. Agency Name		and the second se		Date Star	A Public Docum
Alameda County				Date Stamp	California 80
Division, Department, or Regio	on /// Applicabl	el			For Official Use Only
Division, separation, or regi	on (ii Applicabl	6)		8	i or one only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)	47			
Lee Ann Fergerson, Supervis	sor's Assista	nt			-
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgc	ov.org	Date of Original Filing: _	
Function or Event Inform	ation			and the second sec	(Month, Day, Year)
Does the agency have a ticket		Yes D No	Eace Value of	of Each Ticket/Pass \$	500.00
Rock		Tes ber No		a ic	
Event Description	Provide Title/Expl	anation	Date(s)		
	0.5380070-0.4698008 7 03				
Ticket(s)/Pass(es) provided by	agency?	YesZDNo	If no:	Name of Sour	ce
Was ticket distribution made at	the behest	No Ves	If yes:Ala	meda County Supervisor Sc	
of agency official?		100 100	L in yes.	Official's Name (La	st, First)
Recipients					
« Use Section A to Identify the agency's	department or u	init.	tion B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/		lic purpose made pursuant to	
		Pass(es)		ter para anna para anna 10	the agency's policy
· · · · ·					2
			1		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	1.1	Identify one of the following	
2		Pass(os)	To promote attend	ance at a county spansored	want in ender
Rot Goome	m.	$\Psi/$	to maximize potent	ance at a county sponsored tial county revenue for conce	ssion and
Tur Obor	· - ·	1/1	parking sales.	14	
		1	i.	n er andre se an en an	a memory of the local division of the
			Ceremonial Role	and the second second	Income
			If checking "Ceremonia	I Role" or "Other" describe below:	2
			1		
		Number of			
Name of Outside Organizat (include address and descrip		Ticket(s)/	Describe the publi	c purpose made pursuant to t	he agency's policy
		Pass(es)			
4				*	8 10
				•	
erification	1				
	10 10	1942. I have veril	fied that the distribution set for	th above, is in accordance with the	requirements.
	Le	e Ann Ferg	erson S	upervisor's Assistant	1-8-15
20 - XIA - M- OM		Print Name		Title	(Month, Day, Year)
omment:				1	FPPC Form 802 (4/12)
				to the second strategy and the second second strategy and the second	EPPC Form 809 14/4 9

Ceremonial Role Events and Ticket/Pass Distributions

	Seremonial Role Even	nts and T	cket/Pass	Distributions	1	A Public Docume	
1	Alameda County	gion (If Applical	le)	4 - 4 -	Date Stamp	California Form 80	
	Board of Supervisors						
	Designated Agency Contact	13.1949 (14.1979) (19.1976) (1					
	Lee Ann Fergerson, Super		ant 🧠		Amendment (Must p	muide evolution in Part 2 s	
	Area Code/Phone Number	E-mail	arean@aaaaa		Date of Original Filing:		
10	(510) 272-6691		erson@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
~	2. Function or Event Information Does the agency have a ticket policy? Yes D No Face Value Event Description Basketball Provide TitleExplanation Date(s)				of Each Ticket/Pass \$	300.00	
	Ticket(s)/Pass(es) provided b	y agency?	Yes ZDNo[If no:			
	Was ticket distribution made a of agency official?	at the behest		If yes:	Name of Sou ameda County Supervisor S Official's Name (Li	cott Haggerty, District 1	
3.		ula donastenont or	unit a Usa Saat				
	• Use Section A to identify the agence A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant t	and the second se	
	*			4			
	· · · · · · · · · · · · · · · · · · ·					. 2	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	1.1	Identify one of the following:		
	Pat Gorma	h.	4	To promote attent to maximize poter parking sales.	dance at a county sponsored ntial county revenue for conc	d event in order ession and	
				Ceremonial Role	Other and the selow:	Income	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy	
	а Э	10. 19				÷	
. \	Arification	inne 18044 1 and 1	8942. I have verifie	ed that the distribution set for	th above, is in accordance with the	requirements.	
			ee Ann Ferge Print Name	rson S	upervisor's Assistant Tille	(Month, Day, Year)	
С	omment:						
					· · · · · · · · · · · · · · · · · · ·	FPPC Form 802 (4/12)	

Ceremonial	Role EV	ents and	licket/Pass	Distributions
------------	---------	----------	-------------	---------------

			and the second se	A Public Documa
1. Agency Name			Date Stamp	California 80
Alameda County				- Form
Division, Department, or Region (II A	oplicable)		-	For Official Use Only
Reard of Sun - a feors				1 A A A A A A A A A A A A A A A A A A A
Board of Supervisors Designated Agency Contact (Name, Til	lal			1
Lee Ann Fergerson, Supervisor's A	ssistant			
Area Code/Phone Number E-mail		e	Amendment (Must p	
(510) 272-6691 leeanr	.fergerson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	na ar an	AND AND PROPERTY AND ADDRESS OF A DESCRIPTION OF	And the second s	inonal, Day, real
Does the agency have a ticket policy?		Face Value of	of Each Ticket/Pass\$_	" 350 -
Rachatta	allt	- 1	715	
Event Description	ille/Explanation	Date(s)	1112	· //
Ticket(s)/Pass(es) provided by agency	? Yes DNo	If no:	Name of Sou	//C0
Was ticket distribution made at the bel	nest No 🗆 Yes	Ala	meda County Supervisor S	
of agency official?	NOL TES	If yes:	Official's Name (L	ast, First)
				1999 (1999) 1999 - 1999 (1999)
 Recipients Use Section A to Identify the agency's departm 	ent or unit • Use Sec	tion B to identify an individu	ual. • Use Section C to Identi	N an outside organization
the second se	Number of	1		the sector of th
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			+	
	· · · ·		10	
				2
B Name of Individual	Number of			
B. Name of Individual (Last, Fest)	Ticket(s)/ Pass(es)	· ·	Identify one of the following):
1	ſ	To promote attendar	nce at a county sponsored e	vent in order
NOR Deffino	. 41	to maximize potentia parking sales.	al county revenue for conces	sion and
NUCKE SCHIM	1/1	period enter		
	6	<u> </u>		E. 6. 10
		Ceremonial Role	, Other . al Role* or "Other" describe below:	Income
		I checking Genemonia	in hove of other orschoe below;	
		2		*
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
	Pass(es)			
E) (15)				
				2
Verification		a successive successive successive success	-	and the second se
	and 18942. I have verifi	ied that the distribution set for	th above, is in accordance with the	requirements.
	ee Ann Ferge		upervisor's Assistant	1-2-15
		0.000	Title	(Month, Day, Year)
	Print Name		The	
	Print Name			
Comment:	Print Name		, me	

Ceremonial R	tole Events	and Ticket/F	ass D	istributions
--------------	-------------	--------------	-------	--------------

A Public Document

	1. Agency Name Alameda County	Algency Name Alameda County			Date Stamp	California 80
	Division, Department, or Reg Board of Supervisors	ion (If Applical	ole)			For Official Use Only
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Supen	isor's Assista	ant			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3, j
	(510) 272-6691	leeann.ferg	erson@acgc	v.org	Date of Original Filing	Month Day Yeard
1	2. Function or Event Infor	mation	erieren ale ander serier ander er er er er	Contractor a local second second	Protocology of the second data with the second data	(Month, Day, Year)
	Does the agency have a ticke		Yes P No		alue of Each Ticket/Pass \$ _	_550a
	Event Description	Provide Tille/Ex	planation	Date(s)	Y112	//
	Ticket(s)/Pass(es) provided b		Yespono	□ IÍ no:	CSW Nome of Sc	ource
	Was ticket distribution made a of agency official?	t the behest	No 🗆 Yes	If yes:_	Alameda County Supervisor Official's Name (Scott Haggerty, District 1
3	. Recipients					
5	• Use Section A to identify the agency A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		e public purpose made pursuant	
	6					
						.*
	B. Name of Individual	- 	Number of Ticket(s)/ Pass(es)	1.4	Identify one of the followi	ńg:
	Fobin & Jill Bradhunst	1	4/1	To promote a to maximize parking sates	attendance at a county sponsore potential county revenue for con s.	ed event in order and locession and
				Ceremonial F If checking "Ce	RoleOther remonial Role* or "Other" describe below:	Income 🗌
	C. Name of Outside Organiz (include address and desc	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursuant t	o the agency's policy
						ж. Л
			4			
•	Verification	one 189dd,1 and	18942. I have veri	fied that the distribution	set forth above. is in accordance with i	the requirements
			ee Ann Ferg		Supervisor's Assistant	1-5-15
			Print Name		Tille	(Month, Day, Year)
1	Comment:				2 V.	
						FPPC Form 802 (4/12)

1

1					
	Agency Name	Date Stamp	California 802		
	Alameda County	S	Form		
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
ļ	Michelle Dianda Area Code/Phone Number E-mail		4	Amendment (Must p	rovide explanation in Part 3.)
3	Area Code/Phone Number E-mail (510) 272-6692 michelle.diand	a@acgov.c	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				48.50
		′es⊠ No[-	of Each Ticket/Pass \$ _	
	Event Description Harlem Globetrotters	1 <u>, 10 , 15</u>	//		
	Provide Title/Explan	ation			
	Ticket(s)/Pass(es) provided by agency?	′es□ No[2		n State Warriors	ource
	the states distribution made at the behavit	If yes: Valle	, Richard- Supervisor	District 2	
	Was ticket distribution made at the behest of agency official?	Official's Name (Last, First)		
2					
3.	Recipients Use Section A to identify the agency's department or un	iit. • Use Sect	ion 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)		blic purpose made pursuan	
	*				
ŝ.			*		
	· · · · · · · · · · · · · · · · · · ·				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
		Pass(es)	Ceremonial Role	Other 🗆	Income
				onial Role" or "Other" describe below:	
			8 - C		
	4				
		8 6	Ceremonial Role	Other of the onial Role" or "Other" describe below.	Income
			in categoing contains		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuar	nt to the agency's policy
		Pass(0s)		andit angeningtion for t	te contributione to the
	Soulciety 16335 E 14th St. San Leandro,CA 94578	4	Community.	profit organization for i	ts contributions to the
	Provides mentoring services to at-risk youth			9	
A	Vanification				
	18944.1 and	18942. I have ve	nified that the distribution se	t forth above, is in accordance w	with the requirements.
		Michelle D	ianda	Supervisor's Aide	18/19

Comment: .

e	remonial Role Even	ts and Ticl	ket/Pass I	Distributions		A Public Document	
_	Agency Name		Date Stamp	California 802			
	Alameda County			For Official Use Only			
Ĩ	Division, Department, or Reg	jion (If Applicable))				
_	Board of Supervisors						
Ì	Designated Agency Contact	(Name, Title)					
	Michelle Dianda					provide explanation in Part 3.)	
7	Area Code/Phone Number	E-mail			7 -		
	(510) 272-6692	michelle.diar	nda@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
- C	Function or Event Info		Yes 🛛 No [48.50	
	Does the agency have a tick		of Each Ticket/Pass \$.				
1	Event Description Harlem G	lobetrotters		Date(s)	<u>1 , 17 , 15</u>	//	
		riovido milenciapi		Gold	en State Warriors		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛		Name of S		
1	Was ticket distribution made at the behest No I Yes I If yes: Valle			e, Richard- Supervisor	District 2		
	of agency official?			Official's Name	(Last, First)		
3.	Recipients • Use Section A to identify the agen	cv'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				ublic purpose made pursuant to the agency's policy		
)			- Tuni(ca)				
ġ.		6					
	B. Name of Individual (Last, First) Phillips, Tamika		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a student for outstanding scholastic achievement			
	4						
				Ceremonial Role If checking "Cerem	e Other Characteristic below	v:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe t Pass(es)		e the public purpose made pursuant to the agency's policy		
				- #			
	1):			8 I.	4	
	Vadiantinh			and the data the second second	at faith above to la accordance	with the requirements	
		3944.1 ai			et forth above, is in accordance	NULLES	
			Michelle E		Supervisor's Aide	Month, Day, Year)	
			Perint (Val		1		

oronnonnar reoro m	vonto ana no		Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, o	r Region (If Applicable))		1	For Onicial Use Only
Board of Supervisors				5 . 5	8 8
Designated Agency Col	ntact (Name, Title)				
Michelle Dianda Area Code/Phone Num	ber E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	michelle.diar	nda@acdov (ara	Date of Original Filing: .	(Month, Day, Year)
(510) 272-6692		datestorie	, ig		(Month, Day, Year)
. Function or Event Does the agency have a			T Face Value	of Each Ticket/Pass \$	99,30
		Yes 🛛 No [
Event Description Mon	ster Supercross Provide Title/Expl	anation	Date(s)	1 , 24 , 15	//
	. Trende Incomp		If no: Oakla	ind A's	
Ticket(s)/Pass(es) prov	ided by agency?	Yes 🗌 No 🛛	-	Name of So	
Was ticket distribution r	nade at the behest	No 🗌 Yes [X If yes. Valle	, Richard- Supervisor I	District 2
of agency official?			Li ii you	Official's Name (I	Last, First)
. Recipients					
. Use Section A to identify th	e agency's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pur		to the agency's policy
B. Name of I		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing: ,
Collett, Cheryl			If checking "Cerem	onial Role" or "Other" describe below:	Income
		3	To promote attene order to maximize	dance at an event held potential revenue from	at a County facility in n sales.
			Ceremonial Role	Other	Income
		8	If checking "Cerem	onial Role" or "Other" describe below:	
C. Name of Outsid (include address	le Organization and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
					<u>i</u>
0	· · · · · · · · · · · · · · · · · · ·				
		d 180.49 have u	adiad that the distribution se	et forth above, is in accordance w	with the requirements.
	4.1 ar				1/74/10
		Michelle D		Supervisor's Aide	(Month, Day Year)
v - · · ·		Print Nan		1 Intel	function, buy routy
Comment:			(A.S. 17)		

