A Public Document

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1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Reg	jion (If Applicable					
	Board of Supervisors				1.1		
	Designated Agency Contact	(Name, Title)			-	0	
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation				005 75	
	Does the agency have a tick	et policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass'\$ _	\$95.75	
	Event Description Enrique I	glesias & Pitbu	11	Date(s) 0	2 <u>, 14 , 15</u>		
	Event Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No [If no: Golde	en State Warriors Name of So		
			Ξ.	- Alam	neda County Superviso		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Alan	Official's Name (Last, First)	
-				1			
3.	• 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, Departm	Sector Sector Sector	Number of		blic purpose made pursuan		
	A. Name of Agency, Departin	lent of onit	Ticket(s)/ Pass(es)	beautine the pu	bie purpose inde parsaan		
					8		
			Number of				
	B. Name of Individ	ual ,	Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
			Fasa(va)	Ceremonial Role	Other	Income	
	Ortiz, Aaron			If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a Cour order to maximize potential County revenue from		2 87 8 8 80 W	
			2			at a County facility in	
					— —		
				Ceremonial Role If checking "Ceremonial	onial Role" or "Other" describe below:	Income L	
			2				
			1.0	· · · · · · · · · · · · · · · · · · ·		877	
	C. Name of Outside Org	anization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuan	t to the agency's policy	
	(include address and d	escription)	Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	2			4			
4.	Verification	A					
		3944.1 ar	nd 18942. I have v	erified that the distribution se	t forth above, is in accordance v	6.27	
			Steven J	the second s	Central District Direct		
			Print Nan	ne	Title	(Month, Day, Year)	
	Comment:						

		to and no				A Public Document
. Aş	gency Name				Date Stamp	California 802
Ala	ameda County		1	Form		
Div	rision, Department, or Reg	jion (If Applicable	1	For Official Use Only		
Bo	ard of Supervisors					
	signated Agency Contact	(Name, Title)				
St	even Jones					
102210	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	10) 272-6693	steven.jones	@acoov.org		Date of Original Filing:	(Month, Day, Year)
	Inction or Event Info		000			(Monin, Day, Year)
1.0.0	es the agency have a tick	SA 3397 ST 66 -	Yes X No [Face Value o	of Each Ticket/Pass \$	\$450
	도 한 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 있는 것 같이?	그는 것이 같은 것이 같은 것이 같은 것이 같이				//
Ev	ent Description Basketba	Provide Title/Expl	anation	Date(s)		//
Tie	ket(s)/Pass(es) provided t			If no. Golde	n State Warriors	
no	ket(s)/Pass(es) provided t	by agency r	Yes 🗌 No [Name of So	
	as ticket distribution made	at the behest	No 🗌 Yes [If yes: Alam	eda County Superviso	r Wilma Chan
0	f agency official?	4			Official's Name (i	Last, First)
	ecipients			4		
* U	se Section A to identify the agen	cy's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A	Name of Agency, Departm	ient or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
-		10	Pass(es)			
				-		
				. V.		
B	Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
Ha	avrilenko, Gene		2		nial Role" or "Other" describe below: ance at an event held	at a County facility in
1	5 C			order to maximize	potential County rever	ue from sales.
						Income
			2	1.1 2017/01/17/2019/01/01/01/01/01/01/01/01/01/01/01/01/01/	nial Role" or "Other" describe below:	
			2			
_						
C	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
-	(melade address and a	securities of the second se	Pass(es)			
			2			
-						
					3	3
	auldiantian		4 400 40 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And that the statistication of the	forth above in to consider an in	it the mautements
		44,1 an			forth above, is in accordance w	
			Steven Jo		Central District Directo	or 03.06.2015 (Month, Day, Year)
			Print Nan		Titla	(monot, bay, real)
	omment:					

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	no ana no	1001 000	Distributions	78-11-11-11-11-11-11-11-11-11-11-11-11-11	A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County		The second se	and the second		
Division, Department, or Reg	gion (If Applicable	1	For Official Use Only		
Board of Supervisors	4 1				
Designated Agency Contact	(Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick		Yes 🖾 No	Face Value	of Each Ticket/Pass \$	\$450
Event Description Basketba		100 8.4 110		2 <u>, 20 , 15 _</u>	
Event Description	Provide Title/Expl	anation	Date(s)		/
Ticket(s)/Pass(es) provided I	ov agency?	Yes 🗆 No	If no: Golde	n State Warriors	
noner(o)n abo(ab) provided i	sy agonoy.		<u></u>	Name of Sour	
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (La	Wilma Chan st, First)
. 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 identif	y an outside organization,
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	o the agency's policy
					* .
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the followin	ıg:
(Last, First)	•	Pass(es)	Ceremonial Role	Other D	Income
Canada, John		1		nial Role" or "Other" describe below:	income in
		4		lance at an event held a potential County revenu	
ŝ	1	4	Ceremonial Role If checking "Geremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Describe the pu	public purpose made pursuant to the agency's policy	
				£	
	agdd 1 an	d 18942. have v	arified that the distribution set	forth above, is in accordance with	the requirements.
		Steven Je	+	Central District Director	
		Print Nan	ne	Title	(Month, Day, Year)
Comment:				1 () () () () () () () () () (

Se	remonial Role Ever	no anu no	110011 000			A Public Document
	Agency Name			4	Date Stamp	California 802
	Alameda County					and the second
1	Division, Department, or Re	gion (If Applicable)		-	For Official Use Only
	Board of Supervisors					*
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones Area Code/Phone Number	E mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	E-mail	s@acgov.org		Date of Original Filing: _	
_			s@acgov.org			(Month, Day, Year)
S	Function or Event Info Does the agency have a tick		Vee 🖂 - Ne l	T Eace Value	of Each Ticket/Pass \$	\$450
			Yes 🛛 No [-		
	Event Description Basketba	Provide Title/Exp	lanation	Date(s)	02 / 20 / 15 -	//
			10.0000.000	Gold	len State Warriors	·
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [-	Name of Sou	
	Was ticket distribution made	at the behest	No 🗌 Yes [X If yes: Ala	meda County Supervisor	Wilma Chan
	of agency official?				Official's Name (Li	ast, First)
ş.,	Recipients					
	Use Section A to identify the ager	ncy's department or	the same in the same state of the same	tion B to identify an indiv	idual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursuant t	to the agency's policy
	B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)	AL WELL	Identify one of the following	ng:
				Ceremonial Rol		Income
	Lacon, Colin		à		monial Role" or "Other" describe below:	t a Causty facility in
				order to maximiz	ndance at an event held a e potential County reven	ue from sales.
				Ceremonial Ro	le 🗌 Other 🗌	Income
			4	If checking "Cerei	monial Role" or "Other" describe below;	1.1
	C Name of Outside Org	unization	Number of	8 10 11		to the comparison of the second
	C. Name of Outside Org (include address and c	lescription)	Ticket(s)/ Pass(es)	Describe the j	public purpose made pursuant	to the agency's policy
	,				÷	
4	Varification		1000	Million Mile Managemen	Sector Concernsion	
	and the second se	8944.1 a	nd 18942. I have ve	erified that the distribution :	set forth above, is in accordance wil	h the requirements.
	and the second					r 03.06.2015

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Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Reg	ion (If Applicable	-	For Onicial Ose Only		
Board of Supervisors					
	(Name, Title)			-	
and the second second					
	LE mail			Amendment (Must pro	ovide explanation in Part 3.)
		Macdov ord		Date of Original Filing:	(Month, Day, Year)
X /		Gaogorioig			(wonin, Day, rear)
		Vee 🖾 Ne I	T Face Value	of Each Ticket/Pass \$	\$450
그 그 같은 아이는 것 같은 것이 같이 많이 잘 많은 것을 알 때 한 것이 있는 것이 같을 수 있다.		TES A NOL			
Event Description	Rovide Title/Evol	anation	Date(s)		/
	1 rorner instante		Golde	en State Warriors	
Ticket(s)/Pass(es) provided t	by agency?	Yes Nol		Name of Sou	
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Alan	neda County Supervisor Official's Name (L	Wilma Chan ast, First)
Recipients • 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 Identi	ify an outside organization.
A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	to the agency's policy
8. 5				0	
	t.				
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Walker, Cianna		4	It checking "Cerem To promote atten	nonial Role" or "Other" describe below: dance at an event held :	Income E at a County facility in uue from sales.
			Ceremonial Role	e 🗌 Other 🗌	Income
		4	II chacking "Caran	nonial flore of Ginar describe below.	
C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
	i i i				
Verification			+	at fadh abaya. Is la acaadaaca u	ih the requirements.
	944, 1 a			Central District Directo	
		Print Na	me	Title	(Month, Day, Year)
	Division, Department, or Reg Board of Supervisors Designated Agency Contact Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Infor Does the agency have a ticke Event Description Basketba Ticket(s)/Pass(es) provided t Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individ (Last, First) Walker, Cianna	Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Tille) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide Tille/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients •Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, Peag) Walker, Cianna C. Name of Outside Organization (include address and description)	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Event Or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No [Was ticket distribution made at the behest No □ Yes of agency official? Recipients * Use Section A to identify the agency's department or unit. • Use Sector A. Name of Agency, Department or Unit B. Name of Individual (ast, Find) Walker, Cianna 4 C. Name of Outside Organization (include address and description) Varification 44, 1 and 18942, I have v Steven J	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number [510) 272-6693 E-mail steven.jones@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest No □ Yes ⊠ If yes: Alar of agency official? Recipients Use Section A to identify the agency's department or unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify an indivi A. Name of Agency, Department or Unit Or Section B to identify and B to identify an individual (C. Name of Outside Organization Or Section B to identify and B to identify and B to identify B pass(es) C. Name of Outside Organization Or Section B to identify B pass(es) Describe the p Describe	Division, Department, or Region (# Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org Function or Event Information Does the agency have a ticket policy? Yes [S] No [] Face Value of Each Ticket/Pass \$

Agency Name			Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or Region (If Applicabl	e)		1	1.01 0.000 0.00 0.000
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones			Amondment (Alust	provide explanation in Part 3.)
Area Code/Phone Number E-mail	5. · · · ·			
(510) 272-6693 steven.jone	s@acgov.org	7	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	1012 (1119) (110) (1			\$555
Does the agency have a ticket policy?	Yes 🛛 No [-	of Each Ticket/Pass \$ _	
Event Description Basketball Game		Date(s)	2 <u>0415</u>	
Provide Title/Exp	olanation	• 100 00 00 00 00 00 00 00 00 00 00 00 00		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [en State Warriors Name of Se	
Was ticket distribution made at the behest	No 🗌 Yes	If yes. Alam	neda County Superviso	or Wilma Chan
of agency official?		E 11 yes.	Official's Name	(Last, First)
Recipients	1			
* Use Section A to identify the agency's department o		tion B to identify an individ	iual. • Use Section C to iden	
		The second s		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
A. Name of Agency, Department or Unit		Describe the pu	blic purpose made pursuar	nt to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/		blic purpose made pursuar	nt to the agency's policy
BName of Individual	Ticket(s)/ Pass(es)		blic purpose made pursuar	
	Ticket(s)/ Pass(es)		Identify one of the follow	
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:
BName of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote atten	Identify one of the follow	wing: Income C d at a County facility in
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote atten order to maximize	Identify one of the follow Other Contain Role" or "Other" describe below dance at an event held potential County reve	wing: Income d at a County facility in enue from sales.
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role	Identify one of the follow Other Other Other onlat Role" or "Other" describe below dance at an event held potential County rever Other Other	wing: Income d at a County facility in enue from sales.
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role	Identify one of the follow Other Contain Role" or "Other" describe below dance at an event held potential County reve	wing: Income d at a County facility in enue from sales.
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role	Identify one of the follow Other Other Other onlat Role" or "Other" describe below dance at an event held potential County rever Other Other	wing: Income d at a County facility in enue from sales.
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow Other Other Other onlat Role" or "Other" describe below dance at an event held potential County rever Other Other	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attene order to maximize Ceremonial Role If checking "Cerem	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C
B. Name of Individual (Last, First) Garrett, Al C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 1 1 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem Describe the p	Identify one of the follow	wing: Income d at a County facility in enue from sales. Income w
B. Name of Individual (Last, First) Garrett, Al C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 1 1 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem Describe the p	Identify one of the follow	wing: Income C d at a County facility in enue from sales. Income C with the agency's policy with the requirements.

serennoi	mar ivoic Ever	no and no	Neur abb	Distributions		A Public Document
. Agency	y Name				Date Stamp	California 802
Alamed	a County					
Division,	Department, or Reg	gion (If Applicable)			For Official Use Only
Board o	f Supervisors			9		
	ted Agency Contact	(Name, Title)		A.		A
Steven	lones					
	de/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)
(510) 27		steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	on or Event Info	rmation				
1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	agency have a tick		Yes No[Face Value	of Each Ticket/Pass \$	\$555
	escription Basketba				2 / 04 / 15	1 1
Event De	escription	Provide Title/Expl	anation	Date(s)		//
Ticket(s)	/Pass(es) provided I	by agency?	Yes 🗌 No [M If no: Golde	en State Warriors	
(ioner(o)	in add(dd) promada i	oy agonoy i			Name of Source	
	et distribution made	at the behest	No 🗌 Yes	If yes: Alan	neda County Supervisor	Wilma Chan
of agen	cy official?				Officiars Name (La	si, riray
 Recipie Use Sector 	ents lion A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to identify	y an outside organization.
А. м	ame of Agency, Departn	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
						3
в.	Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Denoga	i, Michael			Ceremonial Role	Other onial Role" or "Other" describe below:	Income
Donoge	, mondor		2	To promote attend	dance at an event held a potential County revenu	t a County facility in le from sales.
-				Ceremonial Role	Other onland Role" or "Other" describe below:	Income
			2	,		3
C.	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant t	o the agency's policy
4. Verific	ation	944.1 an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance with	the requirements.
			Steven Jo	ones	Central District Director	01.29.2015
			Print Nan	ne	Title	(Month, Day, Year)
	ənt:					

