_	Agency Name	its and fic	Data Channe	A Public Document			
	Agency Name		Date Stamp	California 802			
	Alameda County Division, Department, or Reg	ion /// Applicable				For Official Use Only	
	provision, pepartment, or Rei	gion (il Applicable	/		291		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda					mulda avalagation in Past A L	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				00000000	
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	- 555.00	
	Event Description Warriors	vs. Dallas Mav	ericks	Date(a) 0	2 , 04 , 15	1 1	
	Event Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes□ Nol	If no: Golde	en State Warriors		
			No 🗆 Yes	save and a second s	Name of So Disbard, Supervisor I		
	Was ticket distribution made of agency official?	at the behest	e, Richard- Supervisor I Official's Name (I	Last First)			
0	a agonaj ematan						
3.	Recipients Use Section A to identify the agen	cy'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, Department or Unit		Number of Ticket(s)/		blic purpose made pursuant		
			Pass(es)				
		,					
	Ū.						
	Number of						
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)			the following:	
				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
	Valle-Mott, Yvonne		4				
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
					Other O	Income	
				78680.586590.00523.00523.005323	onial Role" or "Other" describe below:	income L	
		1		· · · · · · · · · · · · · · · · · · ·			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
		+	1.5				
4	Verlification						
		944.1 and	d 18942. I have ve	arified that the distribution set	t forth above, is in accordance wi	th the requirements.	
			Michelle D	ianda	Supervisor's Aide	2/3/15	
			Print Nám		. Title	(Month, Day, Year)	
	Commont, Includes 1 park	ing pass at the	value of \$30).		90 CTURICO STOCES (1997)	
	Comment:	and being of the	1 3100 01 000				

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

1

9	eremonial Role Ever	its and fic	ReuPass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Re-	gion (If Applicable)		8	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info	rmation				(maining and), ready	
	Does the agency have a tick	eť policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	350.00	
	Event Description Warriors	vs. New Orlea	ns Pelicans	Deterio) 03	3 <u>, 20 , 15</u>	, ,	
	Event Description	Provide Title/Expl	anation	Date(s)		/	
	Ticket(s)/Pass(es) provided	by agency?	Yes No	If no: Golde	n State Warriors		
	Was ticket distribution made at the behest No I Yes I If yes:				Name of Sou		
	Was ticket distribution made of agency official?	at the behest	, Richard- Supervisor I Official's Name (L	ast. First)			
					entere e rivere fe		
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to 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			
			1 433(03)				
9							
	B. Name of Individual Number of Ticket(s)/				Identify one of the followi	na:	
	(Last, Pirst)		Pass(es)				
	Harper, Kevin		2 2	Ceremonial Role	nial Role" or "Other" describe below:	Income	
			4	To reward a community volunteer for his service to the public.			
					· · · · ·		
				Ceremonial Role	Other	Income	
			4	If checking "Ceremon	nial Role" or "Other" describe below:		
				3		6	
	C Name of Outside Orga	inization	Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
				an Marine and Anna and Anna	9		
						÷	
					1		
))						
4.	Verification			40 O			
		18944.1 and	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.	
			Michelle D	ianda	Supervisor's Aide	219115	
			Print Nam	ne	Title	(Month, Day, Year)	
	Commont. Includes 1 park	ing pass at the	value of \$30).	12	18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
	Comment:	a parte at any					

~	eremonial Kole Ever	its and fic	Reurass	Distributions		A Public Do	cument
1.	Agency Name				Date Stamp	California	802
	Alameda County				- G	r onn	State State State
	Division, Department, or Re	-	For Official U	se Only			
	Board of Supervisors						
20	Designated Agency Contact	(Name, Title)					
	Michelle Dianda					-	
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in F	°art 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing: .	(Month, Day, Year,	<u>)</u>
2.	Function or Event Info	rmation					and the second of
	Does the agency have a tick	et policy?	Yes X No	Face Value	of Each Ticket/Pass \$		300.00
	Event Description Warriors	vs. Detroit Pist Provide Title/Expl	ons	Date(s)	3 <u>, 11 , 15</u>	//	·
	Ticket(s)/Pass(es) provided		Yes 🗌 No	If no: Golde	en State Warriors Name of Sol	Irce	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor I Official's Name (L	District 2	
					,	aat, Firatj	
3.	* Use Section A to identify the agen	cy's department or	the second s	stion B to identify an individ	lual. • Use Section C to ident	ify an outside organi	ization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			llay
		а.					
					4		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public			
	Rodriguez, Mario	Rodriguez, Mario					
			4	Ceremonial Role If checking "Ceremo	Other on "Other" describe below:	1	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			licy
8						*	
	-						
4.	Verification	100000				10 10 10 10 10 10 10 10 10 10 10 10 10 1	
77.4		8944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.	2110
			Michelle D	landa	Supervisor's Aide	210	1115
			Print Nam	ne	- Title	(Month,	Day, Year)
	Comment: Includes 1 park	ing pass at the	value of \$30	Э.			
		and the second	the second se		the second se	and the second se	

1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only
	Board of Supervisors			8		
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda		*			and a contact that to Part #1
	Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dianda@acgov.org			Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy?	Yes X No	Face Value o	of Each Ticket/Pass \$	600.00
	Event Description Warriors	vs. Los Angele Provide Title/Expl	s Clippers	Date(s)3	3 <u>08</u> 15	//
	Tiekek/-\/Deee/ee) and ded b			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No		Name of Sou	irce
	Was ticket distribution made of agency official?	at the behest	, Richard- Supervisor I Official's Name (L	District 2 ast, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or t	tion B to identify an individu	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		
	1.					
1						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			4	To evaluate the ab	alal Role" or "Other" describe below: ility of a facility or a loc	Income Income al sports team to attract
		<i>1</i> 7		business and contribute to the local economy.		
	Aro, Dee			Ceremonial Role If checking "Ceremon	Other 🔀	Income
			4		ance at an event held a potential revenue from	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
						Û.
J.	Verification	-				
		^{3944,1} and	18942. I have ve Michelle D		forth above, is in accordance wit Supervisor's Aide	h the requirements. $2/17/1=$
			Print Nam			

