4.

d Agonoviki		e Bistributions		A Public Docume	
1. Agency Name Alameda County		0	Date Stamp	California 80	
Division, Department, or Region (If Applica		For Official Use Only			
	1	For Oricial One Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's Assist	tant	4	Amendman		
Area Code/Phone Number E-mail	-		Amendment (Must pr		
	gerson@acg	iov.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information Does the agency have a ticket policy?		2 2 X	. 7	7 00 .	
Pre alican	Yes D N		f Each Ticket/Pass \$ 3	2.0-	
Event Description	otanation	Date(s)	121,15	////////////_/	
		- " 0	EPar ONI	8 Octor	
Ticket(s)/Pass(es) provided by agency?	Yes	o If no: <u>Lee</u>	Name of Sour	wencs_	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	neda County Supervisor Sc Official's Name (La	ott Haggerty, District 1	
Recipients • Use Section A to identify the agency's department of	runit. « Use Se	ection B to identify an individu	il. • Use Section C to identify	an outside secondation	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	the agency's policy	
		an an ann an			
B. Name of Individual (Last, First)	Number of Ticket(a)/ .Pass(es)		Identify one of the following:		
		Ceremonial Role	Other Role" or "Other" describe below:	Income	
		Ceremonial Role	Other C	Income	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	e agency's policy	
Sminunity Jun Chip	Z	To Reward a school or ne Its contributions to the c	onprofit organization for ommunity.		
CA 94586					
erification	8049 / have used	fed that the distribution			
ve read/and understand FPPC Regulations 18944.1 and 1				Ela (.5	
	Print Name	erson Sut	Dervisor's Assistant	2/1/12	
	10	1.	0	(Month, Day, Year)	
mment: PYDUCUD-tor Seven		idraising w	euts-Includ	ing but	
it winned to "school	Garden	, Fine arts FPP	trips, classi	FPPC Form 802 (4/12)	
ini Experience, Art & Mu	USIC Pro	grams, field	trips, classic	oom literacy	

1 Agoncy Nama				A Public Docume
1. Agency Name		4	Date Stamp	California 80
Alameda County Division, Department, or Region (If Ap)	n Form (s. 1.)	`		Form
	plicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	e)			
Lee Ann Fergerson, Supervisor's As	sistant			
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Parl 3.)
(510) 272-6691 leeann.	fergerson@acc	jov.org	Date of Original Filing:	
2. Function or Event Information			1	(Month, Day, Year)
Does the agency have a ticket policy?	Yes D N	o∏ Face Value i	of Each Ticket/Pass	5500
Event Description		Date(s) <u>5</u>	,16,15	
Ticket(s)/Pass(es) provided by agency	· ·		kland Dr.	thetics
Was ticket distribution made at the beh of agency official?	est No □. Ye	s If yes:	omeda County Supervisor S Official's Name (L	Scott Haggerty, District 1
. Recipients				
• Use Section A to identify the agency's departme	intorunit. «Use S	ection B to identify an individu	ial. • Use Section C to identi	ify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(os)	1 2 TT N - 전장 & - 전	lic purpose made pursuant i	and the second se
				and share a sha A share a
• • • • • •				
	Number of			
B. Name of Individual	Tickel(s)/ Pass(es)		Identify one of the following	9:
Mark Berrar	den /	To promote attend to maximize poter parking sales.	lance at a county sponsore tial county revenue for con	d event in order e [cession and
Construction of the second		Ceremoniat Role] Other []	······································
		II checking "Ceremonial	Role" or "Olhar" describe below;	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
				ann an
Verification		Na	an a	
· •	nd 18942. I have ver	ified that the distribution set forth	above, is in accordance with the	Tequírements
	Lee Ann Ferg		pervisor's Assistant	S/mit/
	Print Name		Title	

Comment: _

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1. Agency Name			s Distributions		A Public Docume
Alameda County			×	Date Stamp	California 80
Division, Department, or Regi	on /// Applicable		nen an	-	Form
Division, Department, or neg	юп (п Арріісарі			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	Manage Agencies and a second		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing:	
2. Function or Event Inform	nation				(Month, Day, Year)
Does the agency have a licket	policy?	Yes D No	Face Value o	of Each Ticket/Pass \$_	32.00
Event Description _ Bus	Provide Tille/Expl		Date(s)5		
Ticket(s)/Pass(es) provided by	•.	Yes No	If no: Ca	kland Dr Name of Sol	thetics
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes:	meda County Supervisor S Official's Name (L	coft Haggerty, District 1
• Use Section A to identify the agency's	s department or L	unit 🔹 Use Se	ction B to identify an individu		
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)	1 A. M.	lic purpose made pursuant t	o the agency's policy
	n o na serie de la constante d				
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ş
Jessica Christ	ian	2	To promote attenda to maximize potenti parking sales	ance at a county sponsored ial county revenue for conce	event in order me
			Ceremonial Role] Other] Role" of "Other" describe below:	income
C. Name of Outside Organizat (include address and descrip	ion tion)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
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				annan y fan de general ferste ferste general ferste ferste ferste ferste ferste ferste ferste ferste ferste fer	
Inification			and an and a state of the	"Հանգացին ու հայուն անձան հայությունը ու հայությունը ու հայությունը ու հայությունը ու հայությունը հայությունը ո	
				above, is in accordance with the	requirements.
	Lee	e Ann Ferge	erson Su	pervisor's Assistant	5/7/15
$\cup \cup$		Print Name		Title	(Month, Day, Year)
Comment:					

Agency Report of:

Ceremonial Role Events and T	Ticket/Pass	Distributions		A Public Documer
1. Agency Name	, / <u>/</u> /	R 11 41	Date Stamp	California 800
Oakland/Mameda Cou	nty Coliseu	m Authority		For Official Usa Only
Alameda (butty Such 10) Designated Agency Contact (Northe, Tille)	r.Scott Har	jerty 1) I		
Lee Ann Fergerson, Tic	ket Adm	inistrator.	man maline and	
Area Code/Phone Number E-mail	na na si sa si		of Orlginal Filing:	provido explanation in Parl 3.)
510 272-lele9 leeav 2. Function or Event Information	m.tergers	on Cacyou ug Date	bi Onginai ejiing:	(Manih, Day, Year)
Does the agency have a ticket policy?	Yes 🔲 No 🛙] Face Value of Each	Ticket/Pass \$_	70000
Event Description GSW - PLayo	Sfs	Date(s)_5)	9,15	j
Provido Tile/E		GSW		 consideration and construction and construction
Tickel(s)/Pass(es) provided by agency?	Yes 🗌 No 🕻		Name of Sc	wc9
Was licket distribution made at the behesi of agency official?	l No□Yes□	Alameda Cou	Unity Supervisor Sc Ohicial's Name (ott Haggeriy, District 1
. Recipients		n an	enneut s sybillit (Last, P1/SI)
Keuptents Ose Section A to Identify the agoncy's department	or unli. 💌 Usə Secil	on B to identify an Individual. • U	sa Saollon & La Iden	uly an outside organization.
A. Name of Agency, Department or Unit	Number of Tickal(B)/ Pass(Ca)	• Doscribe the public purp	oso medo puravant	to the enercy's policy
			and a constant	
Beginnen stammen ning tray september an en sen at the set of the s		d		
1922				
B. Name of Individual (but, Funy	Number of Tickol(s)/ Pass(es)	Identil	y one of the fallow!	nĝi
Sean Haggerty	2	To promote attendance at to maximize potential cour parking sales.	a county sponsore ity revenue for con	d event in order ma C cession and
in an			Other 🗍	Incoma 🕻
		ll that by Coromonist Role" or	'Olhar' describa belan	
		÷		
C. Name of Dutside Organization (include address and description)	Numbar of Tickel(s)/ Pass(cs)	Describe the public purps	so made pursuant l	o the agency's policy
<u> </u>		<u>,</u>	ĸŔġŔġĸĸĸŗĸĸĸŢĸŔĸġĸĸŗġĸġĸġĸġĸġŔĸĿijţĸţġĊĸĊŎŎĸġ	anna a garaith an
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Verlfication		al anna an a	and the second	
vetilloanon	1	ed that the distribution set forth obove	1 1 1 1 1 1 1 1 1 1 1 1	
	Ann Fer	rgerson Ticket	Administra	
	Print Nama	· • •	Tillo	Warn, Ogk Yosh
				1