5	eremonial Role Ever	its and no	Keur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		X X	1 Onn		
	Division, Department, or Re	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones	1				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	Yes X No[Face Value of	of Each Ticket/Pass \$	\$555
	Event Description Basketba	all Game	192		2 <u>, 04 , 15 _</u>	1 1
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors	
		74 676 - 586	1993 (1997) (1997) (1997) 1997 - 1997 (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (19		Name of Sour	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Alam	neda County Supervisor Official's Name (Le	vviima Chan
_					Singer's House fee	
3.	 Recipients Use Section A to Identify the ager 	ocv's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identit	fy an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant t	
			Pass(05)			
	B. Name of Individ	lual .	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Cardia Al			Ceremonial Role		Income
	Garcia, Al		- 1		anial Role" or "Other" describe below: lance at an event held a	at a County facility in
				order to maximize	potential County reven	ue from sales.
				Ceremonial Role	Other	Income
			1	If checking "Ceremo	onial Role" or "Other" describe below:	
	1. E. E.			6		· · · · · · · · · · · · · · · · · · ·
		2.02	Number of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			rusa(sa)			
4	Verification					
î	Vermannn	hn	d 18942. I have ve	nified that the distribution se	t forth above, is in accordance with	h the requirements.
4			Steven Jo		Central District Directo	
		-	Print Nam		Title	(Month, Day, Year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Basketball Game 02 , 20 , 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: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es)

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

Verification

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

Steven Jones	Central District Director	03.05.2015	
 Print Name	Title	(Month, Day, Year)	
	*		

\$450

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

1						
	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Re	gion (If Applicable	- V (2	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Steven Jones		14			
	Area Code/Phone Number	E-mail		1/1	Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6693	THE REPORT OF A DECK	@acgov.org		Date of Original Filing:	
_	Function or Event Info		l@acgov.org			(Month, Day, Year)
	Does the agency have a tick			T Face Value /	of Each Ticket/Pass \$	\$450
	이 이 가지 않는 것이 아이에 가지 않는 것이 아이에 집에 가지 않는 것을 알았다.		Yes 🛛 No 🗌	-		
	Event Description Basketba	Provide Title/Expl	anation	Date(s)	2 <u>/ 20 / 15 </u>	//
		Provide milercapi	1998.2NO2.		n State Warriors	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	3	Name of Sour	
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Supervisor	Wilma Chan
	of agency official?				Official's Name (La	st, First)
	Recipients	A				1.0
	 Use Section A to identify the agen 	cy's department or		on B to identify an individ	ual. • Use Section C to identif	y an outside organization.
3	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
45				8		
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the followin	g:
33			Pass(es)	Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
	Ginsberg, Joel		1	To promote attendance at an event held at a County order to maximize potential County revenue from sale		
		3	1	Ceremonial Role If checking "Geremo	Other D nial 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 t	o the agency's policy
) ()	~
4	Verification		d 18942 J hava var	illed that the distribution sol	forth above, is in accordance with	the requirements.
			1			
			Steven Jo Print Name		Central District Director	(Month, Day, Year)

0	eremonial Kole Ever	its and no	Keurass I	Jistributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	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 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				
	Does the agency have a tick	et policy?	Yes 🛛 No 🗆	Face Value	of Each Ticket/Pass \$	\$450
	Event Description Basketba	ll Game		Date(a) · 0	<u>2 , 20 , 15</u>	1 1
	Event Description	Provide Title/Expl	anation			······································
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	d If no: Gold	en State Warriors	
	2 2 . St. 20				Name of Sou needs County Superviso	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Alan	neda County Superviso Official's Name (I	ast, First)
0						
3.	 Recipients Use Section A to Identify the agen 	cy's department or	unit. • Use Sect	ion B to identify an indivi	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		ublic purpose made pursuant	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	er er som	Identify one of the follow	ng:
	Nguyen, Kim			Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	Income
			2	To promote atten order to maximize	dance at an event held e potential County rever	at a County facility in ue from sales.
			2	Ceremonial Role If checking "Cerem	e Other C onial Role" or "Other" describe below;	Income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
				e		1
		3				
4.	Verification		d 18942, I have ve	rified that the distribution se	et forth above, is in accordance w	th the requirements.
			Steven Jo		Central District Directo	
_			Print Name		Title	(Month, Day, Year)
	53.11					ð
	Comment:		- 1 - A			FPPC Form 802 (4/12

. Ag	ency Name				Date Stamp	California 802
Ala	meda County					Form OUZ
Divi	sion, Department, or Reg	ion (If Applicable)	1.0	1	For Official Use Only
Boa	ard of Supervisors					
Des	Ignated Agency Contact	(Name, Title)				
Ste	ven Jones					
Are	a Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(51	0) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fu	nction or Event Infor	mation				\$39.40
Doe	es the agency have a ticke	t policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	\$39.40
Eve	nt Description Disney Or	lce: Let's Ce	lebrate	Date(s) 02	2 <u>, 27 , 15</u>	
		Provide Title/Exp	lanation			
Tick	(et(s)/Pass(es) provided b	y agency?	n State Warriors	ource		
Was	s ticket distribution made a	at the behest	eda County Superviso			
	agency official?	at the period	No 🗌 Yes [△ If yes:	Official's Name	(Last, First)
8. Re • Us	cipients e Section A to identify the agenc	v's department or	lual. • Use Section C to ider	tify an outside organization.		
A.			Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	and a second
		3				· · · · · ·
					a.	
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Gir	nsberg, Malik				onial Role" or "Other" describe below:	
			4	To promote attend order to maximize	lance at an event held potential County reve	at a County facility in nue from sales.
			4	Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below.	Income [
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
_					1.2	
	A. V					
4. Ve	rification		d 18043 Lhours in	adfied that the distribution on	t forth above, is in accordance v	, with the requirements.
			Steven Jo		Central District Direct	a service and the service of the ser

Comment: _

Ce	eremonial Role Ever	its and fic	ket/Pass	Distributions		A Public Document
1.	Agency Name	2			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)			-	
		(((((((()))))))))))))))))))))))))))))))				
	Steven Jones				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail		8	Date of Original Filing:	10 mm
_	(510) 272-6693	steven.jones	@acgov.org		bate of original rining.	(Month, Day, Year)
	Function or Event Info			12 22 19 W		\$95.75
	Does the agency have a tick		Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Enrique I	glesias & Pitbu		Date(s)	02 / 14 / 15	//
		Provide Therespi	anation	Gold	on State Warriore	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No		en State Warriors Name of Sou	Irae
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alar	neda County Supervisor Official's Name (L	· Wilma Chan ast, First)
3.	Recipients • Use Section A to identify the agen	ac∨'s department or	unit • Use Sec	stion B to identify an indivi	dual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		ublic purpose made pursuant	
	р 	¥.				
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Aguilar, Luis		2		onlat Role" or "Other" describe below: dance at an event held a	Income
				order to maximize	e potential County reven	ue from sales.
			2	Ceremonial Role If checking "Cerem	Other Other onial Role" or "Other" describe below:	Income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
	2				а. В	
4.	Verification		d 18942. I have v	erified that the distribution at	at forth above, is in accordance wi	th the requirements.
			Steven J		Central District Directo	r 03.05.2015
			Print Nar	ne	Title	(Month, Day, Year)
	Comment:	2				

1. /	Agency Name	S.		Date Stamp	California 802	
	Alameda County					
ī	Division, Department, or Region (If Appli	icable)	Ski -		For Official Use Only	
9	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)			1		
3	Steven Jones				provide explanation in Part 3.)	
7	Area Code/Phone Number E-mail					
	(510) 272-6693 steven.je	ones@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	1943 - 1944 - 1943 - 19			\$39.40	
	Does the agency have a ticket policy?	Yes 🛛 No	_	of Each Ticket/Pass \$ _		
E	Event Description Disney On Ice: Let's	Celebrate	Date(s)0	2 <u>, 26 , 15</u>	//	
	. Provide Title	e/Explanation	Cold	an State Warriore		
1	Ficket(s)/Pass(es) provided by agency?	en State Warriors Name of St	ourae			
١	Vas ticket distribution made at the behe of agency official?	est No 🗌 Yes	If yes: Alan	neda County Superviso Official's Name	or Wilma Chan (Last, First)	
	Recipients • Use Section A to identify the agency's departme	nt or unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to iden	ntify 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	
7						
Ì	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Dugan, Jamila	4		If checking "Ceremonial Role" or "Other" describe below:		
2		4	To promote attend order to maximize	dance at an event held potential County reve	at a County facility in nue from sales.	
		4		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuar	nt to the agency's policy	
0						
4.	Verification	and 18942. I have v	erified that the distribution se	t forth above, is in accordance v	with the requirements.	
		Steven J		Central District Direct		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$39.40 Face Value of Each Ticket/Pass \$... Does the agency have a ticket policy? Yes X No Event Description Disney On Ice: Let's Celebrate 02 28 15 1 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual в. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🗌 ' Other 🔲 Income Byrd, Zelma If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 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) 4. Verification 1.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Central District Director 03.05.2015 Steven Jones (Month, Day, Year) Print Name Title

Agency Report of: 4 1212 4/D Di

5	eremonial Role Even	its and fic	keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 onin
	Division, Department, or Reg	ion (If Applicable)	4		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	vonse@ebc	ora	Date of Original Filing:	
2	Function or Event Infor		ida@acgov.	org		(Month, Day, Year)
Ζ.			V 151 N	Eaco Value /	of Each Ticket/Pass \$	55.00
	Does the agency have a ticke		Yes⊠ No			
	Event Description Oakland	A's vs. Texas F Provide Title/Expl	angers anation		4 <u>, 06 , 15</u>	//
	Ticket(s)/Pass(es) provided t	y agency?	Yes No	If no: Oakla	nd A's	
	0140 - 855, 532	6 6 S			Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	ast First)
					Cinciara Manio (1	
3.	Recipients					
	Use Section A to identify the agent	Number of	present and the second s			
	A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the pul	be the public purpose made pursuant to the agency's policy		
75						
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	-			Ceremonial Role If checking "Ceremon	Other Other inial Role" or "Öther" describe below:	Income
				Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		
	Hayward Education Found P.O. Box 56444 Hayward,		. 18	To reward a non-p community	rofit organization for its	s contributions to the
	Provides teachers and stud funding for educational act			i.	15 15	
4.	Verification					
		1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.
			Michelle D	ianda	Supervisor's Aide	420/15
			Print Nan	ia	· Title	(Month, Day Year)
	Comment: Includes 4 parki	na passes at t	he value of 9	20 each		
	Comment:	na pubboo ur r		and anoth		FPPC Form 802 (4/12
					EDDO Tell Free Melalines	BREINEW EDDC (BREIDTE 7775

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 55.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description Oakland A's vs. Houston Astros 15 04 26 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . ' Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Pass(es) Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Union City Lions Club To reward a non-profit organization for its contributions to the 18 P.O. Box 2314 Union City, CA 94587 community Supports to local youth organizations and programs to end blindness 4. 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

Comment: Includes 4 parking passes at the value of \$20 each.

	restrates and dealers and should be				A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County					- Tomin	
Division, Department, or Re	gion (If Applicable)		2	For Official Use Only	
Board of Supervisors			1			
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.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Info	ormation				and an	
Does the agency have a tic	ket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	55.00	
Event Description Oakland	A's vs. Detroit I Provide Title/Expl	Lions anation	Date(s)	05 <u>, 25 , 15</u>	/	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No l	If no: Oakl	and A's		
				Name of Se		
Was ticket distribution made at the behest No I Yes I If yes: Va of agency official?			e, Richard- Supervisor Official's Name	District 2		
				Omciar's Name	(Luar, Firat)	
 Recipients Use Section A to identify the age 	nov's department or	idual Hee Section C to Idee	atify an outside organization			
		Number of			1	
A. Name of Agency, Depart	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		8				
		Number of				
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
	frant i ant		Ceremonial Role	Other	Income	
				nonial Róle" or "Other" describe below:		
			Ceremonial Role If checking "Cerem	Other Other Other	Income	
					17 M	
		·				
	C. Name of Outside Organization (Include address and description)		Describe the p	ublic purpose made pursuan	it to the agency's policy	
League of Volunteers 8440 Central Ave. Newar	League of Volunteers 8440 Central Ave. Newark CA 94560		To reward a non- community	profit organization for it	s contributions to the	
Helps with the needs of y citizens providing safety r		1			1.1.1	
Verification						
	l and	1 18942. I have ve	nified that the distribution se	at forth above, is in accordance w	vith the requirements.	
		Michelle D	ianda	Supervisor's Aide	3/30/19	
		Print Nam	00	Title	(Month, Day, fear)	
 Includes 4 part 	king passes at t	he value of \$	20 each.		1999 N 1997 N	
Comment:	and become of a				FPPC Form 802 (4/12	

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 25.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Oakland A's vs. Detroit Lions 15 05 25 Event Description Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) To reward a non-profit organization for its contributions to the League of Volunteers 2 8440 Central Ave. Newark CA 94560 community

Helps with the needs of youth, senior citizens providing safety net services

Valification

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

Supervisor's Aide Michelle Dianda Print Name Title

Comment:

Α.