1. 12

C	eremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County	Date Stamp	California Form 802		
	Division, Department, or Region (If Applicab Board of Supervisors	nle)			
ł.	Designated Agency Contact (Name, Title) Steven Jones				
	Area Code/Phone Number E-mail	es@acgov.org	í	Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
2.	Function or Event Information Does the agency have a ticket policy? Event Description The Harlem Globetrott Provide Title/Ex	Yes 🛛 No ters		of Each Ticket/Pass \$ _ 11715	
	Provide Title/Ex Ticket(s)/Pass(es) provided by agency?		en State Warriors Name of Sc		
	Was ticket distribution made at the behest of agency official?	neda County Superviso Official's Name (or Wilma Chan ^(Last, First)		
3.	Recipients • Use Section A to identify the agency's department of	or unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	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		
	· · · · · · · · · · · · · · · · ·		1		
ł		. Hereiter of			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Alan, Scot	4	To promote attend	oniel Role" or "Other Connel Role" or "Other" describe below: dance at an event held potential County reve	at a County facility in
		4	Ceremonial Role Other I If checking "Geremonial Role" or "Other" describe below:		Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	e public purpose made pursuant to the agency's policy	
			1	8 ° 8	
4.	. Verification	and 18942. I have v	erified that the distribution se	t forth above, is in accordance v	with the requirements.
		Steven J	ones	Central District Direct	
	Comment:			÷	

A Public Document

eremonial Role Ev	ents and no	Nour abo	Distributions		AT upilo Document
Agency Name				Date Stamp	California 802
Alameda County				For Official Use Only	
Division, Department, or	Region (If Applicable))		5	
Board of Supervisors			¢		
Designated Agency Cont	act (Name, Title)			-	
Steven Jones					
Area Code/Phone Numbe	er E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Ir					
Does the agency have a		Yes X No [Face Value	of Each Ticket/Pass \$ _	\$48.50
Event Description The H	arlem Globetrotte			01 / 10 / 15	1 1
Event Description	Provide Title/Expl	anation			
Tisket/s//Pass/as) provid	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			len State Warriors	
Hereita and the second se			Name of S		
Was ticket distribution ma	ade at the behest	No 🗌 Yes	If yes: Ala	meda County Supervise	or wiima Gnan
of agency official?				. Omciars Hame	(Lusi, Phot
. Recipients					attly an autoide organization
• Use Section A to identify the	agency's department or	unit. • Use Sec Number of			
A. Name of Agency, Dep	partment or Unit	Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursuar	t to the agency's policy
		Pass(as)			
		10 M	nen unset nettra sintare Jacobina non		
B. Name of Im		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	4		Ceremonial Ro	le 🔲 🕴 Other 🗖	Income
Robinson, Frederick		4		monial Role" or "Other" describe below ndance at an event held	
			order to maximiz	e potential County reve	enue from sales.
			Ceremonial Ro	and the second	Income
			0 12 12 12 12 12 12 12 12 12 12 12 12 12	monial Role" or "Other" describe below	N3
		4	5		
		1			
C. Name of Outside		Number of Ticket(s)/	Describe the	public purpose made pursua	nt to the agency's policy
(include address a	and description/	Pass(es)			
		1.2		1	
4. Verification		ad 10040 (have	added that the distribution	set forth above, is in accordance	with the requirements.
	5.1 a				
		Steven J		Central District Direc	(Month, Day, Year)
		Print Na	ine	110	
Comment:					
0011110111					EDDC Earm 802 /4/

•

~	eremonial Role Lver	no ana no	1001 400	Distributions		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				1		
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org	÷	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation		37			
	Does the agency have a tick	et policy?	Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$	\$99.30	
	Event Description Monster I	Energy Superci Provide Title/Explo	'OSS anation	Date(s))1 <u>24</u> 15	//	
	Ticket(s)/Pass(es) provided I	by agency?	en State Warriors				
	nonon(o)n doo(oo) promaoa i	oy 0.9011091	Name of Sou				
	Was ticket distribution made of agency official?	at the behest	neda County Supervisor	Wilma Chan			
					Oniciai a Marrie (L	iai, ritaiy	
3.	 Recipients Use Section A to identify the agen 	ev's department or i	unit a Lise Sect	ilon B to Identify an indivi	dual Use Section C to Ideal	ify an outside organization	
			Number of				
	A. Name of Agency, Department or Unit			Describe the pu	ublic purpose made pursuant	to the agency's policy	
					1		
ł.							
			Number of				
	B. Name of Individe	Ticket(s)/ Pass(es)	4	Identify one of the followi	ng:		
	na ana ana amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr' Ana amin'			Ceremonial Role	Other	Income	
	Robinson, Frederick		3		oonial Role" or "Other" describe below:		
			, in the second		dance at an event held a potential County reven		
				Ceremonial Role			
					nonial Role" or "Other" describe below:		
			3				
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy	
			Pass(es)				
		²					
			- an				
A	Verification						
·*.	ventication	44.1 and	1 18942. I have ve	rified that the distribution se	et forth above, is in accordance wit	h the requirements.	
			Steven Jo	nes	Central District Directo	r 01.30.2015	
			Print Name		i, Title	(Month, Day, Year)	
	2						
	Comment:					FPPC Form 802 (4/12	

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

A Dubli

00	eremonial Role Even	its and no	Keth doo	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
3	Division, Department, or Reg	jion (If Applicable	1	For Official Use Only			
	Board of Supervisors						
-	Designated Agency Contact	(Name, Title)					
	Steven Jones	1		Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	Baagou ora		Date of Original Filing:		
_	(510) 272-6693	steven.jones	i@acgov.org			(Month, Day, Year)	
	Function or Event Info			- Face Value	of Each Ticket/Pass \$ _	\$48.50	
	Does the agency have a tick		Yes 🛛 No [
	Event Description The Harle	em Globetrottei	rs	Date(s)	<u>1 / 10 / 15</u>	//	
	2	Provide Title/Expl	anation	Calda	e State Warriora		
	Ticket(s)/Pass(es) provided	by agency?	If no: Golde	en State Warriors Name of Sc	ource		
	Was ticket distribution made	at the beheet		Alam	neda County Superviso		
	of agency official?	at the benest	Nó 🗌 Yes	If yes:	Official's Name (Last, First)	
2							
3.	 Recipients Use Section A to identify the agen 	cy's department or	tual. • Use Section C to Ider	tify an outside organization.			
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	and the second se	blic purpose made pursuan			
				•			
X						8	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Bablaaca, Baadadala			Ceremonial Role	Other D onial Role* or "Other" describe below:	Income	
	Robinson, Frederick	Inson, Frederick		To promote attendance at an event held at a Cour order to maximize potential County revenue from		at a County facility in	
				Ceremonial Role Other		Income	
	C. Name of Outside Organization (include address and description)		. 4	If checking "Cerem	nonial Role" or "Other" describe below:		
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		nt to the agency's policy	
				S	4		
-	17 - 18 11			I			
4.	Verification	9d4.1 av	nd 18942. I have v	erified that the distribution se	t forth above, is in accordance t	with the requirements.	
		arres i th					
			Steven J		Central District Direc	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/1	

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

A Dublic Decument

~	eremonial Role Even	its and fic	ket/Pass	Distributions		A Public Document
1.	Agency Name			71	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)				
	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 Infor	mation				
	Does the agency have a ticke	1. E	of Each Ticket/Pass \$ _	\$48.50		
	Event Description The Harle	m Globetrotter	°S	Date(s) 0	1 <u>, 17 , 15</u>	1 1
	Event Description	Provide Title/Expl	anation .		4	
	Ticket(s)/Pass(es) provided t	y agency?	en State Warriors Name of So			
	Was ticket distribution made at the behest No I Yes I If yes: Alar				neda County Superviso	
	Was ticket distribution made of agency official?	at the benest	Official's Name ((Last, First)		
3.	Recipients					
	Use Section A to identify the agent	sy's department or	dual. • Use Section C to Iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Alan, Scot			Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	Income
			4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
			-			
	8		4	Ceremonial Role If checking "Cerem	Other 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 pol		it to the agency's policy
	÷	\$.		8 - R		
	·	1				F
4.	Verification	1.0	d 18042 have in	added that the distribution and	, todb above is in accordance w	ville the requirements
		944.1 an	Steven Jo		t forth above, is in accordance w Central District Direct	
			Print Nan	10	Title	(Month, Day, Year)
	Comment:					

eremonial Role Even					A Public Docume
Agency Name	4			Date Stamp	California 80
Alameda County					Form For Official Use Only
Division, Department, or Reg	ion (If Applicable	a)			Por Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Superv	isor's Assista	nt			
Area Code/Phone Number	E-mail			Amendment (Must pro	wide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation			Charles and an exception of the proceeding of the	CONTRACTOR OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER
Does the agency have a ticket		Yes P No	Face Value of	of Each Ticket/Pass \$	99.30
		T	1	.24.15	2 846 2
Event Description	Provide Tille/Expl	anation	Date(s)		//
Ticket(s)/Pass(es) provided by	agency?	YesZDNo	I If no: G	SW	
Tickel(a)/Pass(ea) provided by	ageney	C		Name of Sour	
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes:	meda County Supervisor Sc	still an experience and an experience of the second s
of agency official?				Official's Name (La	st, First)
Recipients			-the R to Identify on Indudded	al a Use Rection C to Manuf	
e Use Section A to identify the agency		Number of			
A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	1.1.1.1.1.1.1	1,1	to data un	oversight of	facilities a
Soft Hagerty	Dist	4	events that	have received co	unhy-funding
and any greet				- And State State and State States and States and	1
	+				1
B. Name of Individual		Number of Ticket(s)/		dentify one of the following	:
(1233), 7930		Pass(es)	Ceremonial Role	Other	transm. F
				al Role" or "Other" describe below:	Income L
				1997 - C. 1997 -	· · · · ·
		\$			
				Other	, Income
			If checking "Geremonia	al Role" or "Other" describe below;	
					4
n Hama of Outside Organiz	ution	Number of			
C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
		-			
/erification	(***				and the second second
/e,incation	944.1 and	18942. I have ve	ified that the distribution set fo	rth above, is in accordance with th	e requirements.
	- L	ee Ann Fer	gerson S	Supervisor's Assistant	1-22-15
		Print Name	the second se	Title	(Month, Day, Year)
$\cup \cup$				8 16	
Comment:			<i>.</i>	1	FPPC Form 802 (4/12)

Ceremonial	Role	Events and	Ticket/Pass	Distributions
------------	------	------------	-------------	---------------

	Ceremonial Role Even	nto and me	Reur asa	s Distributions		A Public Docume
	1. Agency Name Alameda County Division, Department, or Re	gion (Il Applicable	Date Stamp	California 802 Form 802		
	Reard of Supporteors					
	Board of Supervisors Designated Agency Contact	(Mame Title)				
	Lee Ann Fergerson, Super		nt		Amendment (Must p	rovide explanation in Part 3.1
	Area Code/Phone Number	E-mail	reen Deese		Date of Original Filing: .	
	(510) 272-6691	leeann.ferge	rson@acgc	ov.org	Date of original Filing: .	(Month, Day, Year)
	2. Function or Event Infor Does the agency have a tick		Yes P No	Face Value	of Each Ticket/Pass \$	48.50
	Event Description	Provide Title/Expl	anation .	Date(s)(<u>, 10,15</u> .	//
	Ticket(s)/Pass(es) provided b	y agency?	YesEPNo		CFSV Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No□ Yes (If yes:	ameda County Supervisor S Official's Name (Li	cott Haggerty, District 1
3	. Recipients • Use Section A to identify the agenc	y's department or u	init. I Use Sec	tion B to identify an individ	ual. • Use Section C to identit	y an outside organization
	A. Name of Agency, Departme	Statement and	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	The second s
	Dist.		4		County employee for hi lary service to the publ	
		÷			ge staff development	
	B. Name of Individua (Last, First)	l,	Number of Ticket(s)/ Pass(es)	6.17	······, ···· ··· ··· ····	
					Other Other describe below:	Income 🔲
					1.	T.
	2 10 0			Ceremonial Role	, Other . al Role" or "Other" describe below:	Income
					й — й	
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
				4		e e
	194 - La E			t.		
4	Verification					
- T 1	- Million		3942. I have veri	fied that the distribution set for	th above, is in accordance with the	a requirements.
		Le	e Ann Ferg	erson S	upervisor's Assistant	1-6-15
			Print Name		Title .	(Month, Day, Year)
	Comment:					

.