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 8 1. Agency Name Date Stamp, Oaldand/Alameda County Coliseum Form Authorite Division, Department, or Region (If Applicable For Official Use Only Designated Agency Contact (Name, Tille Administrator Lee Ann Fergerson, Ticket Amondmont (Must provide explanation in Port 3.) Area Code/Phone Number E-mail erson Cacco una Polo Date of Original Filing: 510 27 eeann. lena (Manih, Day, Year) 2. Function or Event Information 500 Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes P No Event Description Date(s) Provido Tille/Excland Tickel(s)/Pass(es) provided by agency? If no: Yes No D Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was licket distribution made at the behest No Ves 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 Saction C to identify an outside organization. Number of A. Name of Agency, Department or Unit . Describe the public purpose made pursuant to the sigency's policy Tickel(a)/ Pass(cs) To reward a county employee for his or her exemplary service to the public Number of Ticket(s)/ Name of Individual B. Identify one of the following: Paso(op)

Commontal Role Olhor 🗌 Incoma Il checking "Geramonial Rola" or "Olhar" describe balans Coremonial Rola · Other Incoma If checking "Coromonial Role" or "Dihor" describe below: Number of Name of Outside Organization C. Tickel(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification and 18942. I have varied that the distribution set forth above, is in accordance with the requirements ee Ann Fergerson Ticket Administrator Print Nama TILIA Islandh Dave We

Comment: __

FPPC Toll-Frag Holpling: 866/ASK-FPPC (886/275-772)

Agency Report of:

1. Agency Name	and a state of the second second		Distributions	A Public Documen
and I have a later of the		711	Date Stamp	California 802
Oakland/Alameda C	ount	y Colisei	im Authority	
A				For Official Uso Only
Alameda (buity Dienv Designated Agency Contact (Name, Th	NSDY S	xoff fo	agerty, DI	
Lee Ann Fergerson, T	Icke	+ Adw	inistrator	
Area Code/Phone Number E-mall	19. ang		C . austrauntie fushet bi	
510 272-lele9 lee	ann	.ferger	Son Calgo .Dg Date of Original Filling:	(Monin, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	י 'ק י	Yes 🗍 🛛 No	Face Value of Each Ticket/Pass \$	70000
Event Description _ GAW - W	and the second	1045	1 cupolles 5, 7, 15	
Provide T	•	nalian	a Del (1)	and and a second s
Tickel(s)/Pass(es) provided by agency	y? •	Yes 🗌 No	I If no:	M40
Was licket distribution made at the bel	hest	No 🗌 Yes	Alameda County Supervisors Con	tt Haggerty, District 1
of agency official?	1000	NOLI TES	If yes: Official's Name (L:	The second se
. Recipients	100 ingen (1660			and the second
• Use Section A to Identify the agency's departm	uent or u	nil. 🛛 Usə Soc	llon 8 to identify an Individual. • Use Saction 6 to Identit	y on culside organization.
A. Name of Agency, Department or Unit		Number of Tickol(8)/ Poss(cs)	 Describe the public purpose made pursuant t 	o the shoncy's policy
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General and a second			•••	ganaryi
*			•	
B. Name of Individual		Number of		
C. (bs., firty	Í	Tickot(s)/ Pass(ou)	identify one of the fallowin]:
FRANK IMHOFF	- - -	X	To promote attendance at a county sponsore to maximize potential county revenue for com- parking sales.	d event in order na 🔲 cession and
and a second			Ceremonial Rola 🔲 Other 🔲	Incoma 🔲
and the second sec	·	• • ,	If chosting "Geromonist Role" or "Othor" describe balan:	theorem and
			8	i.
. Construction and a second		Windham of		and a state of the
C. Name of Outside Organization Include address and description)	Į.	Numbar of Tickol(s)/ Pass(ca)	Describe the public purpose made pursuent to	the agency's policy
<u></u>	<u> </u>	1000000		
	· •		×	
and the second			a	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛
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	- Statistic Sciences		<u>na na sana sana sana s</u>	and the second
Verification		-	and that the distribution sat tanth obove, is in accordance with the argerson Ticket Administra Ticket Administra	tor 5/18/15 Norzh poz. Yvon

		A Public Docume
1. Agency Name	11	Date Stamp Boattonia O.O.
Oakland/Alameda Co	unty Colisei	IN THUI MUTTY
Division, Department, or Region (If App	Hicable)	For Onical Usa Only
Alameda County Supervi	Car Soull IL	corents. NI
Designated Agency Contact (Name, Tille	NU LIGHT FTO	
I rad Farance To	about Kalin	iclash a
Lee Ann Fergerson, TT Area Code/Phone Number E-mail	CREF AUN	WISKALOV Amendment (Must provide explanation to Port 3)
	LINIA Leinaen	Charle (Cit), Data of Original Filing
Function or Event Information	contraction of the	Son Chanta, Day Year)
Does the agency have a licket policy?	·· · ·	Face Value of Each Ticket/Pass \$ 70000
GLUD =1	Yes I No	
Event Description	LAMOHS .	Date(s)/
		$(\leq u)$
Tickel(s)/Pass(es) provided by agency	? Yes□ No	If no:
Was licket distribution made at the beh	est No I Yes	Alameda County Supervisor Seatt Learner
of agency official?	110 [100	Official's Name (Last, First)
Recipients		
• Use Section A to Identify the agency's department	ent or unit. 🔹 Usə Sec	ulan B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Tickol(s)/	 Describe the public purpose made pursuant to the agency's policy
Construction and a second of a second provide discovery data and a second second second second second second se	Pass(es)	
Dist 1	12	To reward a county employee for his or her
		exemplary service to the public
	Number of	
B. Name of Individual	Ticket(s)/ Pass(co)	Identify one of the following:
anne an		Coremonial Role Ollier I Income
		Il chocking "Commonial Role" or "Other" describe below:
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	iterational and a second size to descend some descend some size in the second second second second second second	
к		Ceremental Rola Other I Income Income
C ··· Name of Outside Organization	Number of	Describe the public purpose made pursuant to the anony's colley
(Include address and depertption)	Tickel(s)/ Paos(os)	Descride and honor har hore means hore notice and affines a banch
••••••••••••••••••••••••••••••••••••••		4
Verification		
•		illed that the distribution set forth above, is in accordance with the requirements.
	ee Ann Fe	urgerson Ticket Administrator 5/18/15
:	Prini Nama	Tillo (Marsh, Day tuen
Comment:	Ριίπί Ναπο	Tillo (Hedrich, Doyl Yuso)

1. Agency Name				A Public Docum
		i	Date Stamp	California 80
Alameda County Division, Department, or Region (<i>If Ap</i>	2 1 2 1 2			Form 00
	piicable)			For Official Use Only
Board of Supervisors	Sec. 1			
Designated Agency Contact (Name, Till				
Lee Ann Fergerson, Supervisor's As	sistant			
Area Code/Phone Number E-mail	n na hanna an	ten innen men generalen en de	Amendment (Musi p	rovide explanation in Parl 3.)
	.fergerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description <u>Buschbusc</u> Provide Tri Ticket(s)/Pass(es) provided by agency	Yes P No	Date(s) <u>5</u>	of Each Ticket/Pass s	5500
Was ticket distribution made at the beh of agency official?	i confer inc		Name of Sour Name of Sour meda County Supervisor So Official's Name (La	colt Haggerty, District 1
 Recipients Use Section A to identify the agency's department 	ent or unit. » Use Se	ction B to identify an individua		
A. Name of Agency, Department or Unit	Number of Ticket(6)/ Pass(es)		ic purpose made pursuant to	
·	Number of			
B. Name of Individual (Last, Frat)	Jičket(s)/ Pass(es)	State Action Sector Sec	Identify one of the following	· · · · · · · · · · · · · · · · · · ·
Mark Berner	den 4/	to promote attend to maximize potent parking sales.	ance at a county sponsored tial county revenue for conc	event in order e E ession and
		Ceremonial Role	Other	Income
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the public	purpose made pursuant to th	e agency's policy
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				анна и на споло во составли на
/erification				The summary and a summary a

Lee Ann Fergerson

Supervisor's Assistant

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Comment: .