в.

C.

A Public Document

California

Date Stamp

A D N A (! 2. F	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Michelle Dianda)		Date Stamp	California Form 802			
B D N A (! 2. F	Division, Department, or Reg Board of Supervisors Designated Agency Contact)			ronn			
B D N A (! 2. F	Board of Supervisors Designated Agency Contact)		1				
D N A (! 2. F	esignated Agency Contact	(Name, Title)		Division, Department, or Region (If Applicable)					
D N A (! 2. F	esignated Agency Contact	(Name, Title)	Board of Supervisors						
A (! 2. F	/lichelle Dianda								
A (! 2. F	monono istantata								
(! 2. F	rea Code/Phone Number	E-mail			. 🔲 Amendment (Must pi	rovide explanation in Part 3.)			
D	510) 272-6692	michelle.diar	nda@acgov.or	rg	Date of Original Filing: .	(Month, Day, Year)			
	Function or Event Infor	mation				(monot way)			
E	oes the agency have a ticke	et policy?	Yes No] Face Value o	f Each Ticket/Pass \$	25.00			
	vent Description Oakland	A's vs. Houstor Provide Title/Expl	n Astros	Date(s)	, 26 , 15	//			
т	icket(s)/Pass(es) provided t	v aganev?		If no: Oaklar	nd A's				
	icket(s)/rass(es) provided i	by agency?	Yes 🗌 No 🛛	0	Name of Sol				
	Vas ticket distribution made	at the behest	No 🗌 Yes 🛛	I If yes: Valle,	Richard- Supervisor I	District 2			
	of agency official?			Official's Name (l	.ast, 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 agen	unit. • Use Section	on B to identify an individe	ual. • Use Section C to ident	ify an outside organization.				
A	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
_									
í F			Number of						
	 Name of Individu (Last, First) 	Jai	Ticket(s)/ Pass(es)	i	Identify one of the follow	ing:			
				Ceremonial Role If checking "Ceremon	Other I	Income			
-			2	Ceremonial Role If checking "Ceremon	Other Die Other Other Other	Income			
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's p				
	Union City Lions Club P.O. Box 2314 Union City,	CA 94587	2	To reward a non-pe community	rofit organization for its	s contributions to the			
	Supports to local youth org and programs to end blind								
4. V	/erification								
			18942. I have veril	fied that the distribution set	forth above, is in accordance wi	th the requirements.			
			Michelle Dia	Inda	Supervisor's Aide	430/19			
-3			Print Name		- Title	month, Day, rear)			

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802		
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Use Only		
Part 3.)		
<i>r)</i>		
Edd Williams		
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Income		
cility in		
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
Income		
olicy		
12/10		
215		
(h, day, Year)		

Ce	remonial Role Events and	Ticke	et/Pass I	Distributions		A Public Document
. /	Agency Name				Date Stamp	California 802
1	Alameda County				2	Form 602
ī	Division, Department, or Region (If Appl	icable)			1	Por Onicial Oas Only
1	Board of Supervisors		. 6			
	Designated Agency Contact (Name, Title)					
- i	Michelle Dianda					
25	Area Code/Phone Number E-mail					provide explanation in Part 3.)
	(510) 272-6692 michelle	.diand	a@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2. 1	Function or Event Information			15 9890		350.00
	Does the agency have a ticket policy?		′es⊠ No[Face Value	of Each Ticket/Pass \$ -	550.00
F	Event Description Warriors vs. Los Ar	igeles	Lakers	Date(s)	3 , 16 , 15	//
	Provide Til	le/Explan	ation			
- İ	Ticket(s)/Pass(es) provided by agency	? Y	és 🗌 No 🕻	If no: Golde	en State Warriors Name of S	ource
,	Was ticket distribution made at the beh	est	No 🗆 Yes 🛙	valle	, Richard- Supervisor	District 2
ŝ	of agency official?	UU.	NOLI Test	⊡ ir yes	Official's Name	(Last, First)
3.	Recipients					
	 Use Section A to identify the agency's departm 	iual. • Use Section C to ide	ntify an outside organization.			
- i	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
÷		-	Pass(es)			
		5				
1						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follo	wing:
÷,	(Last, First)		Pass(es)			Income
				Ceremonial Role If checking "Ceremo	onial Role" or "Other" describe below	1998-1998 - 177
			(
				Ceremonial Role	onial Role" or "Other" describe below	Income
				i checking Comm		1
					8 T.	
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the p	ublic purpose made pursua	int to the agency's policy
	(include address and description)		Pass(es)		and hadhers and had	
	Congregations Organizing for Rene		4		profit organization for	its contributions to the
	22634 2nd St, #209 Hayward, CA 9	4541		community.	+	
	Provides programs for health-care, unaccompanied minors, housing, &	more	1			4
4.	Verification					
		and			nt forth above, is in accordance	alintic
		-	Michelle D		Supervisor's Aide	2015
			Print Nan	10	Title	Wonth, Chy, Year)
	Comment: Includes 1 parking pass	at the	value of \$30	D.		
	southing the second sec					EPPC Form 802 (4/1

Cere	monial Role Even	nts and Tic	ket/Pass I	Distributions		A Public Document	
. Ag	ency Name				Date Stamp	California 802	
Ala	meda County					Form	
Divi	sion, Department, or Reg	jion (If Applicable		For Official Use Only			
Boa	ard of Supervisors						
	ignated Agency Contact	(Name, Title)					
Mic	chelle Dianda						
	a Code/Phone Number				provide explanation in Part 3.)		
(51	0) 272-6692	michelle.diar	nda@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
. Fu	nction or Event Info	rmation				250.00	
	es the agency have a tick		Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _		
Eve	ent Description Warriors	vs. Washingtor	n Wizards	Date(s)0	3 <u>, 23 , 15</u>	//	
Eve	ant Description	Provide Title/Expl	anation				
Tic	ket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🕻	If no: Golde	en State Warriors Name of Sc	ource	
14/2	A tisket distribution mode	ot the behavi	No 🗌 Yes [valle	, Richard- Supervisor		
	Was ticket distribution made at the behest of agency official?			A If yes:	Official's Name ((Last, First)	
. Re	cipients se Section A to identify the agen	cv's department or	unit. • Use Sec	tion B to identify an individ	fual. • Use Section C to Ider	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		and a second	
. –						% 	
B.	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
-	(Last, First)		Pass(es)	Occurrented Bala	Other 🛛	Income	
Lir	ndsey, Terrance		1 93	If checking "Ceremo	onial Role" or "Other" describe below.		
			4	To reward a community volunteer for his exemplary service to public.		s exemplary service to th	
-				Ceremonial Role	Other	Income	
	C. Name of Outside Organization (include address and description)		4	If checking "Cerem	onial Role" or "Other" describe below		
c.			Number of Ticket(s)/ Describe the p Pass(es)		public purpose made pursuant to the agency's policy		
					5 A 70		
-							
	23						
I. Ve	erification						
		944.1 ar			et forth above, is in accordance	with the requirements.	
			Michelle D	and the second se	Supervisor's Aide		
			Print Nan	ne	. Title	(Month, Day(Year)	
C	omment:				*		
						FPPC Form 802 (4)	

-	eremonial Role Even	its and no	Neurassi	Distributions		A Public D	ocument
	Agency Name		+		Date Stamp	California	802
	Alameda County		Form	A REAL PROPERTY AND A REAL PROPERTY.			
	Division, Department, or Reg		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda		19				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	michelle.diar	nda@acgov.c	org	Date of Original Filing: _	(Month, Day, Ye	ar)
2.	Function or Event Infor Does the agency have a tick		Yes 🛛 No [Face Value of	of Each Ticket/Pass \$	r	350.00
	Event Description Warriors	vs. Utah Jazz Provide Title/Expl	anation	Date(s)3		/	
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No 🛛		n State Warriors Name of Sou		
	Was ticket distribution made of agency official?	, Richard- Supervisor E Official's Name (L	District 2 ast, First)				
3.	ecipients • Use Section A to identify the agen	ual. • Use Section C to ident	ify an outside orga	nization.			
	A. Name of Agency, Department or Unit Ticket(Pass(e			Describe the pu	blic purpose made pursuant	to the agency's p	olicy
			1				
	-						
	B. Name of individual .		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
		0		Ceremonial Role If checking "Ceremo	I · ' Other	8	Income
				Ceremonial Role If checking "Geremo	Other D nial Role" or "Other" describe below:	· · ·	Income
	C. Name of Outside Org. (include address and d	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy			
	James Logan High School 1800 H Street, Union City CA 94587		4	To reward a school	ol for its contributions to	the commun	ity.
	Provides education for gra	ides 9-12		4			
4.	Verification	\	rd 189/2 hava u	adiled that the distribution set	t forth above, is in accordance w	th the requirements	
			Michelle D	ianda	Supervisor's Aide	(Mo	3/12/1
	Commont, Includes 1 part	ing pass at the	Print Nan		' Title	Ino	and any report
	Comment:				FPPC Toll-Free Helpline:	FPPC F 866/ASK-FPPC	orm 802 (4/12 (866/275-7772
					in a routree neiphine.		

10	eremonial Role Even	its and no	Neur abb L	o lo uno u u o no		A Public Document	
	Agency Name				Date Stamp	California 802	
	Alameda County			Form OOZ For Official Use Only			
	Division, Department, or Reg	ion (If Applicable	N 8				
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Michelle Dianda	Ţ.					
	Area Code/Phone Number	E-mail			Amendment (Must pi		
	(510) 272-6692	1	nda@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)	
	Function or Event Info	mation				fundant of the state	
	Does the agency have a tick		Yes 🖾 No 🗆	Face Value of	of Each Ticket/Pass \$	125.00	
	Event Description Charlie W				3 , 27 , 15		
	Event Description	Provide Title/Expl	anation	Date(s)		/	
	Ticket(s)/Pass(es) provided I	v agency?	Yes No 🛛	a If no: Golde	n State Warriors		
	neket(a)/r daatea) provided i	y agonoy.			Name of Source		
	Was ticket distribution made	at the behest	, Richard- Supervisor I	District 2			
	of agency official? Official's Name (Last, First)						
	• 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 organ						
		cy's department or	Number of		· · · · · · · · · · · · · · · · · · ·		
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
				2			
			1				
S.					0		
	· · · · · · · · · · · · · · · · · · ·						
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Bala	Other 🛛	Income	
	Galendo, Michael		0.0		nial Role" or "Other" describe below:		
			4	To promote attend	lance at an event held	at a County facility in	
				order to maximize potential revenue from sales.			
				Ceremonial Role		Income	
			4	If checking "Ceremo	nial Role" or "Other" describe below:		
			0		2		
	A Name of Outside Ore	anization	Number of	and the second second			
	C. 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	Varification						
1.	Verification	, `44.1 aı	nd 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.	
٤.	Verification	, `44.1 ar	nd 18942. I have ve Michelle Di		t forth above, is in accordance w Supervisor's Aide	ith the requirements, 31211	

Deale Har Dan arrive

Cer	remonial Role Even	its and fici	(eurass i	Jistributions		A Public Document		
1. A	Agency Name				Date Stamp	California 802		
A	Nameda County							
D	ivision, Department, or Reg	gion (If Applicable)		10 C	1	For Official Use Only		
В	Board of Supervisors					St 6		
	esignated Agency Contact	(Name, Title)						
	/lichelle Dianda							
1000	rea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	510) 272-6692	michelle.dian	da@acdov.c	מימ	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Info		daligaogorie	"9		(Month, Day, Year)		
	oes the agency have a tick		Yes 🛛 No 🗌	T Face Value o	of Each Ticket/Pass \$ _	600.00		
				te de la company de la comp				
E	vent Description Warriors	Provide Title/Expla	nation	Date(s)	3 <u>, 18 , 15</u>	//		
				- Golde	en State Warriors			
1	icket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	a	Name of Sc			
V	Was ticket distribution made at the behest No I Yes I If ves: Valle			, Richard- Supervisor	District 2			
	of agency official?			a nyoo	Official's Name (Last, First)		
3. F	Recipients							
	Use Section A to identify the agen	Iual. • 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 public purpose made pursuant to the agency's policy		t to the agency's policy		
-		£.			2			
-	2 Name of Individ	Number of		Э	(d			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:				
	8	1		Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income		
-	2 2	2		Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below:	income		
			· · · · · · · · · · · · · · · · · · ·		*	÷		
Ċ	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		
	Carpenters Local 713 1050 Mattox Rd., Hayward CA 94541		4	To promote attend order to maximize	dance at an event held potential revenue fror	at a County facility in n sales.		
	Advocating for workers rig care and safe working cor							
4. \	Verification	44.1 and	d 18942. I have ve Michelle Di		t forth above, is in accordance w Supervisor's Aide	vith the requirements. 2/17/15		
			Print Nam		. Title	(Month, Day, Year)		
						. 1		
(Comment: Includes 1 park	king pass at the	value of \$30		1			
						FPPC Form 802 (4/1)		