~	eremonial Role Lver	no and no	Neur ass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					1 onin	
	Division, Department, or Reg	jion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail	11 II II II		Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	600.00	
	Event Description Warriors	vs. Los Angele Provide Title/Expl	s Clippers	Date(s)	3 <u>, 08 , 15</u>	//	
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No		n State Warriors Name of So		
	Was ticket distribution made at the behest No I Yes of agency official?			If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2 Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to Iden	tify an outside organization.	
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the a				
ų					*		
			S 1.				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Closser, Kenny		3	To promote attend	other nial Role" or "Other" describe below: lance at an event held potential revenue from		
			3 .	Ceremonial Role		Income	
		C. Name of Outside Organization (include address and description)		Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	4	*	÷	2	5 ²	4 - E	
	0	4 4			. · · ·	- 40	
4	Verification (
		44.1 an	Michelle D		forth above, is in accordance wi Supervisor's Aide	2/17/15	
	- Comment, Includes 1 park	ing page at the	Print Nan		Title	(Menth, Day, Vear)	
	Comment:	ing pass at the	value of \$6	0.			

				Distributions		A Public Document			
1.	Agency Name				Date Stamp	California 802			
	Alameda County					2 CONTRACTOR OF A CONTRACTOR O			
	Division, Department, or Regi	on (If Applicable		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Michelle Dianda								
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)			
	(510) 272-6692	michelle.diar	da@acgov.o	ora	Date of Original Filing: .	(Month, Day, Year)			
,	Function or Event Inform					(Month, Day, Year)			
	Does the agency have a ticke		Yes⊠ No[Face Value of	of Each Ticket/Pass \$	450.00			
	Event Description Warriors v	Provide Title/Expla	ination .	Date(s)	<u> </u>	//			
	Ticket(s)/Pass(es) provided by	1 0 0 0 0 0 0		If no. Golde	n State Warriors				
	ricket(s)/Pass(es) provided by	agency r	Yes 🗌 No [Name of Sou				
	Vas ticket distribution made at the behest No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2								
	of agency official?	of agency official? Official's Name (Last, First)							
3.	Recipients								
	• Use Section A to identify the agency	/'s department or u	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy			
			Pass(es)		· · · ·				
ų,		1							
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	na:			
	(Last, First)		Pass(es)	/	identity one of the following				
				Ceremonial Role	Other O	Income			
				If checking "Geremoi	nial Role" or "Other" describe below:				
	5 g				4 N				
				Ceremonial Role	Other .	Income			
					nial Role" or "Other" describe below:				
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy			
	•	antrasti	Pass(es)						
	Abode Services 40849 Fremont Blvd. Fremo	ant CA 04520	4		rofit organization for its	contributions to the			
	40649 Fremont bivd. Fremo	DRI GA 94556		community.	1				
	Develops and implements p end homelessness	programs to				1. j. k			
١.	Verification /								
		944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance wil	h the requirements.			
			Michelle Di	ianda	Supervisor's Aide	4611			
ŝ		10 C	Print Nam	0	Title	(Month, Day, Ydar)			
		pass at the va							

6	eremonial Role Ever	its and fic	KeuPass	Distributions		A Public Document			
1.	Agency Name	1	Date Stamp	California 802					
	Alameda County								
	Division, Department, or Re	gion (If Applicable	»)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)							
	Michelle Dianda								
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)			
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Info	rmation		Sevel No. 1		New York Control of Co			
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	66.70			
	Event Description Monster	Jam		Data(e) 0	02 / 21 / 15	<i>i i</i>			
	Event Description	Provide Title/Expl	lanation						
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakla	and A's	2			
	AAC - 11 - 1 - 11 - 11 - 11 - 11 - 11 -				Name of Sc Bichard, Supervisor				
	Was ticket distribution made of agency official?	No 🗌 Yes	If yes: Valid	e, Richard- Supervisor Official's Name (Last, First)				
2	Recipients								
•	Use Section A to identify the agen	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 public purpose made pursuant to the agency's pol		to the agency's policy			
	×.				8	e 8.			
					. A				
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)	ţ,	Identify one of the follow	ing:			
	Salwan, Raj	3		Ceremonial Role	Other Solution of the second s	Income			
	Salwan, Naj		3	To promote attend	dance at an event held potential revenue fron				
					Other	Income			
				If checking "Cerem	onial Role" or "Other" describe below:				
)		1.00					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the p	ublic purpose made pursuan	t to the agency's policy			
į	•		Pass(es)						
-	Vaultiantian								
		944.1 an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	ith the requirements.			
			Michelle D		Supervisor's Aide	2/10/16			
			Print Nan	and the second se	Title	(Month, Day, Year)			
	v								
	Comment:								