Agency Report of:

1.	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Region	(If Applicable)			2 2	
	Board of Supervisors					
	Designated Agency Contact (Nar	me, Title)				
				1.1		
	Amy Shrago Area Code/Phone Number E-	mail			Amendment (Must provid	e explanation in Part 3.)
	ritual e e destriction de la companya de la	my.shrago@	acdov ord		Date of Original Filing:	Month, Day, Year)
			augoviorg			Monut, Duy, Toury
2.	Function or Event Informa		of Each Ticket/Pass \$	300.00		
	Does the agency have a ticket p		/es 🔲 🛛 No 🛛	3		
	Event Description Warriors vs.	Magic rovide Title/Explan	ation		2 , 02 , 14	/
	Ticket(s)/Pass(es) provided by a	igency?	/es 🔲 No 🛛		n State Warriors Name of Source	
	Was ticket distribution made at t of agency official?	he behest	No 🗌 Yes 🛛	If yes: Cars	on, Keith Official's Name (Last,	First)
3.	Recipients • Use Section A to identify the agency's	department or w	nit. • Use Sect	ion B to identify an individ	lual. • Use Section C to identify	an outside organization.
	· · · · · · · · · · · · · · · · · · ·	Number of				
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			Number of	6		
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	2
				Ceremonial Role If checking "Cerem	Other D onial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	Income
			1		÷	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the age		the agency's policy
	BWOPA TILE 920 Peralta Street, Oakland, CA 94607 Leadership Educatio		4	To reward a scho to the community	ol or nonprofit organizatio	n for its contributions
	1					¥.
Ā	. Verification					
-		1.1 and	l 18942. I have v	erified that the distribution s	et forth above, is in accordance with	the requirements.
			Amy Shi	rago	Supervisor's Assistant	01/05/15
			Print Nar	and the second se	Title	(Month, Day, Year)

Ce	eremonial Role Ever	its and fic	Neurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	-
		(realize) raise				
	Amy Shrago	Lett. and the			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	Date of Original Filing			
_	(510) 272-6695	amy.shrago	@acgov.org			(Month, Day, Year)
2.	Function or Event Info			- Franklin		350.00
	Does the agency have a tick		Yes 🗆 No 🛛		of Each Ticket/Pass \$ -	
	Event Description Warriors	vs. Pelicans		Date(s)	2 <u>, 04 , 14</u>	//
	5	Provide Title/Exp	lanation			1
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛				en State Warriors Name of S	ource
	Was ticket distribution made at the behest No				on, Keith	
	of agency official?	at the benest	No 🗌 Yes [A If yes:	Official's Name	(Last, First)
0						
э.	Recipients vise Section A to identify the agent	icy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/ Describe the pe Pass(es)		ublic purpose made pursuant to the agency's policy		
	B. Name of Individ	Number of Ticket(s)/		Identify one of the follo	wing:	
			Pass(es)	Ceremonial Role	Other 🛛	Income
	Adams, Cathy				nonial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		4	To reward a comr public	munity volunteer for his or her service to the	
				Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below	ncome
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		nt to the agency's policy
					1	7
4	Varification					
4.	Verification	244.1 a	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance	with the requirements.
			Amy Shr		Supervisor's Assista	
		_	Print Nan		Title	(Month, Day, Year)

Comment: ___

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

ket/Pass	Distributions		A Public Document
	3 1	Date Stamp	California 802
			A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PRO
)			For Official Use Only
			,
			56 56 56 56 10 10 10 10 10 10 10 10 10 10 10 10 10
		Amendment (Must p	provide explanation in Part 3.)
Deceou ora		Date of Original Filing:	
@acgov.org			(Month, Day, Year)
		of Each Tickot/Dass \$	400.00
Yes No I			
	Date(s) <u>1</u>	2 <u>, 10 , 14</u>	//
anation	Calde	an Stata Marriore	
Yes 🗌 No [If no: Golde	Name of Sci	ource
	Cars		
No 🖂 Yes I	If yes:	Official's Name ((Last, First)
	ř.		
unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to Iden	tify an outside organization.
Number of Ticket(s)/			
			1. A
Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Income
4			lity in order to maximize
	Ceremonial Role	Other	Income [
	If checking "Cerem	onial Role" or "Other" describe below:	
Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy
		14	
		9	
-			2A69- 20 55
nd 18942. I have v	erified that the distribution se	et forth above, is in accordance v	with the requirements.
Amy Shr	rago '	Supervisor's Assista	nt 01/05/15
	and the second se	. Title	(Month, Day, Year)
		7.	e.
			FPPC Form 802 (4/
	e) @acgov.org Yes No lanation Yes No lanation Yes No No Yes unit. • Use Sec Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/ Pass(es) A Number of Number of Ticket(s)/ Pass(es) A Number of Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) A Number of N	@acgov.org Yes No Face Value lanation Date(s) 1 Yes No If no: Golde No Yes If no: Golde No Yes If yes: Cars unit. • Use Section B to identify an individe Number of Describe the pu Pass(es) Describe the pu A Ceremonial Role If checking "Careent To promote attended A Ceremonial Role If checking "Careent To promote attended Option of Ceremonial Role If checking "Careent To promote attended Pass(es) Describe the pu If checking "Careent To checking "Careent A Describe the pu Pass(es) Describe the pu	Date Stamp Date Stamp Date Stamp Date of Original Filing: Qacgov.org Date of Original Filing: Yes Date of Original Filing: Date (s) 12 / 10 / 14 Ianation Date(s) 12 / 10 / 14 Yes Date (s) No Date (s) 12 / 10 / 14 Ianation Date(s) 12 / 10 / 14 Yes Date (s) 12 / 10 / 14 Name of Sc No Yes No If no: Golden State Warriors Name of Sc No DYS Yes If yes: Carson, Keith Official's Name of Sc unit. • Use Section B to identify an individual. • Use Section C to identify as individual. • Use Section C to identify as individual. Number of Ticket(a)/ Describe the public purpose made pursuan Pass(es) Ceremonial Role Date Other Matter and tabe? or "Other Matter and tabe?" or "Other describe below." 4 Ceremonial Role Date? Other Date Scribe below." 1 Ceremonial Role Date?" or "Other describe below." 1 Ceremonial Role Date?" or "Other describe below." 1 Ceremonial Role Date?" or "Other describe below." Number of Ticket(a)/ Describe the public purpose made pursuan Pass(es)

Agency Report of:

C	eremonial Role Ever	its and fici	(et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Polini		
	Division, Department, or Reg	gion (If Applicable))		-	For Official Use Only
	Poard of Supanieore					
	Board of Supervisors Designated Agency Contact	(Name Title)			-	
		(1441116, 1466)				
	Amy Shrago	1.00			Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
_	(510) 272-6695	amy.shrago@	gacgov.org		sale of ong	(Month, Day, Year)
2.	Function or Event Info		_	- Free Melve	of Each Ticket/Pass \$	600.00
	Does the agency have a tick		Yes No [name and a second se		
	Event Description Warriors	vs. Thunder		Date(s)1	2 <u>, 18 , 14</u>	/
	12 8	Provide Title/Expl	anation	Cald	an Otata Warriara	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [If no: Golde	en State Warriors Name of So	urce
	Was ticket distribution made	at the behast		If yes: Cars	son, Keith	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (Last, First)
3	Recipients					
٥.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	t to the agency's policy
ŝ,				+		1
đ	B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)		other 🛛	Income
	Carson, Keith				onial Role" or "Other" describe below:	
			2			her exemplary service to
				the public or to er	ncourage staff developr	nent
	The second			Ceremonial Role		Income
	Sanchez, Mina		2		ionial Role" or "Other" describe below:	
			=	To reward a County employee for his or her e the public or to encourage staff development		nent
			Number of			
	C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
	-					
					¥	$\hat{X} = \hat{X}$
4	Verification		d 18942. I have v	erified that the distribution s	et forth above, is in accordance w	with the requirements.
			Amy Shi		Supervisor's Assistar	
		-	Print Nar	and the second	Title	(Month, Day, Year)
	1					
	Comment:					EDDC Exem 902 (4/4

~	eremonial Role Events and Lic				A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		- Griff		
	Division, Department, or Region (If Applicable)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	-
	Amy Shrago				
	Area Code/Phone Number E-mail		Amendment (Must j	vovide explanation in Part 3.)	
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗆 No	Face Value	of Each Ticket/Pass \$ _	600.00
	Event Description Warriors vs. Thunder			2 , 18 , 14	
	Event Description Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
			100 A	Name of Sc	ource
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Cars	on, Keith 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 individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
			3		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
				Other 🛛	Income
	Brooks, Rodney	2		anial Role" or "Other" describe below:	har avemplant contine to
		327	To reward a County employee for his or her exemplary service t the public or to encourage staff development		
	Brown, Aisha		Ceremonial Role		Income
1	brown, Alana	2	To reward a County employee for his or her exemplary service the public or to encourage staff development		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	0	· · · · ·			1.4
4.	Verification	d 18942. I have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
	4.1 07	Amy Shr		Supervisor's Assistar	
		Print Nan	and a second	Title	(Month, Day, Year)

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

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

Agency Name					And the second statement of the se	
Alameda County		Date Stamp	California 802			
ruannoud obanty			A REAL PROPERTY AND A REAL			
Division, Department, or Reg	jion (If Applicable)			For Official Use Only		
Board of Supervisors						
	(Name, Title)				_	
	E-mail			Amendment (Must)	provide explanation in Part 3.)	
(510) 272-6695 amy.shrago@acgov.org				Date of Original Filing:	(Month, Day, Year)	
			Easo Volue a	f Each Ticket/Dass \$	600.00	
	N 8	Yes I No I				
Event Description	Vs. Thunder Provide Title/Expla		//			
Teket(a)/Dece(ee) provided b		n State Warriors	· · · ·			
Ticket(s)/Pass(es) provided t	by agency r	Name of Se	ource			
	at the behest	on, Keith				
of agency official?		Official's Name	(Last, First)			
Recipients • Use Section A to identify the agen	cy's department or u	nit. • Use Sec	tion B to identify an individ:	ual. • Use Section C to ide	ntify an outside organization.	
			Describe the put	olic purpose made pursuan	it to the agency's policy	
2						
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	1	Identify one of the following:		
Shrago, Amy		2	If checking "Ceremon	nial Role" or "Other" describe below.		
	14	2	To reward a County employee for his or her exemplary s the public or to encourage staff development			
Jenkins, Kevin			a an a final data	terest terest	Income	
		2		vard a County employee for his or her exemplary service blic or to encourage staff development		
		Number of Ticket(s)/ Pass(es)	Describe the put	e public purpose made pursuant to the agency's policy		
37	5	y		e 		
	2	· · · ·		4		
Verification						
	1 and	18942. I have ve	erified that the distribution set			
	-			Supervisor's Assista	nt 01/05/15 (Month, Day, Year)	
	Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticked Event Description Warriors of Ticket(s)/Pass(es) provided to Avas ticket distribution made of agency official? Recipients • Use Section A to identify the agendation A. Name of Agency, Department B. Name of Individe (Last, First) Shrago, Amy Jenkins, Kevin C. Name of Outside Organities and de termination of the agendation of the	Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Information Does the agency have a ticket policy? Event Description Warriors vs. Thunder Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Avas 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 B. Name of Individual (Last, First) Shrago, Amy Jenkins, Kevin C. Name of Outside Organization (include address and description)	Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? Yes No Event Description Warriors vs. Thunder Ficket(s)/Pass(es) provided by agency? Yes No Yes of agency official? No Yes A. Name of Agency, Department or Unit Number of B. Name of Individual (Lest, Finn) Number of B. Name of Individual (Lest, Finn) Number of Shrago, Amy 2 Verification Ticket(s)/ Verification Ticket(s)/ Yess(es) Ticket(s)/	Designated Agency Contact (Name, Title) Amy Shrago Arrea Code/Phone Number E-mail amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Provide Title/Explanation Date(s) 12 Function or Event Information Date(s) Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Provide Title/Explanation Date(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder of agency official? Nas ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carso of agency official? Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s) B. Name of Individual (sast, Finn) Number of Ticket(s) Ceremonial Role if checking "Ceremonial To reward a Count the public or to end Geremonial Role Jenkins, Kevin 2 Ceremonial Role if checking "Ceremonial the public or to end contine the public or to end the public or to end contine the public or to	Designated Agency Contact (Name, Title)	

Comment: .

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

Agency Report of:			
Ceremonial Role Events	and	Ticket/Pass	Distributions

1.	and a second				
	Agency Name			Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicab	_	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail				rovide explanation in Part 3.)
	(510) 272-6695 amy.shrage	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	Function or Event Information Does the agency have a ticket policy?	Yes 🗌 No 🛛		of Each Ticket/Pass \$ _	600.00
	Event Description Warriors vs. Thunder Provide Title/Ex	planation	Date(s)'	2 <u>, 18 , 14</u>	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [제 If no: Golde	en State Warriors Name of So	
	Was ticket distribution made at the behest of agency official?	son, Keith Official's Name (i			
3.	Recipients • Use Section A to identify the agency's department of	r unit • Use Sec	tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	t to the agency's policy
2	8			N. A	
	e v _v				1
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Brown, Elaine	2	Ceremonial Role Other I		
		2		nty employee for his or neourage staff developr	her exemplary service to nent
	Decker, Breanna	er, Breanna 2			or her exemplary service to
	C Name of Outside Organization	Number of	the public or to encourage staff development Describe the public purpose made pursuant to the agency's policy		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	to the agency's policy
	- 0				
4.	Verification	and 18942. I have v	erified that the distribution se	et forth above, is in accordance w	with the requirements.
		Amy Shr	ago	Supervisor's Assistar	

Comment: .