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

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County		1.12		h - 12	Form	
	Division, Department, or Re	gion (If Applicable		For Official Use Only			
	Board of Supervisors			2			
	Designated Agency Contact	(Name, Title)				-	
	Steven Jones						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	steven.jone:	s@acgov.org)	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No	E Face Value	of Each Ticket/Pass \$.	\$300	
	Event Description Basketba	ull Game		Date(s)	03 <u> </u>	//	
	Event Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes No	If no: Gold	en State Warriors		
		at the helicest	meda County Supervis				
	Was ticket distribution made of agency official?	at the benest	Official's Name	(Last, First)			
3	Recipients						
	Use Section A to identify the ager	unit. • Use Sec	tion B to identify an indiv	idual. • Use Section C to Ide	ntify an outside organization.		
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy	
1			3				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the foll		wing:	
	Prola Diana			Ceremonial Role . • Other . • If checking "Ceremonial Role" or "Other" describe below		Income	
	Prola, Diana		1	To promote attendance at an event held at a C			
5			9	order to maximize potential County revenue			
				Ceremonial Rol	e 🗌 Other 🗖	Income	
			i	If checking "Ceren	nonial Role" or "Other" describe below	к: -	
	O New of Out-Ide Oreanization		Number of	- 1 - 4 Kir A	and the second second	A CARLEN AND AND AND	
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy	
			-				
						ė	
4.	Verification			and the second second	AND THE DEAL HER		
1		744.1 al	nd 18942. I have v	erified that the distribution s	et forth above, is in accordance	with the requirements.	
			Steven J	ones	Central District Direc	tor 03.05.2015	
		_	Print Nar	no	. Title	(Month, Day, Year)	
	Comments						
	Comment:					FPPC Form 802 (4/1)	

Ceremonial Role Events an	u nokeurass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County		Form OUZ For Official Use Only				
Division, Department, or Region (If A	Division, Department, or Region (If Applicable)					
Board of Supervisors				V 6		
Designated Agency Contact (Name, T	ïtle)		-			
Steven Jones						
	Area Code/Phone Number E-mail					
	• n.jones@acgov.org		Date of Original Filing:			
. Function or Event Informatio		,		(Month, Day, Year)		
Does the agency have a ticket policy		Eace Value	of Each Ticket/Pass \$ _	\$300/\$30parking		
Event Description Basketball Game	3 _ 04 _ 15	/				
	en State Warriors					
Ticket(s)/Pass(es) provided by agen	Name of Sc					
Was ticket distribution made at the b	neda County Superviso	or Wilma Chan				
of agency official?	Official's Name (Last, First)				
. Recipients						
Use Section A to identify the agency's depart		tion B to identify an indivi	dual. * Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Ur	traited all	Describe the pu	blic purpose made pursuan	t to the agency's policy		
	Pass(es)					
1						
	e	1				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	dee		
(Last, First)	Pass(es)		Identity one of the follow	ing.		
Prola lim		Ceremonial Role		Income		
Prola, Jim	1/1park		onial Role" or "Other" describe below: dance at an event held	at a County facility in		
			potential County rever			
		Ceremonial Role	Other D	Income		
	1/4 ports		onial Role" or "Other" describe below:	A Delation Address of the		
s (22	1/1park					
C. Name of Outside Organization (include address and description	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy		
	9 Pass(es)		interior technical analysis	and the second		
			(t. 17)			
		· · · · · · · · · · · · · · · · · · ·		4)		
	*	1.1.1	12			
. Verification	ld 1 and 18042 I have us	villed that the distribution on	t forth above, is in accordance w	ill the maultements		
	Steven Jo	the second se	Central District Directo	Dr 03.05.2015 (Month, Day, Year)		
	Print Man	72		(statut, cay, roat)		
Comment:				in the second		

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

_	eremonial Role Even	no ana no	Neur uso	Distributions	1	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	<u></u>		For Official Use Only		
	Division, Department, or Reg	jion (If Applicable		, a shina sa shi		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					+ +
	Area Code/Phone Number	E-mail			Amendment (Must provi	de explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Infor		0 0 0			(wonin, Day, rear)
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$250+\$30 parking
						2 33
	Event Description Basketba	Provide Title/Expl	anation	Date(s)	3 <u>21</u> <u>15</u>	//
	Ticket/a)/Dees/as) erouided i	000000000000000000000000000000000000000		Golde	en State Warriors	
	Ticket(s)/Pass(es) provided b	by agency r	Yes 🗌 No [Name of Source	
	Was ticket distribution made at the behest No I Yes I If yes: Alam			neda County Supervisor V	Vilma Chan	
	of agency official?				Official's Name (Las	t, First)
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 identify	an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
		-				
		Number of		•		
	B. Name of Individual (Last, First) Matthews, George		Ticket(s)/ Pass(es)	a dan san da	Identify one of the following	
			0	도망감 알 아이지 모양 동안 감정이었다.	onial Role" or "Other 🔲	Income
			4+1park	To promote attend	dance at an event held at potential County revenue	
				Ceremonial Role	Other	Income
			4+1park		onial Role" or "Other" describe below:	
			at that	0	4 - 12	
			1	X		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to	the agency's policy
	5					
						1
4.	Verification		1			
		944.1 and	d 18942. I have ve	arified that the distribution se	t forth above, is in accordance with t	he requirements.
			Steven Jo	a state of the sta	Central District Director	03.10.2015
			Print Nam	00	. Title	(Month, Day, Year)
5	0					
	Comment:	÷ .			FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12

-	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	-	-		
	Steven Jones				
	Area Code/Phone Number [E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	9	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 \$.	\$300+\$30 parking
	Event Description Basketball Game		Dete(a) 0	3 <u>, 23 , 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 .	
				Name of S	
	Was ticket distribution made at the behest No I Yes I If yes: Alan of agency official?			eda County Supervis Official's Name	or Wilma Chan (Last, First)
3.	Recipients vise Section A to identify the agency's department or unit. vise Section B to identify an indivi			ual. • Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	ALC: NOT STREET
		russ(say			
			3		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Krefetz, Fred		2231 (23.23) 232 (23.23) 232 (23.23) (2	Other Inial Role" or "Other" describe below.	income [
		2+1park	To promote attendance at an event held at a order to maximize potential County revenue		
	t		Ceremonial Role	Other Inter Other Describe below.	Income [
		2+1park	n checking "Geremo	narrow or other beached below.	
					7
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Describe Pass(es)		e the public purpose made pursuant to the agency's policy	
				1	9
_	N. 10		······		
	Verification	d 18942. I have v	erified that the distribution set	forth above, is in accordance v	with the requirements.
		Steven J	ones	Central District Direct	or 03.10.2015
			10		and the second s

A Public Document

-	A	19 TO 20 A DE 20 M REE - 17 2 2 2			D. I. O.	California 0.00	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			For Official Use Only			
	Division, Department, or Re	gion (If Applicable					
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones			provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	(510) 272-6693	steven.jones	s@acgov.org	l	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$350	
	Event Description Basketba	all Game		Data(a) 03	3 / 14 / 15	1 1	
	Event Description	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No I	If no: Golde	n State Warriors		
				Rectard and a second	Name of Se		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name	or wiima Gnan	
_					Onicial s Hants	ferrar i nav	
3.	Recipients			· · · · · · · · · · · · · · · · · · ·		, , ,	
	Use Section A to identify the ager		Number of		We want to the second state of the second	and the second second second second second	
	A. Name of Agency, Departr	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
3							
			. E				
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
	(Lost, First)	State State	Pass(es)		Identity one of the follow	Ying:	
	Mindley Dises				Other	thcome	
	Wydler, Diane		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County fac			
	x			order to maximize potential County revenue from sales.			
			-	Ceremonial Role	the second se	Income	
	A.		20		nial Rola" or "Other" describe below:		
	1		2	1			
	2 2						
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	(include address and d	escription)	Pass(es)	Par no adar sana	and the second second		
			-				
					*		
4.	Verification						
		044.1 an	d 18942. I have ve	orified that the distribution set	forth above, is in accordance v	with the requirements.	
	and a second		Steven Jo	ones	Central District Direct	or 03.10.2015	
			Print Nam	10	Title	(Month, Day, Year)	
	Comment:						

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors For Official Use O Designated Agency Contact (Name, Title) I Amendment (Must provide explanation in Part 3) Steven Jones I Amendment (Must provide explanation in Part 3) Area Code/Phone Number E-mail (510) 272-6693 steven, jones@acgov.org Des If he agency have a ticket policy? Yes IN No Part Description Basketball Game Poroide TitleExplanation Date (s) Ticket(s)/Pass(es) provided by agency? Yes IN No Yes Intervent If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes Intervent Yes Intervent Section A to identify the agency's department or unit. * Use Section B to identify an outside organization official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an outside organization official? B. Name of Individual astree Number of Telect(s)/ Describe the public purpose made pursuant to the agency's policy Telectory's policy Pass(ea) Caremonial Role Interventue from sales. Interventue from sales.	Cerer	monial Role Even	nts and Tic	ket/Pass	Distributions		A Public Document
Alarmeda County For Official Use O Division, Department, or Region (# Applicable) Board of Supervisors Designated Agency Contact (Nume, Title) Image: Contact (Nume, Title) Steven Jones Image: Contact (Nume, Title) Area Codd/Phone Number E-mail (510) 272-6693 Event, Jones@acgov.org Z. Function or Event Information Does the agency have a ticket policy? Yes IM NO Image: Contact (Numb, Day, Year) Z. Function or Event Information Date of Original Pilling: Image: Contact (Numb, Day, Year) Z. Function or Event Information Face Value of Each Ticket/Pass \$	1. Age	ency Name				Date Stamp	
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Steven Jones Area Code/Phone Number [G10] 272-6693 Steven Jones @acgov.org Destination Does the agency have a ticket policy? Yes No Function or Event Information Does the agency have a ticket policy? Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If yes: Alameda County Supervisor Wilma Chan of agency official? Name of agency will agency's well and the title/Explanation Yes Name of Agency, Department or unit Number of Treace(s) Yes Name of Agency, Dep	Alar	meda County					Form
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	Divis	sion, Department, or Reg	jion (If Applicable		T Gi Olincia Ost Olity		
Steven Jones	Boa	ard of Supervisors	5				
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	Des	Ignated Agency Contact	(Name, Title)	1			
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	Stev	ven Jones					
2. Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$\$ \$: Event Description Basketball Game Date(s) 03 / 11 / 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 X Yes X Alameda County Supervisor Wilma Chan 3. Recipients •Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Marsh, Dwayne 2 Caremonial Role			E-mail				
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$\$; Event Description Basketball Game Date(s) 03 / 11 / 15 / / / Event Description Basketball Game Date(s) 03 / 11 / 15 / / / Ticket(s)/Pass(es) provided by agency? Yes No No No No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Pass No Pass If yes: Alameda County Supervisor Wilma Chan Official's Name of Source 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 Official's Name (Last, First) 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) Marsh, Dwayne 2 Caremonial Role Other describe below: Inc. 12 2 Caremonial Role Other describe below: Inc. 12 2 Caremonial Role Other describe below: Inc. 13 2 Caremonial Role	(510	0) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$,			\$300
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan Officient's Name of Source Officient's Name (Last, First) Officient's Name (Last, First) 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) Describe the public purpose made pursuant to the agency's policy Marsh, Dwayne 2 Ceremonial Role Other Inc. 2 Ceremonial Role Other Inc. Inc. If checking "Ceremonial Role" or "Other" describe below: Inc. 2 Ceremonial Role Other Inc. Inc. If checking "Ceremonial Role" or "Other" describe below: Inc. If checking "Ceremonial Role" or "Other" describe below: Inc. Inc. Inc. Inc. Inc.	Doe			Yes 🛛 No 🛛	-		
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Mane of Source Name of Source Was ticket distribution made at the behest of agency official? No Yes 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)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Find) Number of Ticket(s)/ Pass(es) Identify one of the following: Identify one of	LVO	ne beschption	Provide Title/Expl	anation			
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of agency official? Official? Mame (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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following: Marsh, Dwayne 2 Ceremonial Role Other Generation of Other Generation and example a county facility order to maximize potential County revenue from sales. Q Ceremonial Role Other Generation of the county facility order to maximize potential Role* or "Other" describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Incellicher Generation Role* or "Other" describe below: 2 Ceremonial Role Other Generation Role* or "Other" describe below: Incellicher Generation Role* or "Other" describe below:	Mae	tieket dietzibutien made	at the behast		Alam		
• 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 (Lsst, Feng) B. Name of Individual (Lsst, Feng) Ceremonial Role Other Ceremonial Role Cere			at the benest	No 🗋 Yes I	If yes:	Official's Name (Last, First)
 * 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, Feng) Marsh, Dwayne 2 Ceremonial Role							
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2 To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. 2 Ceremonial Role □ Other □ Inc. 2 If checking "Ceremonial Role" or "Other" describe below: 2 Name of Outside Organization (Inclusion) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	Ma	Mareh Dwayne					Income
C. Name of Outside Organization (Include address and describer) Number of Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	IVICU	Marsn, Dwayne		2	To promote attendance at an event held at a County facility in		
2 If checking "Geremonial Role" or "Other" describe below: 2 C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				order to maxim		nize potential County revenue from sales.	
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					Ceremonial Role	Other	Income
C. Name or Outside organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	34			2	If checking "Geremo	onial Role" or "Other" describe below:	
C. Name or Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				50 M			
Ticket(s)/ Describe the public purpose made pursuant to the agency s pointy	-	Name of Outside Organization Number of		Number of	n in Na sana ang ang ang ang ang ang ang ang ang		
	С.				Describe the pu	iblic purpose made pursuan	t to the agency's policy
							(A)
4. Verification	4. Vei	rification				4	
144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			144.1 an	d 18942. I have ve	erified that the distribution se		
				the second data and the second data		and protocol state of an and an and a second state of a second state of a	and a second sec
Print Name Title (Month, Day,				Print Nan	ne	Title	(Month, Day, Year)
Comment:	Co	mment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County	Alameda County					
Division, Department, or Region (If Applicable	-	For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name, Title)			-	-		
Steven Jones						
Area Code/Phone Number [E-mail			Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6693 steven.jones	@acgov.ord		Date of Original Filing:	41 H B H I		
2. Function or Event Information	Geogeneit			(Month, Day, Year)		
Does the agency have a ticket policy?	of Each Ticket/Pass \$	\$39.40				
	Yes 🛛 No		3 , 01 , 15			
Event Description Disney On Ice: Let's Cel	anation	Date(s)	5 01 15	//		
Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No	If no. Golde	en State Warriors			
never(s)/Pass(es) provided by agency?	urco					
Was ticket distribution made at the behest No I Yes I If yes: Alameda County Supervisor Wilma Chan						
of agency official? Official's Name (Last, First)						
 Recipients Use Section A to identify the agency's department or identify 	unit. • Use Ser	stion B to identify an individ	iual a Use Section C to klen	lify an outside organization		
A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursuant	And a second second second second		
	Pass(es)			an ann agus ann an		
				2		
				6		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	and decision	Identify one of the follow	ing:		
The Maria		Ceremonial Role		' Income		
Lee, Nancy	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 sales.				
		Ceremonial Role	Other O	Income		
	4	If checking "Ceremo	nial Role" or "Other" describe below:			
(a) (a) (A)	7					
	Number of			1 2 		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
-	Pass(es)	1				
			$ \rangle$	1 () () () () () () () () () (
. Verification	1					
4.1 and	18942. I have ve	orified that the distribution set	forth above, is in accordance wi	Ih the requirements.		
	Steven Jo	ones	Central District Directo	or 03.05.2015		
	Print Nam	10	- Title	(Month, Day, Year)		
		8				
Comment:						