	Ageney Neme	nts and fic	Retrass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County	alan (II A			-	For Official Use Only
	Division, Department, or Re	gion (If Applicable	,	1		1273 COLOR COLOR AND
	Board of Supervisors	1				
	Designated Agency Contact	t (Name, Title)				
	Michelle Dianda				Amondmont (Must a	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	32 (43)			S
3	(510) 272-6692	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation	10-314 V			05.75
	Does the agency have a tick	500 ***********************************	Yes 🛛 No	-	of Each Ticket/Pass \$ _	
	Event Description Enrique	glesias/Pitbull (Provide Title/Expl	2 <u>, 14 , 15</u>	//		
	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 behest No 🗌 Yes 🗵 If yes: Val			, Richard- Supervisor		
	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, Departr	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant		
				1	1	× ,
ł	B. Name of Individual (Last, Pirst)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Mejia, Manuel				Diher Moles of "Other" describe below:	Income
	Mojia, Mander		4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
	- 1			2010 York (2010 York) (2010 York)	Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's policy	
					127 	
						1
1	Verification					
		1944.1 and			forth above, is in accordance wi	th the requirements.
			Michelle D	the second se	Supervisor's Aide	219/15
			Print Nan	ne	•. Title	(Menth, Day Year)
	Comment:					
						EDDO E

Ceremonial Role Eve	nts and Hic	ket/Pass	Distributions	A Public Document		
1. Agency Name		9		Date Stamp	California 802	
Alameda County						
Division, Department, or Re	gion (If Applicable		For Official Use Only			
Board of Supervisors		1 A				
Designated Agency Contac	t (Name, Title)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Michelle Dianda						
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6692	michelle.dia	nda@acidov	ora	Date of Original Filing	1	
2. Function or Event Info		nua@acgov.	.019		(Month, Day, Year)	
Does the agency have a tick		V 171 N-	Eace Volue	of Each Ticket/Pass \$.	39.40	
		Yes X No	-			
Event Description Disney o	Provide Title/Exp	elebrate" Tou	Ir Date(s)	2 <u>, 28 , 15</u>		
· · · · · · · · · · · · · · · · · · ·	on contraction according to	Yes No	Golde	n State Warriors	*	
Ticket(s)/Pass(es) provided	by agency?	Name of S	ource			
Was ticket distribution made at the behest No I Yes I If yes: Valle, Richard- Supervisor District 2						
of agency official? Official's Name (Last, First)						
3. Recipients				e a na cos o recordo	meter aansa sina saaraa	
Use Section A to identify the age	ncy's department or	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					50 - 42 #3	
		a		(
B. Name of Individ	B. Name of Individual			Identify one of the follow	wing:	
Sime Stave	Sims, Steve			Other 🗵	Income	
Sinis, Steve			If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in			
			order to maximize potential revenue from sales.			
Austria, Mangee	9 		Ceremonial Role	Other 🗵 nial Role" or "Other" describe below	Income	
		4	To promote attendance at an event held at a County facility in			
				potential revenue from		
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
				,		
4. Verification	<					
	14.1 an			forth above, is in accordance v	with the requirements.	
	-	Michelle D	and the second se	Supervisor's Aide		
		Print Nam	10	-, Title	(Month, Duy, Year)	
Comment:					2	

00	Temomal Role Lver	no and no	A Public Document				
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Commentary control of the second s	
1	Division, Department, or Reg	gion (If Applicable	1	For Official Use Only			
	Board of Supervisors		1.1				
1	Designated Agency Contact	(Name, Title)			7		
	Michelle Dianda						
7	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.	org	(Month, Day, Year)		
2.	Function or Event Info	rmation	6			n and a star and a star and a star and a star a	
I	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	39.40	
1	Event Description Disney or	n Ice		Date(s)2	2 , 26 , 15	02 , 27 , 15	
1		Provide Title/Expla	anation	+			
1	Ticket(s)/Pass(es) provided I	by agency?	Yes No	If no: Golde	n State Warriors Name of Sc		
,	Maa tiakat diatributian mada	ot the hebest		valle	, Richard- Supervisor		
20	Was ticket distribution made at the behest No □ Yes ☑ If ye of agency official?			IX If yes: Valid	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 o						tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
1							
		1			8	19 19	
Ĩ	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ling:	
			Ċ.		Other Inial Role" or "Other" describe below:	Income 🗖	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🗖	
i	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	Ruby's Place 1180 B St. Hayward, CA 94541		8	To reward a non-p community.	rofit organization for it	s contributions to the	
	Provides shelter and supp women & children victims			2	2		
4.	Verification	1					
		4.1 and	Michelle D		forth above, is in accordance w Supervisor's Aide	ith the requirements. 2/24/15	
			Print Narr	ne	*. Title	(Stonth, Day, Year)	
		ŝ					
	Comment:	•			EDDO Toll Free Universit	FPPC Form 802 (

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

Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Re	gion (If Applicable)				Por Onicial Oad Only
Board of Supervisors					8
Designated Agency Contac	t (Name, Title)				
Steven Jones Area Code/Phone Number	E-mail			Amendment (Must provid	것 같은 나라, 김, 아이님, 안생님, 영생님, 아이, 아이는 생님이 물었다.
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: 01	(Month, Day, Year)
Function or Event Info					
Does the agency have a tic		Yes 🛛 No 🗆	Face Value	of Each Ticket/Pass \$	\$350
		1.000		1 , 25 , 15	//
Event Description Basketb	Provide Title/Expla	nation			
Ticket(s)/Pass(es) provideo	by agency?	Yes 🗆 No 🛛	If no: Gold	en State Warriors Name of Source	· · · · ·
			-	Name of Source	Vilma Chan
Was ticket distribution made at the behest No ☐ Yes of agency official?			If yes: Alar	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.					
A. Name of Agency, Depar		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant to	the agency's policy
				*	
B. Name of Indiv (Last, Pirst)	idual	Number of Ticket(s)/ Pass(es)	and the second	Identify one of the following	
			Ceremonial Rol	e 🔲 ' Other 🗖 nonial Role" or "Óther" describe below:	Income
Lin, Grace	8	3	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
			Ceremonial Ro		Income
C. Name of Outside C (Include address and	C. Name of Outside Organization (include address and description)		Describe the	public purpose made pursuant to	o the agency's policy
					1.
		*			
4. Verification			and that the distribution	set forth above, is in accordance with	the requirements.
	0			Central District Director	The second se
		Steven J		Central District Director	(Month, Day, Year)
		Print Na		ehested to Zoe Chan	4