Agency Report of:		
Ceremonial Role Events and	Ticket/Pass	Distributions

	eremonial Role Ever	no and no	Nour abo	Distributions		A Public Document
۱.	Agency Name				Date Stamp	California Form 802
	Alameda County					For Official Use Only
	Division, Department, or Reg	gion (If Applicable	»)			For Onicial Use Only
	Board of Supervisors					3
	Designated Agency Contact	(Name, Title)	_			1
	Amy Shrago			20 A		
	Area Code/Phone Number	E-mail			Amendment (Must pro	wide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value of			of Each Ticket/Pass \$	600.00	
	Event Description Warriors	vs. Thunder		Dista(a) 1	2 , 18 , 14	, ,
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗆 No	If no: Golde	en State Warriors	
			100 🗖 1101		Name of Sou	rce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Cars	Official's Name (Li	act Fireth
_					oniolar a Homo (El	101, T 1101
3.	Recipients Use Section A to identify the agen	ov's department or	unit. • Use Sec	tion B to Identify an individ	tual. • Use Section C to identi	fv an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursuant t	Construction and Construction
			Pass(es)			
		*	Same Sama			
	B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ið:
	Leiterr Herderr			Ceremonial Role		Income
	Laitey, Hayley		2	그는 영어에서 가지 않는 사람이 가지 않는 것을 하는 것을 했다.	onial Role" or "Other" describe below: ity employee for his or h	er evemplan, centice to
					courage staff developm	
				Ceremonial Role	Other 🛛	Income
	Hassan, Idris		2	If checking "Ceremo	onial Role" or "Other" describe below:	
		3	~		ty employee for his or h courage staff developm	
	C. Name of Outside Orga	inization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
				9		2
1.	Verification		d 18040 1 hours	adfed that the distribution of	i fadh abaya is is assessinger will	h ha maulaniante
		10	Amy Shr		t forth above, is in accordance with Supervisor's Assistant	
			Print Nan		Title	(Month, Day, Year)
	· · · ·				A 5002	

Agency Rep	ort of:					
Ceremonial	Role E	vents a	nd Tic	ket/Pass	Distribution	s

~	eremonial Role Even	no ana no	Nour door	sistingations		A Public Document
1.	Agency Name			1	Date Stamp	California Form 802
	Alameda County				- C	AND AND A DAY OF REAL PROPERTY OF
	Division, Department, or Reg	jion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				×.
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Info		5			(Mohin, Day, Tear)
har	Does the agency have a tick		Yes 🔲 No 🛛	র Face Value c	of Each Ticket/Pass \$	250.00
	그는 것은 사람들은 것 같아요? 것 같아요. 국가는 방법은 것 같은 것 같은 것 같은 것은 것 같은 것 같아요. 것 같아요? 것 같			-		
	Event Description Warriors vs. Kings Date(s) 12 Provide Title/Explanation				2 <u>, 22 , 14</u>	//
	Gal				n State Warriors	
	Ticket(s)/Pass(es) provided t	Yes 🗌 No 🛛		Name of So	urce	
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agen	cy's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's p		to the agency's policy
					i.	
	B. Name of Individue (Last, Pirat)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Sanchez, Mina		4	If checking "Ceremo	nial Role" or "Other" describe below:	Income
		4	T		ty employee for his or courage staff developr	her exemplary service to nent
	а. Б		Ÿ	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				4		
					12) (2)	
A	M= ulfl = =4l =		d 18942. I have ve	dfied that the distribution set	forth above, is in accordance w	ith the requirements.
2		"				
		-	Amy Shra		Supervisor's Assistar	(Month, Day, Year)
	11 0			3		
	Comment:					

0	eremonial Role Ever	its and fic	Reurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			1 Ultil		
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only
	Board of Supervisors					8
	Designated Agency Contact	(Name, Title)			5	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	rmation				2004000
	Does the agency have a tick		Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	200.00
	Event Description Warriors	vs. Timberwolv Provide Title/Expl	res anation	Date(s)	2 <u>, 27 , 14</u>	//
	Ticket(s)/Pass(es) provided I	agency2	Yes 🗆 No l	If no. Golde	n State Warriors	
	never(a)/i daa(ea) provided i	sy agency:	Tes LI NO		Name of Sou	Irce
	Was ticket distribution made at the behest No I Yes I If yes: Cars				on, Keith	
_	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
						2
	-			a	2	
	B. Name of Individu (Last, First)	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Carson, Keith		13		Other 🛛	Income
			4	To obtain oversigh County funding or	of facilities or events that have received support	
				Ceremonial Role	Other Inter Other Other Other Other	Income 🗖
	C. Name of Outside Orga	nization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
				9		
					9. B	
		8	S		5.1	
4	Verification		1 18942, I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements
	and the second se	and				
			Amy Shr		Supervisor's Assistant	(Month, Day, Year)
	// ~			93 A.		(many rad)
	Comment:	*.				
						FPPC Form 802 (4/12)

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

-	eremonial Role Ever	na and no	Keur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					and a subscription of the second s
	Division, Department, or Reg	gion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acdov.ord		Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Info		8003011013			(Month, Day, Year)
<u>.</u>	Does the agency have a tick		Yes 🔲 No	Face Value	of Each Ticket/Pass \$	200.00
	지수는 것 같아요. 이렇게 잘 많는 것 같아요. 이렇게 집에 있는 것 같은 것 같아요. 것 같아요. 이 것 같아요.					
	Event Description Warriors	Provide Title/Expl	anation	Date(s)	2 <u>, 30 , 14</u>	//
	Telet(a)/Deco(co) provided			Golde	en State Warriors	
	Ticket(s)/Pass(es) provided	by agency r	Yes 🗌 No		Name of So	urca
	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Cars	ion, Keith	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	• Use Section A to identify the agen	cy's department or	the second s	tion B to identify an individ	fual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
8				K a		
		đa	Number of			lands to be
	B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Calhoun, Gay				Other 🔀 onial Role" or "Other" describe below:	Income
			4		ty employee for his or l courage staff developn	her exemplary service to nent
	1			Ceremonial Role If checking "Ceremo	Other on Other on Other on Other of the below:	Income.
	C. Name of Outside Org		Number of Ticket(s)/ Describe th		public purpose made pursuant to the agency's policy	
	(include address and d	escription)	Pass(es)			
				5 S S		
4	Verification					
	vermeanon		d 18942. I have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
	8		Amy Shr	rago	Supervisor's Assistan	t 01/05/15
			Print Nan		Title	(Month, Day, Year)
	*/ .				2	
	Comment:					

				Distributions		A Public Document
1. A	Agency Name				Date Stamp	California 802
Δ	Alameda County			2.022000000000000000000000000000000000		
D	livision, Department, or Reg	ion (If Applicable	1	For Official Use Only		
F	Board of Supervisors					
	Pesignated Agency Contact	(Name, Title)				
	Amy Shrago area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3.)	
	510) 272-6695	E-mail amy.shrago(accov ora		Date of Original Filing: _	
	Function or Event Info		gacgov.org			(Month, Day, Year)
	oes the agency have a tick		Ver EL Nel	Eace Value /	of Each Ticket/Pass \$	48.50
			Yes 🗌 No			
E	vent Description Harlem G	Provide Title/Expl	anation	Date(s)	1 <u>, 17 , 15</u>	/
					n State Warriors	
Т	icket(s)/Pass(es) provided t	by agency?	Yes 🗌 No	If no:	Name of Sou	rce
V	Vas ticket distribution made	at the behest	No 🗆 Yes	If yes: Carso	on, Keith	
	of agency official?			n yes	Official's Name (L	ast, First)
3. F	Recipients					
	Use Section A to identify the agen	sy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
1	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
1			1	,		
E	B. Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:
v	Williams, Sharifa	s, Sharifa		Ceremonial Role If checking "Ceremon	Dither 🗹	Income
			4	To promote attend held at a County fa	ance at a County spon acility in order to maxim	sored event or event ize potential County rev
2	i.	Care of the second	6	Ceremonial Role If checking "Ceremo	Other D	Income
	2. A 31		-		na na amin'ny fan	
Ċ	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
					4	
-	.+					4 1
	1					
4. \	/erification	· · · · · · · · / an	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.
	Market States					
		-	Amy Shr		Supervisor's Assistant	(Month, Day, Year)
	25 C			0. 7		
C	Comment:				+ 1	

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

1. Agency Name

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 300.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🛛 No 🗆 Event Description Warriors vs. New York Knicks 03 , 14 , 15 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Lost, First) Pass(es) Other X Ceremonial Role Income Abramson, Phil If checking "Geremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Michelle Dianda Supervisor's Aide

Print Name

Title

A Public Document

California

Date Stamp

. /	Agency Name	×.		Date Stamp	California 802
1	Nameda County				Form
Ĉ	ivision, Department, or Region (If Applicat	010)	9		For Official Use Only
ł	Board of Supervisors				
ī	esignated Agency Contact (Name, Title)				
1	/lichelle Dianda			Amendment (Must	provide explanation in Part 3.)
7	rea Code/Phone Number E-mail				
		anda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				300.00
	oes the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
E	vent Description Warriors vs. New York	Knicks	Date(s)	3 <u>, 14 , 15</u>	/
		Sanan-n-nama	Golde	en State Warriors	
2	icket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sc	
	Vas ticket distribution made at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2
	of agency official?			Official's Name ((Last, First)
	Recipients				
	Use Section A to identify the agency's department of	Number of			
1	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
-					
ľ.	+				
-		Number of			
1	 Name of Individual (Last, First) 	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			1 1 1 2 4 7 9 9 1 2 9 1 2 9 1 2 9 1 1 1 1 1 2 9 1 1 2 9 1 1 2 9 1 1 2 9 1 1 2 9 1 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9	Other 🛛	Income
	Coleman, Dexter	4		nial Role" or "Other" describe below:	
				lance at an event held potential revenue from	
1		-	Ceremonial Role	Other D	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
-	Name of Outside Organization	Number of			
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
1					
1	5				2.4.5
	/erification				
. `	044.4	and 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.
. `	5444.1 6				10-11-
. `	2444.1	Michelle D		Supervisor's Aide	1/27/F

1.	Agency Name				Date Stamp	California Form 802	
	Alameda County				1	Form OUZ	
	Division, Department, or Reg	gion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-	2000 - 100 -	
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$	\$300			
	Event Description Basketba	ll Game	3 , 04 , 15	1 1			
		Provide Title/Expl					
	Ticket(s)/Pass(es) provided t	by agency?	en State Warriors Name of Source				
	Was ticket distribution made	at the behest	neda County Supervisor				
	of agency official?	at the benest	No 🗌 Yes	If yes; <u>ruan</u>	Official's Name (Las	it, First)	
3.	Recipients				1		
22	Use Section A to identify the agent	cy's department or i	unit. • Use Sec	tion B to identify an individ	lual. • 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			
	10				ιč.	8	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	i he a fait	Identify one of the following		
	Ong, Jeffrey			Ceremonial Role	nial Role" or "Other D	Income	
			2	To promote attendance at an event held a order to maximize potential County reven			
	- X	÷		Ceremonial Role	Other D	Income	
	φ.		2	in choosing solution			
		C. Name of Outside Organization (include address and description)		Describe the pu	blic purpose made pursuant to	the agency's policy	
	ingenerationed and the state						
						2	
4	Varification				9		
۰.	Verification		18942. I have ve	nified that the distribution set	forth above, is in accordance with I	he requirements.	
			Steven Jo		Central District Director	01.15.2015	
		-	Print Nam			(Month, Day, Year)	

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

С	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County		12	Form			
	Division, Department, or Re	gion (If Applicable		For Official Use Only			
	Board of Supervisors		1				
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6693	a state of the second second	s@acgov.org	1	Date of Original Filing:	Month Day Yead	
2.	Function or Event Info		0 0 0			(Monut, Day, Tear)	
	Does the agency have a tick		of Each Ticket/Pass \$ _	\$450			
			Yes 🛛 No		3 / 06 / 15		
	Event Description Basketba	Provide Title/Exp	0 00 10	//			
	Ticket(s)/Pass(es) provided	by agency?	en State Warriors				
		sy agonoy.	Yes 🗌 No	604	Name of So		
	Was ticket distribution made of agency official?	No 🗌 Yes	If yes: Alan	neda County Superviso Official's Name (or Wilma Chan 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, Departr		Number of Ticket(s)/ Pass(es)		iblic purpose made pursuant	1.	
					2		
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:	
	Gilmore, Marie		Pass(es)	Ceremonial Role		Income	
			2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.			
				Ceremonial Role	Other	Income	
			2	lf checking "Cereme	onial Role" or "Other" describe below:		
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy	
			6				
4.	Verification			I			
		244.1 an			t forth above, is in accordance w		
		-	Steven Jo	And a second second second	Central District Directo		
			Print Nan	no	. Title	(Month, Day, Year)	
	Comment:						

001	emonial Role Ever	no ana no	1001 000	Distributions		A Public Document	
1. A	gency Name		Date Stamp	California 802			
A	lameda County		1056/133556/4546/556/55	Form CO-			
Di	ivision, Department, or Reg	gion (If Applicable	1	For Official Use Only			
в	oard of Supervisors						
	esignated Agency Contact	(Name, Title)	-				
N	1ichelle Dianda						
	rea Code/Phone Number				provide explanation in Part 3.)		
(5	510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. F	unction or Event Info	rmation					
	oes the agency have a tick		Yes No	Face Value	of Each Ticket/Pass \$ _	350.00	
E	vent Description Warriors	vs. Sacramente	o Kings	Date(s) 0	1 , 23 , 15	//	
-	vent beschption	Provide Title/Expl	anation				
TI	icket(s)/Pass(es) provided	by agency?	Yes No[If no: Golde	en State Warriors Name of Sc	uiena.	
14	(, Richard- Supervisor		
	las ticket distribution made of agency official?	at the benest	No 🗌 Yes [If yes:	Official's Name (Last, First)	
3 12	Peciniente						
	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.						
	Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
,	V			0	1.11	8	
1					1 I.		
B	Rame of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
-	anchez, Marion			Ceremonial Role	Other D mial Role" or "Other" describe below:	Income	
0			4	To reward a community volunteer for his service			
-				Ceremonial Role		Income	
				If checking "Ceremo	onial Role" or "Other" describe below:		
c	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	scribe the public purpose made pursuant to the agency's policy		
-					1. N	*	
_	<u>.</u>		_				
				3			
4. 1	/erifiçation	9944.1 an	d 18942. I have ve	arified that the distribution set	t forth above, is in accordance w	vith the requirements.	
			Michelle D	ianda	Supervisor's Aide	1/6/15	
			. Print Nam		Title	(Monty, Day, Year)	
C	Comment: Includes 1 park	ing pass at the	value of \$30)			

