributions to the community.				
	2355 San Juan Avenue						
	Walnut Creek, CA 94597						
4.	Verification						
	I have read and understand FPPC Re	gulations 18944.1 ar	nd 18942. I have ve	rified that the distribution se	t forth above, is in accordance	with the requirements.	

05/08/2014 Steven Jones Central District Director Signature of Agency Head or Designee Title (Month. Day, Year) Print Name

Comment: .