	IIII AIIU III	Sheur abb	Distributions		A Public Document
. Agency Name		Date Stamp	California 802		
Alameda County			1 Unit		
Division, Department, or R	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)				
Michelle Dianda					
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	michelle.dia	anda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Infe	ormation				
Does the agency have a tic	ket policy?	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	350.00
Event Description Golden	State Warriors Provide Title/Exp		Date(s)04	, 11 , 15	04 , 13 , 15
Ticket(s)/Pass(es) provideo		Yes 🗌 No [	If no: <u>Golder</u>	State Warriors	1 7 7 7 7 10 00 00 00 00 00 00 00 00 00 00 00 00
Mon tigket distribution mod	o otiko bebeet	binos e		Name of Sou	
Was ticket distribution mad of agency official?	e at the denest	No 🗌 Yes [	If yes: <u>valle</u> ,	Richard- Supervisor D	ast, First)
. Recipients					
• Use Section A to identify the age	r unit. 🔹 Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				99933-1993 Handrah Andrew Kanada kara kara kara kara kara kara kara k	
•••••••••••••••••••••••••••••••••••••••					
B. Name of Indivi (Last, First)	dual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ıg:
			Ceremonial Role	Other X	Income
O'Laughlin, Jim		· 4		al Role" or "Other" describe below:	
				ance at an event held a potential revenue from	
Sanharn Dahart			Ceremonial Role		Income
Sanborn, Robert		4		al Role" or "Other" describe below: Ince at an event held a	t o County facility in
				potential revenue from	
C. Name of Outside Org (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			annan an a	99999799999999999999999999999999999999	

Michelle Dianda

Supervisor's Aide

nth, Da

Comment: Includes 2 parking passes at the value of \$30 each.

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

С	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					1.01111	
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			. Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	inda@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	•	Yes 🛛 No 🛛	] Face Value o	of Each Ticket/Pass \$ _	25.00	
	Provide little/Explanation			Date(s)	, 07 , 15	04 , 08 , 15	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oakla			nd Athletics			
					Name of Source yes: Valle, Richard- Supervisor District 2		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle, of agency official?				Official's Name	(Last, First)	
3	Recipients						
ν.	Use Section A to identify the agency	's department or	unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	B. Name of Individua	ł	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
					Other  Other  Historical Role" or "Other" describe below.	Income	
		. "		Ceremonial Role If checking "Ceremon	Other Content	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	YMCA- Eden Area 951 Palisade St. Hayward C	A 94542	2	To reward a non-pr community	ofit organization for i	ts contributions to the	
	Childcare and youth prograr needs for a healthy lifestyle	ns to fulfill		•			

4. Verification I have lead and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Supervisor's Aide

Michelle Dianda

Print Name

Comment: \_

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

Supervisor's Aide Title

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) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. Texas Rangers 09 04 15 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other П Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) YMCA- Eden Area To reward a non-profit organization for its contributions to the 2 951 Palisade St. Hayward CA 94542 community

Childcare and youth programs to fulfill needs for a healthy lifestyle

#### 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

Michelle Dianda

Print Name

Comment:

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

Supervisor's Aide

Title

С	eremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				- rom
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 michelle.dia	anda@acgov.o	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
				of Each Ticket/Pass \$ _	25.00
	Event Description Oakland A's vs. Seattle Mariners Date(s) 04			i <u>10</u> 15	04 , 11 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛙	If no: Oaklar	nd Athletics	
		_		Name of S	
	Was ticket distribution made at the behest No I Yes I If yes: Valle, of agency official?			, Richard- Supervisor Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department o	r unit.	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuar	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income
			Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
	Eden Youth & Family Center 680 W. Tennyson Rd, Hayward 94544	2			e expanded opportunities such as underprivileged
	Comprehensive services related to after-school programs, jobs, and health				

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

**Michelle Dianda** Supervisor's Aide Print Name Title nth, Da Comment: .

0	eremonial Role Events and fich	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)		, <sup>,,,</sup> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Michelle Dianda					
	Area Code/Phone Number E-mail		Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692 michelle.dian	da@acgov.d	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(monn, buy, rour)	
	Does the agency have a ticket policy? Yes X No Fac			f Each Ticket/Pass \$ _	25.00	
	Event Description Oakland A's vs. Seattle		, 12 , 15			
	Provide Title/Expla Ticket(s)/Pass(es) provided by agency?	Oaklar				
	nonel(s)n assies/provided by agency:		Name of So			
	Was ticket distribution made at the behest No I Yes X of agency official?		If yes: Valle,	If yes: Valle, Richard- Supervisor District 2		
0000000				ominar o ritarrio (i		
3.	<ul><li>Recipients</li><li>Use Section A to identify the agency's department or up</li></ul>	unit. ⊸ Use Sect	tion B to identify an individu	al. • Use Section C to iden	ify an outside organization	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		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 follow	ing:	
				Other describe below:	Income	
			Ceremonial Role If checking "Ceremoni	Other describe below:	Income	
					÷	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Eden Youth & Family Center 680 W. Tennyson Rd, Hayward 94544	2			expanded opportunities uch as underprivileged	
	Comprehensive services related to after-school programs, jobs, and health					

4. Verification I have read and understand FPPC Regulations 1894	14.1 and 18942. I have verified that the distrib	oution set forth above, is in accordance with the r	equirements.
	Michelle Dianda	Supervisor's Aide	4/2/15
	Print Name	Title	(Manth, Day, Year)

Comment: \_\_\_

U	eremonial Note Lyen	is and no	NEUF ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Region (If Applicable)			-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			~	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	105.00
	Event Description Oakland A's vs. SF Giants Date(s) 04		, 04 , 15			
		Provide Title/Expl	anation			entationalistationenteenteen ( enemeteentationalisseende karseeneenseeneereenee
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd A's	
			Name of Sou			
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor [ Official's Name (L	JISTICT Z
					omotar o Atamo (2	
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					ify an outside organization
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		inc purpose made pursuant	to the agency's policy
			-			
	•		Number of			
	B. Name of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		-	F 855(65)	Ceremonial Role	Other X	Income
	Nawabi, Assad				ial Role" or "Other" describe below:	
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
		-				50001-001-001-001-001-001-001-001-001-00
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
			3	in checking ceremon		
	· .					
	C Name of Outside Organ	ization	Number of	Describe the pub		
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	• • • • • • • • • • • • • • • • • • •			·		nn a bha an
4.	Venification			na anna 2012 anna 2014 an Ealaichte ann an Aonaichte ann ann ann an Aonaichte ann ann ann ann ann ann ann ann a		
		'4.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wil	h the requirements.
			Michelle D	ianda	Supervisor's Aide	41215
			Print Narr	ne	Title	(inonth, Day, Year)
	Comment, Includes 1 parkin	g pass at the	value of \$20	).		•
	Comment:	·				·

С	eremonial Role Events ar	nd Ticket/Pase	s Distributions	3	A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (#	Applicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name,	Title)			
	Michelle Dianda	·			
	Area Code/Phone Number E-mail			Amendment (Mus	t provide explanation in Part 3.)
		" elle.dianda@acgo	vora	Date of Original Filing	q:
2	Function or Event Information		v.org		(Month, Day, Year)
бин a	Does the agency have a ticket polic			ue of Each Ticket/Pass \$	25.00
	Event Description Oakland A's vs.	Date(s)	04 , 04 , 15		
			kland A's		
	Ticket(s)/Pass(es) provided by ager	- Loues	Name of		
	Was ticket distribution made at the b	s⊠ Ifves: Va	alle, Richard- Superviso	r District 2	
	of agency official?		Official's Nam	e (Last, First)	
3.	• Use Section A to identify the agency's depa		and an and a second	ividual. 🏾 🛛 Use Section C to id	entify an outside organization.
	A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)		public purpose made pursua	int to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Outline M		Ceremonial R	ole 🔲 Other 🛛	Income
	Gutierrez, Manny	2	-	emonial Role" or "Other" describe below	
				ndance at an event hel ze potential revenue fro	
			Ceremonial Ro		Income
		2	If checking "Cere	emonial Role" or "Other" describe below	N:
	C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es)		public purpose made pursua	nt to the agency's policy
					·
	Verification (				

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

Michelle Dianda Supervisor's Aide Print Name Title Comment: \_

	eremonial Role Even	its and fic	kevPass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
Alameda County						Form OUZ	
	Division, Department, or Reg	<b>ion</b> (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda				Amondmont (Must or	vvide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				wide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	•	Yes 🛛 No	and the second	f Each Ticket/Pass \$	25.00	
	Event Description Oakland A	A's vs. Los Ang Provide Title/Expl	geles Angels anation	Date(s)	<u>, 28 , 15</u>	04 <u>, 29 , 15</u>	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛙	⊠ lf no: <u>Oaklar</u>	nd A's		
		- 4 4 1 1 1 1	Proving and		Name of Sou		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	If yes: <u>valle</u> ,	Richard- Supervisor D Official's Name (La	ast, First)	
3	Recipients						
9.	Use Section A to identify the agence	y's department or	unit. `• Use Sect	tion B to identify an individu	al. • Use Section C to identit	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individu	al	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
	•	~		Ceremonial Role	Other	Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
				Ceremonial Role	Other		
				If checking "Ceremoni	al Role" or "Other" describe below:		
C. Name of Outside Organization Number of (include address and description) Pass(es)			Describe the pub	lic purpose made pursuant t	o the agency's policy		
	Viola Blythe 37365 Ash Street, Newark	CA 94560	2		motivate and provide e ations in the County su	expanded opportunities ich as disabled,	
	Helps the poor and low inco with emergency food and s			underprivileged, sei	niors, and youth in fost	er care.	
<b>4</b> .	Venification		1				

I have read and understand FPPC Redulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Michelle Dianda Print Name

Comment: \_

Supervisor's Aide Tille

Ce	eremonial Role Events a	and Ticket/Pass	5 Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County			Form 002	
	Division, Department, or Region	(If Applicable)	•		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Nam	e, Title)	9711127		
	Michelle Dianda				
		nail	Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6692 mi	chelle.dianda@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	tion			(month, Day, rear)
	Does the agency have a ticket pol	licy? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	25.00
	Event Description Oakland A's v			4 <u>30</u> 15	
	Ticket(s)/Pass(es) provided by ag	If no: Oakla	nd A's Name of Sour	Ce	
	Was ticket distribution made at the	Valle	, Richard- Supervisor Di		
	of agency official?	e behest No 🗌 Yes	If yes:	Official's Name (La	st, First)
	• Use Section A to identify the agency's de A. Name of Agency, Department or	Number of		olic purpose made pursuant to	·
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	- THE STATISTIC AND A THE STATISTICAL AND A THE STATISTICAL AND A STATIS
			Ceremonial Role If checking "Ceremor	LI Other L	
			Ceremonial Role If checking "Ceremor	Other inial Role" or "Other" describe below:	Income .
	C. Name of Outside Organizatio (include address and descript		Describe the put	plic purpose made pursuant to	o the agency's policy
	Viola Blythe 37365 Ash Street, Newark CA S	94560 2		, motivate and provide e lations in the County su	
	Helps the poor and low income with emergency food and service		underprivileged, se	eniors, and youth in foste	er care.
1	Verlification				

Verification

Michelle Dianda

Print Name

(Mc

Comment: .