. Agency Name		A Public Documer
Oakland/Alameda Count	y Coliser	un Authority Date Stamp California 802
Division, Department, or Region (If Applicable	.) (For Official Use Only
Alameda County Supervisor (Designated Agency Confract (Name, Tille)	Scott Ha	ggerty, D1
Lee Ann Fergerson, Ticke Area Code/Phone Number E-mail	t Adm	Inistrativ Amendment (Must provide explanation in Part 3.)
510 272-6691 leeann	ferger	Son Cacyo ing Date of Original Filing:(Month, Day, Year)
. Function or Event Information	مستعمد	function () () ()
Does the agency have a ticket policy?	Yes No	Face Value of Each Ticket/Pass 200 00
Event Description	instica	Date(s) 5 / 7 / 15
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: GOW
Was ticket distribution made at the behest	No 🗖 Ve al	Name of Source
of agency official?	No 🗌 Yes	If yes: Official's Name (Last, First)
Recipients • Use Section A to Identify the agency's department or u	mll. – Üse Sec	tion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Tickel(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Lev, Fault)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income
Scott Aackbarth	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		an a
· · · ·		

Print Name

Comment:

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

(Month Day, Year)

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	LACULASS	PISTINGUOUS		A Public Documen
I. Agency Name	À .		Date Stamp	California 802
Oalcland/Mameda Coun Division, Department, or Region (IT Applicab	ty Coliseu	im Authority	e e	For Official Use Only
Alameda County Surgervisor Designated Agency Confract (Name, Tille)	Scott Ha	agerty, DI		
Lee Ann Fergerson, Tick	et Adm	inistrator	Amendmont (sturf	provide explanation in Part 3.}
Area Code/Phone Number E-mail	p.	a da activita	and the second	
	n.terger	son Cacyou ug	Date of Original Filing	(Monih, Day, Year)
Function or Event Information	Hoted b	к. цама (уни) (4 2 5 1	e see	7000
Event Description WWWOOD Provide TilleExp	Yes [] No!	Date(s)	f Each Ticket/Pass	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: 65	1 Name of S	Antheory was the balance design and an and the second statement of the
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [] If yes:	Official's Name	
Recipients • Use Section A to Identify the agency's department or	unli. • Use Sect	llon B to Identify an Individu	al. • Use Section C to ider	tlfy an outside organization.
A, Name of Agency, Department or Unit	Number of Tickal(s)/ Pass(es)	Describe the publ	la purpose mede pursuan	t to the agoncy's policy
Dist. 1	2		unty employee for l ice to the public	his or her
B. Name of Individual (Law, Fist)	Number of Tickal(s)/ Pass(es)		Identify one of the follow	ing:
•		Ceremonial Role	Olhor Role" or "Olhor" describe below:	Incoma
n and an and an				4.
		Ceremonial Role	Other C	Incoma []
		· · · · · · · · · · · · · · · · · · ·		
C. Name of Outside Organization (Include address and description)	Numbar of Ticket(s)/ Pass(ca)	Describe the publi	s purposo made pursuant	to the agency's policy
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	L.			
Verification	100.00.11	eri e encle en la tatuente, fer consta enco	aran ku sa ara	 A statute of the statute
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Landa And Station 2000 On and and and and	• ·		et Administr	

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1. Agency Name	х.	· •	Date Stamp	California 80		
Alameda County Division, Department, or Region <i>(If</i>	Applicable			Form		
· .	Applicable)			For Official Use Only		
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name,	Title)					
Lee Ann Fergerson, Supervisor's	Assistant					
Area Code/Phone Number E-ma)I .	Worth of some applied to the optimization of the solution of t	Amendment (Must	provide explanation in Parl 3.)		
(510) 272-6691 leea	nn.fergerson@acg	ov.org	Date of Original Filing:			
2. Function or Event Informatio	n			(Month, Day, Year)		
Does the agency have a ticket policy	/? Yes D No	Face Value o	of Each Ticket/Pass \$_	32.00		
Event Description Buselbo	red t	P	. 11.15			
Provide	Title/Explanation	Date(s)		warman and the second		
Ticket(s)/Pass(es) provided by agen	cy? Yes No		kland Drame of Sol			
Was ticket distribution made at the b of agency official?	ehest No 🗌 Yes	If yes:	meda County Supervisor S Official's Name (L	cott Haggerty, District 1		
. Recipients		(s wome (L	40, r'//S()		
Use Section A to identify the agency's depart	tment or unit. • Use Se	ction B to identify an Individu	al • Use Section IC to identi	fy an nutside annalasta		
A. Name of Agency, Department or Un			ic purpose made pursuant t			
			an a			
				•		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	1; 		
Jessica Christian	: 2	To promote attenda to maximize potenti parking sales.	ance at a county sponsored al county revenue for conc	event in order me ession and		
			n name (gana an	an a		
,		Ceremonial Role	annet	Income:		
		n unconing "Geremonial	Role" ar "Olher" describe below:	,		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy		
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, Manadalah dalam		an ya anga anga anga anga anga anga anga		1977 y 1989 y 1999 y		
/erification	www.analanalananalanananananananananananana			an a		
22 X	1 18942. I have venif	ied that the distribution set forth	above, is in accordance with the	requirements, ,		
	Lee Ann Ferge		pervisor's Assistant	5/4/15		
	Print Name		Title	(Month, Day, Year)		
			•	1 ,		

4	. Agency Name		(a)			A Public Docum
1.	Alameda County	•		.•	Date Stamp	California 80
	Division, Department, or Reg			Form		
		ion (ii Applicat		For Official Use Only		
	Board of Supervisors					· ·
	Designated Agency Contact (
	Lee Ann Fergerson, Superv	isor's Assista	ant			
	Area Code/Phone Number	E-mail	e e e e e e e e e e e e e e e e e e e		Amendment (Mustr	
	(510) 272-6691		erson@acg	ov.org	Date of Original Filing:	(Month, Day, Yeat)
2.	Function or Event Inform					_
	Does the agency have a ticket	policy?	Yes D No	o ☐ Face Value o	f Each Ticket/Pass \$ _	3.200
	Event Description	Provide Tille/Exp	Dianation	Date(s) 5	,16,15	
	Ticket(s)/Pass(es) provided by	agency?	Yes		kland D	thetics
1	Was ticket distribution made at	the behest	No 🗌 Yes	If yes:	meda County Supervisor S	
	of agency official?			('' yes.	Official's Name (La	est, First)
•	Recipients					
1 	• Use Section A to Identify the agency's	s department or	unit + Use Se	ction B to identify an individua	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		c purpose made pursuant te	
	Dist.5		2	Trade for	r two tick	ets for 5/15
Ē	3. Name of Individual (Lest, Fizi)	4 40	Number of Ticket(s)/		Identify one of the following	
P oster		*	Pass(es)	Ceremonial Role	A Print A	•
] Other [] Role" or "Other" describe belaw:	Income
(m	, · · ·	·	, ,	Ceremonial Role 🔲 Il checking "Ceremonial F	Other D	Income
2.	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
	· · ·			•	· . i	ο
/e	rification					
,		- 10044 1 nnd 18	942. I have verifi	ed that the distribution set forth a	above, is in accordance with the r	equirements.
			e Ann Ferge		pervisor's Assistant	Slithe
			Print Name		Tille	(Month Day Year)