	eremonial Kole Ever	no and new	CUI 435	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California Form 802				
	Alameda County Division, Department, or Reg	alon (If Analisable)		For Official Use Only				
		gion (ii Applicable)						
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Michelle Dianda				Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail		1050 B				
	(510) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Info			400.00				
	Does the agency have a tick		Yes 🛛 No	—	of Each Ticket/Pass \$			
	Event Description Warriors	vs. Phoenix Sur Provide Title/Explai		//				
		FIGNOUT TRUE Apres	n State Warriors					
	Ticket(s)/Pass(es) provided I	by agency?	Name of So					
	Was ticket distribution made at the behest No I Yes I If yes:				, Richard- Supervisor I	District 2		
	of agency official?			Official's Name (I	.ast, 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			The second second second second second second		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy			
		4						
ξ.								
9								
	B. Name of Individ	ual	Number of		Identify one of the follow	laar		
	(Last, Piret)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		1		Ceremonial Role	D' Other D nial Role" or "Öther" describe below:	Income		
		3		" checking Ceremon	in Note of One describe before.			
	к				0			
			1.1	Ceremonial Role		income		
			3	If checking "Ceremon	nial Role" or "Other" describe below:			
	C. Name of Outside Org	anization	Number of	Describe the suit	hile surgeos modo surguan	to the agency's policy		
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
	St. Rose Hospital Foundal		4 .	To reward a non-p	rofit organization for its	s contributions to the		
	27200 Calaroga Ave. Hayward,CA94545		4	community.	_			
	Raises funds to continue h mission of providing qualit							
4.	Vérification				S S AN ISSN 15			
		and			forth above, is in accordance w	ith the requirements.		
		_	Michelle D		Supervisor's Aide	6/4/12		
			Print Narr		- Title	(Month, Daf, Year)		
	Comment: Includes 1 park	ing pass at the	value of \$30	0				

121-12-12

Ceremonial Role Events and Ticket/Pass Distributions

4 Agency N	a montour de			A Public Docum
1. Agency Name	1		Date Stamp	California Qo
Alameda County	an Banh Int			Form
Division, Department, or Region (II A)			For Official Use Only	
Board of Supervisors				
Designated Agency Contact (Name, Tit	le)			
Lee Ann Fergerson, Supervisor's A	ssistant	X		
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann	.fergerson@acgc	v.org	Date of Original Filing:	
2. Function or Event Information			and all the second s	(Month, Day, Year)
Does the agency have a ticket policy?	Yes D No	Face Value of E	Each Ticket/Pass \$ _	95,75
Event Description	PH BW	↓ Date(s)	,14,15	
Ticket(s)/Pass(es) provided by agency		If no: GSU	Name of Sou	
Was ticket distribution made at the beh of agency official?	est No 🗆 Yes	If yes:	da County Supervisor S Official's Name (L	cott Haggerty, District 1
Recipients				
• Use Section A to identify the agency's department	entorunit. • Use Sec	tion B to identify an individual.	• Use Section C to Identii	y an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ourpose made pursuant to	
		× .		
		$t_{g} \neq -g$	1	1 - 1
B. Name of Individual (Lant, First)	Number of Ticket(s)/ Pass(es)	. Ide	ntify one of the following	:
ERIKA ORASCO	2	To promote attendanc to maximize potential o parking sales.	e at a county sponsored county revenue for conce	event in order whe ession and
ESMARALDA	4	Ceremonial Role	Other	Income
CASANDRA PONDE	2	II checking *Ceremonial Role	or "Other" describe below:	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public pur	pose made pursuant to th	ne agency's policy
J PLATTY AVILA	2	<i>e</i>		1
				-
orification		and the second se		1
erification	nd 18942. I have verifier	f that the distribution set forth abov	un is in presentant	
				equifements.
	Lee Ann Ferger	son Super	visor's Assistant	2-27-1
	. 100 100112		ine V	(Month, Day, Year)
omment:	1		·	16 - C
	(-24 - 2)		oll-Free Helpline: 866/AS	FPPC Form 802 (4/12)
				and and any second state of the

Ceremonia	Role	Events and	Ticket/Pass	Distributions
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		e biotributions		A Public Docum
1. Agency Name	1	7	Date Stamp	California 80
Alameda County Division, Department, or Region (II.)	Applicable	1	_	Form For Official Use Only
	<i>wpmodulo</i>	*		Por Onical One Only
Board of Supervisors	entar a			1.0
Designated Agency Contact (Name, 7	and an an a second			1 2
Lee Ann Fergerson, Supervisor's	C			
Area Code/Phone Number E-mail			Amendment (Must)	
NAMES AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	n.fergerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
 Function or Event Information Does the agency have a ticket policy 				95,75
Ent	1011	Face Value o	of Each Ticket/Pass \$_	10/10
Event Description	Title/Explanation	└ <u>↓</u> Date(s)	2,14,15	
		If no: GS	,w	14×3
Ticket(s)/Pass(es) provided by agend	y? YesPNo		Name of Sou	//ce
Was ticket distribution made at the be	ehest No 🗌 Yes	If yes:Ala	meda County Supervisor S	cott Haggerty, District 1
of agency official?		(Official's Name (L	ast, First)
. Recipients				
e Use Section A to identify the agency's departs	Number of	Sector in the South State of the South State of the South State		and the second
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
· · · · · · · · · · · · · · · · · · ·				
10 m		8.		
-	Number of			
B. Name of Individual (Last, Fyst)	Ticket(s)/ Pass(es)		Identify one of the following	it.
lines I mes	Q	To promote attenda	ance at a county sponsored	event in order me
Ivez Lopez	· 🔊	to maximize potent parking sales.	ial county revenue for conce	ession and
			1 A A A A A A A A A A A A A A A A A A A	
		Ceremonial Role	Other	Income
			Role* or "Other" describe below:	
	8	÷		·
C Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
		6.1.1		
Verification	and the second	and the De Fallence of States Transformer and the second states and a	and the second second second second	
44.	1 and 18942. I have verified	ed that the distribution set forth	above, is in accordance with the	requirements.
	Lee Ann Ferge	erson Suj	pervisor's Assistant	
	Print Name	1	Title	(Month, Day, Year)
Comment:		*		
oninent.			•	FPPC Form 802 (4/12)
	1.12	FPP	C Toll-Free Helpline: 866/A	SK-FPPC (866/275-7772)