Title

Supervisor's Aide

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) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. Houston Astros 24 15 04 25 15 04 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 🕅 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other 🗵 Income Nate, Glenn If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Ceremonial Role Other Income Nate, Glenn If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) dation ve real and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Michelle Dianda Supervisor's Aide Print Name Title

**A Public Document** 

C	eremonial Role Events and Ticl	ket/Pass	Distributions		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 (Name, Title)		Administration		
	Michelle Dianda				a bas concorrection of the second
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 michelle.dian	ida@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(Wohin, Day, Tear)
				f Each Ticket/Pass \$ _	25.00
	Event Description Oakland A's vs. Chicago White Sox		2010404		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _			nd A's	
				Name of So	
	Was ticket distribution made at the behest No I Yes I of agency official?			Richard- Supervisor I Official's Name (I	District 2
tantasta	- ·	Omerai s Name (I			
3.	• Use Section A to identify the agency's department or u	tion B to identify an individu	al. • Use Section C to iden	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		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role	Other X	Income
	Oddie, Jim	2	-	al Role" or "Olher" describe below:	
			To reward a community volunteer for his service to the public.		
			Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	income
		2			
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				******************	
-					
4.	Verification				

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

Michelle Dianda
Print Name
Title

EPPC Form 802 (4/12)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 300.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🗵 No 🗌 Event Description Warriors vs. Denver Nuggets Date(s) \_\_\_\_\_ / 15 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 7 Yes 🕅 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other 🗵 Ceremonial Role Income Mott, Regina If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income m If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification/ 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requiremen Michelle Dianda Supervisor's Aide

Print Name

Title

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

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

	eremonial Role Even	is and fici	keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California <b>Q12</b>
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	)	ne Allen Marcel School Concernent and an annual school of the state of the		For Official Use Only
	Board of Supervisors	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.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				300.00
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	700.00
	Event Description Warriors F	Playoff Round	1 Game A	Date(s)04		///
		Provide Title/Expla	anation	Coldor	State Marriero	·
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			If no: Golder	n State Warriors Name of So	urce
	Was ticket distribution made a	at the behest		Valle,	Richard- Supervisor	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes of agency official?			⊠ in yes	Official's Name (i	Last, First)
3.	Recipients					dankan seria dari bering be
	<ul> <li>Use Section A to identify the agenc</li> </ul>	y's department or ι	unit.   ● Use Sec	tion B to identify an individu	al. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					Ment March Internet Statement and the first second second second	
	B. Name of Individus (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Woods, Brendon				Other 🔀	Income
			4	-	ial Role" or "Other" describe below: / employee for his exe	emplary service to the
				public	nthad Monte (statistics and in the set of a scheme in some sense specifying a wy set of a particular scheme in	
				Ceremonial Role	Other	Income
			4	If checking "Geremoni	ial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	scription)	Pass(es)			
	······································		-			
4.	Verification	lations 18014 1 and	18012 1 4000 100	rified that the distribution act f	oth above is in cocordance wi	th the mauirements
	r ooge reen and onderstand FFFG Meau	aauuns 10944.1 ahd				th the requirements.
			Michelle D	landa	Supervisor's Aide	~//////

C	eremonial Role Events and Tick	(et/Pass E	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				T CIIII
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		2010-00-00-00-00-00-00-00-00-00-00-00-00-		
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692 michelle.dian	da@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			1	
	Does the agency have a ticket policy?	] Face Value o	of Each Ticket/Pass \$ _	25.00	
	Event Description Oakland A's vs. Boston F	Date(s)5	<u>, 11 , 15</u>	05 / 12 / 15	
		If no: Oaklar	nd A's Name of So	Durce	
	Was ticket distribution made at the behest	l If ves. Valle,	Richard- Supervisor	District 2	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle of agency official?			Official's Name (	(Last, First)
3.	• Use Section A to identify the agency's department or u	nit. • Use Section			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
					,
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		/ing:
				Other Chief	Income
			Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Masonic Homes of California 34400 Mission Blvd, Union City 94587	4.	To reward a non-pr community.	ofit organization for it	s contributions to the
	Provides senior services for members in Union City		<u>, , , , , , , , , , , , , , , , , , , </u>		
4.	Verification				

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

Michelle Dianda

Print Name

4/17/15 (Month, Dav Year)

Comment: \_

Supervisor's Aide

Title

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Michelle Dianda		·			
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	25.00
	Event Description	s vs. Boston			5 <u>13 15</u>	
	Event Description	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no			If no: Oakla	nd A's	-
					Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor [ Official's Name (L	ast. First)
~						
3.	• Use Section A to identify the agenc	v's department or i	unit. ⊚ Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A Number of					
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the put	lic purpose made pursuant	to the agency's policy
			100			
	B. Name of Individue (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Imhoff, Frank		2	-	Other 🛛 nial Role" or "Other" describe below: unity volunteer for his s	Income [ service to the public.
			-			
			2	Ceremonial Role If checking "Ceremor	Other D aial Role" or "Olher" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4.	Verification Make read and understand FPPS Real	llations 18944.1 and	l 18942. I have ve	erified that the distribution set	forth above, is in accordance wil	h the requirements,
			Michelle D	ianda	Supervisor's Aide	411716

Print Name

F

Title

ŀ. (Month, Day, Year)

Comment: \_

C	eremonial Role Events an	d Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If A	pplicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, T	itle)			
	Michelle Dianda				
	Area Code/Phone Number E-mai			Amendment (Must	provide explanation in Part 3.)
patienticate	(510) 272-6692 miche	elle.dianda@acgov.	org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information	1			
	Does the agency have a ticket policy	? Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ .	25.00
	Event Description Oakland A's vs. [	Detroit Tigers	Date(s)	, 26 , 15	05 , 27 , 15
	Ticket(s)/Pass(es) provided by agene	cy? Yes 🗌 No	If no: Oaklar	nd A's Name of S	Source
	Was ticket distribution made at the b of agency official?	ehest No ☐ Yes	If yes: Valle,	Richard- Supervisor Official's Name	District 2 (Last, First)
3.	• Use Section A to identify the agency's depar	tment or unit. ● Use Sec	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Un	Number of	1	lic purpose made pursua	
				-	
	blome of Individual	Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Other         Image: Comparison of the comparison of	Income 🗌
			Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organization (include address and description	) Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
	Union City Police Explorers 34009 Alvarado-Niles Rd. Union C	City 4	To reward commur	hity volunteers for the	ir service to the public.
	Students interested in public safet careers, volunteering to assist UC	y PD			

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

			1/17/16
	Michelle Dianda	Supervisor's Aide	9/1/12
	Print Name	Title	(Mbnth, Day, Year)
Comment:			

С	eremonial Role Even	its and Tic	ket/Pass [	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only
	Board of Supervisors	,				
	Designated Agency Contact	(Name, Title)	-02-56////***			
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌	] Face Value o	of Each Ticket/Pass \$ _	25.00
	Event Description Oakland A	A's vs. New Yo Provide Title/Expl		Date(s)5	<u>, 28 , 15</u>	05 , 29 , 15
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oaklar	nd A's Name of So	burce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name (	District 2 (Last, First)
3.	• Use Section A to identify the agend	cy's department or	unit. 🔹 Use Secti	on B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Number of			
	B. Name of Individu (Last, First)	a	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremor	Other D	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
	Deputy Sheriff Activities Le 16378 E. 14th St., #100 Sa		4	To reward a non-pi community.	rofit organization for it	s contributions to the
	Provide recreational and le activities for youth through					
4.	Verification	ulations 18944.1 and	d 18942. I have veri	ified that the distribution set	forth above, is in accordance w	vith the requirements.
			Michelle Dia		Supervisor's Aide	4/17/15
			Print Name		Title	(Month, Day, Year)

	ACTICO MITO TIC		Biotribationo		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, o	r Region (If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Cor	ntact (Name, Title)				
Michelle Dianda					ngan ana ana ana ana ana ana ana ana ana
Area Code/Phone Numb	per E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	michelle.diar	nda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event I	nformation				(,, <u>, , , , , , , , , , , , , , , , </u>
Does the agency have a	ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	25.00
Event Description	and A's vs. New Yo Provide Title/Expl	rk Yankees	Date(s)05	, 30 , 15	05 , 31 , 15
Ticket(s)/Pass(es) provid	ded by agency?		If no: Oaklar	nd A's	
	acd by agency:	Yes 🗌 No	linni	Name of So	
Was ticket distribution m	ade at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I	District 2
of agency official?				Official's Name (I	Last, First)
3. Recipients • Use Section A to identify the	agonov's donatmont or	unit à Lloo Soc	stion D to identify on individu	ual - a llas Sastian O to idea	
A. Name of Agency, De		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
				NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	Res 1999 (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (199
B. Name of Im		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	999		Ceremonial Role If checking "Ceremoni	Other describe below:	income
			Ceremonial Role	Other I	Income
C. Name of Outside (include address a		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
IAFF Local 55 369 15th St., Oakland	CA 94612	4	To reward a non-pr community.	ofit organization for its	s contributions to the
Represents Alameda ( and volunteers in the c		· ·			
I. Verification	· ·	L.			
Nhave read and understand FPP	C Regulations 18944 1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
		Michelle D		Supervisor's Aide	<u>4117116</u> (Mpnth, Day, Year)
Comment:					(infinit, Day, fear)

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 700.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Warriors Playoff Round 1 Game B 20 15 04 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income Briscoe, Alex If checking "Ceremonial Role" or "Other" describe below: 2 To reward a County employee for his exemplary service to the public Ceremonial Role Other X Income Cutter, Jennifer If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for her service to the public. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Print Name Tille Includes 1 parking pass at the value of \$60.75 Comment:

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

A Public Document

	eremunal Rule Lven	is and the	NEUL 499	DISTUNCTIONS		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	)	2		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			I	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	f Each Ticket/Pass \$	90.00
	Event Description	's vs. Chicago	White Sox	Date(s)05	, 16 , 15	
		Provide Title/Expl	anation	O al la		
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	⊠ If no: <u>Oakla</u> r	nd A's Name of Sou	íce
	Was ticket distribution made a	t the hehest		valle.	Richard- Supervisor D	
	of agency official?		No 🗌 Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients				Narandaran Internetional Contraction Statements and the Mail	
	• Use Section A to identify the agenc	y's department or	unit. 🔹 Use Sec	ction B to identify an individu	al.   ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	, ####################################	-				naranna bada tihun tahiri tahin dalam dalam tahun mangan pangan dan ara- ana ana ana ang mpapangan
			Number of			
	B. Name of Individua (Last, First)	ai	Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
	<b>6</b> 89 mm		<u>````````````````````````````````</u>	Ceremonial Role	Other 🛛	Income
	Norell, Karen		3	If checking "Ceremon	ial Role" or "Other" describe below:	
				To reward a comm	unity volunteer for her s	service to the public.
				Ceremonial Role	Other	Income
			3		ial Role" or "Other" describe below:	
			5			
	C. Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
	West State and the additional state of Alfa Alma Annual memory annual memory and a second state of the Alfa Shink and an addition of the Alfa Shink and Alfa		-			
				• •		
-						
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.

and ree has made termed that the distrib		
Michelle Dianda	Supervisor's Aide	4/20/15
Print Name	Title	(Month, Day, Year)

v e			, NEUT 433 I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	e)			T OF OTHER OSE ONLY
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)	504.4420	2004 Suite Julie - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1		
	Michelle Dianda				#100/0/////////////////////////////////	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692		inda@acgov.o	ora	Date of Original Filing:	(Marshe Day Verse)
2	Function or Event Infor	1		5		(Wonth, Day, Year)
fica u	Does the agency have a ticke		Yes 🛛 No 🗌	T Face Value o	of Each Ticket/Pass \$ _	90.00
	Event Description <u>Oakland</u>	Provide Title/Exp		Date(s)		
				d If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🛛	If no:	Name of So	urce
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	d Ifves Valle	, Richard- Supervisor I	District 2
	of agency official?				Official's Name (I	.ast, First)
3.	Recipients					
у.	<ul> <li>Use Section A to identify the agence</li> </ul>	y's department or	∙unit.	ion 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)/			Describe the put	olic purpose made pursuant	to the agency's policy
	e Satur Andrea Manuel Constant and an anna an anna anna an an an an an an		Pass(es)	nannyytte este to to addesse the same and a dama and a dama and a dama and a dama a dama a dama a dama a dama a		
					an a	Makasisaan an taasaa daa ka ah
						•
			Number of			
	B. Name of Individu (Last, First)	al	Ticket(s)/		Identify one of the follow	ng:
			Pass(es)	Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
				~		
~				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	•
	н 					
		9255-568.ds.ts.ts.ts.ts.ts.ts.ts.ts.ts.ts.ts.ts.ts	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)		alalaninahan yaan ahaa ahaa ahaa ahaa ahaa ahaa	
	Hispanic Community Affairs P.O. Box 3151, Hayward, C		18		rofit organization for its	contribution to the
		UT 34040	_	community.		
	Promotes value of education					
1010210000	diversity and community inv	/olvement				
4.	Verification					
		' an	d 18942. I have ven	ified that the distribution set i	forth above, is in accordance wi	th the requirements.