Contractor of Contractor of Contractor	anou Mana	is and nu	neurass			A Public Document
-	ency Name				Date Stamp	California 802
	meda County					Form 002
DIVI	ision, Department, or Reg	ion (If Applicable)			For Official Use Only
	ard of Supervisors					
Des	ignated Agency Contact	(Name, Title)		99999999999999999999999999999999999999	-	
Lee	Ann Fergerson, Superv	isor's Assista	nt			
	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3,)
(51)	0) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing	· (Koningsaaaaa)
2. Fur	nction or Event Infor	mation				(Month, Day, Year)
	s the agency have a ticke		Yes D No	Face Value of	of Each Ticket/Pass_\$ _	3200
Evei	nt Description	eball	l	Date(s) <u>5</u>	115,15	
		Provide Tille/Expl	anation		i a A A	
Tick	et(s)/Pass(es) provided by	y agency?	Yes No		kland Do Name of Si	thetes
	ticket distribution made a	t the behest	No 🗌 'Yes	If yes:	imeda County Supervisor	Scott Haggerty, District 1
ofa	agency official?		((Official's Name	(Last, First)
	cipients • Section A to identify the agency	's department or i	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization
Α.	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
			- <u> </u>			
		· · · ·			ан түрөнөөсөрсөзэлтээ алмаар адоосун төө <u>сэ</u> г агуулуун эрэгээ агуулуу	
В.	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Eļ) GIIBBONS		4	To promote atter to maximize pote parking sales.	ndance at a county sponso antial county revenue for c	ored event in order in e oncession and
******		ę .		Ceremonial Role	Other	Income 🔲
C.	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
						nan de la consectação de la consecta de la consect
	•			and a second	General de la companya de la company	
	94 			-		
Veril	fication					
		hnd	18942. I have vei	nified that the distribution set fo	rth above, is in accordance will	the requirements
			ee Ann Ferg	gerson S	Supervisor's Assistant	5/14/15
			Print Name	2	Title	(Month. Day freat)
Comr	ment:					
00111	monit.			· · · · · · · · · · · · · · · · · · ·		

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

1. Agency Name	no and me						ic Docume
					Date Stamp	Califo	nia 800
Alameda County						For	
Division, Department, or Reg	jion (II Applicabl	e)				For O	ficial Use Only
Board of Supervisors							
Designated Agency Contact	(Name, Title)				,	,	· .
Lee Ann Fergerson, Super-	/isor's Assista	nt					
Area Code/Phone Number	E-mail] Amendment (Must provide explanat	on in Part 3,)
(510) 272-6691	leeann.ferge	erson@acg	ov.org		ate of Original Fi	iling:	aaraagaay
. Function or Event Infor	mation			and an international states of		(Month, Day	; Year)
Does the agency have a ticke	t policy?	Yes D No	Face	Value of E	ach Ticket/Pass	5. Z00°	ど・
Event Description Wav	viors P	launff	n	all all and a second	12 15	a comment of the second	
	Provide Tille/Expl	lanation	S Date(s)/	12/12	·	
Ticket(s)/Pass(es) provided by	y agency?	Yes			CSV	of Source	-
Was licket distribution made a of agency official?	it the behest	No 🗍 Yes	If yes:	Alamed	a County Supervi	isor Scott Haggerty ame (Last, First)	, District 1
. Recipients					•		
	's department or u	unit.	ction B to Identify ar	Individual,	. Use Section C to	identify an outside o	roanization.
• Use Section A to identify the agency		and the second se					
• Use Section A to identify the agency A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)/				uant to the agency!	
		Number of Ticket(s)/				And the owner of the second	
		Number of Ticket(s)/				And the owner of the second	
A. Name of Agency, Departme	nt or Unit	Number of		the public p	JTPOSE made pursi	uant to the agency!	
	nt or Unit	Number of Tickot(s)/ Pass(es)/		the public p		uant to the agency!	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE
A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe	the public pr Ide	JTPOSE made pursi	uent to the agency! lowing:	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE
A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe	the public pr Ide	ntify one of the foll	uent to the agency! lowing:	s policy
A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe Ceremonia It checking	the public pr lde al Role Ceremonial Role e attendance e potential c	ITPOSE made purs	uent to the agency! lowing: ow:	income
A. Name of Agency, Department B. Name of Individual (Last, Feat) TOW SMU() C. Name of Outside Organiz	nt or Unit	Number of Ticket(s)/ Pass(es)/ Number of Ticket(s)/ Pass(es) 2 Number of	Describe Ceremonia <i>H checking</i> To promote to maximiz parking sal	the public pr Ide al Role Ceremonial Role e attendance e potential c les.	arpose made purs ntilfy one of the foll Other	lowing:	income
A. Name of Agency, Department B. Name of Individual (Last, Feig) TOWY SMM (nt or Unit	Number of Ticket(s)/ Pass(es)/ Number of Ticket(s)/ Pass(es)	Describe Ceremonia <i>H checking</i> To promote to maximiz parking sal	the public pr Ide al Role Ceremonial Role e attendance e potential c les.	arpose made purs ntilfy one of the foll Other	uent to the agency! lowing: ow:	Income
A. Name of Agency, Department B. Name of Individual (Last, Feat) TOW SMU() C. Name of Outside Organiz	nt or Unit	Number of Ticket(s) Pass(es) Number of Ticket(s) Pass(es) 2 Number of Ticket(s)/	Describe Ceremonia <i>H checking</i> To promote to maximiz parking sal	the public pr Ide al Role Ceremonial Role e attendance e potential c les.	arpose made purs ntilfy one of the foll Other	lowing:	income
A. Name of Agency, Department B. Name of Individual (Last, Feat) TOW SMU() C. Name of Outside Organiz	nt or Unit	Number of Ticket(s) Pass(es) Number of Ticket(s) Pass(es) 2 Number of Ticket(s)/	Describe Ceremonia <i>H checking</i> To promote to maximiz parking sal	the public pr Ide al Role Ceremonial Role e attendance e potential c les.	arpose made purs ntilfy one of the foll Other	lowing:	income

C	eremonial Role Events and Ticl	cet/Pass I	Distributions		A Public Document
1.	Agency Name	gyyneiddelllar Allon y Arte y Sindorella	aanna muuddii fiinii fiinii fiinii ayna yn	Date Stamp	California 802
	Division, Department, or Region (If Applicable,	2009-0-0013-00050-0-000520-0000-0000-0000-0000-000	<u>a</u>		For Official Use Only
	Designated Agency Contact (Name, Tille)		annan ann a ga a na a ann an ann an ann an		
				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail		na chairte ann an ann an ann ann ann ann ann ann	Date of Original Filing	•
யலை ற	Function or Event Information	arenda un constantanta	ann an fa faith ann an Anna an Anna an Anna an	antering Careford State	(Month, Day, Year)
6-09 K		Yes 🗌 No 🗌] Face Value o	f Each Ticket/Pass \$_	70000
		woffs	Date(s)	,13,15	para mana mana di kana mana mana mana mana mana mana mana
	Ticket(s)/Pass(es) provided by agency?			Name of S	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🖉	3 If yes: <u>AUM</u> Ocst	Vida Carrity St Official's Jame	pensor Scott 1981, First) Haggerty
3.	Recipients • Use Section A to identify the agency's department or a		on B to identify an individu	nal. 🔸 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
	1 				
			anner fran yn anwland yn fal an yn fran gan yn fran gan yn gyfar yn gynar yn gyn yn gyn gyn gyn gyn gyn gyn gy		na mar mar mar ann an
	B. Name of Individual (Law, fixed)	Number of Ticket(s)/ Pass(os)		Identify one of the follow	
	Crang Shirth	2	To promote attend to maximize poten parking sales.	ance at a county spons tial county revenue for c	ored event in order ne [concession and
			Ceremonial Role If checking "Ceremon	Other Other Isl Rale" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose inade pursual	nt to the agency's policy
				·	
			^{na} ya na	99979999999999999999999999999999999999	
A .	Verification -	169.12 (hous root	lied (hat the distribution set)	orth above, is in accordance v	uin the confirments
		nn Fara Print Natur	~	Denvisors Assist	i i d'him
	Comment:				FPPC Form 802 (4/1)
					FELO EQUILIONA (4/1