Ce	eremonial Role Eve	nts and fit	Retrass	Distributions		A Public Documen	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Fomm	
	Division, Department, or Re	gion (If Applicable	o) .			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6693	100 Sta	s@acgov.org		Date of Original Filing:	all the Deve March	
>	Function or Event Info		-63	,		(Month, Day, Year)	
	Does the agency have a tick		of Each Ticket/Pass \$	\$300+\$30 parking			
	a naan ina maana a waxaa saan faha fila siifiya		Yes 🛛 No	_	3		
	Event Description Basketba	Provide Title/Exp	03 / 11 / 15	//			
	Ticket(s)/Pass(es) provided	a parasanganan	en State Warriors				
	ricket(s)/Pass(es) provided	by agency r	Name of So				
	Was ticket distribution made at the behest No I Yes I If yes: Alam			meda County Superviso	r Wilma Chan		
	of agency official?		Official's Name (I	.ast, First)			
3.	Recipients • Use Section A to identify the ager	icv's department or	unit. • Use Sec	tion B to identify an indiv	idual - a Use Section C to iden	lfy an outside organization	
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	and the second second	ublic purpose made pursuant		
					1		
	B. Name of Individual (Last, First) Russell, Julie		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			2+1park	elen a compositi de la state de la seconda de la second	nonial Role" or "Other" describe below:		
			2 TPark	To promote attendance at an event he order to maximize potential County re			
				Ceremonial Role		Income	
	C. Name of Outside Organization (include address and description)		2+1park	If checking "Ceren	ionial Role" or "Other" describe below:	÷ 7	
			Number of Ticket(s)/ Pass(es)	Describe the p	Describe the public purpose made pursuant to the agency's policy		
					2		
	Verification	udations 100 LL 1	10010 11	Red that the		t the second	
	have read and understand EDDP Bar	1044,1 an	d 18942. I have ve		ot forth above, is in accordance wit	h the requirements.	
					and the second s		
			Steven Jo Print Nam		Central District Directo	r 03.11.2015 (Month, Day, Year)	

Agency Na	me	1	5.6		Date Stamp	California 802
Alameda Cou	unty					
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title)						For Official Use Only
					1.01	
		1				
Amy Shrago	one Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-66		0.200300000000000	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function of			0			(monut, Day, rear)
	ncy have a tick		Yes 🗌 No 🛛	✓ Face Value	of Each Ticket/Pass \$	555.00
						2 10 10 10
Event Descrip	tion	vs. Mavericks Provide Title/Exp	anation	Date(s)	2 <u>04 15</u>	/
Tiskska	(an) manufalad			Golde	en State Warriors	
Ticket(s)/Pass	(es) provided	by agency r	Yes 🗌 No 🛛		Name of Sou	rce
Was ticket distribution made at the behest No I Yes I If yes: Carso				son, Keith		
of agency of	ficial?	t			Official's Name (L	ast, First)
 Recipients Use Section A to identify the agency's department or 			r unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of	-		
В.	Name of Individ (Last, First)	ual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Brooks, Rodney C. Name of Outside Organization (Include address and description)		4	If checking "Cerem To reward a Cour	onlal Role" or "Other I Income Ionial Role" or "Other" describe below: Inty employee for his or her exemplary service Incourage staff development		
			Ceremonial Role	Dither Dites on a Other of the selow:	Income	
		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
						11 3
Verificatio			nd 18942. I have ve	arified that the distribution se	t forth above, is in accordance wi	th the requirements.
Verification	<u>,</u>	1.0	nd 18942. I have ve Amy Shr		et forth above, is in accordance wi Supervisor's Assistan	

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

Agency Rep	oort of:			
Ceremonial	Role Events	and	Ticket/Pass	Distributions

				Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
200 4	Alameda County			the state of the second se			
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only	
	Board of Supervisors	an ann ann a' stàitean a' stàitean an s					
	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:	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a tick	et policy?	Yes No	🛛 🛛 Face Value	of Each Ticket/Pass \$	66.70	
	Event Description Monster	Jam		Data(a) 02	2 <u>, 21 , 15</u>	7 7	
	Event Description	Provide Title/Expl	anation			//	
	Ticket(s)/Pass(es) provided I	by agency?	Yes No	If no: Golde	n State Warriors		
					Name of Sou	irce	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Cars	Official's Name (L	ast. First)	
-							
3.	 Recipients Use Section A to identify the agen 	cv's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant		
	8				N.		
			Mumber of	N			
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Williams, Sharifa		4	Ceremonial Role Ceremonial Role Other Inco			
				To promote attendance at an event held at a County facility in order to maximize potential County revenue			
	Shrago, Amy			Ceremonial Role If checking "Ceremo	Dother nial Role" or "Other" describe below:	Income	
	Sinago, Any		4	To reward a County employee for his or her exemplary serv the public or to encourage staff development			
	C. Name of Outside Orga (include address and de	inization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
		0				2 1	
	2				,		
4.	Verification	1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.	
			Amy Shr	-	Supervisor's Assistant		
			Print Nan	and the second se	Title	(Month, Day, Year)	
	1						

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
C	eremonial Role Ever	its and fic	keuPass	Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
	Division, Department, or Reg	gion (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)		4.19			
	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						
	Does the agency have a tick		Yes No [Face Value	of Each Ticket/Pass \$ _	39.40	
	Event Description Disney on Ice				2 <u>, 26 , 15</u>	1 1	
	Event Description	Provide Title/Expl	//	//			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold			If no: Golde	en State Warriors Name of So	urce	
	Was ticket distribution made	at the behest	No 🗆 Yes [If yes: Cars	on, Keith		
	of agency official?		819177 - 8883		Official's Name (Last, First)	
3.	Recipients						
	• Use Section A to identify the agen	cy's department or		tion B to identify an individ	Iual.	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu Pass(es)		oublic purpose made pursuant to the agency's policy		
					A		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ð	Identify one of the follow	ing:	
	Lopez, Daisy			Ceremonial Role	onial Role" or "Other 🛛	Income	
			4		ty employee for his or courage staff developr	her exemplary service to nent	
				Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below:	Income	
,	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
					2	÷.	
4.	Verification						
		14.1 an	d 18942. I have ve	arified that the distribution se	t forth above, is in accordance w	ith the requirements.	
			Amy Shr	ago	Supervisor's Assistar	nt 03/05/15	
	/ ~		Print Nam	and the second se	Title	(Month, Day, Year)	
	Comment:		1			FPPC Form 802 (4/12	

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				1 (h) (h)	
	Division, Department, or Re	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
		(rune, rue)				
	Amy Shrago	1			Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
	(510) 272-6695		@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info					39.40
	Does the agency have a tick		Yes 🗌 No	ter a ser a se	of Each Ticket/Pass \$	
	Event Description Disney on Ice Date(s) Date(s)				2 <u>, 28 , 15</u>	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors Name of Sol	urce
	Was ticket distribution made at the behest No I Yes I If yes: Cars					
	of agency official?	at the benest	No L Yes	If yes:	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 individ	dual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit Num		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
	<u>k</u>					
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Jenkins, Kevin		4	To reward a Coun	onial Role" or "Other" describe below:	Income C
				Ceremonial Role		Income
				If checking "Ceremo	onial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Org (include address and d	anization escription)	Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy
	•		Pass(es)	· · · · · · · · · · · · · · · · · · ·		
		1				
			5 C	+		
_						
4.	Verification			affect that the start is a	the state of the second second	the the second
		ar			t forth above, is in accordance wi	25 State 2000
			Amy Shr		Supervisor's Assistan	
	,		Print Nan	10	Title	(Month, Day, Year)
	Comment					
	Comment:					

oerenional Role Events	and non	eurass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County				4	
Division, Department, or Region	Division, Department, or Region (If Applicable) Board of Supervisors				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nan	ne, Title)			-	1
Amy Shrago					
, ,	mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6695 ar	ny.shrago@	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Informa	tion				
Does the agency have a ticket po	licy?	Yes 🗆 Nol	🖂 🛛 Face Value	of Each Ticket/Pass \$	39.40
Event Description Disney on Ice			Dete(a) 0	2 , 27 , 15	1 1 1
Event Description	ovide Title/Explai	nation			//
Ticket(s)/Pass(es) provided by ag	iency?	Yes 🗆 No l	If no: Golde	en State Warriors	
				Name of Soul	ce
Was ticket distribution made at th of agency official?	e behest	No 🗌 Yes	If yes: Cars	Official's Name (La	net Eiret)
				Cincial a Namo (Le	, rinay ,
 Recipients Use Section A to identify the agenovie of 	lanartment or up	nit a Lleo Soc	tion B to Identify an Individ	duale Use Section C to Identifi	y an outside organization
• Use Section A to identify the agency's department or A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	and the second	blic purpose made pursuant t	
					4
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
lacab Mika			Ceremonial Role		Income
Jacob, Mike		4	AND	anial Role" or "Other" describe below: nunity volunteer for his c	or her service to the
			Ceremonial Role	Other D	tncome
	1.1		If checking "Ceremo	onial Role" or "Other" describe below:	
			1.1.1	5	
		Number of			
C. Name of Outside Organizat (include address and descrip		Ticket(s)/ Pass(es)	Describe the pu	ibe the public purpose made pursuant to the agency's policy	
· · · · · · · · · · · · · · · · · · ·					
	_				
					h
4 Varification	nd	18942. I have ve	nified that the distribution se	t forth above, is in accordance with	the requirements.
					03/05/15
t	-	Amy Shr	and the second se	Supervisor's Assistant	(Month, Day, Year)
/ ~			94AC	5256	**************************************
Comment:					EBBC Form 902 /4/4

	neo anta rito	Nour doo	Distributions		A Public Document
Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802
					Form 002
				-	For Official Use Only
Board of Supervisors		1.0	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
Designated Agency Contact	(Name, Title)				
Amy Shrago					
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695	- NORMAN STREET	@acgov.org		Date of Original Filing:	(Month, Day, Year)
A REAL PROPERTY AND A REAL					(monun, Day, Year)
		Yes 🗖 Nol	Face Value	of Each Ticket/Pass \$	39.40
and a construction of the state					
Event Description Dat			Date(s)	5 01 15	/
Ticket(s)/Pass(es) provided by agency? Yes			If no: Golde		
Mee lieket distribution mode at the behavior			Care		100
	at the benest	No 🗋 Yes I	If yes: Oars	Official's Name (L	ast, First)
	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to identi	fy 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		to the agency's policy
					V B
B. Name of Individu (Last, First)	ual	Number of Ticket(s)/		Identify one of the following	1g:
Allison, Elonda		4	To reward a comm	onial Role" or "Other" describe below:	Income
			Ceremonial Role	Other D Inial Role" or "Other" describe below:	- Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		to the agency's policy
America and a second					2
1			24	8	5
N					
Verification	an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance will	h the requirements.
	_	The second s		the second s	03/05/15 (Month, Day, Year)
Comment:		- un rum		100	(monin, way, rear)
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a tick Event Description Disney of Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm Allison, Elonda C.	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Event Description Does the agency have a ticket policy? Event Description Disney on Ice Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to Identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, Free) Allison, Elonda Varific stion	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Arny 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 Event Description Disney on Ice Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Yes Recipients *Use Section A to Identify the agency's department or unit. *Use Section A to Identify the agency's department or unit. *Use Section A to Identify the agency's department or unit. B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Allison, Elonda 4 C. Name of Outside Organization (Include address and description) Ticket(c)/ Ticket(c)/ Pass(es) Varification Image: (Include address and description) Mumber of Ticket(c)/ Pass(es) Varification Image: (Include address and description) Ticket(file)/ Pass(es) Image: (Include address and description) Ticket(file)/ Pass(es) I	Agency Name Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 E-mail Does the agency have a ticket policy? Yes □ No ⊠ Face Value Event Description Disney on Ice Date(s) O Provide Title#Explanation Date(s) O Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde Was ticket distribution made at the behest of agency official? If yes: Cars Cars of agency official? Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pupers(es) Allison, Elonda 4 Ceremonial Role if checking Cereme If include address and description) Ticket(s)/ Pass(es) Describe the pupublic C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the pupublic C. Name of Outside Organization (Include address and description) Pass(es	Agency Name Date Stamp Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Area Code/Phone Number E-mail 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 > Face Value of Each Ticket/Pass \$

Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Applical	ole)	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.shrag	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				105.00
Does the agency have a ticket policy?	Yes 🗆 No	🛛 👘 Face Value d	of Each Ticket/Pass \$ _	125.00
Event Description Charlie Wilson		Date(s)03	<u>, 27 , 15</u>	
Provide Title/E.	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	urce
Alex Malext distribution mode at the hole and		Carse		urcu .
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	Official's Name (Last, First)
Recipients	()			
Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	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
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing
(Last, First)	Pass(es)			ing:
Carson, Keith	4	Ceremonial Role Other I Incom If checking "Ceremonial Role" or "Other" describe below: To obtain oversight of facilities or events that have received		
		County funding or		Autority of a second
		Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	
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
3				
			÷.,	i.
Verification	and 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.
		÷)		
	Amy Shr	ago	Supervisor's Assistar	t 03/25/15

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

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County						
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors		1.00				
	Designated Agency Contact (Name, Title)		× *				
	Amy Shrago						
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)		
	(510) 272-6695 amy.shrago@acgov.org			Date of Original Filing:	(Month Day Year)		
2.	Function or Event Information	0 0 0			(Monut, Day, Tear)		
	Does the agency have a ticket policy?	Yes 🗆 No l	Face Value of	of Each Ticket/Pass \$.	300.00		
		100 🖬 1101		3 , 04 , 15			
	Event Description Warriors vs. Bucks	anation	Date(s)		//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No	If no: Golde	n State Warriors	1		
				Name of S	ource		
	Was ticket distribution made at the behest No I Yes I If yes: Car			on, Keith Official's Name			
	of agency official?			Omciar'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 pu	Describe the public purpose made pursuant to the agency's policy			
	2						
					2		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	-	Identify one of the follow	ving:		
			Ceremonial Role		Income		
	Carson, Keith	4	If checking "Ceremonial Role" or "Other" describe below: To evaluate the ability of a facility, its operator, or a local sports				
				im to attract business and contribute to the local economy			
			Ceremonial Role If checking "Ceremo	Other D Inial Role" or "Other" describe below	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy			
			201		Ŷ		
4.	Verification						
1				forth above, is in accordance v			
		Amy Shr	000	Supervisor's Assista	nt 03/25/15		

0	eremonial Role Ever	its and the	Neurass	Distributions		A Public Document	
1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California Form 802	
						For Official Use Only	
	Board of Supervisors					· · · · · · · · · · · · · · · · · · ·	
	Designated Agency Contact	(Name, Title)				5 A	
	Amy Shrago						
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info	mation				150.00	
	Does the agency have a tick		of Each Ticket/Pass \$	450.00			
	Event Description Warriors	vs. Mavericks Provide Title/Expl	3 <u>06</u> 15	//			
	Ticket(s)/Pass(es) provided t	v agapov2	Ver 🗖 Nel	If no. Golde	n State Warriors		
					Name of Sou	Irce	
	Was ticket distribution made at the behest No D Yes 🗵			If yes: Carso	on, Keith		
	of agency official?				Official's Name (L	.ast, First)	
3.	Recipients		61 - 55 - 65	0 11 40 He H 600	1		
	* Use Section A to identify the agen	sy's department or	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		to the agency's policy	
			ų.	1			
	·			2			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	6 7.8	Identify one of the following:		
	Brown, Aisha			Ceremonial Role	Other Annual Role" or "Other" describe below:	Income	
			4	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	y .		•	Ceremonial Role If checking "Ceremon	Other Cher Cher Cher' describe below:	. Income	
	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	
				2			
4.	Verification	1 and	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wil	th the requirements.	
			Amy Shr		Supervisor's Assistant		
			Print Nan		Supervisor's Assistant	(Month, Day, Year)	
	11 0						
	Comment:				1	EDDO F 000 1/1/1	
						FPPC Form 802 (4/12)	

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

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Agency Rep	ort of:	*		
Ceremonial	Role Eve	nts and	Ticket/Pass	Distributions

١.	Agency Name		Date Stamp	California 802			
	Alameda County			CONTRACTOR AND			
	Division, Department, or Reg	gion (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
		(ridine), inc)					
	Amy Shrago Area Code/Phone Number	ÍE-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	accov ora		Date of Original Filing:		
_	· ·		gacgov.org			(Month, Day, Year)	
. .	Function or Event Info		· · · ·	Eace Value	of Each Ticket/Pass \$ _	300.00	
	Does the agency have a tick		Yes 🗌 No	10.42 A			
	Event Description Warriors	VS. Pistons Provide Title/Exp	lanallan	Date(s)	3 <u>11 15</u>	//	
		riovide mesesp			an State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Golde	en State Warriors Name of S	ource	
	Was ticket distribution made at the behest No I Yes			If yes: Care	on, Keith		
	of agency official?			a iryes.	Official's Name	(Last, First)	
3.	Recipients						
	. Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • 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 pol		nt to the agency's policy	
	,				y		
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	(Last, Pasi)	ual	Ticket(s)/		Other 🛛	Income [
	B. Name of Individ (Last, First) Lam, Joe	ual	Ticket(s)/	If checking "Cerem To reward a Cour	Other Sonial Role" or "Other" describe below	Income [
	(Last, Pasi)	ual	Ticket(s)/ Pass(es)	It checking "Cerem To reward a Cour the public or to er Ceremonial Role	Other X onial Role" or "Other" describe below ity employee for his or acourage staff develop	Income [her exemplary service to ment Income [
	(Last, Pasi)	ual	Ticket(s)/ Pass(es)	It checking "Cerem To reward a Cour the public or to er Ceremonial Role	Other IX onial Role" or "Other" describe below ity employee for his or acourage staff develop	Income [her exemplary service to ment Income [
	(Last, Pasi)	anization	Ticket(s)/ Pass(es)	If checking "Cerem To reward a Cour the public or to er Ceremonial Role If checking "Cerem	Other X onial Role" or "Other" describe below ity employee for his or acourage staff develop	Income [her exemplary service to ment Income [
	(Last, Finit)	anization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To reward a Cour the public or to er Ceremonial Role If checking "Cerem	Other S onial Role" or "Other" describe below ity employee for his or icourage staff develop Other O onial Role" or "Other" describe below	Income [her exemplary service to ment Income [
	(Last, Finit)	anization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To reward a Cour the public or to er Ceremonial Role If checking "Cerem	Other S onial Role" or "Other" describe below ity employee for his or icourage staff develop Other O onial Role" or "Other" describe below	Income C her exemplary service to ment Income C	

Amy Shrago Supervisor's Assistant 03/25/15

Amy Shrago	Supervisor's Assistant	03/25/15
Print Name	Title	(Month, Day, Year)

1. Agency Name Date Stamp California Alameda County Division, Department, or Region (If Applicable) Date Stamp For Official Use Board of Supervisors Designated Agency Contact (Name, Title) Image: Contact (Name, Title) Image: Contact (Name, Title) Amy Shrago Image: Amendment (Must provide explanation in Paints) Image: Contact (Name, Title) Image: Contact (Name, Title) Amy Shrago Image: Amendment (Must provide explanation in Paints) Image: Contact (Name, Title) Image: Contact (Name, Title) Area Code/Phone Number E-mail amy.shrago@acgov.org Image: Contact (Name, Title) Image: Contact (Name, Title) 2. Function or Event Information Does the agency have a ticket policy? Yes No Image: Contact (Name, Title) Image: Contact (Name, Title) Does the agency have a ticket policy? Yes No Image: Contact (Name, Title) Image: Contact (Name, Title) Image: Contact (Name, Title) Image: Contact (Name, Title) Does the agency have a ticket policy? Yes No Image: Contact (Name, Title) Image: Conta	e Only
Attained a County For Official Use Division, Department, or Region (If Applicable) For Official Use Board of Supervisors Image: Contact (Name, Title) Amy Shrago Image: Contact (Name, Title) Amy Shrago Image: Contact (Name, Title) Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Does the agency have a ticket policy? Yes Into X Does the agency have a ticket policy? Yes Into X Provide Title/Explanation Date(s) Image: Contact (Name (Last, First) Ticket(s)/Pass(es) provided by agency? Yes Into X Vas ticket distribution made at the behest of agency official? No Yes X Name of Agency, Oppartment or unit. * Use Section A to identify the agency's department or unit. * 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 organiz A. Name of Agency, Department or Unit Number of Agency for an Individual. * Use Section C to identify an outside organiz	e Only art 3.)
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 E-mail (510) 272-6695 Does the agency have a ticket policy? Yes No IX Face Value of Each Ticket/Pass \$ Board of Supervisors Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No IX Face Value of Each Ticket/Pass \$ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No IX If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No IX Yes If yes: Carson, Keith 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 organiz A. Name of Agency, Department or Unit Number of Ticket(s)/	art 3.)
Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 arry.shrago@acgov.org Dete of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No I Face Value of Each Ticket/Pass \$	
Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 arry.shrago@acgov.org Dete 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 \$ 3 Event Description Warriors vs. Knicks Date(s) 03 / 14 / 15 / / Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carson, Keith 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	
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filing: 2. Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket/Pass \$	
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filing:	
(510) 272-6695 amy.shrago@acgov.org Date of Original Filing:	300.00
2. Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket/Pass \$3 Event Description Warriors vs. Knicks Date(s)3 /1 / Event Description Warriors vs. Knicks Date(s)3 /1 / Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carson, Keith Official's Name (Last, First) 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 organiz A. Name of Agency, Department or Unit Number of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy	300.00
Does the agency have a ticket policy? Yes No X Face Value of Each Ticket/Pass \$3 Event Description Warriors vs. Knicks Date(s) 03 / 14 / 15 / 15 / 14 / 15	300.00
Event Description Warriors vs. Knicks Date(s) 03 14 15 1 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith 0fficial's Name (Last, First) 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 organiz A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policies	
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A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policity	ration.
r aaataat	
B. Name of Individual Number of Ticket(s)/ (Last, First) Identify one of the following:	
Pass(es)	Income
Carson, Keith If checking "Ceremonial Role" or "Other" describe below:	
4 To obtain oversight of facilities or events that have receive County funding or support	ed
	F
Ceremonial Role Other I	Income L
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 poli-	cy
4. Verification 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	7
	25/15
· / ·	25/15 Day, Year)

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

~	eremonial Noie Lvei	no and no	Neur uss	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					1 dilii	
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only	
	Board of Supervisors			<u>29</u>			
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation				100000000000000000000000000000000000000	
	Does the agency have a tick	et policy?	Yes 🗆 No	Face Value	of Each Ticket/Pass \$ _	350.00	
	Event Description Warriors	Event Description Warriors vs. Lakers Provide Title/Explanation			3 <u>, 16 , 15</u>		
		Provide mercap		Golde	n State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes I No			If no:	Name of So	urce	
	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Cars	on, Keith		
	of agency official?				Official's Name (Last, First)	
3.	e 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 organizatio						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	he public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First) Brown, Elaine		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			4	To reward a Coun	nial Role" or "Óther" describe below:	Income L	
	5 12 - 12			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income 🗌	
	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	
			1				
					1		
4	Verification		d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.	
			Amy Shr	ago	Supervisor's Assistan	t 03/25/15	
			Print Nan		Title	(Month, Day, Year)	
	11 "						
	Comment:						

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

A Dublic Decu

stemomar Note Even	to una no	Neuri dese	Distributions		A Public Document	
Agency Name		Date Stamp	California 802			
Alameda County			Form OU2			
Division, Department, or Reg	jion (If Applicable		For Oricial Use Only			
Board of Supervisors						
	(Name, Title)					
Amy Shrago		- 40			uida avolanation in Part 31	
Area Code/Phone Number	E-mail					
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Information					350.00	
		Yes 🗌 No [
Event Description Warriors	vs. Jazz	aaallaa	Date(s)03	3 , 21 , 15 _	/	
		- Golde	n State Warriors			
Ticket(s)/Pass(es) provided by agency? Yes No			If no: Golden State Warnors Name of Source			
Was ticket distribution made	at the behest	No 🗔 Yes I	If yes: Carso	on, Keith		
of agency official?				Official's Name (La	ast, First)	
Recipients			ÿ		e star a co	
• Use Section A to identify the agen	cy's department or	the second se	tion B to identify an individ	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the Pass(es)		public purpose made pursuant to the agency's policy		
	5 . U		4		(j) ju	
					4	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
Carson, Keith					Income	
		4	To review facilities	ities or events that may require County fu		
			· Ceremonial Role	Other	Income	
C. Name of Outside Organization (include address and description)			If checking "Ceremo	nial Role" or "Other" describe below:		
					3	
		Number of Ticket(s)/ Pass(es)	Describe the pu	to the agency's policy		
		*				
			1			
Verification		d 18942 bave ve	erified that the distribution set	forth above, is in accordance with	h the requirements.	
	an					
	-		and the second se	Supervisor's Assistant	(Month, Day, Year)	
·/ U				1550		
Comment:			EPBC Form 802 (4/1			
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticked Event Description Warriors Ticket(s)/Pass(es) provided B Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individe (Least, Float) Carson, Keith Varification	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Eunction or Event Information Does the agency have a ticket policy? Event Description Warriors vs. Jazz Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients * Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (cast, Fint) (include address and description)	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Event Description Warriors vs. Jazz Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Yes Yes Recipients •Use Section A to identify the agency's department or unit. • Use Sec * Use Section A to identify the agency's department or unit. • Use Sec •Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Carson, Keith 4 C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Include address and description) Ticket(s)/ Pass(es) Divertile castion Intervery Army Shi Print Name	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 E-mail amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No 🛛 Face Value of Event Description Warriors vs. Jazz Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🖄 If no: Golde Vas ticket distribution made at the behest 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 Individ A. Name of Agency, Department or Unit B. Name of Individual Kast/seq Carson, Keith 4 Carson, Keith 4 Varification C. Name of Outside Organization C. Outside Organization C. Outside Organization C. Outsi	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Image: Amendment (Must pressure and the state of Supervisors) Area Code/Phone Number E-mail amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes Image: No Image: Amendment (Must pressure and the state of Supervisors) Powder Title/Systemation Date(s) 03 21 15 Function or Event Information Does the agency have a ticket policy? Yes Image: Carson, Keith Date(s) 03 21 15 Freedel(S)/Pass(es) provided by agency? Yes Image: Carson, Keith If no: Golden State Warriors Mame of Supervision and the behest no Image: Carson, Keith Official's Name (Little's Matter of Carson, Keith If yes: Carson, Keith -Use Section B to identify an individual. -Use Section C to identify the agency's department or unit. -Use Section B to identify an individual. -Use Section C to identify an individual. -Use Sectiden C to identify an individual. -Use	