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

Michelle Dianda

Print Name

(Month, Day,

Supervisor's Aide

Title

C	eremonial Role Events	and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name			· · · ·	Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regio	n (If Applicable,	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)			а а		
	Michelle Dianda				, https://www.conflor.com/conflor		
		-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692 r	nichelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation			]	(month, bdy, rodi)	
	Does the agency have a ticket p		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	90.00	
	Event Description Oakland A's		nd Indians		<u>, 31 , 15</u>	/	
	Ticket(s)/Pass(es) provided by a		Yes 🗌 No [		Name of Sou		
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	⊠ If yes: <u>Valle</u> ,	, Richard- Supervisor D Official's Name (L	District 2	
	Ç.				,		
3.	• Use Section A to identify the agency's	department or u	ınit.   ● Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Department	Number of			Describe the public purpose made pursuant to the agency's polic		
			1 400(00)		namuummaanaan saraa maanaan maaraa dhaadhaadha amuummaanaanaan gayaga		
			Number				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceremonial Role If checking "Ceremon	Other describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other D	Income	
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Alameda County Meals on W P.O. Box 14002, Oakland CA		3	To reward a non-pr community.	rofit organization for its	contribution to the	
	Provides meals to home-bour throughout the County	nd seniors					
<u> </u>	Verification						

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

Michelle Dianda Print Name Supervisor's Aide

nth, Day, Year,

Comment: \_\_\_\_\_ Includes 1 parking passes at the value of \$20 each

cket/Pass	Distributions		A Public Document
		Date Stamp	California 802
			10111
le)	······································		For Official Use Only
			provide explanation in Part 3.1
	na na populacia da presidente del de la deconación en energia en populación de la populación de la deconación d		, ,
anda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
			25.00
			20.00
o White Sox	Date(s)5	<u>, 15 , 15</u>	05 , 16 , 15
Yes 🗌 No	If no: Oaklar	nd A's	
	- Valle		
No 🗋 Yes	If yes:	Official's Name (	Last, First)
r unit e lleo Sor	ntion B to identify an individu	ual a lise Section C to iden	tifu an autoida organization
Number of			
Pass(es)			
		Nithola (It with the defined and the analysis and groups and gr	110010 (11010) (11010) (11010) (11010) (11010) (11010) (11010) (11010)
Number of			
Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Income
2			service to the nublic
		unity volunteer for his	service to the public.
**************************************	Ceremonial Role	Other	
2			
	To reward a comm	unity volunteer for his	service to the public.
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Salatan Marina and an	
		99.6000.660.000.67.000.000.000.000.000.000	
nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
		Supervisor's Aide	<u> </u>
	Ie) anda@acgov Yes ⊠ No go White Sox olanation Yes □ No No □ Yes r unit. • Use Sec Number of Ticket(s)/ Pass(es) 2 2 2 2 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2	/e)         anda@acgov.org         Yes I No Face Value of po White Sox         po White Sox       Date(s)	Image: constraint of the public purpose made pursuant pass(es)       Date Stamp         Image: constraint of the public purpose made pursuant pass(es)       Date of Original Filing:         Yes Image: constraint of the public purpose made pursuant pass(es)       Date of Original Filing:         Yes Image: constraint of the public purpose made pursuant pass(es)       Describe the public purpose made pursuant pass(es)         Image: constraint of the public purpose made pursuant pass(es)       Ceremonial Role Image: constraint of the follow pass(es)         Image: constraint pass(es)       Ceremonial Role Image: constraint pass(es)         Image: constraint pass(es)       Describe the public purpose made pursuant pass(es)         Image: constraint pass(es)       Describe the public purpose made pursuant pass(es)         Image: constraint pass(es)       Describe the public purpose made pursuant pass(es)         Image: constraint pass(es)       Describe the public purpose made pursuant pass(es)         Image: constread image: constraint pass(es)       <

C	eremonial Role Events and Ticl	kevPass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				1.0111
	Division, Department, or Region (If Applicable	)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692 michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	80.00
	Event Description Oakland A's vs. Colorad		Date(s)7	, 01 , 15	entertained and a second se
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No	If no: Oaklar	nd A's	
				Name of Sc	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	Richard- Supervisor Official's Name (	District 2
				Official's Name (	Lasi, Filsij
3.	• Use Section A to identify the agency's department or u	init Ilse Ser	tion B to identify an individu	allee Section C to iden	tify an outside organization
	A. Name of Agency, Department or Unit Number of Ticket(s)/			lic purpose made pursuant	
		Pass(es)			to the agency s policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other describe below:	Income
			Ceremonial Role [	Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	St. Rose Hospital Foundation 27200 Calaroga Ave Hayward CA 94545	18	To reward a non-pro	ofit organization for its	s contributions to the
	Helps fund hospital services, programs and health of patients and families				

4 Verification

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

Michelle Dianda Print Name Supervisor's Aide

(Mc

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

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

1 4 00	ncy Name					A Public Docume
1.					Date Stamp	California 80
	neda County	la al an air an an air			57 C	T GIIII
Divisi	ion, Department, or R	egion (If Applicabl	le)			For Official Use Only
Boar	d of Supervisors					
Desig	Inated Agency Conta	ct (Name, Title)				
Lee /	Ann Fergerson, Supe	ervisor's Assista	int			
	Code/Phone Number				Amendment (Must p	rovide explanation in Part 3.)
	272-6691	leeann.ferge	erson@aco	010.00	Date of Original Filing:	
Printer and Printer and Printers	tion or Event Info	and the second se	and an	, indig	sous of original rining.	(Month, Day, Year)
	the agency have a tic		Var (D) Na	D Ener Value -	(F.). F. ( .).	h()
	R.	: place po	Yes D No	Face value o	f Each Ticket/Pass \$ _	1
Event	Description	Provide Title/Exp	lanation	Date(s)	$_{,1},1_{,1}$	
Tieket				- Ch	D.D. D.N.	PO-L-C
ficket	(s)/Pass(es) provided	by agency?	Yes	If no: <u>Ce</u>	Name of Sou	FULCTICS
	cket distribution made	at the behest	No . Yes	If yes:	neda County Supervisor S	
of age	ency official?			( · · · · · · · · · · · · · · · · · · ·	Official's Name (L	ast, First)
3. Recip						
• Use Se	• Use Section A to identify the agency's department or u			ction B to identify an individu	I. • Use Section C to identi	y an outside organization.
	Name of Agency, Departr		Ticket(s)/	CONTRACTOR AND AND A STREET AND A	c purpose made pursuant t	the second se
17	1.240	54 AL 186	Pass(es)	<u>ieleiden alastaili, e.e.s</u>		
<u> </u>	14					
в.	Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	pi
				Ceremonial Role	Other	in the second
				If checking "Geremonial	Role* or *Other* describe below:	. Income L
				in the party of the second of the second		
				Ceremonial Role	Other . Role" or "Other" describe below:	Income
				a site any ceremonal	Hole of Other Describe below:	
						5
C.	Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
-	and the second se	1.0	18/1	To Reward a school	or nonprofit organization	for
Nin	Myon these Or	in .			the community	12710
MWS/hu Heat	heare town	dation	14	Its contributions to	the community.	
WW AN	heare foun	dation	14	Its contributions to	the community.	
WWAN Heatt	Mare Foun Moury Ave	dation 4224	14	Its contributions to	the community.	
WW.hu Heutt 2000 Fren	heare foun Monny Ave Nont c.A. 9	dation 4538	14	Its contributions to	the community.	
WWANU Healt 2000 Fren Verifica	Mare Foun Moury Ave Nont CA 9 ation	14538	0942. I have veri			
WWAN Heutt 2000 Fren	Mariny Ave nont c.A. 9 nont c.A. 9			fied that the distribution set forth	above, is in accordance with the	requirements.
WWAN Heutt 2000 Fren	Mare Foun Moury Ave Nont CA 9		8942. I have veri be Ann Ferg Print Name	fied that the distribution set forth	above, is in accordance with the pervisor's Assistant	4/15/1
WWAN Heutt 2000 Fren	Monry Ave Monry Ave Nont c.A. 9		ee Ann Ferg	fied that the distribution set forth	above, is in accordance with the	e requirements. (ptonth, Day, frear)

pline: 866/ASK-FPPC (866/275-7772)

1

- 2	seremonial Role Events and He				A Public Docume
	. Agency Name Oakland Alameda County Coliseum Auth Division, Department, or Region (If Applicable			Date Stamp	California Form 802
	South Hassardy, OACCA Commissioner	n. 	8		÷.
	Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Tille)				
	Designated Agency Contact Iname, hilly				
	·			Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail	-			
	510.272.6691 leeann.ferge	rson@acg	ov.org	Date of Orlginal Filing;	(Month, Day, Year)
2	Event Description A'SVS. Boston Provide Title/Expla	nation	ball Date(s) 5	I Each TickelPass \$_ , 12, 15 alland A	',90.00
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	If no:	Name of Sou	FULLICS
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Hagge		n çe
	of agency official?	NOL THE	In yes:	Official's Name (L	ast, First)
3.	Recipients • Use Section A to Identify the agency's department or u	nit.	ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1	c purpose made pursuant i	and the second se
	B. Name of Individual (Las), Fint)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		1 110(00)	Ceremonial Role	Other	Income
		1		Rale" or "Other" describe below:	income E
			Ceremonial Role [	Other - Role" or "Other" describe below:	Income
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
1	Alumedic Health System	18/4	To Reward a school or Its contributions to the	nonprofit organization fo community.	or
3	30 Frank H. Ogawa-Plaze	r			
-	erification		A A server the state of the server is a server by the filler of the second server the second set by the	VYB/WARDOWN AND ADDRESS OF A DESCRIPTION OF	NAME AND ADDRESS OF A DESCRIPTION OF A D

		moe rann ronge	313011	oupervisors Assistant	T/12/12
		Print Name		Title	(Mpath, Day, Year)
Comment:	Hospita	l Funder	aiser - a	25th Annual	Gala
	"Cele	prate "	5/2/	FPPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) /ASK-FPPC (866/275-7772)

### Ceremonial Role Events and Ticket/Pass Distributions

					A Public Docum
1. Agency Name				Date Stamp	California 20
Alameda County Division, Department, or	Degion /// A/-		} .		Form 00
Division, Department, or	Region (II Applica	adle)	•		For Official Use Only
Board of Supervisors					
Designated Agency Cont	act (Name, Title)		M 4000000000000000000000000000000000000	- 	
Lee Ann Fergerson, Sup	ervisor's Assis	tant			and the second
Area Code/Phone Number	(	0+200000000000000000000000000000000000			
(510) 272-6691	leeann.fer	gerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inf	ormation				(Monur, Day, Year)
Does the agency have a tie	cket policy?	Yes 🗭 No	o 🗌 🛛 🛛 Face Value o	f Each Ticket/Pass \$	5500
Event Description		(	Date(s)	13/15	
,	Provide Tille/Ex	planation			
Ticket(s)/Pass(es) provided	by agency?	Yes		wand A	<u>S</u>
Was ticket distribution made	e at the behest	No 🗌 Yes	Alan	Name of Sour	
of agency official?		NOL Yes	If yes:	neda County Supervisor Sc Official's Name (La	st First
3. Recipients					
• Use Section A to identify the age	ncy's department or	unit. © Use Se	ction B to identify an individua	I. ■ Use Section C to Identify	an outside organization
A. Name of Agency, Departu		Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	
					nan an
			n an	annappropriet in the second of the second	
B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		dentify one of the following:	
	**************************************		Ceremonial Role	Other	Income
			If checking "Ceremonial I	Role" or "Other" describe below:	· · ·
				• , . • •	•
<b>9439</b> 00000000000000000000000000000000000	5-11 <sup>2</sup> 3		Ceremonial Role	Other	
				ollee or "Olher" describe below:	
				•	
Reaction Advancements of the state of the st		Number of	an a		
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the public p	ourpose made pursuant to th	e agency's policy
MANA DA COMAN	fr.	4/		nonprofit organization for	· · · · · · · · · · · · · · · · · · ·
of million		1	Its contributions to the	e community.	
Meals on 4	Theelst	. /			PETRACTICIEL
PDB0X 14007	Oc. De O al	. a cA	alliply		
Verification	1		-+-7-&1-(		
	18	1942. I have verific	ed that the distribution set forth a	bove, is in accordance with the re	quirements.
	.e	e Ann Ferge	erson Sup	ervisor's Assistant	4/13/13
		Print Name		Title	(Mohih, Day, Year)
Comment: provides	Meals	forth	onebama	1 Senior	<u>)</u>
•			FPPC	Toll-Free Helpline: 866/ASI	FPPC Form 802 (4/12)
					VET FU (000/2/3-///2)

#### Dolo Evonte an d T : a I A 183

1. Agency Name				A Public Docume
			Date Stamp	California 80
Alameda County Division, Department, or Reg	ion /// Andiatel 1			Form OU
Division, Department, or Reg	ion ( <i>ii Applicable</i> )			For Official Use Only
Board of Supervisors				
Designated Agency Contact (	Name, Title)			
Lee Ann Fergerson, Supervi	isor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@ad	cgov.org	Date of Original Filing:	
. Function or Event Inform	nation			(Month, Day, Year)
Does the agency have a ticket	policy? Yes	No 🗌 🛛 🛛 Face Value 🕯	of Each Ticket/Pass \$ _	3200
Event Description	ebrul C.	. ť	7415	
Event Description	Provide Tille/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency? Yes	No 🗆 If no 🗌 🕻	ale Athle	hcs ,
Was ticket distribution made at	the behest u m	Ala	Name of Sou	
of agency official?	the behest No 🗌 Y	es If yes:	ameda County Supervisor S Official's Name (L	cott Haggerty, District 1
Paginianto			G Home (L	
Recipients • Use Section A to identify the agency's	s department or unit. 。Use	Section B to identify an individu	ual. s Use Section C to identi	y an outside organization.
A. Name of Agency, Department	t or Unit Number of Ticket(s) Pass(es)	/ Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individual (Last, First)	Number o Ticket(s)/ Pass(es)		Identify one of the following	]:
Amador	. 2	To promote attend to maximize poter parking sales.	dance at a county sponsore ntial county revenue for cond	d event in order me 🗌 cession and
		Ceremonial Role	Other I	Income 🔲
				· ·
Name of Outside Organizat (include address and descrip		Describe the public	c purpose made pursuant to	he agency's policy
			angan ang kanang kang kang kang kang kan	
	······································			
	1	1		

			e Ann Fergerson	Supervisor's Assistant	4/23/15
			Print Name	Tille	(Month, Day, Year)
Comment:	•	 			1 /

. •

4.