-	eremonial Role Ever	its and fic	Reprass	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form OUZ For Official Use Only				
	Division, Department, or Re	gion (If Applicable		For Oncer Case Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Michelle Dianda	2		1				
	Area Code/Phone Number	E-mail			Amendment (Must pr			
	(510) 272-6692 michelle.dianda@acgov.org			org	Date of Original Filing: .	(Month. Day. Year)		
2.	Function or Event Info	rmation						
	Does the agency have a tick	et policy?	Face Value o	f Each Ticket/Pass \$	200.00			
	Event Description Warriors	vs. Denver Nu	<u>, 19 , 15</u>	, ;				
	Event Description	Provide Title/Expl		//				
	Ticket(s)/Pass(es) provided	by agency?	n State Warriors					
			Name of Sol					
	Was ticket distribution made of agency official?	at the behest	If yes: Valle,	Richard- Supervisor [Official's Name (L	ast. First)			
-								
э.	Section A to identify the agency's department or unit. Subsection B to identify an individual. Subsection C to identify an outside organization.							
	A Number of			Describe the public purpose made pursuant to the agency's policy				
	Pa. Name of Agency, Department or Unit Ticket(s)/ Pass(es)							
				1.2				
						N.,		
	Number of			<u></u>				
	B. Name of Individ	ual	Ticket(s)/ Pass(es)	Identify one of the following:				
	Flores, Carla		5	Ceremonial Role	Other 🛛	Income		
					ial Role" or "Óther" describe below:			
				To promote attenda order to maximize	at a County facility in			
					Other 🛛			
	Francisco, Lynn				ial Role" or "Other" describe below:			
			4	To promote attendance at an event held at a County facility				
		2		order to maximize potential revenue from sales.				
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	(include address and d	include address and description) Pass(es)						
			_					
				÷				
	14.00 - 41-							
4 .	Vérification	18944,1 an	d 18942. I have ve	erified that the distribution set I	forth above, is in accordance wil	th the requirements.		
			Michelle D		Supervisor's Aide	1/12/15		
			Print Nan	and the second se	Title	(Month, Clay, Year)		
	Indudaa 0 aad	lag pagaga at t	he volue of f	20 each				
	Comment: Includes 2 park	ing passes at t	ne value of \$	so each.		EDBC Form ADD (1997		
						FPPC Form 802 (4/12)		

				Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			ronni			
	Division, Department, or Reg	jion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name Title)	-				
		(1101110,1110)		1			
	Michelle Dianda				Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
_	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filling.	(Month, Day, Year)	
	Function or Event Info			1711 INVINUE AND DAMES		200.00	
	Does the agency have a tick	The second			of Each Ticket/Pass \$ _	200.00	
	Event Description Warriors	vs. Denver Nug	gets	Date(s)0'	1 <u>, 19 , 15</u>	//	
	erent boostplien	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided t	by agency?	Yes No	If no: Golde	n State Warriors		
		a an		Valla	Name of So Disbord Supervisor		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	ast. First)	
_							
3.	 Recipients Use Section A to identify the agent 	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	ify an outside organization.	
	A. Name of Agency, Departm	and the second	Number of Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	blic purpose made pursuant		
			1 455 (557)		5		
				1			
Зř		ţî.					
	B. Name of Individu (Last, First)	ual .	Number of Ticket(s)/, Pass(es)	1.0	Identify one of the follow	ing:	
	Riener, Terry Collins, Trent		4	Ceremonial Role	nial Role" or "Öther" describe below:	Income	
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
				Ceremonial Role	Other 🛛	Income	
			3	If checking "Geremonial Role" or "Other" describe below:			
				To promote attendance at an event held at a County facility order to maximize potential revenue from sales.			
	11			order to maximize	potential revenue from	i sales.	
	C. Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
			r asa(ca)				
		*		9			
				2		i de la companya de la	
4	Verification						
		1.1 and	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wi	th the requirements.	
			Michelle D		Supervisor's Aide	1/10/15	
			Print Nam		· Title	(Intonth, Day, Year)	
				10 C.	1011	1 1 1	

Agency Name				Date Stamp	California 802	
Alameda County						
	on (If Applicable		For Official Use Only			
mana semena sina era per vere		8				
	Name, Title)			-		
	IF mall			Amendment (Must provide explanation in Part 3.)		
	TRUE MARKED AND AND AND A	nda@acdov.	ora	Date of Original Filing:	(Month, Day, Year)	
		naalgaogon			(Month, Day, Year)	
		Ves 🖾 No.	Face Value	of Each Ticket/Pass \$ _	400.00	
	21 THE REPORT OF STREET					
Event Description	Provide Title/Exp	1 / 14 / 15				
Tisket/s)/Pass(as) provided b	and the second		If no. Golde	en State Warriors		
ncket(s)/Pass(es) provided b	y agency?	Name of Sc				
	at the behest	e, Richard- Supervisor	District 2			
of agency official? Official's Name (Last, First)						
Recipients						
			tion B to identify an individ	dual. • Use Section C to iden	tify 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			
		6				
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	2	Identify one of the follow	ing:	
Pete, Melvin					Income	
		4	To promote attendance at an event held at a County facility in			
			Ceremonial Role	Other	Income	
			If checking "Ceremo	onial Role" or "Other" describe below:		
		Number of				
C. Name of Outside Organization (include address and description)		Ticket(s)/ Describe the		ublic purpose made pursuan	t to the agency's policy	
			4			
M			1			
\sim				2	S	
Venification						
States and the second	M	d 18942. I have ve	arified that the distribution se	t forth above, is in accordance w	ith the requirements.	
		and the second se		Supervisor's Aide		
		Print Nan	10	., Title	(Month, Day, Year)	
	Alameda County Division, Department, or Regi Board of Supervisors Designated Agency Contact (Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Inform Does the agency have a ticke Event Description Warriors v Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agence A. Name of Agency, Department B. Name of Individua (Leat, First) Pete, Melvin	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 Event Description Event Information Does the agency have a ticket policy? Event Description Warriors vs. Miami Hea Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, Fint) Pete, Melvin C. Name of Outside Organization (Include address and description) Ver/fication	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov. Function or Event Information Does the agency have a ticket policy? Yes No Event Description Warriors vs. Miami Heat Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Vas 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 B. Name of Individual (ast. Freit) Pete, Melvin 4 C. Name of Outside Organization Ficket(s)/ Pass(es) Vert/fication Ind 18942. I have ve Michelle D	Alameda County Division, Department, or Region (I/ Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [E-mail (510) 272-6692 [Inctelle.dianda@acgov.org] Function or Event Information Does the agency have a ticket policy? Yes [No] Face Value Event Description Warriors vs. Miami Heat Date(s)	Alameda County Division, Department, or Region (I/ Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number E-mail (510) 272-6692 Date of Original Filling: Function or Event Information Does the agency have a ticket policy? Yes (S) No () Face Value of Each Ticket/Pass \$	

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

×.

Cere	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
AL	ameda County			Form			
	vision, Department, or Regi	on (If Applicable	-	For Official Use Only			
Bo	pard of Supervisors						
	signated Agency Contact (Name, Title)			-	_	
22.00	ichelle Dianda ea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	10) 272-6692	michelle.diar	nda@acdov	ora	Date of Original Filing:		
	unction or Event Inform		ida@dogov.	019		(Month, Day, Year)	
	es the agency have a ticke		Yes⊠ No.	Eace Value	of Each Ticket/Pass \$ _	300.00	
Ev	ent Description Warriors v	Provide Title/Expl	3 <u>, 04 , 15</u>	//			
			en State Warriors				
TIC					Name of S		
	as ticket distribution made a	t the behest	No 🗆 Yes	If yes: Valle	, Richard- Supervisor	District 2	
0	f agency official?				Official's Name	(Last, First)	
	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.						
_	Use Section A to identify the agency's department or uni						
A	 Name of Agency, Departme 	nt or Unit	Number of Ticket(s)/ Describe the p Pass(es)		public purpose made pursuant to the agency's policy		
_							
			10 ₋				
				S. 5	3		
_							
в	Name of Individua	il	Number of Ticket(s)/	2	Identify one of the follow	wing:	
_	Track Land		Pass(es)	Ceremonial Role	Other D	Income	
					nial Role" or "Other" describe below		
						÷.,	
				Ceremonial Role	Other	Income	
				If checking "Geremo	nial Role" or "Other" describe below		
				3			
c	Name of Outside Organ	ization	Number of	Describe the pu	blic purpose made pursua	at to the agency's policy	
_	 (include address and des 	cription)	Ticket(s)/ Pass(es)		biic purpose made pursuai	it to the agency's policy	
н	Hayward Chamber of Commerce			To reward a nonprofit organization for its contributions to		s contributions to the	
23	2561 Main St. Hayward, C	A 94541	2	community			
в	enefits local organizations	to support					
	olunteerism						
4. V	erification					10. 10 Inc	
	n to the first state)44.1 and			forth above, is in accordance w	with the requirements.	
			Michelle D		Supervisor's Aide		
			Print Nam	10	- Tille	(Month, Day, Vear)	
C	omment:						
0					and the second se	FPPC Form 802 (4/12	

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

Agency Rep	ort of:			
Ceremonial	Role Events	s and Tick	et/Pass	Distributions

Alar Divis Boa Des Mic Area (510	the agency have a ticket policy? The base of the base	ında@acgov. Yes⊠ No Knicks	□ Face Value o	Date of Original Filing:	California 802 For M 802 For Official Use Only			
Divis Boa Desi Mic Area (510 2. Fur	ion, Department, or Region (If Applicable rd of Supervisors gnated Agency Contact (Name, Title) nelle Dianda Code/Phone Number E-mail nichelle.dia of 272-6692 E-mail michelle.dia of the agency have a ticket policy? at Description Warriors vs. New York Provide Title/Exp	ında@acgov. Yes⊠ No Knicks	□ Face Value o	Date of Original Filing:	For Official Use Only			
Boa Des Mic Area (510	rd of Supervisors gnated Agency Contact (Name, Title) helle Dianda Code/Phone Number E-mail michelle.dia 1) 272-6692 E-mail michelle.dia 10 ction or Event Information 10 s the agency have a ticket policy? 11 the Description Warriors vs. New York Provide Title/Exp	ında@acgov. Yes⊠ No Knicks	□ Face Value o	Date of Original Filing:	provide explanation in Part 3.)			
Des Mic Area (510 2. Fui	gnated Agency Contact (Name, Title) nelle Dianda Code/Phone Number E-mail nichelle.dia oction or Event Information is the agency have a ticket policy? It Description Warriors vs. New York Provide Title/Exp	Yes 🛛 No Knicks	□ Face Value o	Date of Original Filing:				
Des Mic Area (510 2. Fui	gnated Agency Contact (Name, Title) nelle Dianda Code/Phone Number E-mail nichelle.dia oction or Event Information is the agency have a ticket policy? It Description Warriors vs. New York Provide Title/Exp	Yes 🛛 No Knicks	□ Face Value o	Date of Original Filing:				
Area (51) 2. Fui	Code/Phone Number E-mail 0) 272-6692 michelle.dia action or Event Information is the agency have a ticket policy? at Description Warriors vs. New York Provide Title/Exp	Yes 🛛 No Knicks	□ Face Value o	Date of Original Filing:				
Area (51) 2. Fui	Code/Phone Number E-mail 0) 272-6692 michelle.dia action or Event Information is the agency have a ticket policy? at Description Warriors vs. New York Provide Title/Exp	Yes 🛛 No Knicks	□ Face Value o	Date of Original Filing:				
2. Fui	the agency have a ticket policy? The base of the base	Yes 🛛 No Knicks	□ Face Value o		(Month, Day, Year)			
	the agency have a ticket policy? Marriors vs. New York Provide Title/Exp	Knicks		f Fach Ticket/Doos P	0.000			
Doe	t Description Warriors vs. New York Provide Title/Exp	Knicks		& Fash Tisket/Dees C	300.00			
	Provide Therest	Knicks	03					
Eve	at(s)/Pass(es) provided by agency?	nananon			·//			
Tick		Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ . If no: Golde						
Mag	ticket distribution made at the behant	Name of S Richard- Supervisor						
	ticket distribution made at the behest gency official?	Official's Name	(Last, First)					
3. Re	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							
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age		it to the agency's policy			
					6			
			8 B					
в.	Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:			
Abr	amson, Phil	4	If checking "Ceremon	ial Role" or "Óther" describe below				
	: ×		To promote attendance at an event held at a County facility order to maximize potential revenue from sales.					
			Ceremonial Role	Other D	Income			
			a choosing coronor	na role of oner descrive eeron	4			
C.	C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursua	nt to the agency's policy			
	2							
		_						
	-		,					
4 1/					1			
4. Vei	ification /	nd 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.			
	and the second	Michelle D	Dianda	Supervisor's Aide	1/27/15			
		Print Nan	the second se	- Title	Month, Day Year)			
Agency Name		2.04	Date Stamp	California 802				
--	---	--	--	---	--	--	--	
Alameda County		·	1 N 1 N	Form For Official Use Only				
Division, Department, or Region (If Applicable)			Por Onicial Ose Only				
Board of Supervisors	2	. *						
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)				
Function or Event Information				\$300				
Does the agency have a ticket policy?	Yes 🛛 No [of Each Ticket/Pass \$	the second se				
Event Description Basketball Game	1	Date(s)	1 <u>, 31 , 15</u>	//				
Provide Title/Exp	lanation	Cold	on State Warriors					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	teres of the second	en State Warriors Name of S					
Was ticket distribution made at the behest	No 🗆 Yes [X If yes: Alan	neda County Supervis	or Wilma Chan				
of agency official?	100 [] 100 [Official's Name	(Last, First)				
Recipients								
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)							
			•					
÷								
B. Name of Individual	Number of Ticket(s)/ Pass(es)	+	Identify one of the follo					
Boggan, Jackie	2	Ceremonial Role If checking "Cerem To promote atten						
		order to maximize	e potential County rev	enue from sales.				
	.2	order to maximize	e potential County rev	enue from sales. Income				
C. Name of Outside Organization (include address and description)		order to maximize Ceremonial Rol If checking "Cerem	e potential County rev	enue from sales. Income				
C. Name of Outside Organization (include address and description)	.2 Number of Ticket(s)/	order to maximize Ceremonial Rol If checking "Cerem	potential County rev County rev County County rev County	enue from sales. Income				
C. Name of Outside Organization (Include address and description)	.2 Number of Ticket(s)/	order to maximize Ceremonial Rol If checking "Cerem	potential County rev County rev County County rev County	enue from sales. Income				
Verification	.2 Number of Ticket(s)/ Pass(es)	order to maximize Ceremonial Role If checking "Cerem Describe the p	e potential County rev onlial Role" or "Other" describe belo ublic purpose made pursu	enue from sales. Income				
Verification	.2 Number of Ticket(s)/ Pass(es)	order to maximize Ceremonial Role If checking "Cerem Describe the p	potential County rev County rev County County rev County	enue from sales. Income [ant to the agency's policy e with the requirements.				