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Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name Date Stamp Cali Alameda County Division, Department, or Region (II Applicable) Formation Board of Supervisors Designated Agency Contact (Name, Title) Formation Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explant) Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: 2. Function or Event Information Image: Cali	blic Docun
Division, Department, or Region (# Applicable) Formattion Board of Supervisor's Assistant Image: Amendment (Mast provide explanation) Area Code/Phone Number E-mail (510) 272-6691 Iceann.fergerson@acgov.org Date of Original Filing: 2. Function or Event Information Does the agency have a ticket policy? Yes CD No Face Value of Each Ticket/Pass \$	ornia Qr
Board of Suppir/isors Designated Agency Contact (Name, Tile) Lee Ann Fergers:on, Stipminisor's Assistant Area Code/Phone Number E-mail (510) 272-6691 Beeann.fergers:on@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ON 0 Fixed ticket policy? Face Value of Each Ticket/Pass \$ Date(s) Date(s) Provide Title/Diplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes ON 0 If no Name of Source Was ticket distribution made at the behest No< Yes	rm OC
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Stypnvisor's Assistant: Area Codd/Phone Number [610] 272-6691 leeann,fergerson@acgov.org Date of Original Filing:	Official Use Only
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Stypervisor's Assistant: Area Code/Phone Number [510] 272-6691 leeann.fergerson@acgov.org Date of Original Filing:	
Lee Ann Fergerson, Stypervisor's Assistant Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org 2. Function or Event Information Does the agency have a fickel policy? Provide TableSplaneGon Face Value of Each Tickel/Pass \$ Event Description Charles planeGon Provide TableSplaneGon If no Tickel(s)/Pass(es) provided by agency? Yes ON O Was ticket distribution made at the behest No of agency official? Official? 3. Recipients	
Area Code/Phone Number (510) 272-6691 E-mail Date of Original Filing: (Mondy, 1) 2. Function or Event Information Does the agency have a ticket policy? Yes (D) No Provide Title/Explanation Face Value of Each Ticket/Pass \$ Event Description Charles agency? Yes (D) No Provide Title/Explanation Face Value of Each Ticket/Pass \$ Ticket(s)/Pass(es) provided by agency? Yes (D) No Provide Title/Explanation If no CMM Was ticket distribution made at the behest of agency official? No Yes (D) Yes (D) Norme of Source If no CMM 3. Recipients = Use Section A to identify the agency's department or unit. • Use Section B to identify an outside • Use Section C to identify an outside A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) To promote attendance at a county sponsored event in ot parking sales. VMMMM Use Section A to identify one of the following: To promote attendance at a county sponsored event in ot parking sales. VMMMM Use Section Provide Organization (include address and description) Number of Ticket(s)/ Pass(es) To promote attendance at a county sponsored event in ot parking 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 Pass(es)	
(510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing:	office is Part 9.1
2. Function or Event Information Does the agency have a ticket policy? Yes EP No □ Face Value of Each Ticket/Pass \$ Event Description Charles Subscription Charles Subscription Charles Subscription Date(s) Z, Z, T, LS	suon in ran a.)
Does the agency have a licket policy? Yes D No Face Value of Each Ticket/Pass \$ Event Description Charley William Bon Ticket(s)/Pass(es) provided by agency? Yes D No Face Value of Each Ticket/Pass \$ Was ticket distribution made at the behest of agency official? No Yes Face Value of Each Ticket/Pass \$ 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 of the public purpose made pursuant to the agency beaution of the following: B. Name of Individual free free Pass(es) To promote attendance at a county sponsored event in to maximize potential county revenue for concession and parking caremonial Role* or "Other" describe below: VMMMM Juliant Number of the checking Caremonial Role* or "Other" describe below: C. Name of Undividual free Organization (include address and description) Number of Ticket(b) Pass(es) Describe the public purpose made pursuant to the agency's pass(es) C. Name of Outside Organization (include address and description) Number of Ticket(b) Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	ay, Year)
Event Description Charlies and the second secon	THE OWNER WATER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER
Event Description Ceremonial Role Date(s) Ceremonial Role Date(s) Date(s) <td>5.00</td>	5.00
Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Hagge Official's Name (Last, First) 3. Recipients = Use Section A to identify the agency's department or unit = 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 A. Name of Agency, Department or Unit Number of Ticket(ay) Pass(es) Describe the public purpose made pursuant to the agency pass(es) B. Name of Individual dentify one of the following: To promote attendance at a county sponsored event in to to maximize potential county revenue for concession and parking sales. VMMMM JAMADON U Ceremonial Role	
Was ticket distribution made at the behest of agency official? No I Yes If yes: Alameda County Supervisor Scott Hagge Official? 3. Recipients = Use Section A to identify the agency's department or unit. = Use Section B to identify an individual. = Use Section C to identify an outside A. Name of Agency, Department or Unit Number of Ticket(a)? Describe the public purpose made pursuant to the agency Pass(es) B. Name of Individual daw, feag Number of Ticket(a)? Identify one of the following: Pass(es) VMWMM H To promote attendance at a county sponsored event in o to maximize potential county revenue for concession and parking sales. C. Name of Outside Organization (include address and description) Number of Ticket(a)? Describe the public purpose made pursuant to the agency/sales.	
of agency official? Official's Name (Last, First) 3. Recipients • Use Section to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside A. Name of Agency, Department or Unit Number of Tricke(s) / Pass(es) Describe the public purpose made pursuant to the agency and the agency and the following: B. Name of Individual gast, first Number of tricke(s) / Pass(es) Identify one of the following: WMMM Johnson To promote attendance at a county sponsored event in to to maximize potential county revenue for concession and parking sales. VMMM Johnson Ceremonial Role Other If checking 'Caremonial Role ' or 'Other' describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s) / Pass(es)	by District 4
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 outaide A. Name of Agency, Department or Unit Number of Ticket(a) Describe the public purpose made pursuant to the agency hass(es) B. Name of Individual (ast, Frig) Number of Ticket(a) Identify one of the following: To promote attendance at a county sponsored event in a to maximize potential county revenue for concession and parking sales. VMMMM Job Q C. Name of Outside Organization (include address and description) Number of Ticket(a) Pass(es) Describe the public purpose made pursuant to the agency has a same same same same same same same	iy, District 1
e Use Section A to identify the agency's department or unit	
A. Name of Agency, Department or Unit Titrket(s)' Titrket(s)' Pass(es) Describe the public purpose made pursuant to the agence B. Name of Individual tast, free Number of Titrket(s)' Pass(es) Identify one of the following: VMWUM Y To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales. VMWUM Y Ceremonial Role	organization
B. Name of Individual (Lext, Frig) Number of Ticket(s)' Pass(es) Identify one of the following: VMWWM 4 To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales. VMWWM 4 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's	
B. Name of Individual (Last, Ferg) Ticket(s)/ Pass(es) Identify one of the following: VMMM 4 To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales. VMMM 4 Ceremonial Role	
B. Name of Individual (Last, Ferg) Ticket(s)/ Pass(es) Identify one of the following: VMWM 4 To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales. VMWM 4 Ceremonial Role	
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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	rder no [
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	
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	Income
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C. Name of Ouside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's	
	policy
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and 18942. I have verified that the distribution set forth above, is in accordance with the requirements	
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Inter (Mor	h, Day, Year)
Comment:	
EPPC Fo	m 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (8	56/275-7772)
- R (R M)	

Cer	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document			
1. A	gency Name				Date Stamp	California 802			
A	lameda County					Form			
Di	vision, Department, or Reg	ion (If Applicable		For Official Use Only					
в	oard of Supervisors								
- C2006	signated Agency Contact	(Name, Title)	- V.+	-					
M	ichelle Dianda								
	ea Code/Phone Number	E-mail				provide explanation in Part 3.)			
(5	10) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)			
2. F	Function or Event Information								
	bes the agency have a ticke		of Each Ticket/Pass \$.	20.00					
E١	vent Description Oakland A	S vs. Minneso Provide Title/Expl	7 <u>18</u> 15	//					
Ti	cket(s)/Pass(es) provided b	y agency?	and A's Name of S						
Ticket(s)/Pass(es) provided by agency? Yes No ⊠ If no: Oakland As Was ticket distribution made at the behest No □ Yes ⊠ If yes: Valle, Richard- Superv									
	as ticket distribution made a of agency official?	at the benest	Official's Name	(Last, First)					
3. R	Recipients								
	Jse Section A to identify the agenc	y's department or	unit. • Use Sec	ation B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.			
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
В	Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:			
JI	Jhita, Jyoti C. Name of Outside Organization (include address and description)		2		onial Role" or "Other" describe below				
·			-		lance at an event held potential revenue fro	l at a County facility in m sales.			
			<i>R</i> - 4	Ceremonial Role If checking "Ceremo	Other D	Income			
Ċ			Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy				
						1			
-		3							
1 1/	Alifiantian								
		п	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.			
			Michelle D	landa	Supervisor's Aide	3/3//15			
8		-	Print Nan	ne	Title	(Month, Day, Year)			

Comment: ____

eremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Documen		
Agency Name	r.			Date Stamp	California 802		
Alameda County					Form -		
Division, Department, or F	Region (If Applicable	-	For Official Use Only				
Board of Supervisors							
Designated Agency Conta	ict (Name, Tille)						
Michelle Dianda Area Code/Phone Number	r E-mail			Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6692	michelle.diar	nda@acaov	ora	Date of Original Filing:			
the second se		ida@acgov.	org		(Month, Day, Year)		
Function or Event In	같이 많아 안 잘 잘 잘 못 하는 것 같아.	V 157 N 1	Ease Value	of Each Ticket/Pass \$ _	500.00		
Does the agency have a ti		Yes No					
Event Description Warriors vs. Portland Trailblazers Date(s) 0				4 <u>09 15</u>	//		
	Provide InterExpl	Golde	an State Warriors				
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: G				en State Warriors Name of Sc	urce		
Was ticket distribution ma	de at the behest		v	ə, Richard- Supervisor			
of agency official?	de at the benest	No 🗌 Yes	If yes:	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 organizatio						
A. Name of Agency, Depa		Number of Description		public purpose made pursuant to the agency's policy			
A. Hume of Agency, bepa	Ticket(s)/ Pass(es)	besense die pe	iono porposo innos poreina.				
					1 A		
		Number of					
B. Name of Indiv (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ring:			
		Fastes	Ceremonial Role	Other	Income		
			V80002200000000000000000000000000000000	onial Role" or "Other" describe below:			
	7			4			
			Ceremonial Role	1	Income		
			If checking "Cerem	onial Role" or "Other" describe below:			
	ž.						
A Name of Outside 6	reanization	Number of	2				
C. Name of Outside C (include address and		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy		
	ultico Locario		To rowerd a new	profit organization for it	e contributions to the		
	A.C. Deputy Sheriff Activities League 16378 E. 14th St., #100 San Leandro		community.	profit organization for it	a contributions to the		
			- continuinty -		12		
Provide recreational and							
activities for youth throu	ignout county						
Verification	-	d 18942. I have vi	ediled that the distribution se	et forth above, is in accordance w	ith the requirements.		
	"				2/2/11		
		Michelle D		Supervisor's Aide			
		Print Nan		Tillo	(Nonin, Day, Year)		
Comment: Includes 1 pa	arking pass at the	value of \$30	0.				
					FPPC Form 802 (4)		