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

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County	,			FOIII
	Division, Department, or Region (If Applicable)			and '	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	cqov.orq		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(Wonth, Day, Year)
		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	350.00/400.00
	Event Description Basketball game Provide Title/Explain			3 <u>, 23 , 15</u>	
	-				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	X If no:	Name of So	urce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	, Nate	
	of agency official?		lapad II y 00, isinimasimooyaa	Official's Name (l	.ast, First)
3.	Recipients <ul> <li>Use Section A to identify the agency's department or u</li> </ul>	nit.   ● Use Sec	stion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Social Services Agency	2		ance at an event held a potential County reven	
			concession sales.		
	B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Poto Cooffroy		Ceremonial Role		Income
	Pete, Geoffrey	2	To promote attend	nial Role" or "Other" describe below: ance at an event held a potential County rever	
	Ma, Milton	2	Ceremonial Role If checking "Ceremon	Other X nial Role" or "Other" describe below:	Income
			concession sales.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251	2		motivate and provide lations in the County s	expanded opportunities uch as the disabled,
	Oakland 94605		underprivileged, se	eniors and youth in fost	ler 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.

Anna Gee	Operations Chief	04/03/15
Print Name	Title	(Month, Day, Year)

Comment:

Agency Name Alameda County					the second se
Division, Department, or Regio	OD /// Applicable)			Date Stamp	Form 80
	on (Il Applicable)				Por Onicar Ose Only
Board of Supervisors	Annual Application				2
Designated Agency Contact (A	lame, Title)				
		on@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
					1.80
Event Description Busi AS US Houston) Ticket(s)/Pass(es) provided by	Provide Title/Explanate agency? Ye	lon	Date(s)	kland De Name of so	
Was ticket distribution made at of agency official?	the behest N	o□ Yes	If yes:	imeda County Supervisor : Official's Name (	and a second state and a second state of the s
Recipients	danadeset	X.X			
	A STATE IN	lumber of	and the second	MANY AND	St. HER. OF A STREETWORK A. C. S. S.
B. Name of Individual (Last, First)		Ticket(s)/	Ceremonial Role	Identify one of the followi	ng: Income
× 1		8	If checking "Geremon	al Role" or "Other" describe below:	
					Income [
	intion) 1	licket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Knights of Colu Po Box 1007 Livermo	re cat	8/4	To Reward a school Its contributions to	l or nonprofit organization the community.	n for
14551 - 1007		2			1
Verification			ergerson		the requirements.
	Area Code/Phone Number (510) 272-6691         Function or Event Inform Does the agency have a ticket         Event Description         AS US Houston)         Ticket(s)/Pass(es) provided by         Was ticket distribution made at of agency official?         Recipients         • Use Section A to Identify the agency?         A. Name of Agency, Department         B. Name of Individual (Last, First)         C. Name of Outside Organizz (include address and descr         FMUGUCTS OF Column 20 Box (007 UNEYMO C4551 - 1007	(510) 272-6691       leeann.fergerso         Function or Event Information         Does the agency have a ticket policy?       Ye         Event Description       Status         AS US Houston Revide Tille#Explanat       Revide Tille#Explanat         AS US Houston Revide Tille#Explanat       Norvide Tille#Explanat         Ticket(s)/Pass(es) provided by agency?       Ye         Was ticket distribution made at the behest of agency official?       Norvide Tille#Explanat         Recipients       • Use Section A to identify the agency's department or unit.       Norvide Tille#Explanat         B.       Name of Individual       Image: Colstan Active agency and a time of unit time agency and a time of unit time.       Image: Colstan Active address and description         B.       Name of Outside Organization (include address and description)       Image: Colstan Active address and description         Wayutts of Columbors       Image: Colstan Active address and description       Image: Colstan Active address and description         Wayutts of Columbors       Image: Colstan Active address and description       Image: Colstan Active address and description         Wayutts of Columbors       Image: Colstan Active address and description       Image: Colstan Active address and description         Wayutts of Livermore CA       Yerification       Image: Colstan Active address and active address       Image: Colstan Active add	Area Code/Phone Number (510) 272-6691       E-mail leeann.fergerson@acgov         Function or Event Information         Does the agency have a ticket policy?       Yes D No         Event Description       Suburble         Mass JS       Houston Frowide TitledExplanation         Ticket(s)/Pass(es) provided by agency?       Yes D No         Was ticket distribution made at the behest of agency official?       No □ Yes         * 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)         B.       Name of Individual (Last, Free)       Number of Ticket(s)/ Pass(es)         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         WayUthS of Columburg       1%/4         Pasy (po 7)       Verification         Yestification       Z	Area Code/Phone Number (510) 272-6691       E-mail lecann.fergerson@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes DNo       Face Value of Date(s)         Event Description       B. Statustic       Date(s)         Mass ticket distribution made at the behest of agency official?       No       Yes No       If no:         Was ticket distribution made at the behest of agency official?       No       Yes P       If yes:       As         Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individe Ticket(s)?       Describe the pub ?         B.       Name of Individual (suit, First)       Number of Ticket(s)?       Describe the pub ?         Pass(es)       Ceremonial Role If checking?         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)?         Describe the public Pass(es)       Describe the public Pass(es)       Describe the public the contribution stotic Ceremonial Role If checking?         C.       Name of Outside Organization (i	Area Code/Phone Number       E-mail

### Ceremonial Role Events and Ticket/Pass Distributions

E						A Public Documen
	I. Agency Name				Date Stamp	California QOC
	Alameda County					Form OU2
	Division, Department, or Region	(If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ne, Tītle)			-	
	Lee Ann Fergerson, Superviso	rla Anaiata				
			III.		Amendment (Must p	myide evolenation in Pad 2 y
		mail				
Eren			erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2	. Function or Event Informa				•	450 00
	Does the agency have a ticket po	$\mathcal{O}(\mathcal{O})$	Yes P No	Face Value o	of Each Ticket/Pass \$	PSIL:00
	Event Description	Dar		Date(s)	12415	1 1
	Pro	vide Tille/Exp	lanation			1
	Ticket(s)/Pass(es) provided by ac	-	Yes		Name of Sou	
	Was ticket distribution made at th	e behest	No 🗌 Yes	If yes:	meda County Supervisor S	cott Haggerty, District 1
	of agency official?			(	Official's Name (L	ast, First)
3.	Recipients			·		
	• Use Section A to identify the agency's do	partment or u	unit. • Use Se	ction B to identify an individu	al. GUSE Section C to identif	ly an outside organization.
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
					anna an ann ann ann ann an ann ann ann	
	B. Name of Individual		Number of			ny manana kanana kang banda kanana manana kanang kanang kanang kanang kanang kanang kanang kanang kanang kanan
	(Last, First)		Ticket(s)/ Pass(es)	· .	Identify one of the following	<b>j:</b>
			· ·	Ceremonial Role	Other	Income
				If checking "Ceremonial	Role" or "Other" describe below:	
						· · · · · · · · · · · · · · · · · · ·
				Ceremonial Role		Income
	•			II checking "Ceremonial	Role" or "Other" describe below:	Rinning I
-			Number of			
(	Name of Outside Organization (include address and descriptio		Number of Ticket(s)/	Describe the public	purpose made pursuant to t	he agency's policy
1	len and a alma ha	A	Pass(es)			
_	hersanton Chamber	05	21			
Ć	annerce		·		****	and the property of the second s
4	eader ship Pleasan	ton .				
V	erification					
					above, is in accordance with the	requirements.
		Le	e Ann Ferg	erson Su	pervisor's Assistant	4-3.15
					Tille	(Month, Day, Year)
0		<u>a</u> 11 18 0		T-loo	ders in Rea	~ <u>+</u>
C	omment: a program To Shamber of	Comm	ever D	mmunity la the City & JEPP	PC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)
	reasancon			_		
	4501 Pleas					
	attr. Namay	Kreid	ur, el	rec. asst. A	rameda Cou	uty Fair.

### Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name				A Public Docume
Alameda County			Date Stamp	California Q
Division, Department, or Region (If Appli	cable)			Form
•				For Official Use Only
Board of Supervisors	allegent discovery and allegent statements			
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assi	stant			Land and the second
Area Code/Phone Number E-mail		n an	Amendment (Must pro	ovide explanation in Part 3.)
	rgerson@aco	gov.org	Date of Original Filing:	Advanti - D
. Function or Event Information			A second s	(Month, Day, Year)
Does the agency have a ticket policy?	Yes D N	lo 🗌 🛛 🛛 Face Value o	f Each Ticket/Pass \$	19.60
Event Description _ Poptheam		Date(s)	14,15	
Ticket(s)/Pass(es) provided by agency?	YesPN	o□ If no:	Name of Source	e
Was ticket distribution made at the behest of agency official?	No 🗌 Ye	s If yes:	neda County Supervisor Sco Official's Name (Las	ott Haggerty, District 1
Recipients	nunit ettes s	action P to identify		
• Use Section A to identify the agency's department of Agency, Department or Unit	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to t	the agency's policy
Clerk of the Board	4		Non-Marting Transformer Carlo Car	
		۲		
3. Name of Individual			and the second	
(Lest, Frst)	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
(Løst, First)	Ticket(s)/	Ceremonial Role	Identify one of the following:	Income
(Lest, First)	Ticket(s)/	Ceremonial Role 🗌 If checking "Ceremonial I	Other	Income
(Løst, First)	Ticket(s)/	Ceremonial Role	Other	Income
(Løst, First)	Ticket(s)/	Ceremonial Role	Other C	
(Losi, Firsi)	Ticket(s)/	Ceremonial Role	Other C	Income
(Last, First) Name of Outside Organization	Ticket(s)/ Pass(es)	Ceremonial Role	Other Role" or "Olher" describe below: Other Role" or "Olher" describe below:	Income
(Last, First) Name of Outside Organization	Ticket(s)/ Pass(es)	Ceremonial Role	Other Role" or "Olher" describe below: Other Role" or "Olher" describe below:	Income
(Last, First) Name of Outside Organization	Ticket(s)/ Pass(es)	Ceremonial Role	Other Role" or "Olher" describe below: Other Role" or "Olher" describe below:	Income

Title

(Month, Day, Year)

Comment:

4.

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

7	A server bit	no and no	Reurasa	Distributions		A Public Documer
1	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Re	gion (If Applicable	2)			For Official Use Only
	Board of Supervisors					. N.
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Super	visor's Assista	nt			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgc	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				(Monin, Day, Tear)
	Does the agency have a tick	at policy?	Yes D No	Face Value c	of Each Ticket/Pass \$	90
	Event Description	seball	(	Date(s)	12,15	1
		Provide Tille/Expl	anation	Date(s)	ro ob	
	Ticket(s)/Pass(es) provided b		Yes	I If no: Co	Kland Dr Name of Sou	thetics
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes:	meda County Supervisor S Official's Name (L	
	Recipients					
	Use Section A to identify the agence		Init. • Use Se	17595 COV6 1675 1675 COV	on the second seco	
	A. Name of Agency, Departme	ont or Unit	Ticket(s)/ Pass(es)	Describe the pub	llc purpose made pursuant i	o the agency's policy
	B. Name of Individua (Last, Feat)	<b>u</b>	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin DOther D I Other I I Other I I Other I I Other I I I Other I I I I I I I I I I I I I I I I I I I	g: Income [
					i i	
				Ceremonial Role [ If checking "Ceremonia	Other  Other  describe below:	Income
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
(	Camille Chaba	of Strong	530/4	To Reward a scho Its contributions t	ol or nonprofit organization of the community.	on for
	5765 Shadow Hill Dublin CA	Drive	2+17			
1	Verification			and the second second		
	~		lee Ann F	ed that the distribution set for	th above, is in accordance with t	he requirements.
			Lee Ann Fe	srgerson S	upervisor's Assistant	3-25-15
					Title	(Month, Day, Year)
	Comment: A DEWEH-	t to lue	KU I	annue Strov	a" Chabot	-
. (		the second second				