Ceremonial Role Even	ts and Ticket	Pass Distributions
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			or bistributions		A Public Docur
1. Agency Name				Date Stamp	California Q
Alameda County					Form
Division, Department, or Re		For Official Use Onl			
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Lee Ann Fergerson, Super	visor's Assis	tant			
Area Code/Phone Number	E-mail	ven re		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691		gerson@acg	IOV OF	Date of Original Filing:	
2. Function or Event Infor		genoon@acg	Jov.org		(Month, Day, Year)
Does the agency have a licke		V (50 ···	- Ease Value -	(Faile Faile and	29 10
Disin	les on	Yes P N	o 📋 🛛 Face value o	of Each Ticket/Pass \$_	
Event Description	Provide Title/Ex	infanation	Date(s)	-1281D	
	1	1	: (2	SW	
Ticket(s)/Pass(es) provided b	y agency?	Yest	o 🗌 🐘 If no:	Name of Sol	ure
Was ticket distribution made a	it the behest	No Ve	s If yes: Alai	meda County Supervisor S	
of agency official?			(in yes	Official's Name (L	ast, First)
. Recipients			and the second s		
• Use Section A to identify the agency	r's department o	runit. + Use So	ection B to identify an individu	al. « Use Section C to Identi	fy an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant t	The second s
	t			1.1	
B. Name of Individual		Number of Ticket(s)/		Identify one of the following	
(Last, Frat)		Pass(es)			
Debore Mac	lden	4	To promote attend to maximize poten parking sales.	lance at a county sponsore tial county revenue for con-	d event in order ne [cession and
		1	THE P. N. CLERKS CONTRACT		
. 8			Ceremonial Role	, Other . Role* or "Other" describe below: *	Income
·			- F	, and the second	
			and the second second	1	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
17 - D				1	
		+			
<u> </u>				3.	
	and and			4	
/erification				and the second se	
	8944.1 and 1	8942. I have verif	led that the distribution set forth	above, is in accordance with the	requirements.
	Le	e Ann Ferg	erson Su;	pervisor's Assistant	2-5-15
	All and a second se	Print Name		Title	(Month, Day, Year)
omment:				C Toll-Free Helpline: 866/A	FPPC Form 802 (4/12)

1. Agency Name	,		and the second se	Date Stamp	A Public Docum
Alameda County					Form 8C
Division, Department, or Reg	ion (If Applica	able)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
•		lant			
Lee Ann Fergerson, Superv Area Code/Phone Number		ant.		Amendment (Must)	provide explanation in Part 3.1
(510) 272-6691	E-mail leeann fer	gerson@acgc	W ora	Date of Original Filing:	
. Function or Event Inform		Joroon@acge			(Month, Day, Year)
Does the agency have a tickel		Yes D No	Ence Value o	f Each Ticket/Pass \$ _	(ele.70
		a. C			autito
Event Description	Provide Title/E	V 2.00	Date(s)	,21,14	//
Ticket(s)/Pass(es) provided by			□ If no:		
never(a)/r ass(es) provided by	agency	Yes		Name of Sou	
Was ticket distribution made at	the behest	No 🗌 Yes	If yes:	meda County Supervisor S	cott Haggerty, District 1
of agency official?		(Official's Name (L	ast, First)
Recipients	- damater	and a track	des Bas la sur		
• Use Section A to identify the agency		runit. • Use Sec Number of		the second se	state of the second
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
DILLE		16	Tools (PIL	
V1475		4	Trade f	or rit is	ull/
	9 - A		Falesias	Tickets ((di V
		Number of	- Juinton	indersi	
B. Name of Individual (Last, Fest)		Ticket(s)/ Pass(es)		Identify one of the following	1
			Ceremonial Role	Other	
			If checking "Ceremonial	Role" or "Other" describe below:	
		-	Ceremonial Role	Other	,
1				Role" or "Other" describe below:	Income
			5 8 8		
			4		
Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
2			15		×
»			+ +		
					6 ⁹⁴ - 11
orification				en e	
erification	944.1 and 1	8942. I have verifie	d that the distribution set forth	above, is in accordance with the	reguirements
	and the second second	ee Ann Ferge		pervisor's Assistant	2-10-15
		Print Name		Tille	(Month, Day, Year)
$\sim \circ$					- A start
omment:					
				C Toll-Free Helpline: 866/A:	FPPC Form 802 (4/12)