Agency Name			Date Stamp	California 802	
Alameda County		Form 002 For Official Use Only			
Division, Department, or Region (If Applicable		Por Official Ose Only			
Board of Supervisors			5	3	
Designated Agency Contact (Name, Tille)					
Anna Gee			Amendment (Must provi	ida avalanation in Part 23	
Area Code/Phone Number E-mail					
(510) 272-6694 anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Information	A 100 1 100 1 1 100	300			
Does the agency have a ticket policy?	of Each Ticket/Pass \$				
Event Description basketball game Provide Title/Exp	/	//			
	Yes□ No	্ চর lf no:			
Ticket(s)/Pass(es) provided by agency?	Name of Source	0			
Was ticket distribution made at the behest	No 🗆 Yes	If yes: Miley	, Nate		
of agency official?			Official's Name (Las	t, r-irst)	
Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual a Use Section C to identify	an outside organization	
A. Name of Agency, Department or Unit	Number of	The season of the South State	A STATE AND A STATE OF A STATE OF	Production and and the second second	
A. Name of Agency, Department or Onit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to	the agency's policy	
		1	1 - 1		
		(<u> </u>	N	
		10 ¹¹¹ .1119		,	
B. Name of Individual	Number of		nter alegador e recipio (a)		
Last, Firal)	Ticket(s)/ Pass(es)		Identify one of the following		
mare, Anne	2	Ceremonial Role It checking "Ceremon To promote 10	Dother De niel Role" or piher describe below: wint an Kindane winten in order	income an event he	
		at a carry f	withity in order	to maximize of	
		Ceremonial Role	Other D	Income 🗌	
			nial Role" or "Other" describe below: -e from participy	and concession	
		Comprevenu	a growth from ford		
C. Name of Outside Organization	Number of	sils.			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to the agency's policy		
United Seniors of Oakland & Alameda	1		motivate and provide exp		
County - 7200 Bancroft Ave, Ste 251	1		lations in the County suc		
Oakland,CA 94605 SENIOR ADVOCACY		derprivileged, seni	ors and youth in foster ca	are.	
Verification					
1 an			forth above, is in accordance with t		
			(h)	0/00/45	
	Anna G		Operations Chief	3/26/15 . (Month, Day, Year)	

(et/Pass	Distributions		A Public Document			
		Date Stamp	California 802			
	•		Form OUZ			
Division, Department, or Region (If Applicable)						
Board of Supervisors						
Designated Agency Contact (Name, Title)						
		Amendment (Must p	rovide explanation in Part 3.)			
cgov.org		Date of Original Filing: .	(Month, Day, Year)			
Function or Event Information						
·			450			
Event Description basketball game						
nation	Date(s)					
Ves 🗖 No	[云] If no:					
		Name of Sol	urce			
No 🗌 Yes	If yes: Miley	, Nate	act Eirst)			
		Unicial S Name (E				
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	lauro (1865) e contra da	a jan sa yawa na gan gawa t	ni kala kanabalar ya katika sh			
Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from concession and					
	parking.					
Number of	i a a sera a do istaba considerada en	an in a station and the Defension of the	Serie at l'estre d'aler a contra de co			
Ticket(s)/		Identify one of the follow	ng:			
	Ceremonial Role	Other	Income			
	If checking "Ceremon	ial Role" or "Other" describe below:				
	Communication Desta		Income T			
:	1 · · ·					
			· ·			
Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy			
2		To provide health, motivate and provide expanded opportunit to vulnerable populations in the County such as the disabled,				
	derprivileged, senio	ors and youth in foster	care.			
	cgov.org Yes ⊠ No hation Yes □ No No □ Yes nit. • Use See Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	cgov.org Yes ⊠ No □ Face Value of Date(s)3 nation Date(s)3 Yes □ No ⊠ If no:	Date Stamp Date Stamp Date Stamp Date of Original Filing: Cgov.org Date of Original Filing: Yes X No X Face Value of Each Ticket/Pass \$			

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

	Anna Gee	Operations Chief	3/26/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document			
1. Agency Name	Agency Name						
Alameda County				Form 802			
Division, Department, or Region (If Applicabl	Division, Department, or Region (If Applicable)						
Board of Supervisors	Board of Supervisors Designated Agency Contact (Name, Title)						
Designated Agency Contact (Name, Title)							
Anna Gee							
Area Code/Phone Number E-mail	66695201294295999999999999999999999999999999999		Amendment (Must p	provide explanation in Part 3.)			
(510) 272-6694 anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information		· .	n an				
Does the agency have a ticket policy?	Face Value o	of Each Ticket/Pass \$ _	300/350				
Event Description basketball game Provide Title/Exp	lanation	Date(s)	<u>, 11 , 15</u>	3 , 14 , 15			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	🕅 If no:	•				
		Lawred	Name of Sc	purce			
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Miley	v, Nate Official's Name (1 act Firet)			
			Onicial S Manie (
• 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 put	blic purpose made pursuan	t to the agency's policy			
	Pass(es)						
			an yn Llygangan yn defnil a ffran ddi ferfal a ffri ddi fal ddi ffrag gyngago y ffan yn an da a ar y				
		· · ·					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
		Ceremonial Role	Other	Income			
Macias, Rogelio	4	-	nial Role" or "Other" describe below:				
		To promote an event held at a Coun potential County revenue from conce					
		Ceremonial Role	Patrice in the second se				
	· · ·		nial Role" or "Other" describe below:	internet internet			
		·					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy			
Roots Community Health Center - 9925 International Blvd, Oakland 94603	4	To provide health, to vulnerable popu	motivate and provide lations in the County s	expanded opportunities such as the disabled, un-			
OFFERS FREE HEALTHCARE TO LOV INCOME RESIDENCE	v	derprivileged, seni	ors and youth in foste	r care.			
4. Verification							

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

ځ

	Anna Gee	Operations Chief	3/26/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
		· · · ·	
Comment:	• •		

Ceremonial Role Events	and Ticket/Pas	s Dist	ributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Tom
Division, Department, or Region	(If Applicable)	-			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nam	e,Title)		*****		
Anna Gee					
Area Code/Phone Number E-r	nail	•		Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6694 an	na.gee@acgov.org			Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Informat	ion				
Does the agency have a ticket po	licy? Yes 🗵 N	10 🔲	Face Value o	f Each Ticket/Pass \$	600/350
Event Description basketball gar	ne vide Title/Explanation		Date(s)3	<u>, 16 , 15 </u>	3 , 20 , 15,
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌 N	lo 🛛	lf no:	Name of Sol	Irce
Was ticket distribution made at th of agency official?	e behest No□Ye	es 🛛	If yes: <u>Miley</u>	, Nate Official's Name (L	.ast, First)
• Use Section A to identify the agency's d	Number o)f /		lic purpose made pursuant	- ana ang kanalaran dipina mbalawan
B. Name of Individual	Number c Ticket(s)			Identify one of the follow	na:
(Lasí, Firsi)	Pass(es)				
Kennedy, James	4		promote an eve	ial Role" or "Other" describe below:	income L cility in order to maximize n sales and parking.
Standig, Beena			Ceremonial Role Other Other In International Role Other of Other Other Decision In International Role" or "Other" describe below: To promote an event held at a County facility in order to ma potential County revenue from concession sales and parkir		
C. Name of Outside Organizat (include address and descrip	on Number of Ticket(s) Pass(es		Describe the put	olic purpose made pursuant	to the agency's policy
				·	
4. Verification		annin de mysteren en			

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

•	Anna Gee	Operations Chief	3/26/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Kanna ha 0/00			

A	Kennedy -	3/20
Comment:		

Gereinonial Kole Events and Tickedrass Distributions	ATT don't b'o'danion		
1. Agency Name	Date Stamp California 802		
Alameda County			
Division, Department, or Region (If Applicable)	For Official Use Only		
Board of Supervisors	A		
Designated Agency Contact (Name, Title)			
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:(Month, Day, Year)		
2. Function or Event Information			
	ue of Each Ticket/Pass \$ 95.75/66.70		
Event Description Harlem Globetrotters Date(s) Date(s)	02 , 14 , 15 02 , 21 , 15		
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no:	Name of Source		
Was ticket distribution made at the behest No □ Yes ⊠ If yes: <u>Mil</u> of agency official?	Miley, Nate Official's Name (Last, First)		
	Super strate (seed) and		
 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an indi 	ividual. • Use Section C to identify an outside organization.		
Number of	Describe the public purpose made pursuant to the agency's policy		
	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
concession sale	98		
B. Name of Individual Number of (Last, First) Pass(es)	Identify one of the following:		
Rodriguez, Rosa Ceremonial Rodriguez, Rosa	ole C Other Other Income C		
4 To promote atte	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
Ceremonial Ro <i>Il checking "Cere</i> concession sale	emonial Role" or "Other" describe below;		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the	public purpose made pursuant to the agency's policy		
4 Varifidation			
1 and 18942. I have verified that the distribution	set forth above, is in accordance with the requirements.		
Anna Gee	Operations Chief 03/04/15		
* Print Name	Tille (Month, Day, Year)		
Comment:	FPPC Form 802 (4/1		

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

_	oronnan neoro Eron	no ana mo	1001 000	Biodribudiono		A Public Document	
1.	Agency Name			Date Stamp	California 802		
	Alameda County				ronn		
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing:	Month Day Year	
2.	Function or Event Info	rmation				(month, pay, roary	
	Does the agency have a ticket policy? Yes X No A Face Value of			f Each Ticket/Pass \$	39.40		
	N - 2 전에 가지 않는 것이 것 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이 있다. 그는 이번 가지 이번 가지 이번 것이 있는 것이 가지 않는 것이 있다. 가지 않는 것이 있는 것이 가지 않는 것이 있는 것이 있는 것이 있는 것이 있다. 가지 않는 것이 있는 것이 없는 것이 않 것이 없는 것이 없 않이 않는 것이 없는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 없 않 것이 것이 것이 않는 것이 없는 것이 없는 것이 같이 것이 않는 것이 않이 않이 않이 않는 것이 않이			, 26 , 15	02 , 27 , 15		
	Event Description	Provide Title/Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No	区 If no:	Name of So		
						urce .	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (I	last First)	
					Gindiai s Marine (i	uor, riroy	
3.		Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A Number of		all address by a strend had a low born	lic purpose made pursuant	Contraction and the second standard of the		
	Y TI - , runne of Alleney, copara	one of one	Ticket(s)/ Pass(es)	Costinue the pub	ne purpose made pursuant	to the agency a policy	
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)	alan katera ter	Identify one of the follow	ing:	
	Milau Sarah		1 000(00)		Other 🛛	Income	
	Miley, Sarah		8		ial Role" or "Other" describe below: ance at an event held	at a County facility in	
	N.				potential County rever		
				Ceremonial Role	Other	Income	
					ial Role" or "Other" describe below:	1	
				concession sales.		1. A. A.	
		1	Number of	here word the real backs, or	NUMBER OF THE OWNER OF THE OWNER OF	na an a	
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
				1 Contraction of the second			
3		ũ.					
	-						
	(,						
4.	Verification						
1		18944.1 and	Hann 18944.1 and 18942. I have verified that the distribution set I				
			Anna G		Operations Chief	03/04/15 (Month, Day, Year)	
		-	Find Work		Title	(month, bay, real)	
	Comment:			·			

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5	eremonial Role Ever	its and fici	leurass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802		
	Alameda County	meda County					
Division, Department, or Region (If Applicable))		1	For Official Use Only	
	Board of Supervisors				5		
	Designated Agency Contact (Name, Title)					200	
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a ticket policy? Yes X No K Face Value of			of Each Ticket/Pass \$	39.40		
	Event Description Harlem Globetrotters Date(s) 02			2 <u>, 28 , 15</u>	03 , 01 , 15		
	Event Description	Provide Title/Expla	nation	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:						
	al anna an a		8	and a second	Name of Sou	irco	
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Miley, Nate Official's Name (Last, First)					ast, First)	
0							
3.	 Recipients Use Section A to identify the agen 	cy's department or ι	Init. • 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 Ticket(s)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
ŝ			2				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
	Miley, Sarah		4	Ceremoniał Role If checking "Ceremo	Other I	· Income	
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
	Spencer, Kayla			Ceremonial Role	Other X nial Role" or "Other" describe below:	Income	
	oponoon, rtayla		4	concession sales.			
				A STATE OF CONTRACTOR OF STATE		There are a set of the second as the statement of the	
	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		
4.	Verification	18944.1 and	l 18942. I have v	erified that the distribution set	forth above, is in accordance wil	th the requirements.	
		Anna Gee		ee	Operations Chief	03/04/15	
			Print Nan		Title	(Month, Day, Year)	
	Comment:						

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

				Distributions		A Public Document	
١.	Agency Name				Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable)				A REAL PROPERTY AND A REAL		
					For Official Use Only		
				0			
	Designated Agency Contact	(Name, Title)					
	Anna Gee			Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail anna.gee@a	caoy ora		Date of Original Filing:	(Month, Day, Year)	
_	(510) 272-6694		ugov.org			(Month, Day, Year)	
2.	Function or Event Information			, of Each Ticket/Pass \$	125.00/119.60		
	Does the agency have a tick		Yes 🖾 No			04 04 45	
	Event Description Charlie V	Vilson/POP the I	Dream	Date(s)	3 <u>, 27 , 15</u>	0415	
		FIGNUE THEREADING	nation	1/1 (200-5)	1.11		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	🛛 If no:	Name of So	urce	
	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Miley	, Nate		
	of agency official?	at the period		11 yes	Official's Name (Last, First)	
3.	Recipients						
	. Use Section A to identify the ager	icy's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors		4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
				concession sales.	2.4		
	B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
					Other 🛛	Income	
	Chew, Chonita		2		nial 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			
				. Ceremonial Role	Other 🛛	Income	
	Nance, Patricia				nial Role" or "Other" describe below:		
			2	concession sales.			
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	(include address and o	lescription)	Pass(es)	THE REPORT OF		회원의 영양 가장 공장과 이가 가장 것이다.	
		14 14					
	(1 - F	a	×		
4.	Verification		una li	adled that the distribution	I forth above is in accordance :	with the requirements	
		*8944.1 and			t forth above, is in accordance v		
			Anna C	the second se	Operations Chief	03/04/15 (Month, Day, Year)	
			Print Na	ma	THIO	(month, way, real)	
	Comment:			1			

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