				A Public Docume
1. Agency Name	х.		Date Stamp	California 80
Alameda County	× /// A			Form OU
Division, Department, or Regior	(If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	me, Title)			
Lee Ann Fergerson, Superviso	r's Assistant			
Area Code/Phone Number E-	mail		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691 le	eann.fergerson@ac	gov.org	Date of Original Filing:	
2. Function or Event Informa	tion			(Month, Day, Year)
Does the agency have a ticket po	olicy? Yes 🖾 N	Io □ Face Value o	f Each Ticket/Pass \$ _	3200
Event Description	ball [		17 15	7 6 18
	ovide Tille/Explanation	Date(s)		1, 2, 13
Ticket(s)/Pass(es) provided by ag	gency? Yes	lo 🗆 If no: <u>Ca</u>	kland Dr. Name of Sou	thethes
Was ticket distribution made at th of agency official?	e behest No ☐ Ye	If yes:	neda County Supervisor S Official's Name (L	cott Haggerty, District 1 ast, First)
Recipients				
• Use Section A to identify the agency's de	epartment or unit. • Use S	ection B to identify an individua	al. ● Use Section C to identi	fy an outside organization.
A. Name of Agency, Department of	L Number of		c purpose made pursuant t	
B. Name of Individual	Number of Ticket(s)/		Idoniji, ono otala da u	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	9:
B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role	Identify one of the following Other  Role" or "Other" describe below:	g: income
B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role	Other	
B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role If checking Ceremonial Ceremonial Role	Other	
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description	Number of	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial ,	Other Role" or "Other" describe below: Other	income
(Last, First) C. Name of Outside Organization (include address and descriptic MAMMA HEATH SAM	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) OLMS	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial ,	Other Role" or "Other" describe below: Other Role" or "Other" describe below:	income
(Last, First) C. Name of Outside Organization (include address and descriptic MAMMA HEATH SAM	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) OLMS	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial ,	Other Role" or "Other" describe below: Other Role" or "Other" describe below:	income
(Last, First) C. Name of Outside Organization (include address and descriptic MAMMA JEMM CAM	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) OLMS	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial ,	Other Role" or "Other" describe below: Other Role" or "Other" describe below:	income
(Last, First) C. Name of Outside Organization (include address and descriptic MMMM HUMH CM Foundation 550 Frank Ogawa Pla 54e 900 Dakland, Of a	Definition of the second secon	Ceremonial Role If checking 'Ceremonial Ceremonial Role If checking 'Ceremonial , Describe the public ed that the distribution set forth Fergerson	Other Role" or "Other" describe below: Other Role" or "Other" describe below: purpose made pursuant to	income
(Last, First) C. Name of Outside Organization (include address and descriptic MMMM HUMH CM Foundation 550 Frank Ogawa Pla 54e 900 Dakland, Of a	Definition of the second secon	Ceremonial Role If checking 'Ceremonial Ceremonial Role If checking 'Ceremonial , Describe the public ed that the distribution set forth Fergerson	Other Role" or "Other" describe below: Other Other Role" or "Other" describe below: purpose made pursuant to above, is in accordance with the	income

1. Agency Name       Date Stamp       Collifornia 80         Alameda County       Date Stamp       Collifornia 80         Board of Supervisors       Designated Agency Contact (Name, Tille)       For Otical Use On         Lee Ann Fergerson, Supervisor's Assistant       Image: Collifornia 100       Amendment (Matt provide explanation in Per 3)         (510) 272-6691       Image: Contact (Name, Tille)       Date of Original Filling:       Mooth, Day, Year         2. Function or Event Information       Does the agency have a licket policy?       Yes (D No Image: Contact (Name, Tille)       Face Value of Each Ticket/Pass \$	1. 4		onour do	e Bistributions		A Public Docum	
Division, Department, or Region (# Applicable)       For Citical Use On         Board of Supervisors       Designated Agency Contact (Mane, 7lle)         Lee Ann Fergerson, Supervisor's Assistant       Amendment (dust provide explanation in Port 3)         Area Code/Phone Number of Second Control (Mane, 7lle)       Date of Original Filing:         (510) 272-6691       Ieeann.fergerson@acgov.org       Date of Original Filing:         2. Function or Event Information       Does the agency have a licket policy?       Yes ON 0       Face Value of Each Ticket/P ass \$	김 사람이 많다. 아이지 않는 것 같은 것 같은 것 같이 많다.	2			Date Stamp	California 80	
Board of Supervisors         Designated Agency Contact (Name, 780)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number (S10) 272-6691         Event Description         Provide Table/Sphanekov         Date of Original Filing:         Month, Day, Year         Provide Table/Sphanekov         Ticket(s)/Pass(es) provided by agency?         Yest         Was ticket distribution made at the behest of agency official?         No Yest         If yes:         Attened activity on a distribution made at the behest of agency official?         No Yest         Mame of Agency, 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.         * Name of Agency, Department or Unit.         Name of Agency, Department or Unit.         Name of Agency, Department or Unit.         * Receiption         Commonial Role       Other discribe below.         Income       Income         # decking 'Commonial Role       Other discribe below.         Income       Income         # decking 'Commonial Role       Other discribe below.         Income       Income         # decking 'Commonial Role		eles area a s				and the second	
Designated Agency Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (510) 272-6691         Leenan.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Provide Time?         Yes Contact         No       Yes Contact         No       Yes Contact         No       Yes Contact         No       Yes Contact         Provide Time?       No         Yes Contact       No	Division, Department, or Re	gion (If Applicat	ole)			For Official Use Only	
Lee Ann Fergerson, Supervisor's Assistant					100 D		
Area Code/Phone Number       E-mail	Designated Agency Contact	(Name, Title)			-		
(510) 272-6691       leeann.fergerson@acgov.org       Date of Original Filling:	Lee Ann Fergerson, Super	visor's Assista	ant				
2. Function or Event Information       Does the agency have a ticket policy?       Yes © No □       Face Value of Each Ticket/Pass \$         Event Description       Event Description       Event Description       Event Description       Face Value of Each Ticket/Pass \$         Ticket(s)/Pass(es) provided by agency?       Yes © No □       If no:       Callel and the time of Source         Was ticket distribution made at the behest no □       Yes © No □       If no:       Callel and the dentity one of the following:         *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(o)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual sector       Number of Ticket(o)       Identify one of the following:       Income         # ceecsing Commonal Rate or "Other describe below:       Income       Income       Income         C. Name of Outside Organization, Include of Commonal Rate or "Other describe below:       Income       Income         C. Name of Outside Organization, Include address and description)       Number of Ticket(o)       Income       Income         C. Name of Outside Organization, Include address and description)       Number of Ticket(o)       Describe the public purpose made pursuant to the agency's policy	Area Code/Phone Number	E-mail		1 1 1 - 1 - 1 AVA	Amendment (Must pro	ovide explanation in Part 3.)	
2. Function or Event Information	(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing: _		
Event Description       Bit Status       Date(s)       D	2. Function or Event Info	rmation				(Month, Day, Year)	
Event Description       Buildes Jamaison       Date(s)       L12015         Ticket(s)/Pass(es) provided by agency?       Yest No       If no:       Calland Authors         Was ticket distribution made at the behest of agency official?       No       Yest Fill       If yes:       Anne of Source         Recipients       If yes:       Anne of Agency, Department or unit.       + Use Section 8 to identify an individual.       + Use Section 7 to identify an outside organization.         A.       Name of Agency, Department or Unit       Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         If checking       Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       Income         If checking Ceremonial Role       Other       In	Does the agency have a tick	et policy?	Yes D No	Face Value o	of Each Ticket/Pass \$	105 -	
Provide TitleExplanation       If no: Calculated Status         Ticket(s)/Pass(es) provided by agency?       Yest No        If no: Calculated Status         Was ticket distribution made at the behest of agency official?       No        Yest P       If yes: Anneeda County Supervisor Scott Haggerty, District 1         Official?       Official?       If yes: Calculated Status       Name of Source         It sees Section to to identify an individual.       • Use Section to to identify an outside organization.       A. Name of Agency, Department or Unit       Toket(s)         Pass(es)       Describe the public purpose made pursuant to the agency's policy       Pass(es)         B.       Name of Individual Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Ceremonial Role Conter       Other Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income         If checking Ceremonial Role Conter describe befor:       Income       Income	Event Description Bui	elsalo	(	1 -	. 70.15	-/ -(	
Name of Source       Nome of Source         Was ticked distribution made at the behest of agency official?       No    Yes    Alameda County Supervisor Scott Haggerty, District 1 Official? Mame (Last, First)         Recipients - Use Section A to identify the agency's department or unit.       - Use Section B to identify an individual.       - Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual gast, Field       Number of Ticket(s)       Describe the public furpose made pursuant to the agency's policy         B.       Name of Individual gast, Field       Number of Ticket(s)       Identify one of the following:         B.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Income         If checking Commonial Role       Other          Income         If checking Commonial Role       Other describe before       Income         If checking Commonial Role       Other descri	Event Description	Provide Title/Exp	alanation	Date(s)		//	
Name of Source       Name of Source         Vast ticket distribution made at the behest of agency official?       No       Yes       Alameda County Supervisor Socit Haggerly, District 1 Official's Name (Last, Finit)         Is 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       Humber of Ticket(sy) Pasa(ce)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual goat free       Number of Ticket(sy) Pasa(ce)       Identify one of the following:       Income         B.       Name of Individual goat free       Number of Ticket(sy) Pasa(ce)       Identify one of the following:       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(sy) Pasa(e)       Other       Income         C.       Name of Outside Organization (include address and description)       Tocket(sy) Pasa(e)       Describe the public purpose made pursuant to the agency's policy         Los FROSIDS CONEGE, UNCAT MORE       ISA/4       To Reward a school or nonprofit organization for tis contributions to the community.         2000 Campus Hill Drive (Los FROSIDS Schlege, UNCAT MORE CA 94551       Imediatibution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       The distribution set forth above, is in accordance with the requirements. <td>Ticket(s)/Pass(es) provided b</td> <td>y agency?</td> <td>YestZDNo</td> <td>If no: Ca</td> <td>kland DA</td> <td>l lotes</td>	Ticket(s)/Pass(es) provided b	y agency?	YestZDNo	If no: Ca	kland DA	l lotes	
of agency official?       Inclusion of agency official?       Official? Name (Last, First)         3. Recipients       •Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual gas, Field       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual gas, Field       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (eact Field)       Identify one of the following:       Identify one of the following:         B. Name of Outside Organization (include address and description)       Number of Ticket(s)       Income         B. Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         C. Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         LAS FOS/LQS College, LS/4       To Reward a school or nonprofit organization for Its contributions to the community.       To Reward a school or nonprofit organization for Its contributions to the community.         2000 Campus Hill DT/NC       Image: Supervisor's Assistant			C	Charles in the last			
S. 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     B. Name of Individual     Recipient     B. Name of Individual     Recipient     Recinterecipient     Recipient     Recipient     Recipient     Recipi		at the behest	No 🗌 Yes	If yes:	meda County Supervisor Sc	ott Haggerty, District 1	
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     The individual     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     B. Name of Individual     Real, Forg     B. Name of Individual     Real, Forg     Ceremonial Role      Other I      Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:     Income     If checking 'Commonial Role' or 'Other' describe below:				(	Official's Name (Las	st, First)	
A.       Name of Agency, Department or Unit       Number of Tecket(s)'       Describe the public purpose made pursuant to the sgency's policy         B.       Name of Individual new freq       Number of Tecket(s)'       Identify one of the following:         B.       Name of Individual new freq       Number of Tecket(s)'       Identify one of the following:         Ceremonial Role       Other       Income         If checking 'Caremonial Role' or 'Other' describe below:       Income         C.       Name of Outside Organization (Include address and description)       Number of Tecke(s)       Describe the public purpose made pursuant to the agency's policy         A.S.FOSITOS College,       I 8/4       To Reward a school or nonprofit organization for Its contributions to the community.       To Reward a school or nonprofit organization for Its contributions to the community.         Describe the flatibulion set forth above, is in accordance with the requirements.       Yey ification       Yey ification         Lee Ann Fergerson       Supervisor's Assistant       4-S-D       Yey item		v's department or	unit a liea So	stion B to identify an in the identity	n sananan na shi a		
B.       Name of Individual Rate Find       Number of Ticket(s)         B.       Name of Individual Rate Find       Number of Ticket(s)         B.       Name of Individual Rate Find       Number of Ticket(s)         Ceremonial Role       Other       Income         B.       Name of Individual Rate Find       Number of Ticket(s)       Income         Ceremonial Role       Other       Income         B.       Name of Outside Organization (include address and description)       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Las Position Scottage, Lis/4       To Reward a school or nonprofit organization for Its contributions to the community.       To Reward a school or nonprofit organization for Its contributions to the community.         2000 Campus Hill Drive Luber A 94551       Income       Income         Lee Ann Fergerson       Supervisor's Assistant - <u>Under Card 4-5-5</u> (Month. Card, Yang)       4-5-5 (Month. Card, Yang)			Number of	이 가슴을 이 전 것은 것이 있는 것이 같아요. 이 가슴을 가지?	All and a second s	the second s	
B.       Name of Individual (Last, King)       Number of Ticket(sy)       Identify one of the following:         Pass(ea)       Ceremonial Role    Other    Income       Income         If checking 'Ceremonial Role    Other    Income       Income         If checking '  Pass(es)       Describe the public purpose made pursuant to the agency's policy         If checking '  Pass(es)       Describe the public purpose made pursuant to the agency's policy         If checking '  Pass(es)       To Reward a school or nonprofit organization for         If checking checking checking checking checking checking checking checking checking chec	A, Name of Agency, Departme	int or Unit		Describe the publ	lic purpose made pursuant to	the agency's policy	
B.       Name of Number of tasks and description)       Ticket(a)/ Pase(ea)       Identify one of the following:         C.       Name of Outside Organization (include address and description)       Number of Teket(a)/ Pass(ea)       Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Teket(a)/ Pass(ea)       Describe the public purpose made pursuant to the agency's policy       Income         Last Positions College, Liver more       18/4       To Reward a school or nonprofit organization for Its contributions to the community.       To Reward a school or nonprofit organization for Its contributions to the community.         Verification       Lee Ann Fergerson       Supervisor's Assistant Tite       4-9-15 (Month. Day, Year)							
B.       Name of Number of tasks and description)       Ticket(a)/ Pase(ea)       Identify one of the following:         C.       Name of Outside Organization (include address and description)       Number of Teket(a)/ Pass(ea)       Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Teket(a)/ Pass(ea)       Describe the public purpose made pursuant to the agency's policy       Income         Last Positions College, Liver more       18/4       To Reward a school or nonprofit organization for Its contributions to the community.       To Reward a school or nonprofit organization for Its contributions to the community.         Verification       Lee Ann Fergerson       Supervisor's Assistant Tite       4-9-15 (Month. Day, Year)							
Income       Income         Income       Income <td< td=""><td>B. Name of Individua (Last, First)</td><td>1</td><td>Ticket(s)/</td><td></td><td>Identify one of the following:</td><td></td></td<>	B. Name of Individua (Last, First)	1	Ticket(s)/		Identify one of the following:		
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       To Reward a school or nonprofit organization for Ticket(s)       To Reward a school or nonprofit organization for Tis contributions to the community.         Juver more       18/4       To Reward a school or nonprofit organization for Tis contributions to the community.         Jobo Campus Hill Drive       Verification         Luver more CA 94551       Lee Ann Fergerson         Lie Ann Fergerson       Supervisor's Assistant Title       4-8-5 (Month, Day, Year)			1			Income	
C. Name of Outside Organization (include address and description) Las Positos College, Liver more 3000 Campus Hill Drive Liver prore CA 94551 Lee Ann Fergerson Lee Ann Fergerson Mumber of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy To Reward a school or nonprofit organization for Its contributions to the community. Verification Lee Ann Fergerson Lee Ann Fergerson An An A			1 1	If checking *Ceremonia	I Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description) Las Positos College, Liver more 3000 Campus Hill Drive Liver prore CA 94551 Lee Ann Fergerson Lee Ann Fergerson Mumber of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy To Reward a school or nonprofit organization for Its contributions to the community. Verification Lee Ann Fergerson Lee Ann Fergerson An An A				1. S.			
C. Name of Outside Organization (include address and description) Las Positos College, Liver more 3000 Campus Hill Drive Liver prore CA 94551 Lee Ann Fergerson Lee Ann Fergerson Mumber of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy To Reward a school or nonprofit organization for Its contributions to the community. Verification Lee Ann Fergerson Lee Ann Fergerson An An A		1.1.1		Ceremonial Role			
C.       Include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Las Positos College,       18/4       To Reward a school or nonprofit organization for Its contributions to the community.         3000 Campus Hill Drive Liver more CA 94551       Is/4       Its contribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-9-55         Title       Month, Day, Year)						Income	
C.       Include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Las Positos College,       18/4       To Reward a school or nonprofit organization for Its contributions to the community.         3000 Campus Hill Drive Liver more CA 94551       Is/4       Its contribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-9-55         Title       Month, Day, Year)							
C.       Include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Las Positos College,       18/4       To Reward a school or nonprofit organization for Its contributions to the community.         3000 Campus Hill Drive Liver more CA 94551       Is/4       Its contribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-9-55         Title       Month, Day, Year)	-		Number of				
Livermore 179 3000 Campus Hill Drive Livermore CA 94551 Verification Lee Ann Fergerson <u>Supervisor's Assistant</u> 4-8-15 <u>Title</u>			Ticket(s)/	Describe the public	; purpose made pursuant to the agency's policy		
Livermore 179 3000 Campus Hill Drive Livermore CA 94551 Verification Lee Ann Fergerson <u>Supervisor's Assistant</u> 4-8-15 <u>Title</u>	Las Positas College,		18/11	To Reward a school or nonprofit organization for			
Livermore CA 94551 Verification Lee Ann Fergerson 	Livermore J		14	Its contributions to t	he community.		
Livermore CA 94551 Verification Lee Ann Fergerson 	3000 Campus Hill	Drive					
Lee Ann Fergerson $\frac{1}{Title}$ $\frac{1}{Title}$ $\frac{1}{(Month, Day, Year)}$	LINGERADORE CA 9	4551					
Lee Ann Fergerson $\frac{1}{Title}$ $\frac{1}{Title}$ $\frac{1}{(Month, Day, Year)}$	Verification						
Supervisor's Assistant 4-9-5 Title (Month, Day, Year)	0.3	Lee	Ann Ferger	son	above, is in accordance with the i	requirements.	
Title (Month, Day, Year)		Lee	Ann reiger	5011		4415	
comment: Muaraiser to help students, staff faculty and preator regional	1				the second se	(Month, Day, Year)	
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COMANNAL A. T.S. M. L. LAC DALILAL LANDA	Comment	o map	Maam	and sall	my una yrear	1 regional	