Cert	emonial Role Ever	its and fic	Revrass	Distributions		A Public Document		
1. A	gency Name		Date Stamp	California 802				
AI	ameda County			1 Onin				
Di	vision, Department, or Reg	jion (If Applicable)			For Official Use Only		
Bo	pard of Supervisors							
	signated Agency Contact	(Name, Title)						
Ar	my Shrago							
	ea Code/Phone Number	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)		
(5	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. FI	unction or Event Info	mation				(monini, Day, Teary		
	es the agency have a tick		of Each Ticket/Pass \$	200.00				
Ev	ent Description Warriors	/s. Raptors	, 02 , 15	, ,				
EV	ent Description	Provide Title/Expl		//				
Tic	cket(s)/Pass(es) provided t	by agency?	n State Warriors	()				
1000			Name of Sou	rce				
	as ticket distribution made f agency official?	at the behest	on, Keith Official's Name (L	ast First)				
					omenti a rumo (c	ing i may		
	ecipients	we department or	unit a line Sec	tion B to identify an individu	uni a line Section C to Identi	fu an outside organization		
			Number of	tion B to identify an individual. • Use Section C to identify an outside organization.				
A	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy				
	2							
	8			i a				
B	B. Name of Individual Number of Ticket(a)		Number of					
в	. (Last, First)	iai	Ticket(s)/ Pass(es)		Identify one of the followin	19:		
-				. Ceremonial Role	other 🛛	Income		
C.	arson, Keith		4	If checking "Ceremonial Role" or "Other" describe below: To obtain oversight of facilities or events that have received				
				County funding or		hat have received		
			-	Ceremonial Role	Other D	Income		
				If checking "Ceremon	alal Role" or "Other" describe below:			
			Number of					
C	Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
			Pass(va)					
-								
		E.						
4. Ve	erification							
		1944.1 and	d 18942. I have ve	orified that the distribution set	forth above, is in accordance with	h the requirements.		
	Amy Shra			ago	Supervisor's Assistant	02/05/15		
			Print Nam	And	Title	(Month, Day, Year)		
112	11. 0			2				
Co	omment:					FPPC Form 802 (4/12		

6	eremonial Role Ever	no and no	Neur ass	Distributions		A Public Document
1.	Agency Name	2	Date Stamp	California 802		
	Alameda County		5 S	ronn		
	Division, Department, or Reg	gion (If Applicable)		1.	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Arry Shrago Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acdov ord		Date of Original Filing: .	
0	Function or Event Info		gacgov.org			(Month, Day, Year)
4.	Does the agency have a tick		V	Face Value	of Each Ticket/Pass \$	350.00
	같은 것은 사람은 아직적으로 다섯 것 같아. 아직 유민이가 집에 많은 것이 많은 것이 없다.		Yes 🗌 No			
	Event Description Warriors	VS. Pacers Provide Title/Expl	1 _ 07 _ 15	//		
		Provide Therespi	n State Warriors			
	Ticket(s)/Pass(es) provided	by agency?	Name of Sou	urce		
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith	
	of agency official?		NOL Tes	n yes.	Official's Name (I	.ast, First)
3.	Recipients					
·.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to 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		
			S			
	B. Name of individual		Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)	Ceremonial Bole	Other 🛛	Income
	Brown, Aisha			onial Role" or "Other" describe below:		
		4		ty employee for his or h courage staff developm	ner exemplary service to nent	
			2	Ceremonial Role	Other D	Income
	1 ³⁶				anial Role" or "Other" describe below:	
	5 E F	8 - V				
			· · · · ·			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
	(include address and d	escription	Pass(es)			
		2		²		
			-			
4.	Verification	4 1 44	d 18942. I have ve	adfied that the distribution so	t forth above, is in accordance wi	th the requirements
		4. r an				
			Amy Shr		Supervisor's Assistan	t 02/05/15 (Month, Day, Year)
	, , v					income way, ready
	Comment:					

6	eremonial Role Ever	its and fic	Reurass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County		6 B	1 Onn		
	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 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	rmation				A CHARGE AND A CHA
	Does the agency have a tick	et policy?	Yes 🗆 No	Face Value	of Each Ticket/Pass \$ _	1,000.00
	Event Description Warriors	vs. Cavalier		Data(a) 0	1 / 09 / 15	1 1
	Event Description	Provide Title/Exp	0.0404 - 00430 - W			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				en State Warriors	
					Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Cars	Official's Name (I	.ast, First)
3.	 Recipients Use Section A to identify the agen 	cy'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, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					2	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Sanchez, Mina		4	Ceremonial Role	Other 🔀	Income
			4	To reward a County employee for his or her exemplary service the public or to encourage staff development		
				Ceremonial Role	2017년 11월 2017년 12월 2	Income
	Brown, Aisha		. 4	To reward a Coun	onial Role" or "Other" describe below: ty employee for his or l courage staff developn	ner exemplary service to nent
	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
			•	1.1		
A.	Verification			1		
		8944.1 an	d 18942. I have ve	erified that the distribution set	t forth above, is in accordance wi	ith the requirements.
			Amy Shr	ago	Supervisor's Assistan	t 02/05/15
			Print Nan		Title	(Month, Day, Year)
	11 "					
	Copriment:					EDDO E 000 (1111

5	eremonial Note Lver	its and no	Neur ass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	vovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				
	Does the agency have a tick	et policy?	Yes 🗌 No	🖂 🛛 Face Value d	of Each Ticket/Pass \$ _	1,000.00
	Event Description Warriors	/s. Cavalier		Date(s) 01	1 , 09 , 15	//
	Event Description	Provide Title/Expl	anation			/
	Ticket(s)/Pass(es) provided t	by agency?	n State Warriors			
				- Care	Name of So	urce .
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (Last, First)
-						
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
				4.1.1		1
	B. Name of Individe	ial ,	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Jenkins, Kevin		Pass(ds)		Other Annual Role" or "Other	Income
			. 4	To reward a Count	To reward a County employee for his or her exemplary se the public or to encourage staff development	
			1.1	Ceremonial Role	Other 🛛	Income
	Brown, Elaine		4		nial Role" or "Other" describe below:) • * * * * * * * * * * * * * * * * * * *
				To reward a County employee for his or her exemplary servic 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
				·	8 9	
-	V. 10 - 0					
4.	Verification	· · · · · 18944.1 an	d 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
					Supervisor's Assistar	
			Amy Shi Print Nan		Title	(Month, Day, Year)
						Whatin K. 19
	Comment:					

m. . I. II.