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

A Public Document

1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Application	ble)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones			Amondmont (Must or	
Area Code/Phone Number E-mail			Amendment (Must pr	
(510) 272-6693 steven.jon	es@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information				. ¢30
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	• \$32
Event Description Baseball game		Date(s)	<u>, 25 , 15</u>	
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oaklar	nd A's Name of Sou	liCe
Was ticket distribution made at the behest		If yes: <u>Chan</u>		
of agency official?	No 🗌 Yes	If yes:	Official's Name (L	.ast, First)
3. Recipients • Use Section A to identify the agency's department	orunit. ∍Use Sec	tion B to identify an individu	ual. 🔹 Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursuant	
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Other	Income
Brill, Fred	2	To promote attend	nial Role" or "Other" describe below: ance at a(n) event he potential County rever	eld at a County facility in nue.
	2		Other D nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy

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	05.01.2015
Print Name	Tille	(Month, Day, Year)

A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$32 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Baseball game 26 15 4 / Date(s) ____ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Rollins, Lili 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" 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) 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.

StiCfor	Steven Jones	Central District Director	05.01.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

С	eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Apple	icable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		анн үү бансан байлаган наласаан ус нэг өрсөл хэлэл халаалаан уулаа араан алаан алаан алаан алаас алас байл байл		
	Steven Jones				
	Area Code/Phone Number E-mail	аларан на на на на села са села на		_ L_ Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693 steven.ju	ones@acgov.org	ļ	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$80
	Event Description Baseball game	e/Explanation	Date(s)	2815	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of S	ource
	Was ticket distribution made at the behas of agency official?	est No 🗌 Yes	If yes: Chan	i, Wilma Official's Name	(Last, First)
3.	• Use Section A to identify the agency's departme	ent or unit. ● Use Sec	stion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role	Other	Income
	Ng, Danielle	2	To promote attend	nial Role" or "Other" describe below ance at a(n) event l potential County reve	neld at a County facility in
	·	2	Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			· ·		
4	Verification				

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

Steven Jones	Central District Director	05.01.2015
Print Name	Title	(Monlh, Day, Year)

Comment: _

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				# 00
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$80
	Baseball g	ame		D () 4		
	Event Description Baseball g	Provide Title/Expla	anation	Date(s)		,
	Ticket(a)/Deco/ca) provided by	(If no: Oaklar	nd A's	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	X 1110.	Name of Sour	ce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?			r 11 y 03.	Official's Name (La	ast, First)
3.	Recipients			•		
	Use Section A to identify the agency	/'s department or ι	ınit. ● Use Sec	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant t	
			Pass(es)			
		· · · · ·				
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	,
	(Last, First)		Pass(es)			
				Ceremonial Role		Income
	Murphy, Eric		2	÷	ial Role" or "Other" describe below:	
					ance at a(n) event ne potential County revent	Id at a County facility in
					·	
					ial Role" or "Other" describe below:	Income
			2	n onconing concinion		
		• . •	Number of		an a chun an	anna an an an an ann an ann an ann an an
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
		• •	Pass(es)		4	
Λ	Verification			1		
۰.	vermeation					

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: __

Cerem	onial Role Even	ts and lic	ket/Pass	Distributions		A Public Document
1. Ager	ncy Name				Date Stamp	California 802
Alame	eda County					T entri
Divisio	on, Department, or Reg	ion (If Applicable	e)	ч, скуу, у «ХАА» «ХАА» «Каанананананананананананананананананана	and the second se	For Official Use Only
Board	d of Supervisors					
Desig	nated Agency Contact (Name, Title)				
Miche	elle Diandá					
Area C	Code/Phone Number	E-mail		555910/1957/100/100/100/000/000/00/00/00/00/00/00/0	Amendment (Must	provide explanation in Part 3.)
(510)	272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
. Func	tion or Event Infor	mation				
Does f	the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	700.00
Event	Description Warriors F	Playoff Round Provide Title/Exp	3 Game 2	Date(s)	5 <u>21</u> 15	
Ticket	(s)/Pass(es) provided b	y agency?	Yes 🗌 No [n State Warriors Name of S	
	cket distribution made a ency official?	at the behest	No 🗌 Yes [If yes: Valle	, Richard- Supervisor Official's Name	District 2 (Last, First)
. Reci • Use S	pients Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
			Number of			
В.	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Greve	en, Cheri		4		nial Role" or "Other" describe below	
			•	order to maximize	potential revenue from	
			4	Ceremonial Role If checking "Ceremor	Other Dinial Role" or "Other" describe below	Income [
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
		nin galadalari ni fisologi da Guntu (19 angel 19 angel 1				
					,	
1. Verif Thavp re	cation and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
			Michelle Di	ianda	Supervisor's Aide	5/20/19

Comment:

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$32 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes X No Event Description Baseball game 28 15 4 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role Other Zuck, Don If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" 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 Δ

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	05.01.2015
Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California 202
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	·)			For Official Use Only
	Board of Supervisors				N.	
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			pacepting	t provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing	;(Month, Day, Year)
2.	Function or Event Infor	mation				¢eo
	Does the agency have a ticke		Yes 🛛 No 🛛		of Each Ticket/Pass \$	
	Event Description Baseball	game	50/1511/00/100/100/141127 (JH12) 0000 (TH10) 4274 (H12)	Date(s)4	2815	
	•	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	⊠ If no: <u>Oakla</u>	nd A S Name of S	Source
	Was ticket distribution made	at the behest	No 🗌 Yes [If yes: Char	, Wilma	
	of agency official?			тусэ.	Official's Name	ə (Last, First)
3.	Recipients					
	 Use Section A to identify the agend 	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
			1			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursua	int to the agency's policy
	A. Name of Agency, Departm	ent or Unit	1 1	Describe the put	lic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/	Describe the put	olic purpose made pursua	int to the agency's policy
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/	Describe the put	olic purpose made pursua	int to the agency's policy
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	int to the agency's policy
	A. Name of Agency, Departm B. Name of Individu _(Last, First)		Ticket(s)/	Describe the put	lic purpose made pursua	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	owing:
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follo	owing:
	B. Name of Individu		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend	Identify one of the follo	wing: Income w: held at a County facility in
	B. Name of Individu		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend	Identify one of the follo	wing: Income w held at a County facility in enue.
	B. Name of Individu		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follo	wing: Income w: held at a County facility in enue.
	B. Name of Individu		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follo	wing: Income w: held at a County facility in enue.
	B. Name of Individu (Last, First) Naumovich, Lech	al	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income held at a County facility in enue. Income
	B. Name of Individu	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income held at a County facility in enue. Income
	B. Name of Individu (Last, First) Naumovich, Lech	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income held at a County facility in enue. Income
	B. Name of Individu (Last, First) Naumovich, Lech	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income held at a County facility in enue. Income
	B. Name of Individu (Last, First) Naumovich, Lech	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income held at a County facility in enue. Income

Steven JonesCentral District Director05.01.2015Print NameTitle(Month, Day, Year)

Comment: _

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 \$80/\$20park Face Value of Each Ticket/Pass \$... Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 28 15 4 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 7 Yes X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Lasl, Firsl) Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Banerjee, Kinkini 2/1park To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2/1park Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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	05.01.2015
Print Name	Title	(Month, Day, Year)

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 \$80 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Baseball game 4 28 15 Date(s)_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other \square Whitlock-Petersen, Leisel If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" 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

A.

Β.