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

Agency Name				A Public Documen	
			Date Stamp	California 802	
Alameda County Division, Department, or Region (If Applic	a h la l			Form	
	abiej			For Official Use Only	
Board of Supervisors		2		1	
Designated Agency Contact (Name, Title)				-	
Lee Ann Fergerson, Supervisor's Assis	stant		Amendmont at		
Area Code/Phone Number E-mail (510) 272-6691 leeann.fei		Amendment (Must provide explanation in Part 3.)			
	gerson@acgo	ov.org	Date of Original Filing:	(Month, Day, Yeat)	
Function or Event Information Does the agency have a ticket policy?	V. 60 V			80.00	
Burghand	Yes D No	Face Value (	of Each Ticket/Pass \$		
Event Description	Xplanation	Date(s)	128115	//	
Ticket(s)/Pass(es) provided by agency?		The Marst Ch	bland Nd	1. Optic S	
	Yes	There is a second	Name of Sou		
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:Ala	ameda County Supervisor Se	cott Haggerty, District 1	
			Official's Name (La	ost, First)	
Recipients  • Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an institute			
A. Name of Agency, Department or Unit	Number of			and the second	
er en egeneg, expandidad en en	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
				A STREET AND A STREET AND A	
3. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)	a second and a second	Identify one of the following:		
24		Ceremonial Role	Other	Income	
		If checking *Ceremonia	al Role" or "Other" describe below:		
				4.	
1		Ceremonial Role	Other	Income	
	1 1	Il checking "Ceremonia		incomp	
	1 1		I Role" or "Other" describe below:	( ) ( )	
			l Role" or "Olher" describe below:	0 31	
Name of Outside Organization	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)		l Role" or "Other" describe below: c purpose made pursuant to t	he agency's policy	
(include address and description) vermore Valley winegrow	Ticket(s)/ Pass(es)	Describe the public To Reward a school or	c purpose made pursuant to t	he agency's policy	
(include address and description) vermore Valley winegrow sundation	ers 18/4	Describe the public	c purpose made pursuant to t	he agency's policy	
(include address and description) vermore Valley winegrow	ers 18/4	Describe the public To Reward a school or	c purpose made pursuant to t	he agency's policy	
# nle Events and TickatiDa

4.

. Agency Name					A Public Docum
•	· .		•	Date Stamp	California 20
Alameda County Division, Department, or Reg	uion (If Applicat		anna a sua su		Form OU
•	non ( <i>ii rupiic</i> at	////			For Official Use Only
Board of Supervisors	1 4 5 April 1 - 1	-Complexed and a complexed and a			
Designated Agency Contact					
Lee Ann Fergerson, Superv		ant		Amondmand	and the second
Area Code/Phone Number	E-mail			Amendment (Must	
(510) 272-6691	I CONTRACTOR OF THE OWNER	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform					
Does the agency have a tickel	l policy?	Yes D No	Face Value	of Each Ticket/Pass \$_	231.80
Event Description _Heet	WOOD Provide Tille/Exp	Mac	Date(s)	1.15	
Ticket(s)/Pass(es) provided by	agency?	YesPNo	If no: G	SW Name of Sou	Irce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes:	meda County Supervisor S	cott Haggerty. District 1
of agency official?			(	Official's Name (L	ast, First)
Recipients					
<ul> <li>Use Section A to identify the agency's</li> <li>Name of Agency, Department</li> </ul>		Number of			
· · · · · · · · · · · · · · · · · · ·		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
D141		4		nce at a county sponsored e I county revenue for conces	
			• •	<u>.</u>	
Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	
			To promote attendar to maximize potentia parking sales.	nce at a county sponsored e al county revenue for conces	vent in order come
			Ceremonial Role	Other Role* or "Olher" describe below:	Income
· •					
			. •		•
Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	ne agency's policy
			na na kana na k	and the second and an an an an an and an	9997-999-999-999-999-999-999-999-999-99
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ulfi e e fi e m	<u> </u>				
rification		···· ·	ed that the distribution set forth	above, is in accordance with the r	· · ·
	Le	e Ann Ferge	2Kc 0 %	pervisor's Assistant	
		0	<u></u>	Tille	<b>27.61</b> 0
			_		(Month, Day, Year)

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

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4.

				A Public Documer
1. Agency Name			Date Stamp	California 800
Alameda County				Form 002
Division, Department, or Region (If App	licable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title,	)	-		
Lee Ann Fergerson, Supervisor's Ass		and the second		
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leeann.f	ergerson@aco	Jov.org	Date of Original Filing	• Etereterature and a second sec
2. Function or Event Information	ang			(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🖾 N	lo 🗌 🛛 🛛 Face Value o	of Each Ticket/Pass \$_	39.40
Event Description Provide Tille	DICK DExplanation	Date(s)	115	/
Ticket(s)/Pass(es) provided by agency?	YesZDN	o□ If no:_G	Name of Sc	ume.
Was ticket distribution made at the behe	st No⊡ Ye	s If yes:	meda County Supervisor	
of agency official?		"I li yes.	Official's Name (	Last, First)
• Use Section A to identify the agency's departmen	torunit. • Use Se	ection B to identify an Individua	al. « Use Section C to ident	Ify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	
		4		
			N NOOCCOCCUSION OF THE REAL PROPERTY AND INCOMENTATION OF THE REAL PROPERTY AND AND AND AND AND AND AND AND AND	
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Thez Garcia	4	To promote attenda to maximize potenti parking sales.	ance at a county sponsore ial county revenue for cond	d event in order me 🔲 . cession and
		Ceremonial Role	Other	Income 🔲
				•
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
			2007/	ann an fhair an tha an tha an tha an tha ann an tha an
	d 10040 / have been	fied that the distribution set forth	above, is in accordance with the	requirements
Control understand FPPC Regulations 18944.1 an	Lee Ann Fer	gerson		4/1/1<
/erification	Lee Ann Fer	gerson	pervisor's Assistant	- <u>4/1/15</u> Widnih, Dby, Year)

1. Agency Name				A Public Docume
Alameda County		÷	Date Stamp	California 80
Division, Department, or Region (II Applicab	le)			For Official Use Only
Board of Supervisors				S
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assista	int			
Area Code/Phone Number  E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leeann.ferge	erson@aco	ov.org	Date of Original Filing:	
2. Function or Event Information	eree ing alog	orioig	sate of original rining:	(Month, Day, Year)
Does the agency have a ticket policy?	Yes D No	Eace Value o	of Each Ticket/Pass \$ _	· PO -
Event Description Buseball	(	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- they were
Provide Tille/Exp	lanation	Date(s)	1221 5	
Ticket(s)/Pass(es) provided by agency?	Yes	I Know Co	bland N	1. Optics
	rest No		Name of So	
Was ticket distribution made at the behest of agency official?	No 🗌 . Yes	If yes:	meda County Supervisor 8	Scott Haggerty, District 1
		(.	Official's Name (I	.ast, First)
Recipients		nganan ka naci?		
• Use Section A to identify the agency's department or	Unit. • Use Se	A DEFENSION NUMBER OF AN AVAILABLE OF A DEFENSION OF A	and the second se	the second se
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
- /	a second second		en al anti-anti-anti-anti-anti-anti-anti-anti-	
(		3		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	12 - Antonio Antonio
	Pass(es)	XE MARKED IN THE PARTY OF	nothing one of the followin	gr.
		Ceremonial Role	Other C	Income [
			ride of child describe below;	
×		Ceremonial Role	Other []	Income
0		If checking "Ceremonial	Role" or "Other" describe below:	8) (S
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
The Taylor Fanily Foundation		To Reward a scho	ol or nonprofit organizati	on for
555-Anon Rd	2	Its contributions t	o the community.	on for
Invermore CA 94550				
DAI IN THE PARM				
Verification				
d' \		and that the distribution set forth	above, is in accordance with th	8 mouirements
L	ee Ann Fer	gerson	pervisor's Assistant	11-1-5
			Title	(Month, Day, Year)
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have Fin.	10 4 1	manuly 111 Ch	sildren Can	