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

Ceremonial Role Events and Ti	0110011 000	Distributions		A Public Document	
. Agency Name	Agency Name				
Alameda County	Alameda County				
Division, Department, or Region (If Application		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.)	
	es@acgov.org	1	Date of Original Filing: .	11/05/2014 (Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$800	
Event Description Basketball Game Date(s)			1 <u>, 05 , 14</u>	1 1	
Provide Title/E					
Ticket(s)/Pass(es) provided by agency?	If no: Golde	len State Warriors			
Mee tekst distribution mode at the behavi		Alam	^{Name of Soc} ieda County Superviso		
Was ticket distribution made at the behest No I Yes I If yes: Ala of agency official?			Official's Name (L	.ast, First)	
. Recipients					
Kecipients 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 po		to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		ing:	
Shaffi, Noah		Second and second second second second	Other Inter number of "Other" describe below:	Income	
	2		ance at an event held a	at a County facility in	
		order to maximize potential County revenue from sales.			
		Ceremonial Role	Other	Income 🗌	
	2	If checking "Coremo	cking "Geremonial Role" or "Other" describe below:		
	S				
C Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's policy		
-			5	1	
	2			3	
Verification					
	and 18942. I have ve	arified that the distribution set	forth above, is in accordance wil	th the requirements.	
	Steven Jo	ones	Central District Directo	or 01/29/2015	
13	Print Narr	10	. Title	(Month, Day, Year)	
Comment:			.a.		

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

<u> </u>	cremonial Role Ever	no and no	1001 433	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			and the second		
	Division, Department, or Reg	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 pro	
	(510) 272-6693	steven.jones	s@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation	1			
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$200
	Event Description Basketba	ll Game		Date(s) 01		/ /
		Provide Title/Expl	anation			2
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If n			If no: Golder	n State Warriors Name of Sour	-
	Was ticket distribution made	at the behest		Alamo	eda County Supervisor	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. • Use Section C to Identif	y an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant t	o the agency's policy
				7 1		
	B. Name of Individu (Last, Pirat)	ial	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Chan, Zoe				I . Other	Income
			2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
		<i></i>		Ceremonial Role If checking "Ceremon	Other describe below:	Income
			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		
					1	
					· · · · · ·	
4	Verification		<u> </u>			
	STREET, AND IN THE OWNER, SALES	no	1 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.
			Steven Je	ones (Central District Director	01.29.2015
		_	Print Nan	ne	'. Title	(Month, Day, Year)
	Comments					
	Comment:			A		

Agency Rep	ort o	f: •			
Ceremonial	Role	Events	and	Ticket/Pass	Distributions

1. Agency Name Date Stamp California 80 Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Per Official Use Only Board of Supervisors Designated Agency Contact (Name, 7itle) Image: Control of Supervisors Per Official Use Only Designated Agency Contact (Name, 7itle) Steven Jones Image: Amendment (Must provise explanation in Part 3) Area Code/Phone Number E-mail Image: Control of Event Information Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes Image: No Image: Control of Each Ticket/Pass \$
Alameda County For Official Use Only Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Tile) Image: Contact (Name, Tile) Steven Jones Image: Contact (Name, Tile) Area Codd/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org 2. Function or Event Information Dees the agency have a ticket policy? Yes IM No Image: Contact (Name, Tile) Steven Description Basketball Game Provide the behest Date (5) Provide the behest Date (5) Vas ticket distribution made at the behest No Image: Yes Image: Control State Warriors Vas ticket distribution made at the behest No Image: Yes Image: Control State Warriors * 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 Ticket(6)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Morrisson, Sharon 2+1park Corremonal Role Image: Control Motor Sector Sector Sector Image: Control Role Park Sector
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Arrae Code/Phone Number [510] 272-6693 Even Jones Charae Code/Phone Number Even Jones Charae Code/Phone Number Even Jones Charae Code/Phone Number Event To Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Steven Jones Provide Title#Opplanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Yes ⊠ If no: Golden State Warriors Name of Agency official? Was ticket distribution made at the behest No □ *Use Section A to identify the agency's department or unit. *Use Section Sto Identify an auditide 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 Pass(es) Ceremonal Role □ Other □ Morrisson, Sharon 2+1park Ceremonal Role □ Other □
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filling:
Steven Jones
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filling: (Month, Day, Veer) 2. Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ \$200/\$30 parking Event Description Basketball Game Provide TitleExplanation Date(s) 01 02 15 / / Ticket(s)/Pass(es) provided by agency? Yes X No If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest of agency official? No Yes X If yes: Alameda County Supervisor Wilma Chan Officiar 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 Morrisson, Sharon 2+1park Caremonial Role or Other data County facility in order to maximize potential County revenue from sales. Income # checking "Generonial Role" or Other data County facility in order to maximize potential County revenue from sales. Income # checking "Generonial Role" or Other data County facility in order to maximize potential County revenue from sales.
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes ID No Face Value of Each Ticket/Pass \$\$200/\$30 parking provide Title#Explanation Event Description Basketball Game Provide Title#Explanation Date (s) 01 02 15
(Not if if if if it is constructed in the image of t
Does the agency have a ticket policy? Yes X No X Face Value of Each Ticket/Pass \$\$200/\$30 parking Event Description Basketball Game Date(s) 01 / 02 / 15 / / / / // / / / Ticket(s)/Pass(es) provided by agency? Yes X No X If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes X If yes: Alameda County Supervisor Wilma Chan Official? 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 Morrisson, Sharon 2+1 park Caremonial Role or Other describe below: Income 2+1 park Caremonial Role or Other describe below: Income Vehecking "Generonial Role or Other" describe below: Income Income Vehecking "Generonial 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. Income C. Number of Tickete(s) Other I Income
Does the agency have a tacket poicy? Yes ⊠ No □ Pace value of Each TacketPass s
B. Name of Individual (see, Feed Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (see, Feed Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income Morrisson, Sharon 2+1park Ceremonial Role Other Income Income Income 2+1park Ceremonial Role Other Income Income If here of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (sat, Feed Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) If no: Golden State Warriors Name of Source B. Name of Individual (sat, Feed No () Yes () If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Morrisson, Sharon 2+1park Ceremonial Role () Other () Income If checking "Ceremonial Role" or "Other" describe below: Z+1park Ceremonial Role () Other () Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Role of Outside Organization) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
Was ticket distribution made at the behest of agency official? No Yes If yes; Alameda County Supervisor Wilma Chan Official? 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(p) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Cast, Find) Number of Ticket(p) Identify one of the following: Pass(es) Morrisson, Sharon 2+1park Caremonial Role of Other describe balow: If checking Caremonial Role of Other describe balow: Caremonial Role of Other describe balow: Income If checking Caremonial Role of Other describe balow: C. Name of Outside Organization Ticket(p) Number of Ticket(p) Describe the public purpose made pursuant to the agency's policy
Was ticket distribution made at the behest of agency official? No Yes X If yes: Alameda County Supervisor Wilma Chan 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) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (cast, Fing) Number of Ticket(s) Identify one of the following: Pass(es) Morrisson, Sharon 2+1park Ceremonial Role Other Income If checking "Genemonial Role" or "Other" describe balow: C. Name of Outside Organization. Ceremonial Role Other Income If checking "Genemonial Role" or "Other" describe balow: Income Describe the public purpose made pursuant to the agency's policy
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (stat, Find) Number of Ticket(s)/ Pass(es) Identify one of the following: Morrisson, Sharon 2+1park Ceremonial Role Other describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency's 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 (aut, Find) Number of Ticket(s)/ Pass(es) Identify one of the following: (aut, Find) Describe the public output and the agency's policy (aut, Find) Describe the public output and the agency's policy (aut, Find) Describe the public output and the agency's policy Describe the public output and the agency's 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 (aut, Find) Number of Ticket(s)/ Pass(es) Identify one of the following: (aut, Find) Describe the public output and the agency's policy (aut, Find) Describe the public output and the agency's policy (aut, Find) Describe the public output and the agency's policy Describe the public output and the agency's policy
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 (Last, Pice) Number of Ticket(s)/ Pass(es) Identify one of the following: Morrisson, Sharon 2+1park Caremonial RoleOtherIncome If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Morrisson, Sharon 2+1park Caremonial RoleOtherIncome If checking "Ceremonial RoleOther" describe below: Income Z+1park Caremonial RoleOtherIncome Income Income If checking "Ceremonial RoleOther" describe below: Income Income Income If checking "Ceremonial RoleOther" describe below: Income Income Income If checking "Ceremonial RoleOther" describe below: Income Income Income If checking "Ceremonial Role
B. Name of Individual (Last, Finit) Ticket(s)/ Pass(es) Identify one of the following: Morrisson, Sharon 2+1park Ceremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Income 2+1park 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, Finit) Ticket(s)/ Pass(es) Identify one of the following: Morrisson, Sharon 2+1park Ceremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Income 2+1park 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Ceremonial Role □ Other □ Income Income Vertex 2+1park Describe the public purpose made pursuant to the agency's policy
Morrisson, Sharon If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Vertication Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
C. Name of Outside Organization Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
C. Name of outside organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
4 Varifiantian
.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Steven Jones Central District Director 01.29.201 Print Name Title (Month, Day, Yea)
rink raine in the (Month, Day, Fac
Comment:

Dublia

P.

5	eremonial Role Eve	nts and Ho	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802	
	Alameda County			Form		
	Division, Department, or Re	gion (If Applicable	ə)			For Official Use Only
	Board of Supervisors			2		
	Designated Agency Contac	t (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number					provide explanation in Part 3.)
	(510) 272-6693	steven.jone:	s@acgov.org	L.	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	ormation				\$400+\$20 Darking
	Does the agency have a ticl	ket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$400+\$30 Parking
	Event Description Basketball Game Date(s) 0				1 / 14 / 15	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Golde	en State Warriors Name of S	ource
	Was ticket distribution made	at the behest	No 🗖 Ves	IS If yes. Alan	neda County Supervis	or Wilma Chan
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alameter of agency official?				Official's Name	(Last, First)
3.	Recipients					1.2
	Use Section A to identify the age	ncy's department or		tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
					2	
		54 			N	
	B. Name of Individ	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Chavez, Darwin			Ceremonial Role If checking "Ceremonial	e C · Other I Inco	
			2+1park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role	Other	Income
			2+1park	If checking "Carem-	onial Role" or "Othér" describe below	T.
	C Name of Outside Organization		Number of		rawaan ahaa ahaaliyaan taaliyaa	
	(include address and		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursual	nt to the agency's policy
			1		201 201	
	8	8			а (с)	n ()
4.	Verification				5 8 5 10 ¹ 2	
		1 ar			it forth above, is in accordance w	
			Steven J		Central District Direct	the second secon
			Print Nan	10	Title	(Month, Day. Year)

Ce	eremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
Alameda County					1.0.072.017.002.0122.0	Form 002
	Division, Department, or Re	gion (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contac	(Name Title)			- 10 million - 10	14 S 1
	a di kana sa kana sa sana na mana sa ma					
	Steven Jones	1.00		Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	0	*	Date of Original Filling	
_	(510) 272-6693		s@acgov.org)	Date of Original Filing:	(Month, Day, Year)
	Function or Event Info			2011 221101-01101		\$400
	Does the agency have a tick		Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Basketba	all Game		Date(s)	01 / 14 / 15	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Gold	en State Warriors Name of St	01820
3	Was ticket distribution made	at the behast		Alar	neda County Supervise	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
3.	Recipients				1	
	Use Section A to identify the ager	icy's department or	unit. • Use Sec	ction B to identify an Indivi	dual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departr	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	it to the agency's policy
	· · ·					
ι.	÷.				14.	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	and shake	Identify one of the follow	ving:
				Ceremonial Role	Other	Income
	Summers, Jim		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in		
				order to maximize		
3						Income
			1 - A - A - A - A - A - A - A - A - A -	Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	
4	10 A		2		-	÷
		1. K. K	2			
	C. Name of Outside Organization Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy			
	(include address and d	escription)	Pass(es)	化哈哈尔 部分 医肾炎		
					1	2
L.	Verification	14				
		an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	vith the requirements.
			Steven Jo	ones	Central District Direct	or . 01.12.2015
			Print Nan	ne	. Title	(Month, Day, Year)
	2000.000 N	5				
	Comment:					

ere	monial Role Ever	its and Tick	(et/Pass l	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802		
Alameda County						Form For Official Use Only
Div	vision, Department, or Reg	jion (If Applicable)				For Onicial One Only
Во	pard of Supervisors				t	
	signated Agency Contact	(Name, Title)			- · · · · · · · · · · · · · · · · · · ·	1.1
St	Steven Jones					provide explanation in Part 3,)
	ea Code/Phone Number	E-mail				provide explanation in Part 3.7
(5	10) 272-6693	steven.jones(@acgov.org	(g)	Date of Original Filing:	(Month, Day, Year)
Fu	unction or Event Info	rmation			6 E G	\$400+\$30 parking
	es the agency have a tick		Yes 🖾 🛛 No [of Each Ticket/Pass \$ _	4100 400 Failing
Ev	ent Description Basketba	ll Game		Date(s)	1 , 21 , 15	//
		There in a second	ination		en State Warriors	
Tic	ket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛		Name of S	
	as ticket distribution made f agency official?	at the behest	No 🗌 Yes [If yes: Alan	neda County Supervis Official's Name	or Wilma Chan (Last, First)
R	ecipients Jse Section A to identify the ager	ands department or i	unit - Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.
A	100 M	1 - N - 2	Number of Ticket(s)/		ublic purpose made pursual	
· —		-16 P	Pass(es)			
. —	4					÷.
в	• Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
G	arcia, Jane	(e)	2+1park	To promote atten	nonial Role" or "Other" describe below	d at a County facility in
				Ceremonial Role		Income [
			2+1park	2011/2011/2010/2010/2010/2010	nonial Role" or "Other" describe below	w:
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the Pass(es)		public purpose made pursuant to the agency's policy	
			14			
-		n di la compositione di compositione di la compositione di la composi				
I. V	/erification	n.	d 18942. I have v	erified that the distribution s	et forth above, is in accordance	with the requirements.
			Steven J	ones	Central District Direc	
		2	Print Na	ing i		(
C	Comment:					EDBC Form 802 (4)