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	05.01.2015
Print Name	Title	(Month, Day, Year)

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)					
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				\$90/\$20park
	Does the agency have a ticke	et policy?	f Each Ticket/Pass \$ _	\$80/\$20park		
	Event Description Baseball	game		Date(s)4	<u>, 28 , 15 </u>	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Oaklar			nd A's Name of Sc	UICO	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan					
	Was ticket distribution made at the behest No Yes If yes: Chan of agency official?			Official's Name (Last, First)	
2	Recipients			•		
5.	• Use Section A to identify the agend	cy's department or	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 public purpose made pursuant to the agency's policy			
			, 400(00)			
			Ì			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	2011-2-12.12.12.12.12.12.12.12.12.12.12.12.12.1		Fass(es)	Ceremonial Role	Other	Income
	Denoga, Michael		2/1pork		nial Role" or "Other" describe below:	
			2/1park		ance at a(n) event h potential County reve	eld at a County facility in nue.
				Ceremonial Role		Income
			Older surls		nial Role" or "Other" describe below:	
			2/1park		· ·	
			Number of			an a
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
		· · · · · · · · · · · · · · · · · · ·			an fan fan fan fan fan fan fan fan fan f	actor of the second
				· · ·		
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 Jo	ones Central District Dir	rector 05.01.2015
Print Nam	re Tille	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$80 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 4 28 15 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Shah, Mona If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" 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 1

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

5	Steven Jones	Central District Director	05.01.2015
	Print Name	Tille	(Month, Day, Year)

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 \$80/\$20park Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Baseball game 4 28 15 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other Stadmire, Sylvia If checking "Ceremonial Role" or "Other" describe below: 2/1park To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2/1park 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 Δ

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$32 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 4 29 15 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other Roberts, Nick If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" 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)

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	05.01.2015
	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

-						A Lubic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		nda 1999. Nais berin kannan a ke caya at akan sang a Da <u>ng Lings ang ang ang ang ang an</u> g ang ang ang ang ang ang		
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(510) 272-6693	steven.jone	s@acgov.org	1	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation			1	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$32
	Event Description Baseball g	ame		Data(a) 4	, 30 , 15	//
	Event Description	Provide Title/Exp	lanation		anamana vanannanna anamananna ana	non-en-energy and and an and an and a second and a second and a second s
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's	
				Name of Sol	UICO	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, VVIIMA Official's Name (L	.ast. First)
-	of agency official?				Chindre Hathe (E	,
3.	RecipientsUse Section A to identify the agenc	unit. ● Use Sec	tion Β to identify an individα	al. ● Use Section C to ident	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 Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
. '				Ceremonial Role	Other D	Income
	Wydler, Diane		2	-	ial Role" or "Other" describe below:	
			2		ance at a(n) event he potential County rever	eld at a County facility in nue.
					Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
	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					

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document Date Stamp California 1. Agency Name 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 \$400 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description _____Basketball Game 04 02 15 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 yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Rodriguez, Danny 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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 Clars	Steven Jones	Central District Director	05.01.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

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1.	Agency Name				Date Stamp	California 802
	Alameda County				Form OOZ	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	****			
	Steven Jones				Amondmont (Must are	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				vide explanation in Fart 5.7
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$400
	Event Description	l Game		Date(s)	, 02 , 15	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golder	ר State Warriors Name of Sour	ζe
	Was ticket distribution made a	at the behavit		Alam	eda County Supervisor	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients					
• Use Section A to identify the agency's department or unit.			unit. 🔹 Use Sec	tion B to identify an individu	ual. • Use Section C to identif	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
					адаа аниан талан талан талар боороо боо боо боо боо боо боо боо боо	
		<u>w</u>			<u></u>	
	B. Name of Individu (Lasl, Firsl)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
	Jackson, Meryl		·	Ceremonial Role If checking "Ceremon	Other D	Income
			2		ance at an event held a potential County revenu	
	-			Ceremonial Role If checking "Ceremor	Dther nial Role" or "Other" describe below:	Income
			2			
C. Name of Outside Organization Ticket(s		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant (to the agency's policy	
	· .					
					фермалияния на	
NATION OF						

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	05.01.2015	
Print Name	Title	(Month, Day, Year)	

A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$500 Face Value of Each Ticket/Pass \$ ___ Does the agency have a ticket policy? Yes X No Event Description Basketball Game 09 04 / 15 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Α.	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 (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Emi	Emily Chang		Ceremonial Role Other Income Income Income
			To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	ан алд нуу-алд майлан алд алд алд алд нэг	_	Ceremonial Role Other Income Income
		2	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
••••••••••••••••••••••••••••••••••••••			

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: ____

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$500/\$30parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Basketball Game 09 15 04 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 yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Other Ceremonial Role Brekke-Meisne, Lukas If checking "Ceremonial Role" or "Other" describe below: 2/1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2/1park 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

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Date Stamp California 1. Agency Name 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 \$350 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 11 15 04 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 yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Cutter, Scott 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ Pass(es) (include address and description)

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	05.01.2015
Print Name	Title	(Month, Day, Year)

05 04 0045

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 \$350/\$30parking Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Basketball Game 11 15 04 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County</u> Supervisor Wilma Chan Was ticket distribution made at the behest No Yes X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Cox, Kevin 2/1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2/1park Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: .

04 00 47

Date Stamp California 1. Agency Name 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.) E-mail Area Code/Phone Number Date of Original Filing: _ steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$350 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Basketball Game 13 15 04 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 yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Β. Ticket(s)/ (Last. First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Garcia, Jane 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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	05.01.2015
-	Print Name	Tille	(Month, Day, Year)

Comment: _
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 \$350/\$30parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Basketball Game 13 15 04 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 yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First, Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Lewis, Tim 2/1To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2/1Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

1. Agency Name

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	05.01.2015
Print Name	Title	(Month, Day, Year)

A Public Document

California

Date Stamp

Date Stamp California 1. Agency Name 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 (Month, Day, Year) (510) 272-6693 2. Function or Event Information \$700/\$60.75parking Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description _____Basketball Game (PLAYOFFS) 04 / 15 15 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: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, Firsl) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Chan, Carl 4/1To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4/1Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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	05.01.2015
	Print Name	Tille	(Month, Day, Year)
Comment:			·

omment:

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

A Public Document

A Public Document

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Steven.jones@acgov.org Designated Agency have a ticket policy? Yes X No X Face Value of Each Ticket/Pass \$	onth, Day, Year) \$300
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Event Jones Does the agency have a ticket policy? Periode Title/Explanation Does the agency have a ticket policy? Yes X No X If no: Golden State Warriors Name of Source	For Official Use Only explanation in Part 3.) onth, Day, Year) \$300
Board of Supervisors	explanation in Part 3.) onth, Day, Year) \$300_
Designated Agency Contact (Name, Title) Image: Contact (Name, Title) Steven Jones Image: Contact (Name, Title) Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Image: Contact (Name, Title) 2. Function or Event Information Does the agency have a ticket policy? Yes X No Image: Contact (Name, Title) Event Description Basketball Game Provide Title/Explanation Date(s) 04 / 15 / 15 Date(s) Ticket(s)/Pass(es) provided by agency? Yes Image: No X If no: Golden State Warriors Name of Source	onth, Day, Year) \$300
Designated Agency Contact (Name, Title) Image: Contact (Name, Title) Steven Jones Image: Contact (Name, Title) Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org Date of Original Filing:	onth, Day, Year) \$300
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	onth, Day, Year) \$300
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	onth, Day, Year) \$300
(ST0) 272-0093 Steven: Jones (add gov.org) (Molection of add gov.org) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Basketball Game Date(s)04 /_15 /_15 Provide Title/Explanation Date(s)04 /_15 /_15 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors	\$300
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Basketball Game Date(s) 04 / 15 / Provide Title/Explanation Date(s) 04 / 15 / Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors	
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Basketball Game Date(s) 04 / 15 / Provide Title/Explanation Date(s) 04 / 15 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors	
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source	//
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source	
Name of Source	
Name of Source	
Alamada County Suparvisor Wilr	ma Chan
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Alameda County Supervisor Wilr</u> of agency official?	irst)
of agency official?	
3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an or unit. 	outside organization.
Use Section A to identify the agency's department of unit. • Use Section B to identify an individual. • Use Section B to identify an identify	
Pass(es)	-
Number of	
B. Name of Individual Ticket(s)/ Identify one of the following:	
Ceremonial Role D Other	Income
Taylor, Deborah	County facility in
² To promote attendance at an event held at a C order to maximize potential County revenue fr	rom sales.
If checking "Ceremonial Role" or "Other" describe below:	incomo L
2	
C. Name of Outside Organization Number of (include address and description) Pass(es) Describe the public purpose made pursuant to the	e 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.