A' Amonous Name					A Public Documen
1. Agency Name				Date Stamp	California 000
Alameda County	-		<b></b>		Form OUZ
Division, Department, or l	Region (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Cont	act (Name, Title)	le anno 1999 e le constant de la con			
Lee Ann Fergerson, Sup	ervisor's Assist:	anf			
Area Code/Phone Numbe			• . المعرف المعرفة	Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691		erson@acgo	N. OFA	Date of Original Filing:	
2. Function or Event In		erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ti		· 6		<b>• •</b> • • •	EE00.
12	· · ·	Yes D No	Face Value o	f Each Ticket/Pass \$ _	
Event Description	iswall	(	Date(s)	1/2/15	1 1
	Provide Tille/Exp	Dianation	<u><u></u></u>		
Ticket(s)/Pass(es) provide	d by agency?	Yes	If no: La	kland Dr Name of Soc	<u>Hiletics</u>
Was ticket distribution mad	le at the behest	No 🗌. Yes	If yes:	meda County Supervisor S	Cott Haggerty, District 1
of agency official?				Official's Name (L	.ast, First)
3. Recipients					
• Use Section A to identify the ag	ency's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	ify an outside preanization.
A. Name of Agency, Depar	timent or Unit	Ticket(s)/	Doscribe the publ	C DUIDOSC made reinsuent	to the appnelle selled
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			a a fair an		
B. Name of Indivi	duat	Number of			nonange Sou ya shi na
D. (Lest, Fiel)	uua)	Tickot(s)/ Pass(es)		Identify one of the followir	igi:
			To promote attend	lance at a county sponsor	ed event in order me
			to maximize poten parking sales.	tial county revenue for co	ncession and
Jun Minura					
					n and a second
			Ceremonial Role	Other     Greven     Other     describe below:	Income
				There of entrop besching beigw.	
					+
C. Name of Outside Org (include address and c	anization lescription)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	o the agency's policy
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			and an	a particular de la construction de	
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Verification					Benergen and an and a state of the state of
A House road and understand EDDO O.			nd that the distribution set for	h above, is in accordance with t	(ha
					rie requirements.
		Lee Ann Fe	ergerson <u>S</u>	upervisor's Assistant	- 4/10/15
				nue	(Morfih, Day, Year)
Comm					·

Comment: \_\_\_\_

1' Amonov Name		Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County Division, Department, or Region	A //f Amalianticles		Form OUZ	
	n (II Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na				
Lee Ann Fergerson, Supervise	or's Assistant		faces a	
	-mail	an and a second s	Amendment (Must p	rovide explanation in Part 3.)
	eeann.fergerson@acgo	DA'OLD	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket p	olicy? Yes D No	Face Value	of Each Ticket/Pass \$ _	Site -
Event Description	Iovida Tille/Explanation	Date(s)	1,6,15	
Ticket(s)/Pass(es) provided by a	C		Kland Dr. Name of So	thetics
Was ticket distribution made at to of agency official?	he behest 🛛 No 🗍 Yes	If yes:	ameda County Supervisor S Official's Name (L	Cott Haggerty, District 1
3. Recipients		· .		
• Use Section A to identify the agency's a	department or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	or Unit	Describe the put	olic purpose made pursuant	to the permovie solicit
	Paq(6a)	a na sana ana ana ana ana ana ana ana an	and a second second by the second second Second second	No me alloneya poney
				alam paga kana kana kana kana kana kana kana k
B. Name of Individual	Number of		annan an air air an	
(Letl, Firt)	Tickot(s), Paso(es)		Identify one of the followi	
Robin Ama	dor 2	To promote attents to maximize pote parking sales.	ndance at a county sponso ential county revenue for co	red event in a D
		Ceremonial Role	Other	Income
		II checking *Coremon	lat Role" or "Other" describe below:	•
5				
C. Name of Outside Organizati (include address and descrip	ion Number of Ticket(s)/ Pass(cs)	Describe the pub	lic purpose made pursuant to	o the agency's policy
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Electron de la companya de la company			۵۶٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰۰۰٬۰	anna an
Verification				
e Y		i that the distribution set fo	orth above, is in accordance with	he requirements.
	Lee Ann I	Forgorson	Supervisor's Assistant	HINIL
		<b>-</b>	Tile	(Month, Day, Year)

4				A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County Divísion, Department, or Regio	n (If Applicable)		-	Form
	an (II Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (N	ame, Title)			
Lee Ann Fergerson, Supervis	or's Assistant			
	-mail	nningen en sen kannen en en en en kannen an en	Amendment (Must pi	ovide explanation in Part 3.)
(510) 272-6691	eeann.fergerson@ac	gov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform				
Does the agency have a ticket p	oolicy? Yes D N	lo 🗌 🛛 🛛 Face Value p	f Each Ticket/Pass \$	3,200
Event Description		Date(s)	le, 15.	
Ticket(s)/Pass(es) provided by a	agency? Yes	lo 🗌 If no: 🙆	kland Dot Name of Sour	hletics
Was ticket distribution made at t of agency official?	he behest No □. Ye	If yes:	meda County Supervisor So Official's Name (La	cott Haggerty, District 1
. Recipients				
• Use Section A to identify the agency's	department or unit. • Use S	Section B to identify an individu	al. • Use Section C to identif	V an outside organization
A. Name of Agency, Department		Describe the publ	ic purpose made pursuant to	
Scott Hago	erty 2	To obtain overs received county	ight of facilities or eve funding or support	ents that have
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	an an an Arran an Ar Arran an Arran an Arr
		Ceremonial Role	Other D Role" or "Other" describe below:	Income
×		Ceremonial Role	Other .	income
C. Name of Outside Organizati	Number of			
(include address and descript		Describe the public	purpose made pursuant to t	he agency's policy
		· · ·		
Verification				
	Lee Ann	-ified that the distribution set forth Fergerson Su	above, is in accordance with the pervisor's Assistant Tille	requirements. 
Comment:			· · ·	, .
				EPPC Form 802 (4/12)

4.

A Amomou N			A Public Docume
1. Agency Name			Date Stamp California 80
Alameda County		-	Form
Division, Department, or Region (If App	olicable)		For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title	?)		-
Lee Ann Fergerson, Supervisor's As			
Area Code/Phone Number E-mail	Sistam		Amendment (Must provide explanation in Part 3.)
	(and a day 0 day	• .	
	fergerson@acc	Jov.org	Date of Original Filing:(Month, Day, Year)
. Function or Event Information			
Does the agency have a ticket policy?	Yes D N	o 🗌 🛛 🛛 Face Value d	of Each Ticket/Pass \$ 23,80
Event Description	od Mai	Date(s)	17,15
Provide Title	e/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes		- SW
	C		Name of Source
Was ticket distribution made at the beha of agency official?	st No 🗌 Ye	s If yes:	meda County Supervisor Scott Haggerty, District 1
of agency official?		(	Official's Name (Last, First)
Recipients		· .	
e Use Section A to identify the agency's departmen	itorunit. • Use Se	ection B to identify an individu	al. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to the agency's policy
$(), < \downarrow$	Pass(es)		
DIST. (	4	To reward a (	County employee for his
			plary service to the public
		or to encoura	ge staff development
	Number of	·	
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		_
99999999999999999999999999999999999999		Ceremonial Role	Other
			Role" or "Other" describe below:
		Ceremonial Role	
• •		If checking "Ceremonial	Role" or "Olher" describe below:
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	purpose made pursuant to the agency's policy
	Pass(es)	Terefisis benefisis and a feature of the second state of	- James - Pondy
			· · ·
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rification			
<b>x</b>		that the distribution set forth	above, is in accordance with the requirements.
	Lee Ann Ferge	rcon	pervisor's Assistant
			Tille
			(Monih, Day, Year)
nment:			

Comment: \_

			sistingations		A Public Documer
. Agency Name	· ·			Date Stamp	California 800
Alameda County					Form 002
Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)	-			
Lee Ann Fergerson, Supervi	sor's Assista				
Area Code/Phone Number	E-mail	an a the first data and data and a second		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🖾 No	Face Value o	of Each Ticket/Pass \$ _	3.2.00
Event Description	elsald	(	Date(s)	, 11,15	
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes ZONo		kland D Name of Sc	thetics
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes:	ameda County Supervisor Official's Name (	
. Recipients					
<ul> <li>Use Section A to identify the agency</li> </ul>	's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departmer	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	이 가는 것이 같이 가지 않지 않는 것이 같이 가지 않는 것이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 없다.
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#ROOM which is a second damage providence of the second second second second second second second second second		1			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Kasle Hildens	rand	4	To promote atter to maximize pote parking sales.	ndance at a county sponso ential county revenue for c	pred event in order ne
			Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:	Income
					• •
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	líc purpose made pursuant	to the agency's policy
			na n	an a	nanna agusta ana bha ar gastarta tar tar an
Verification		I			
$c^{2}$ $\Lambda$			e that the distribution set fo	rth above, is in accordance with	the requirements.
		Lee Ann F	ergerson	Supervisor's Assistant	Ulalik
					~ ( / · /   · )

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: steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$300 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Basketball Game 23 03 15 Event Description Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🕅 If ves: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Holmes, Andrew If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Olher" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### Verification 4.

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.

Steven Jones Central District Director 04.01.2015 Print Name Title (Month, Day, Year) Comment: \_\_ FPPC Form 802 (4/12)

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

A Public Document

A Public Document

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1. Agency Name					Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	<i>)</i>			For Official Use Only
	Board of Supervisors			· .		
	Designated Agency Contact (	Name, Title)	WEMANIAN			
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693		s@acgov.org	1	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor		- (Sacido 19			(Month, Day, Year)
£ x	Does the agency have a ticke		Yes 🛛 No	Eace Value o	f Each Ticket/Pass \$	\$350
		•		bears.		
	Event Description Basketball	Provide Title/Expl	lanation	Date(s)		
	Tieket(a)/Deeg(as) statistics the			- Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sou	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If ves: Alame	eda County Supervisor	Wilma Chan
	of agency official?				Official's Name (La	ast, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>	y's department or		tion B to identify an Individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
						**************************************
	,					
	·		Munchassing			n an
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the followir	ng:
			Pass(es)	Ceremonial Role	Other	
	Neideffer, Marty	•			ial Role" or "Other" describe below:	income
			2	To promote attendance at an event held at a County facility in		
		2011-01-01-01-01-01-01-01-01-01-01-01-01-		order to maximize p	otential County revenu	ue from sales.
				Ceremonial Role		Income
			2	If checking "Ceremoni	ial Role" or "Other" describe below:	
					I	
	C. Name of Outside Organ	ization	Number of		**************************************	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
				######################################		<u></u>
						·
			`			

#### 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.

Steven Jones	Central District Director	04/01/2015
Print Name	. Title	(Month, Day, Year)
Comment:		

С	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regional structure of the second structure of the sec	on (If Applicabl	э)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Steven Jones					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jone:	s@acgov.org	g .	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				(Wohn, Day, Tear)
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$350+\$30 parking
	Event Description Basketball Game Date(s) 03					
	Provide Title/Explanation			Construction of the Constr		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				Name of So		
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: <u>Alam</u> of agency official?			eda County Superviso Official's Name (I	r Wilma Chan	
	- ·					-231, 17131)
3.	• Use Section A to identify the agency	's denartment or	unit allea Sa	ction B to identify an individu	ual – e Use Section C to ideal	if an outside organization
	A. Name of Agency, Departmer		Number of			
	A Name of Agency, Department of Ont		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						2007/2011/2011/2012/2012/2012/2012/2012/
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)		· 	Promy
	Elliott, Laura			Ceremonial Role If checking *Ceremoni	l Other l ial Role" or "Other" describe below:	
		2+1park			ance at an event held a	at a County facility in
				order to maximize p	ootential County reven	ue from sales.
					Other	Income
			2+1park	If checking "Ceremoni	al Role" or "Other" describe below:	
	C Name of Outside Organiz	ration	Number of			***
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
		ning and an			22-27-01-1-1-07-27-27-27-27-27-27-27-27-27-27-27-27-27	

## 4 Verification

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

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 \$350+\$30 parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Basketball Game 03 18 15 Event Description Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X If ves: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Beilke, Alan If checking "Ceremonial Role" or "Other" describe below: 4+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other  $\Pi$  $\Box$ Income If checking "Ceremonial Role" or "Other" describe below: 4+1park Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

### 4. Verification

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.