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 Even.jones@acgov.org Does the agency have a ticket policy? Yes ⊠ No □ Function or Event Information Date of Does the agency have a ticket policy? Yes ⊠ No □ Fixet Description Basketball Game Provide Title/Explanation Date(s) _01 / 23 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Was ticket distribution made at the behest of agency official? If yes: Alameda Con of agency official? If yes: Alameda Con of agency official?	For nendment (Must provide explai	ornia 802 Official Use Only nation in Part 3.)	
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 Does the agency have a ticket policy? Yes ⊠ No □ Function or Event Information Date of Does the agency have a ticket policy? Yes ⊠ No □ Fire to bescription Basketball Game Provide Title/Explanation Date(s) _01 /_23 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda Conor for agency official? Recipients •Use Section A to identify the agency's department or unit •Use Section B to identify an individual. •Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportical.	For nendment (Must provide explai	r Official Use Only	
Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Image: Area Code/Phone Number (510) 272-6693 Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of the agency have a ticket policy? Yes No Image: Yes No Image: Yes No Image: Yes (S) No Image: Allowed Title/Explanation Does the agency have a ticket policy? Yes No Image: Yes (S) No Image: Yes (S) Of	nendment (Must provide explai		
Designated Agency Contact (Name, Title) Steven Jones	Codebad Elliner	nation in Part 3.)	
Steven Jones Image: Area Code/Phone Number E-mail Image: Date of Code/Phone Number Image: Date of Code/Phone Number of Ticket(s)/Pass(es) provide a ticket policy? Yes Image: No Image: No Image: No Image: Code/Phone Number of Ticket(s)/Pass(es) provided by agency? Yes Image: No Image: No Image: No Image: Number of Ticket(s)/Pass(es) provide numb	Codebad Elliner	nation in Part 3.)	
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Function or Event Information Does the agency have a ticket policy? Yes X No I Face Value of Each Does the agency have a ticket policy? Yes X No I Face Value of Each Event Description Basketball Game Provide Title/Explanation Date(s) 01 / 23 Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden State Was ticket distribution made at the behest of agency official? No Yes X If yes: Alameda Condition Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpor	Codebad Elliner	nation in Part 3.)	
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Date of Function or Event Information Does the agency have a ticket policy? Yes INO I Face Value of Each of Date of Does the agency have a ticket policy? Yes INO I Face Value of Each of Date(s) 01 / 23 Event Description Basketball Game Provide Title/Explanation Date(s) 01 / 23 Ticket(s)/Pass(es) provided by agency? Yes INO I If no: Golden State Was ticket distribution made at the behest of agency official? No I Yes I If yes: Alameda Control Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purport	Codebad Elliner	nation in Part 3.)	
Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Event Description Basketball Game Date(s)	f Original Filing:(Month, i	a construction of the area of Sull	
Does the agency have a ticket policy? Yes X No X Face Value of Each Event Description Basketball Game Date(s) 01 / 23 Provide Title/Explanation Date(s) 01 / 23 Ticket(s)/Pass(es) provided by agency? Yes X No X If no; Golden State Was ticket distribution made at the behest of agency official? No Yes X If yes; Alameda Condition Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportion	And the second se	Day, Year)	
Event Description Basketball Game Date(s) 01 23 Provide Title/Explanation Date(s) 01 23 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda Control Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purport		0050	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda Con Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportion	Ticket/Pass \$	\$350	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda Con Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportion	3 <u>, 15 </u>	1	
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda Con If yes: Al			
of agency official? • Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use • A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportion	Warriors Name of Source		
of agency official? • Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use • A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purportion		Chan	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purport	Official's Name (Last, First)		
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purport			
A. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpo	e Section C to identify an outsi	ide organization.	
Pass(03)	blic purpose made pursuant to the agency's policy		
	4		
B. Name of Individual Number of Ticket(s)/ (Last, Firal) Pass(es) Identify	γ one of the following:	с С. — 30 ²	
Hetstek, Louis If checking "Ceremonial Role" or		Income	
To promote attendance at	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
2 Ceremonial Role 2	Other" 🔲 "Other" describe below:	Income	
And the second sec	4		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpo	ose made pursuant to the age	ency's policy	
. Verification			
nd 18942. I have verified that the distribution set forth above	1		
Steven Jones Central), is in accordance with the requir	rements.	
Print Name	e, is in accordance with the requir District Director	01.15.2015	
Comment:			

С	eremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
	Alameda County		8			T GITTI
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only
	Board of Supervisors					10
	Designated Agency Contac	t (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)		
	(510) 272-6693		s@acgov.org	1	Date of Original Filing:	
2	Function or Event Info		- Bangarians	,		(Month, Day, Year)
<i></i>	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$350
			103 [2] 140			
	Event Description Basketba	Provide Title/Exp	lanation	Date(s))1 <u>, 25 , 15</u>	/
	Ticket(s)/Pass(es) provided	by agancy?	en State Warriors			
	noner(a)/r ass(es) provided	by agency?	Yes 🗌 No		Name of Se	
	Was ticket distribution made	at the behest	neda County Superviso	or Wilma Chan		
_	of agency official?				Official's Name	(Last, First)
3.	 Recipients Use Section A to identify the ager 	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		ublic purpose made pursuan	
						2
ų,						
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Lam, Marianne				onial Role" or "Other" describe below:	Income
			2		dance at an event held	at a County facility in
			1 X 1		ize potential County revenue from sales.	
		1		Ceremonial Role	Other	Income
			2	If checking "Cerem	If checking "Ceremonial Role" or "Other" describe below:	
			100			1.5
			Number of		1	
	(include address and d		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
	12					
4.	Verification	00	d 18942. I bave ve	villed that the distribution se	t forth above, is in accordance w	ill the requirements
			Steven Jo			
			Print Nam		Central District Directo	Dr 01.09.2015 (Month, Day, Year)
				10 C		former and a same
	Comment:		1.			

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicable)	1	1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)				-	
	Steven Jones	8 N 8 P					
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6693		acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$350	
	Event Description Basketbal	l Game	1 , 25 , 15	1 1			
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors				
	Menticket distribution made	at the behavi		Alam	Name of So eda County Supervisc		
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: Alam of agency official?			Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agence	y's department or	ual. • 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 put	blic purpose made pursuant	to the agency's policy	
2							
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Ginsberg, Malik			VIT 2 0 C C C C C C C C C C C C C C C C C C	Other	Income	
			2	If checking "Coremonial 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.			
			-	Ceremonial Role	Other	Income	
	2		2	If checking "Ceremo	amonial Role" or "Other" describe below:		
	* 32		1				
	C Name of Outside Orga	nization	Number of				
	(include address and description)		Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy		
		3					
				<i></i>			
4.	Verification	. 1	d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.	
		., un	Steven Jo		led that the distribution set forth above, is in accordance with the requirements. es Central District Director 01.09.2015		
			Print Nan	Children of the local division of the local	Title	(Month, Day, Year)	
				ī.	2		
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass	Distributions
1. Agency Name	Date Star
Alameda County	

A Public Documen	А	Pub	lic	Documen
------------------	---	-----	-----	---------

1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form	
	Division, Department, or Region (If Applicable)			For Official Use Only	
	Board of Supervisors	4				
	Designated Agency Contact (Name, Title)					
	Steven Jones	<u> </u>				
	Area Code/Phone Number E-mail	i.		Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693 steven.jones	@acgov.org	9	Date of Original Filing:		
2.	Function or Event Information				(wom, Day, rear)	
	Does the agency have a ticket policy?	Yes X No	Face Value of	of Each Ticket/Pass \$ _	\$350	
	Event Description Basketball Game			1 <u>, 25 , 15</u>	S 5	
	Provide Title/Expla		//			
	Ticket(s)/Pass(es) provided by agency?	n State Warriors				
	184 - 17 - F H H H H	Yes No		Name of Sc		
	Was ticket distribution made at the behest of agency official?	eda County Superviso	or Wilma Chan			
-				Children's Manie (Looi, rively	
3.	ecipients • Use Section A to identify the agency's department or the section A to identify the agency's department or the section and	unit. • Use Sec	stion B to identify an individu	ual. • Use Section C to Ider	tify an outside organization	
	A. Name of Agency, Department or Unit	Number of	Describe the public purpose made pursuant to the agency's policy			
		Ticket(s)/ Pass(es)	bosenbo ine par	ne parpose made parsuan	t to the agency's policy	
ŝ.		÷.			2	
	-	Number of				
	B. Name of Individual (Last, Pirst)	Ticket(s)/ Pass(es)	a shini a sa	Identify one of the following:		
		1 000(00)	Ceremonial Role	e 🗋 · · Other 🗍 Income		
	Brekke-Miesner, Lukas	2	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.			
		~				
				annual annual		
				ial Role" or "Other" describe below:	Income	
		2	e e e e e e e e e e e e e e e e e e e			
			3 11 24			
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		t to the agency's policy	
	(mode address and description)	Pass(es)	a dia pana amin'ny fisiana			
_						
4.	Verification	18942 Lhave	willed that the distribution cost	with always in its association	the paradasenate i	
	and			orth above, is in accordance w		
		Steven Jo Print Nam		Central District Directo	and the second sec	
		r an rain		1110	(Month, Day, Year)	
	Comment:					

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

C	eremonial Role Events	and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	1			Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regior	n (If Applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)			-	1 1
	Steven Jones					
		-mail			Amendment (Must)	provide explanation in Part 3.)
			@acgov.org		Date of Original Filing:	(* 1949) (* 1949) (* 1949) 1
2	Function or Event Informa		@acgov.org	3		(Month, Day, Year)
firs	Does the agency have a ticket p		V- D N-	Eace Value	of Each Ticket/Pass \$ _	\$350
	. 그 바람이 가지 않는 것 같아요. 이 가지 않는 것 같아요. 가 있는 것 같아요.		Yes 🛛 No			
	Event Description Basketball G	ame rovide Title/Expla	wation	Date(s)	01 / 25 / 15	//
					en State Warriors	
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No		Name of Sc	ource
	Was ticket distribution made at t	he behest	No 🗌 Yes	If yes. Alan	neda County Superviso	or Wilma Chan
	of agency official?			La 11 you.	Official's Name ((Last, First)
3,	Recipients					
	• Use Section A to Identify the agency's	department or u		tion B to identify an Individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
4						2
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
ŝ	Brown, Maddie			Ceremonial Role	and a contract and	Income
	brown, maddie		4		anial Role" or "Other" describe balow: dance at an event held	at a County facility in
				order to maximize	potential County rever	ue from sales.
8				Ceremonial Role		Income
			4		onial Role" or "Other" describe below:	
			<u> </u>		*	
			Number			
	C. Name of Outside Organiza (include address and description)		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
			Pass(es)			
						8
1	Verification				•	
*•	vernication	nd	18942. I have ve	rifled that the distribution set	forth above, is in accordance wi	th the requirements.
			Steven Jo		Central District Directo	
			Print Name		Tille	01.09.2015 (Month, Day, Year)
						(
	Comment:					

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

	Agency Name				Date Stamp	California 802
	Alameda County				1	
1	Division, Department, or Regio	n (If Applicab		For Official Use Only		
	Board of Supervisors					
1	Designated Agency Contact (Na	ime, Title)				
	Steven Jones					
1	Area Code/Phone Number E	-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 s	teven.jone	s@acgov.org)	Date of Original Filing:	(Month, Day, Year)
•	Function or Event Inform	ation	1.00		and a total and the	\$250
	Does the agency have a ticket p		Yes 🖾 No	Face Value of	of Each Ticket/Pass \$ _	\$350
ì	Event Description Basketball G	lame		Date(s)0*	1 <u>, 25 , 15</u>	
	F	rovide Title/Exp	olanation			
ľ	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Golde	n State Warriors	urce .
1	Was ticket distribution made at t of agency official?	he behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (or Wilma Chan
	Recipients • Use Section A to identify the agency's	department o	runit. • Use Sec	stion B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
1	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
ī	B. Name of Individual		Number of			
ġ	(Last, First)	A 4 5	Ticket(s)/ Pass(es)	Marchine and March	Identify one of the follow	ing:
	Cravalho, Christopher		5		I Other inter of the other oth	Income
,		-			ance at an event held potential County rever	
			5	Ceremonial Role If checking "Ceremon	Other Character of the selow:	Income
-	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
			6	ā.		·
	Verification					4
•		1	18049 I have w	nified that the distribution set	forth above, is in accordance wi	the requirements

1	Agency Name		Teer doo	Distributions	Date Stamp	California
	Alameda County				Date Stamp	Form 802
	Division, Department, or Reg	jion (If Applicable	2)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Steven Jones			1		
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org	1	Date of Original Filing: _	Adopth Day Yand
2.	Function or Event Info	mation				(Month, Day, Tear)
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$350
	Event Description Basketba	II Game Provide Title/Expl	01 <u>, 25 , 15 </u>			
					en State Warriors Name of Sour	rce
	Was ticket distribution made of agency official?	at the behest	neda County Supervisor Official's Name (Li	Wilma Chan		
3.	Recipients		·			
	Use Section A to identify the agen		Number of	The second second second second		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant t	to the agency's policy
			1			
	B. Name of Individu	ial	Number of Ticket(s)/ Pass(es)	1403. An s	Identify one of the followin	ig:
	Elliott, Laura			Ceremonial Role	Other D Income Income Income annel Role" or "Other" describe below: dance at an event held at a County facility in potential County revenue from sales.	
			2	To promote attend		
	(2). (2).		2	Ceremonial Role If checking "Geremo	Other D	Income
	C. Name of Outside Organization		Number of			
	C. (include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant t	o the agency's policy
1.	Verification				() ()	
		and	i 18942. I have ve	nified that the distribution se	t forth above, is in accordance with	the requirements.
			Steven Jo		Central District Director	the second
			Print Nam	NØ -	. Title	(Month, Day, Year)
	Comment:					