Steven Jones	Central District Director	05.01.2015
Print Name	Title	(Month, Day, Year)

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form CO2
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Steven Jones		ovide explanation in Part 3.)		
	Area Code/Phone Number E-mail				ovide explanation in Part 5.)
	(510) 272-6693 steven.jones	@acgov.org	I	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				¢200/¢20parking
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	\$300/\$30parking
	Event Description Basketball Game		Date(s)04	1 <u>, 15 , 15</u>	
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sou	
	Alam			eda County Superviso	
	Was ticket distribution made at the behest No Yes If yes: <u>Alam</u> of agency official?			Official's Name (L	.ast, First)
3.	Recipients				
	• Use Section A to identify the agency's department or i	1	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	ווֹכ purpose made pursuant	to the agency's policy
					- -
				an a fan a fan an a	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role	Other	
	Galvan, Gordon	2/1	-	nial Role" or "Other" describe below: ance at an event held	at a County facility in
				potential County rever	
		2/1	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy

4. Verification

I have read and understand FPPC. Regulations 19044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	05.01.2015	
	Print Name	Tille	(Month, Day, Year)	
Comment:				
			FRRA F ANA (114	

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (If A	(<i>pplicable</i>)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, 7	ritle)	W044	ŊŢŦĿĹŎŊĊŗĸġĬĸijĸŶġĊĿĨĊĊĬĸŎĊĹŎŎĿĸŎĿŔŦĬŎŎŎĬĬĬĿĬĬĬĬĿĬĬĬĬĿĬĬĬĬĿŎŎĬĬĬĔŎŎŎĬĬĬĔŎŎŎŎŎŎŎŎ		
		-,			1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
	Steven Jones	' 'I			Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail		@00001		Date of Original Filing: .	
(analasi /	· · /	-	@acgov.org			(Month, Day, Year)
2.	Function or Event Informatio			1 NONA PAR 1.7 1	f Food The Prove A	\$700
	Does the agency have a ticket policy		Yes 🛛 No [of Each Ticket/Pass \$	
	Event Description Basketball Game	e (PLAY	OFFS)	Date(s)	20 / 15	
	Provide	ə Title/Expla	anation			•
	Ticket(s)/Pass(es) provided by agen	icy?	Yes 🗌 🛛 No 🛛	If no: Golder	n State Warriors Name of Sou	JICe
	Maria Mala and a state of the s		- passal -	Alam(eda County Superviso	
	Was ticket distribution made at the b of agency official?	venest	No 🗌 Yes [If yes: Alam	Official's Name (L	ast, First)
Distance of						
3.	Recipients Use Section A to identify the agency's depart 	rtment or u		tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or U	nit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
		nna an tha				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	EFER COMPANY AND A DESCRIPTION OF A			Ceremonial Role		Income
	Lam, Marianne		2		nial Role" or "Other" describe below:	
			۷	To promote attend order to maximize	ance at an event held potential County rever	at a County facility in ue from sales.
				Ceremonia(Role		Income
			2	lf checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and descriptio		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	t to the agency's policy
					annan kan kan kan an a	annan
		<u></u>				
					,	
		Manufacture and				

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	05.01.2015
Print Name	Title	 (Month, Day, Year)

A Public Document

remonial Role Event	ts and Tick	cet/Pass I	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Regi	on (If Applicable))		e contraction of the second	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)		an a		
Steven Jones					provide explanation in Part 3.)
Area Code/Phone Number	E-mail		or consistency and an initial initial constraints of every standard in the constraint of the constraints of the		provide explanation in Part 3.7
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Inform	mation				\$700
Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value c	f Each Ticket/Pass \$.	φ100
Event Description Basketball	Game (PLAY	OFFS)	Date(s)		
	Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🕻	If no: Golder	n State Warriors	Source
	the balance		- Alam	eda County Supervis	
Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [⊠ If yes: <u></u>	Official's Name	(Last, First)
Recipients					
 Use Section A to identify the agenc 	y's department or i		tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
Co re many sector C C C C C C C C C C	<u></u>				
				ana a balanga agama na sa	
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
			Ceremonial Role	Other Inial Role" or "Other" describe below	Income
Elliott, Laura		2			d at a County facility in
			order to maximize	potential County rev	enue from sales.
			Ceremonial Role	Other	Income
		2	If checking "Ceremo	nial Role" or "Other" describe belo	W
		-			
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
	- Constanting				
			1		

4. Verification

1.

2.

3.

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	05.01.2015	
	Print Name	Title	(Month, Day, Year)	
	· · ·			
Comment:			EPPC Form 802 (4/12)	

1. Agency Name			L. Data Ca	A Public Docume
Alameda County		•	Date Stamp	California 80
Division, Department, or Region (If Applica	able)			Form For Official Use Only
Board of Supervisors	•			T OF ONION OF ONLY
Designated Agency Contact (Name, Title)				
-				
Lee Ann Fergerson, Supervisor's Assist	tant		[^{ma}] A	
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691 leeann.fer	gerson@aco	jov.org	Date of Original Filing: _	
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 💯 N	lo 🗌 🛛 Face Value o	f Each Ticket/Pass \$	52.00
Event Description Buseball	Yout	Cles Date(s)	,29,15	and the second
Provide Tille/Ex	planation		i o o b	
Ticket(s)/Pass(es) provided by agency?	Yes	o 🗌 If no: 💭	kland St Name of Source	hletics
Was ticket distribution made at the behest	No 🗌 Ye	s If yes: Alan	neda County Supervisor Sci	
of agency official?	Bread	(nyes,	Official's Name (Las	t. First)
	Pass(es)		c purpose made pursuant to	
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		dentify one of the following:	annen an Guerra an Anna Churran an Anna Anna Anna Anna Anna Anna An
		Ceremonial Role	Other	Income
		If checking "Ceremonial F	Role" or "Other" describe below:	
				· · ·
Robert Valdez	4	To promote attendanc to maximize potential parking sales.	ce at a county sponsored eve county revenue for concess	ent in order ome
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	ourpose made pursuant to the	agency's policy
	anna <u>an an a</u>	**************************************		

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

ee Ann Fergerson Supervisor's Assistant <u>5/6/15</u> Print Name Title (Morkh, Day, Year)

Comment:

4.

Ceremonial Role Events and Tic	:ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				1 chilli
Division, Department, or Region (If Applicable		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Anna Gee				
Arrea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6694 anna.gee@	action ord		Date of Original Filing:	
2. Function or Event Information	acgov.org			(Month, Day, Year)
Does the agency have a ticket policy?			of Each Ticket/Pass \$ _	700.00
	Yes 🛛 No			
Event Description Basketball game Provide Title/Exp	lanation	Date(s)	5 <u>21</u> 15	05 , 27 , 15
Ticket(s)/Pass(es) provided by agency?		X If no:		:
noner(s)/r ass(es) provided by agency :	Yes 🗌 No		Name of So	urce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	, Nate	
of agency official?			Official's Name (i	Last, First)
 B. Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit 	unit. • Use Se Number of Ticket(s)/		ual. • Use Section C to iden	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
n Constant Constant Constant Constant of the Second Second Second Second Second Second Second Second Second Sec		Ceremonial Role	Other 🛛	Income
Pete, Geoffrey	4		ial Role" or "Other" describe below:	
			ance at an event held potential County rever	
Scalise, Sierra		Ceremonial Role If checking "Ceremor	Other X nial Role" or "Other" describe below:	income
	4	concession sales.		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			NAMES AND AN AN AND AN AN AN AND AN	gynnyg gynnyg yn a yfryddin y dyddin a ffadir o fallan af yddin falladau dyda ffadir a yn gynnyg yn yn yn yn y
. Verification				