	Steven Jones	Central District Director	04/01/2015
	Print Name	. Title	(Month, Day, Year)
	,		
Comment:		те и на поста би на селото на поста на поста на поста на поста на поста на поста и поста и поста и поста и пост	FPPC Form 802 (4/12)

**A Public Document** 

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$600 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 **Basketball Game** 03 16 15 **Event Description** Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest Alameda County Supervisor Wilma Chan No 🗌 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Blair, Michael If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) · Pass(es)

### 4. Verification

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.

 Steven Jones
 Central District Director
 04.01.2015

 Print Name
 Title
 (Month, Day. Year)

 FPPC Form 802 (4/12)

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

A Public Document

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			. Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	J	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				ф.с.о.о.
	Does the agency have a ticke		Yes 🛛 No	Contrast.	of Each Ticket/Pass \$	
	Event Description Basketball Game Date(s)				<u> </u>	
	i torde morexplanation				n State Warriors Name of Sol	
					eda County Superviso	
	of agency official?	at the benest	Official's Name (I	.ast, First)		
3.	Recipients					
	Use Section A to identify the agence	y's department or u		tion B to identify an Individu	ual.	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			-			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Boskovich, Alex		2	If checking "Ceremon	Other describe below:	Income
		2			ance at an event held a potential County reven	
			2.		Other Cher describe below:	Income
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			******			

### 4. Verification

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

C	eremonial Role Events and Lic	ket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				
•	Division, Department, or Region (If Applicable	n .	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	-			
	Steven Jones				24-29-20-01-02-01-02-02-02-02-02-02-02-02-02-02-02-02-02-
	Area Code/Phone Number E-mail		*******	Amendment (Must p	rovide 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?	Face Value c	of Each Ticket/Pass \$ _	\$350+\$30 parking	
	Event Description Basketball Game	Date(s)	<u> </u>	////	
	Ticket(s)/Pass(es) provided by agency?	If no: Golder	n State Warriors <sub>Name of So</sub>		
	Was ticket distribution made at the behest	No 🗌 Yes	Alam	eda County Superviso	
	of agency official?	If yes:	Official's Name (	Last, First)	
3.	• Use Section A to identify the agency's department or	unit. 🔹 Use Sec	ction B to identify an individu	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 pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	McMullen, Phil	2+1park	Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Zipaik		ance at an event held potential County rever	
		2+1park	Ceremonial Role If checking "Ceremon	Other I	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					NGARAN AN ANG NG N
-		]	l		

# 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.

 Steven Jones
 Central District Director
 04.01.2015

 Print Name
 Title
 (Month, Day, Year)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1	. Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must µ	provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.or@	g .	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	\$125			
	Event Description Charlie W	lson Provide Title/Expl	3 _ 27 _ 15				
	Ticket(s)/Pass(es) provided b		Yes 🗌 <sup>´</sup> No	If no: Golder	n State Warriors		
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Alame	eda County Superviso Official's Name (	or Wilma Chan	
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 organization.						
	A	~~~~~	unit. • Use Sec Number of	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Burns, Anthony		4	Ceremonial Role If checking "Ceremoni	Other D	Income	
	antining and an an an and a		-		ance at an event held potential County rever	at a County facility in nue from sales.	
		×	4	Ceremonial Role If checking "Ceremoni	Other     Other     describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
		an mar an			norman server of the server of t	991 (999 (994 (995 691 1996 994 994 1996 1996 1996 1997 1997 1997 1997 1997	

# 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.

 Steven Jones
 Central District Director
 04.01.2015

 Print Name
 Title
 (Month, Day, Year)

1. Agency Name		s Distributions	A Public Docume
	•	Date Stamp	California 80
Alameda County Division, Department, or Region (//	(Applicable)		Form
Division, Department, or Region (#	Аррісавіе)		For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name,	Tītle)		
Lee Ann Fergerson, Supervisor's	Assistant		
Area Code/Phone Number E-ma	ii .	Amendment (	Must provide explanation in Part 3.)
(510) 272-6691 leea	nn.fergerson@acgo	V.org Date of Original Fi	ling:
. Function or Event Informatic	)n		(Month, Day, Year)
Does the agency have a ticket polic	y? Yes 😰 No	Face Value of Each Ticket/Pass	. 100,00
Event Description	CHD all	Date(s) 18, 15	
Ticket(s)/Pass(es) provided by agen			
nekel(s)/Fass(es) provided by agen	cy? YesPNo	If no:	of Source
Was ticket distribution made at the b	ehest No 🗌 Yes		sor Scott Haggerty, District 1
of agency official?	- (	Official's Na	me (Last, First)
Recipients • Use Section A to identify the agency's depar	tment or unit. 。Use Sect	ion B to identify an individual. • Use Section C to i	dontifu an outoide enseriestis
A. Name of Agency, Department or Un	I Number of I	Describe the public purpose made pursu	
·			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the follo	wing:
		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below	income
•		· · · · ·	• • • • •
Matt Fillard	4/	To promote attendance at a county spons to maximize potential county revenue for o parking sales.	ored event in order
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To promote attendance at a county spons to maximize potential county revenue for o parking sales. Describe the public purpose made pursuant	
	Ticket(s)/	parking sales.	
	Ticket(s)/	parking sales.	

4.

Lee Ann Fergerson Print Name

Supervisor's Assistant Tille

(Month, Day, Year)

Comment: .

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

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4.

			A Public Docum
		Date Stamp	California 80
/// Applicable			Form
(п Арріїсаріе)			For Official Use Only
e, Title)			
s Assistant			
ail		1	
ann.fergerson@ac	gov.org	Date of Original Filing:	Alexander Provide Land
on			(Month, Day, Year)
cy? Yes 🖾 🛛	No 🗌 🛛 🛛 Face Value d	of Each Ticket/Pass \$	100.00
ball (			/ /
	. A C	, W	
behest No TY	Alar		
	I yes:	Official's Name (La	ast, First)
artment or unit.	Section B to identify an individu	al. • Use Section C to Identif	y an outside organization.
Number o	F		
Number of Ticket(s)/ Pass(es)		Identify one of the following	
Dell 4/	To promote att to maximize po parking sales.	endance at a county sponso otential county revenue for c	ored event in order
	Ceremonial Role		Income
Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	e agency's policy
	ne and a second seco		
·			
a dan ar	·····		
4.1 and 18942. I have ver ee Ann Ferg.	ified that the distribution set forth a	above, is in accordance with the re pervisor's Assistant	equirements.
	(If Applicable)         e, Title)         s Assistant         rail         ann.fergerson@ac         On         cy?         Yes         behest         No         yes         artment or unit         e Tille/Explanation         ncy?         Yes         behest         No         yes         nit         Number of         Ticket(s)/         Pass(es)         OUL         Number of         Ticket(s)/         Number of         Ticket(s)/	/// Applicable)         e, Trille)         s Assistan!         nail         ann.fergerson@acgov.org         On         cy?       Yes ON C         Face Value of         Date(s)         Dell         Date(s)         Of         Number of         To promote att         to maximize po         parking sales.         Out         Number of         To ket(s)/         Describe the public	e, Title) s Assistant ail ann.fergerson@acgov.org Date of Original Filing: Date(s) GAUNE C, date of Souther Souther filing: Date(s) GAUNE C, date of Souther filing: Date(s) Date(s) GAUNE C, date of Souther filing: Date(s) GAUNE of Ticket(s) Describe the public purpose made pursuant to the filing: Date of Ticket(s) Describe the public purpose made pursuant to the filing: Date of Ticket(s) Describe the public purpose made pursuant to the filing: Date of Ticket(s) Describe the public purpose made pursuant to the filing: Date of Ticket(s) Describe the public purpose made pursuant to the filing: Date of Ticket(s) Date of Ticke

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

4 A	nov Nor			3 DISTINUTIONS		A Public Docum
	ncy Name				Date Stamp	California 80
	eda County	50 - California - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				Form OU
Divisi	on, Department, or Reg	ion (II Applical	ble)			For Official Use Only
Board	d of Supervisors					
Desig	nated Agency Contact	(Name, Title)	an der mit den verfahlten der für eine an der einen andere einen der einen de	en an	24	
Lee A	nn Fergerson, Superv	isor's Assist	ant			
	Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510)	272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	
2. Func	tion or Event Infor					(Month, Day, Year)
	he agency have a ticke		Yes 😰 No	Face Value o	f Each Ticket/Pass \$ _	100,00
				1	1:20,15	100.00
Event l	Description	Provide Title/Exp	planation	Date(s)	1 20,15	
Ticket(	s)/Pass(es) provided by	agency?	V~	E Know GSU	N N	
noncelle		agency :	Yes		Name of So	urce
	ket distribution made at	the behest	No 🗌 Yes	If yes:	meda County Supervisor S	Scott Haggerty, District 1
of age	ncy official?			(	Official's Name (I	ast, First)
3. Recip						
∈ Use Sec	ction A to identify the agency'	s department or	unit. © Use Sec	ction B to identify an individua	al. « Use Section C to ident	ify an outside organization.
A. N	lame of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
Sec	H Haggerly	H	L	To obtain oversi received county	ght of facilities or eve funding or support	ents that have
	$\overline{D}$				remaining of support	- Berninkulang
	1/157.1					and a second
B.	Name of Individual (Last, First)	an a surger to surger the surger to surger	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		•		Ceremonial Role	an a	Income
		•		If checking "Ceremonial	Role" or "Other" describe below:	•
						•
		**************************************		Ceremonial Role	Other	
· · ·				Role" or "Other" describe below:	Income	
						•
<b>1</b> 00 - 100		(a				•
	Name of Outside Organiza Include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Verificat	ion	L				
		ns 18944.1 and 1	8942. I have verifi	ied that the distribution set forth	above, is in accordance with thi	e requirements
					pervisor's Assistant	4 20-15
		Le	e Ann Ferae			
		_Le	Print Name		Tille	(Month Day Vearl
		_Le				(Month, Day, Year)

Ce	remonial Role Even	ts and Tic	ket/Pass	Distributions '		A Public Document
1. /	Agency Name		Date Stamp	California 802		
/	Alameda County			Form OUZ		
Ē	Division, Department, or Reg	ion (If Applicable	e)	s		For Official Use Only
E	Board of Supervisors					
_	Designated Agency Contact	(Name, Title)			m.	
ľ	Michelle Dianda		· · · · · · · · · · · · · · · · · · ·			
	Area Code/Phone Number	E-mail			. Amendment (Must)	provide explanation in Part 3.)
(	(510) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2. I	Function or Event Infor	mation				(Month, Day, Teal)
D	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ _	231.80
E	Event Description	Mac Concer	Date(s)04	, 07 , 15	exemples and a second	
Т					n State Warriors Name of So	DUICE
	Vas ticket distribution made a of agency official?	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor Official's Name	District 2 (Last, First)	
	Recipients					
	Use Section A to identify the agenc		unit.	ction B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
-	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Auto	CO20101000000000000000000000000000000000	THAN BOOK STATE OF STATE OF STATE				Billet State (1997) and a state of the sta
	Name of Individua		Number of	, 		
C	(Last, First)	31	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
ŀ	Hillis, Steven			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
			2		ance at an event held potential revenue fron	at a County facility in n sales.
ŀ	Aro-Valle, Barbara			Ceremonial Role If checking "Ceremon	Other X ial Role" or "Olher" describe below:	Income
			2		ance at an event held potential revenue fron	at a County facility in n sales.
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
-						
	A Area an					
۱.	Indification -					

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

Michelle Dianda

Print Name

Comment.

Supervisor's Aide

Tille

C	eremonial Role Events and Ticl	ket/Pass	Distributions	1 - A	A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				
	Division, Department, or Region (If Applicable,		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692 michelle.diar	nda@acdov.	ora	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Information	<u> </u>			(Month, Day, Year)
<i>(</i> 621 B		Yes 🛛 No	Eace Value o	f Each Ticket/Pass \$	119.60
		economica a			
	Event Description POP the Dream Provide Title/Expla	anation	Date(s)	0415	/
			If no. Golder	n State Warriors	
	never(s) rass(es) provided by agency?	Yes 🗌 No		Name of Sou	
	Was ticket distribution made at the behest	If yes: Valle,	Richard- Supervisor D	District 2	
	of agency official?	Official's Name (L	ast, First)		
3.	Recipients				
	• Use Section A to identify the agency's department or u	Init. I Use Sec	tion B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		rass(es)			
	B. Name of Individual	Number of Ticket(s)/	1999-1999-1999 (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (199	Identify one of the following	no:
	(Last, First)	Pass(es)		identity one of the following	
	Stephens, Diana			Other 🛛	Income
	Stephens, Diana	4	-	ial Role" or "Other" describe below: ance at an event held a	at a County facility in
				potential revenue from	
	eken kan berekan kan kan kan kan kan kan kan kan kan		Ceremonial Role	Other	Income
		4		ial Role" or "Olher" describe below:	
		4			
				างการการการการการการการการการการการการการก	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
-		<u> </u>			

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

	Michelle Dianda	Supervisor's Aide	4/2/15		
	Print Name	Title	(Month, Day, Year)		
Comment:					