0	eremonial Role Ever	its and fic	Reurass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County		1			A CONTRACT OF A	
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago					ala ta ang ang ang ang ang ang ang ang ang an	
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a tick	- U.C C.D	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	1,000.00	
	Event Description Warriors	vs. Cavalier	9869339-00-402988	Date(s)01	, 09 , 15	/ /	
		Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided I	by agency?	n State Warriors Name of Sou	100			
	Was ticket distribution made at the behest No TYes X If yes. Ca					100	
	of agency official?	at the penest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agen	cy's department or	unit. « Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	y Describe the public purpose made pursuant t		to the agency's policy	
			Pasa(os)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followir	19:	
	(Last, First)		Pass(es)				
	Simpson, Jacob		1.15	Ceremonial Role If checking *Ceremon	ial Role" or "Other 🔀	Income	
			4	To promote attendance at a County facility in order to may potential County revenue.			
				Ceremonial Role	Other 🗌	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
			X			1 J. C.	
į	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	a public purpose made pursuant to the agency's policy		
			,				
						1.1	
			-				
			i san - w		4 15		
1.	Varification						
	and a state of the state	14.1 and	d 18942. I have ve	nified that the distribution set f	forth above, is in accordance with	n the requirements.	
			Amy Shr	ago	Supervisor's Assistant	02/05/15	
		-	Print Nam	and the second se	Title	(Month, Day, Year)	
	Comment:					EDDC Form 800 (4/40	

Ceremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document			
I. Agency Name				Date Stamp	California 802			
Alameda County					0 mm 0.00000000000000000000000000000000			
Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only			
Board of Supervisors			X					
Designated Agency Contact	(Name, Title)	-	1					
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:				
. Function or Event Info					(monin, buy, roury			
Does the agency have a tick		Yes 🗆 No l	Face Value	of Each Ticket/Pass \$	400.00			
				01 / 14 / 15				
Event Description	Provide Title/Exp		//					
Ticket(s)/Pass(es) provided	by agency?	Yes No I	If no: Gold	len State Warriors				
noner(o)/r doo(co) provided	oy agonoy.			Name of Soc	Irce			
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Car	If yes: Carson, Keith Official's Name (Last, First)				
of agency official?				Official s Name (L	ast, ritstj			
. Recipients	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		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agence		to the agency's policy			
			2 C					
					N			
		Munchessed						
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:				
		Pass(es)	Ceremonial Ro	le 🔲 Óther 🛛	· Income			
Brown, Elaine		3	It checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development					
		4						
		_						
			Ceremonial Ro	le Other monial Role" or "Other" describe below:	Income L			
C. Name of Outside Org	anization	Number of Ticket(s)/	Describe the r	public purpose made pursuant	to the agency's policy			
(include address and d	(include address and description)		Describe the	public purpose made pursuant to the agency's policy				
	Ś		(97)	ti.				
	2		÷					
				8	N. A			
. Verification				1				
CARS IN THE ARREST	l.1 ai			set forth above, is in accordance wi				
		Amy Shr		Supervisor's Assistan				
1 11		Print Nan	no	Title	(Month, Day, Year)			
Comment:								

Cere	emonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document		
1. A	Agency Name Alameda County				Date Stamp	California 802		
AI						A AMPERIDA		
Div	vision, Department, or Reg	gion (If Applicable	-	For Official Use Only				
Bo	pard of Supervisors							
2.00	signated Agency Contact	(Name, Title)	-					
	my Shrago							
1.000	ea Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)		
	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:			
	unction or Event Info					(monut, buy, rour)		
	bes the agency have a tick		Yes 🗆 No l	Face Value	of Each Ticket/Pass \$	350.00		
			1 , 23 , 15	//				
Ev	ent Description Warriors	Provide Title/Exp		//				
Tic	cket(s)/Pass(es) provided	ov agency?	en State Warriors					
	siel(s)/i des(es) provided i	oy agonoy i	Name of So	Irce				
	as ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith Official's Name (l	ant films		
0	f agency official?			Oniciai's Name (i	asi, rusiy			
	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, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
	+							
1				7. E				
В	Name of Individ	Number of Ticket(s)/ Pass(es)	4	ing:				
С	Carson, Keith			Ceremonial Role If checking "Ceremo	Other Sonial Role" or "Other" describe below:	Income		
	2 2		4		bility of a facility, its ope siness and contribute to			
				Ceremonial Role	Other	Income		
				If checking "Cerem	onial Role" or "Other" describe below:			
c	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy		
-								
4. V	erification				*			
		4.1 ar	nd 18942. I have ve	arified that the distribution se	t forth above, is in accordance wi	th the requirements.		
			Amy Shr	ago	Supervisor's Assistan	t 02/05/15		
			Print Nam	ne	Title	(Month, Day, Year)		
2.53	, U							
C	omment:					FPPC Form 802 (4/12		