C	eremonial Role Events	s and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regio	n (If Applicable)				For Official Use Only
	Board of Supervisors					8
	Designated Agency Contact (N	ame, Title)				
	Steven Jones					
		E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				\$350
	Does the agency have a ticket	policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	\$350
	Event Description Basketball	Game		Date(s) 0	<u>1 , 25 , 15</u>	//
	Event beschption	Provide Title/Explai				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Golde	an State Warriors Name of Sc	20020
	Mos taket distribution mode at	the helpest		Alan	neda County Superviso	
	Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: <u>Addin</u>	Official's Name ((Last, First)
3	Recipients					
9.	Use Section A to identify the agency'	s department or u	nit. • Use Sec	tion B to identify an individ	dual. • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
						8
0	B. Name of Individual		Number of		Identify one of the following:	
	B. Name of Individual (Last, First)	14	Ticket(s)/ Pass(es)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Identity one of the follow	
	Chan, Zoe			Ceremonial Role		Income
	Ghan, 20e		2	To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.		
				Ceremonial Role		Income
	C. Name of Outside Organization (include address and description)		2		nonial Role" ar "Other" describe below:	
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency'		nt to the agency's policy
					6	
					1.	
4.	Verification	d and	1 18942. I have v	erified that the distribution se	, at forth above, is in accordance v	with the requirements.
			Steven J		Central District Direct	
			Print Nan		Title	(Month, Day, Year)
	Comment:				× *	FPPC Form 802 (4/1)

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

58

5	eremonial Role Ever	its and ric	keurass	Distributions		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)				
		(runne) runny				8
	Steven Jones	1.00.000	1		Amendment (Must ;	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	s@acgov.org		Date of Original Filing:	
0	(510) 272-6693		s@acgov.org		aaaa	(Month, Day, Year)
2.	Function or Event Info		N 157 11	- Ease Value	of Each Ticket/Pass \$ _	\$300+\$30 parking
	Does the agency have a tick		Yes 🛛 No			
	Event Description Basketba	Provide Title/Expl	lanation	Date(s)	<u>1 , 31 , 15</u> .	//
		Provide milestaps	en State Warriors			
	Ticket(s)/Pass(es) provided	by agency?	 Name of Sc 			
	Was ticket distribution made	at the behest	neda County Superviso	or Wilma Chan		
	of agency official?	' Official's Name (Last, First)			
3,	Recipients					
	• Use Section A to identify the agen	cy's department or	tual. • Use Section C to Iden	tify an outside organization.		
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				+)		
ŝ).				8 9	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	1. J. C. M.	lng:	
	Disease Mandles		£7	Ceremonial Role		Income
	Rivera, Martha		2+1park	It checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in		
					potential County reve	
			-			Income
			2+1park	· · · · · · · · · · · · · · · · · ·	onial Role" or "Other" describe below:	
			Z+Tpark			· · · ·
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy	
			Pass(es)			
			3			
1			12		N	
_			1			6
Λ	Verification	Dan Dan	vl 18042 have u	erified that the distribution so	t forth above, is in accordance w	ith the requirements
		1 80				
			Steven Jo	ones	Central District Direct	or 01.15.2015

U.e	eremonial Role Ever	its and fice	(et/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					and the second se	
	Division, Department, or Re	gion (If Applicable)			-	For Official Use Only	
	Board of Supervisors			2			
	Designated Agency Contact	(Name, Title)				-	
	Anna Gee					*	
	Area Code/Phone Number	E-mail			Amendment (Must p	vrovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	cdov ord		Date of Original Filing:		
-	Function or Event Info		cgov.org			(Month, Day, Year)	
	Does the agency have a tick		Vee IVI - Nel	Eace Value	of Each Ticket/Pass \$ _	195.00	
			Yes 🛛 No				
	Event Description Popnye	Soncert Provide Tille/Expla	nation	Date(s)	2 <u>, 3</u> 1 <u>, 15</u>	/	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	区 If no:	Name of So	ource	
	Was ticket distribution made	at the behest	/, Nate				
	of agency official?		No 🗌 Yes		Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or u	init. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	Clerk of the Board 4		To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession				
				sales			
	B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	dng:	
					Other	· Income	
				- 1754 MUTERIC - 전성 영화 등 4월 영화 전 영화 위험 등	onial Role" or "Other" describe below: ent being held at a Col	unty facility in order to	
				maximize potentia	I County revenue from	parking and concession	
		a. ²		Ceremonial Role		Income	
						The state of the state of the state of the	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
	5 î		÷				
	. (
_					9		
Λ	Verification	1.1 and	1 18942. I have v	erified that the distribution se	t forth above, is in accordance w	with the requirements.	
			Anna G		Operations Chief	1/27/15	
			Print Nar		Title	(Month, Day, Year)	
	Comment:						

				Distributions		A Public Document
1. Agency	Name				Date Stamp	California 802
Alameda	County					and the second
Division,	Department, or Re	gion (If Applicable)			1	For Official Use Only
Board of	Supervisors					
Designate	ed Agency Contact	t (Name, Title)			-	
Anna Ge	e					
Area Cod	e/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272	2-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2. Functio	n or Event Info	rmation				
Does the	agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	400.00/350.00
Event De	scription Basketba	all Game		Date(s) 1		1 , 23 , 15
Lvon bo		Provide Title/Expla	nation	Date(3)	//	· · · · · · · · · · · · · · · · · · ·
Ticket(s)/I	Pass(es) provided	by agency?	Yes No	If no:	Name of So	
101-11-1-				- Miley		urco .
	t distribution made y official?	at the benest	No 🗌 Yes	If yes: Miley	Official's Name (Last, First)
3. Recipie						
		icy's department or u	init. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Na	ne of Agency, Departr	nent or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
-		Marial Constant	Pass(es)		NATIONAL CONTRACTOR OF A CONTRACT	n a declara en en en en en en en
1				55		
-			Number of	aena horee a chasse		No solutio en éxa torrelan el d
в.	Name of Individ (Last, First)	ual	Ticket(s)/ Pass(es)	and the second second	Identify one of the follow	/ing:
Gums, A	ngelica			Ceremonial Role	nial Role" or "Other" describe below:	Income
Guina, A	ngenca		4		ent being held at a Cou	unty facility in order to
				maximize potentia	I County revenue from	parking and concession
				Ceremonial Role	Other X	Income
Pete, Ge	offrey		4		nial Role" or "Other" describe below:	
		<u>9</u>		sales.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of Outside Org	Andread States of the States	Number of	Contraction of the state of the s	WERE REAL FOR THE RE	
С. (nclude address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	4					
(10		
. [1.1			
A Vorified	tion					
		.1 and	l 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Anna G	lee	Operations Chief	1/27/15
			Print Nar	no	Title	(Month, Day, Year)
Commer	January 23rd d	ame went to Ge	eoffrey			

			Date Stamp	California 802
Alameda County				a second s
Division, Department, or Region (If Applicable)			1	For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title)		*	×	
Anna Gee	2			
Area Code/Phone Number E-mail (510) 272-6694 anna.gee@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				200 00/555 00
	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Basketball Game		Date(s)1	<u>, 31 , 15</u>	
Provide Title/Explai	nation	1		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	区 If no:	Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Miley	r, Nate Official's Name ((Last, First)
• Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ider	ntify 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)/		Identify one of the follow	ving:
B. Name of Individual (Last, First)		Caramagial Rola		ales de la sul constant de la sul de la s
	Pass(es)		Other M nial Role" or "Other" describe below:	Income
(Last, First)	Ticket(s)/	If checking "Ceremo To promote an eve	Other X mial Role" or "Other" describe below: ent being held at a Co	Income
(Last, First)	Pass(es)	If checking "Ceremo To promote an evo maximize potentia Ceremonial Role	Other mlal Role" or "Other" describe below: ent being held at a Co I County revenue from	Income C unty facility in order to a parking and concession Income C
(Last, First)	Pass(es)	If checking "Ceremo To promote an eve maximize potentia Ceremonial Role If checking "Ceremo sales.	Other other other control of the control of th	Income C unty facility in order to a parking and concession Income
(Last, First) Ma, Milton	Number of Ticket(s)/	If checking "Ceremo To promote an eve maximize potentia Ceremonial Role If checking "Ceremo sales. Describe the pu	Other Other other describe below: ent being held at a Co County revenue from Other other other other	Income In
(Last, First) Ma, Milton C. Name of Outside Organization (Include address and description) Youth UpRising - 8711 Mac Arthur Blvd,	Number of Ticket(s)/	If checking "Ceremo To promote an eve maximize potentia Ceremonial Role If checking "Ceremo sales. Describe the pu	Other Other other describe below: ent being held at a Co I County revenue from Other othe	Income In
(Last, First) Ma, Milton C. Name of Outside Organization (include address and description) Youth UpRising - 8711 Mac Arthur Blvd, Oakland, 94605 YOUTH PROGRAMS AND SERVICES	Number of Ticket(s)/ A Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo To promote an eve maximize potentia Ceremonial Role If checking "Ceremo sales. Describe the pu To reward a nonp public.	Other Other other describe below: ent being held at a Co I County revenue from Other othe	Income

Agency Report of:			
Ceremonial Role Events	and	Ticket/Pass	Distributions

Ce	eremonial Role Ever	nts and Ticl	ket/Pass	Distributions		A Public Document	
١.	Agency Name			Date Stamp	California 802		
	Alameda County				5.	Form	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Tille)				1		
	Anna Gee						
	Anna Gee Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6694	anna.gee@acgov.org			Date of Original Filing:		
2.	Function or Event Info	rmation				250 00/400 0	
				of Each Ticket/Pass \$ _	350.00/400.0		
				<u> </u>	1 , 14 , 15		
	Event Description	Provide Title/Expl	anation .	Dato(3)			
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no:			Name of Source			
				If yes: Miley			
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)	
3.					-		
٥.	Generation A to identify the agent	ncy'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, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	D Marca of Indial	tud -	Number of	and the second states			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow		
		1. C		Ceremonial Role	onial Role" or "Other" 🔀	Income	
	Muhummad, Ansar El		4	To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession			
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	ial Role 🔲 Other 🔀 Incom		
	Pete, Geoffrey		2	If checking "Ceremonial Role" or "Other" describe sales.		n	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the po	scribe the public purpose made pursuant to the agency's policy		
	St. Rose Hospital Foundation-27200 Calaroga Ave, Hayward, 94545		2	To promote an ev maximize potentia	To promote an event being held at a County facility in order to maximize potential County revenue from parking and concess		
	HOSPITAL SUPPORT		•	sales.	й — К.	2	
	1	the second se					
A	Verification		nd 18049 have -	worlfied that the distribution or	et forth above, is in accordance	with the requirements.	
A	Verification	4.1 a	nd 18942. I have v Anna (et forth above, is in accordance Operations Chief		

FPPC Toll-Free Helpline: 866/ASI

				Distributions		A Public Document	
1.	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors				Date Stamp	California 802	
					En la	And and the second state of the	
						For Official Use Only	
					2 DA 1		
	Designated Agency Contact (Name, Tille)				-	*	
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6694	icgov.org		Date of Original Filing:			
2	Function or Event Information					(Month, Day, Year)	
fax				Eace Value of	of Each Ticket/Pass \$	600.00	
	Event Description Basketball Game Date(s) 1 / 5 / 15 / /					//	
	Tieles (/ a) (Dense (- a) second and (図 If no:			
	Ticket(s)/Pass(es) provided	by agency r	Yes 🗌 No	X 11 HO.	Name of Sol	Irce	
	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Miley	, Nate		
	of agency official?				Official's Name (I	.ast, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or u	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify 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	7	To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession				
£1			sales				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Hickey, Neal		1	Ceremonial Role If checking "Ceremo	D Other D other of "Other" describe below:	Income	
				To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession			
1	Rogers, Joe		1	Ceremonial Role If checking "Ceremo sales.	Other 🛛 other nalal Role" or "Other" describe below:	Income	
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
Ç	United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251		4	To promote an eve maximize potentia	ent being held at a County facility in order to al County revenue from parking and concession		
	Oakland, CA 94605 SENIOR ADVOCACY			sales.			
Λ	Verification		1000000	an protection and			
	1 and 18942. I have verified that the distribution se						
			Anna G	Gee Operations Chief		1/27/15	
			Print Name		Title	(Month, Day, Year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Fitzgerald, Amy	1	Ceremonial Role Conterned		
		Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
Graham, Brian	2	Ceremonial Role Other I Income Income I Income To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession		
Fitzgerald, Paul	2	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: Sales.		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name Alameda County Division, Department, or Region (II Applicable	Date Stamp California 8 Form For Official Use O			
	Board of Supervisors Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistar Area Code/Phone Number E-mall (510) 272-6691 leeann.ferge	org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Information			of Each Ticket/Pass $\frac{1}{2}, \frac{1}{4}, \frac{15}{5}$	55000
	Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?		1.000	Name of So lameda County Supervisor : Official's Name (Scott Haggerty, District 1
3.	Recipients • Use Section A to identify the agency's department or a	unit. • Use Secti	on B to Identify an Individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		iblic purpose made pursuant	
			۰.		
	B. Name of Individual	/ Number of Ticket(s)/ Pass(cs)		Z Identify one of the follow	
	Bradhurst .	4	To promote atten to maximize pote parking sales.	ndance at a county sponsore ential county revenue for con	ad event in order Ime E
			Ceremonial Role If checking "Ceremo	. Other	Income
	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(cs)	Describe the pu	blic purpose made pursuant t	o the agency's policy
			IM	used	
1		8942. I have verifie 90 Ann Ferge Print Norne		forth above, is in accordance with i Supervisor's Assistant Title	the requirements.