Ceremonial Role Ever	its and lick	et/Pass	Distributions		A Public Document		
Agency Name				Date Stamp	California 802		
Alameda County				AT AN A CALLER WARDY TO DRAFT			
	Division, Department, or Region (If Applicable)				For Official Use Only		
Board of Supervisors							
Designated Agency Contact	(Name, Title)	-					
Amy Shrago	10.00	Amendment (Must pr	ovide explanation in Part 3.)				
Area Code/Phone Number	E-mail	laagou org		Date of Original Filing: .			
(510) 272-6695	amy.shrago@	gacgov.org			(Month, Day, Year)		
2. Function or Event Info		Yes□ No[- Ease Value -	of Each Ticket/Pass \$	99.30		
Does the agency have a tick							
Event Description Monster	Supercross		Date(s)	1 , 24 , 15	//		
	Provide Title/Explai	nation	Golda	n State Warriors			
Ticket(s)/Pass(es) provided	by agency?	n State Warriors Name of Source					
Was ticket distribution made	at the behest	No 🗆 Yes [If yes: Cars	on, Keith			
of agency official?	at the beneat	NOLI Test	△ If yes:	Official's Name (I	.ast, First)		
 Recipients Use Section A to identify the agen 	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
	1			2			
	4		(1)				
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	and the state of		Ceremonial Role		Income		
Sanchez, Mina		4		nonial Role" or "Other" describe below: nty employee for his or her exemplary service to			
			the public or to en	courage staff developn	ner exemplary service to nent		
			Ceremonial Role	8	Income		
			(1)) 3 (0) 1 (0) (0) (0) (0) (0) (1) (1)	onial Role" or "Other" describe below:			
		6			1 B		
				- C	· · · · · · · · · · · · · · · · · · ·		
C. Name of Outside Organization Number of (include address and description) Pass(es) Describ		Describe the pu	e public purpose made pursuant to the agency's policy				
					(1)		
				1			
4. Varification	I t and	18942. I have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.		
	, r and			Supervisor's Assistar			
		Amy Shr	and the second se	Supervisor's Assistan	(Month, Day, Year)		
1 0		- 700 1400		A			
Comment:					12		

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Ceremonial Role	Events and	Ticket/Pass	Distributions
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4

Ceremonial Role Lven	to and nevera	ss Distributions	6	A Public Docume
1. Agency Name	8		Date Stamp	California 80
Alameda County		¥. ⁴		Form OU
Division, Department, or Reg	ion (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		-	1
Lee Ann Fergerson, Supervi	sor's Assistant			
	E-mail		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acg	jov.org	Date of Original Filing: .	
Function or Event Inform				(Month, Day, Year)
Does the agency have a ticket		Io □ Face Value	of Each Ticket/Pass \$	39.10
				21170
Event Description	Provide Title/Explanation	Date(s)	<u>CIC/10</u> .	
Ticket(s)/Pass(es) provided by	anancy2 V-CEON	o TI lí no:	SW	
Ticket(a)/Pass(es) provided by	agéncy? Yes ZDN		Name of Sour	
Was ticket distribution made at	the behest No 🗌 Ye	s If yes:	lameda County Supervisor So	ott Haggerty, District 1
of agency official?		(Official's Name (La	st, First)
Recipients				
e Use Section A to Identify the agency's	Number of			and the second
A. Name of Agency, Department	or Unit Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
			() () () () () () () () () ()	
ан на селото на селот		2		1
B. Name of Individual	Number of Ticket(s)/ Pass(cs)		Identify one of the following:	
Leah Morete	. 4	to maximize poter	dance at a county sponsored ential county revenue for conce	event in order ome
Lann Morete	- 1	parking sales.	1 A A	
	•			
s //		Ceremonial Role	Other Other or Other or Other describe below:	Income
				8
		18		
Name of Outside Organizati (include address and descript		Describe the publ	lic purpose made pursuant to th	e agency's policy
				4 4 A
R V	4			
		0.24		
- ulfination			and the second	and the first of the state of t
	44.1 and 18942. I have veri	fied that the distribution set for	th above, is in accordance with the r	equirements.
	Lee Ann Ferg	erson S	Supervisor's Assistant	2/12/16
S. 1971 2. 5.	Print Name		Title	(Month Day, Year)
$\cup \cup$.	Just recid no	2010	/	

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County	1 A A A A A A A A A A A A A A A A A A A	Form OUZ			
	Division, Department, or Region (If Applicable)	· · · · ·	For Official Use Only			
	Board of Supervisors	Poord of Cuponingen				
	Designated Agency Contact (Name, Title)					
	Anna Gee	Amendment (Must pl	rovide explanation in Part 3.)			
	Area Code/Phone Number E-mail			Date of Original Filing:		
	(510) 272-6694 anna.gee@acgov.org			Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	an entre an an anna an an an an an an an an an a			48.50	
				or Each TickerPass a		
	Event Description Harlem Globetrotters Date(s) Date(s)			<u>, 10 , 15</u>		
	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	🔀 If no:	Name of Sol	urca.	
	Was ticket distribution made at the behest		If yes: Miley			
	of agency official?	No 🗌 Yes	If yes: Miley	Official's Name (L	.ast, First)	
3.	Recipients					
<u> </u>	Use Section A to identify the agency's department or u	ınit. 🗴 Use Sea	ction B to Identify an individ	ual. • Use Section C to ident	lify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Describe the pu		blic purpose made pursuant to the agency's policy		
		Pass(es)	他的以他的以来	医尿道 网络花花 网络花花花		
	8 7	<		î		
	() }					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role	Other 🛛	Income	
	Kong, Katie	4.	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 parking and			
	Sturdivant, Sr. , Brandon		so ar ar in	Other X	Income	
		4	concession sales.		8	
	94		1		3	
	C Name of Outside Organization	Number of Ticket(s)/ Pass(es)		alle nursene mede nursuent	to the agency's policy	
	(include address and description)			public purpose made pursuant to the agency's policy		
	~			1		
				2		
		1				
4.	Verification					
	8944.1 and	18942. I have v	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
		Anna G	Bee	Operations Chief	02/04/15	
		Print Nan	no	Title	(Month, Day, Year)	
	-					
	Comment:					