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

Anna Gee	Operations Chief	05/28/15
Print Name	Tille	(Month, Day, Year)

C	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable)	<u></u>			For Onicial Ose Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Anna Gee			Amendarant (Aturta	
	Area Code/Phone Number E-mail			CONTRACT I I	rovide explanation in Part 3.)
	(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	,			25.00
		Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Baseball Game Provide Title/Expla	nation	Date(s)	<u> </u>	4 9 15
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	🗙 lf no:	Name of So	
					urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Miley	, Nate Official's Name (Last, First)
~					
5.	• Use Section A to identify the agency's department or u	ınit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		olic purpose made pursuan	
		Pass(es)			
			,		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
				•	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
	United Seniors of Oakland & Alameda County / 7200 Bancroft Ave, Ste 251 Oal	4	To promote health to vulnerable popu	, motivate and provide lations in the County	e expanded opportunities such as the disabled,
	Oakland 94605 SENIOR ADVOCACY		underprivileged, s	eniors and youth in fo	ster 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	05/04/15	
	Print Name	Title	(Month, Day, Year)	
Comment: 2 tickets to each game.	·			

9	cielitoinal Note Events and the	CUI 033	DISTINUTIONS		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				- Comm
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	******			
	Anna Gee				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				405 00/05 00
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	
	Event Description Baseball Game		Date(s) 4	415	
	Provide Title/Expla	nation		analogian and an	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No	X If no:	Name of So	DUICe
	Was ticket distribution made at the behest	No 🗌 Yes	Miles		
	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	• Use Section A to identify the agency's department or u		tion B to identify an individu	ual. ● Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Board of Supervisors	2			at a County facility in nue from parking and
		annan a' ann an an ann an ann an an an Ar	concession sales.		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
	Gums, Angelica	2	-	ial Role" or "Olher" describe below:	at a County facility in
			order to maximize	potential County reve	nue from parking and
			Ceremonial Role	Other 🛛	Income
	Spencer, Kayla	2	1	ial Role" or "Olher" describe below:	
		_	concession sales		
	Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
				in an ann an Anna Anna Anna Anna Anna An	
				м ² лини – не умайства – тор составорание (2010) (2017) – дайнар – тор од органие (2010)	
					· · · · · · · · · · · · · · · · · · ·
4.	Verification				
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set i		
		Anna G	NUMBER OF STREET, STREE	Operations Chief	05/04/15
		Print Nan	ne	Title	(Month, Day, Year)

Comment: Gums & Spencer received skybox tickets

. . .

		s and non	1501 Q33			A Public Document
1.	Agency Name			Date Stamp	California Form 802	
	Alameda County					
	Division, Department, or Region	on (If Applicable)		AND AND CARD AND AND AND AND AND AND AND AND AND AN		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Anna Gee					
		E-mail			Amendment (Must µ	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$ _	105.00/25.00
	Event Description Baseball G				<u>, 6 , 15</u>	4 7 15
	Ticket(s)/Pass(es) provided by	,	Yes 🗌 No	X If no:	Name of So	DUICO
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	BAilou		
3.	• Use Section A to identify the agency	r's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	
	Board of Supervisors To promote attenda		ance at an event held at a County facility in potential County revenue from parking and			
				concession sales.		
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	·			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income
		Ne und grung and an anna grunn a Cooke Edward and a cooke and a			land kard	
				Ceremonial Role If checking "Ceremon	L Other L	
						· · · · · · · · · · · · · · · · · · ·
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	it to the agency's policy
	San Leandro Chamber of C 120 Estudillo St, San Leand		2	To reward a nonpr community	ofit organization for its	s contributions to the
	SUPPORT OF BUSINESS	1500				

42. I have verified that the distribution set forth above, <u>I have</u>read and <u>un</u>derstand

	Anna Gee	Operations Chief	05/04/15
	Print Name	Title	(Month, Day, Year)
Comment: Chamber received	4/7 field tickets		
			EPBC Form 802 (4/12)

BIP B

. . . .

С	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Follin
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	0443			
	Anna Gee				
	Area Code/Phone Number E-mail		#1000194644-0001000097		rovide explanation in Part 3.)
	(510) 272-6694 anna.gee@ad	cgov.org	κ.	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	25.00
	Event Description Baseball Game Provide Title/Explain	nation	Date(s)	, 10 , 15	4 , 11 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no:	Name of So	
					urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Miley</u>	Official's Name (Last, First)
3.	• Use Section A to identify the agency's department or u	nit. ●Use Sec	tion B to identify an Individu	ual. • Use Section C to iden	tifv an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	
	Board of Supervisors	2		ance at an event held potential County rever	
			concession sales.		
	B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Other describe below:	Income [.]
				Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251 Oal	2	To promote health, to vulnerable popu	, motivate and provide lations in the County s	expanded opportunities such as the disabled,
	Oakland 94605 SENIOR ADVOCACY		underprivileged, se	eniors and youth in fos	ter 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	05/04/15
	Print Name	Tille	(Month, Day, Year)
Comment: 2 tickets to each game.			
			FPPC Form 802 (4/12)

C	eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Apple	icable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Anna Gee				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6694 anna.ge	e@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Valu	e of Each Ticket/Pass \$.	25.00
	Event Description Baseball Game	e/Explanation	Date(s)	4 , 12 , 15	4 , 24 , 15
	Ticket(s)/Pass(es) provided by agency?	,	If no:	Name of S	Cource
	Was ticket distribution made at the beha	est No□Yes	If yes: Mi		
	of agency official?		ir yes:	Official's Name	(Last, First)
3.	Recipients				
	• Use Section A to identify the agency's departme	ent or unit. • Use Se Number of	ection B to identify an ind	ividual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy
	Healthcare Services Agency	2	To promote atte order to maximize	ndance at an event held ze potential County reve	l at a County facility in nue from parking and
		<u></u>	concession sale	·S.	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		<u></u>	Ceremonial R If checking "Cer	ole Other othe	Income
			Ceremonial R If checking "Cer	ole D Other D	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursua	nt to the agency's policy
	United Seniors of Oakland & Alamed County - 7200 Bancroft Ave, Ste 25		To promote hea to vulnerable po	alth, motivate and provid opulations in the County	e expanded opportunities such as the disabled,
	Oakland 94605 SENIOR ADVOCACY		underprivileged	, seniors and youth in fo	oster 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	05/04/15	
	Print Name	Title	(Month, Day, Year)	
· · · ·				
Comment: 2 tickets to each game.				

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 25.00 Face Value of Each Ticket/Pass \$... Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Baseball Game 15 26 4, 25 , 15 Date(s) Provide Title/Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: <u>Miley,</u> Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) To promote attendance at an event held at a County facility in **Board of Supervisors** 2 order to maximize potential County revenue from parking and concession sales. Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a nonprofit organization for its contributions to the Sobrante Park Time Banking-457 Cap-2 community istrano - Oakland 94603 COMMUNITY EMPOWERMENT Δ Verification Thave 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 GeeOperations Chief05/04/15Print NameTitle(Month, Day, Year)

Comment: 2 tickets to each game.

Ce						
1.	Agency Name				Date Stamp	California 802
	Alameda County					rem
i	Division, Department, or Region	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name,Title)		00000505950500000000000000000000000000		
	Anna Gee					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform					(monin, buy, rour)
	Does the agency have a ticket		Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	25.00
			100 Keedi 110		<u>, 28 , 15 </u>	4 , 29 , 15
	Event Description <u>Baseball G</u>	Provide Title/Expl	anation	Date(s)		
:	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	1571 If no:		
		agonoy.		Lineard .	Name of So	urce
1	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (Look Firsh
and the second	of agency official?					
	• Use Section A to identify the agency	/'s department or	unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
•	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	A. Name of Agency, Departme		Ticket(s)/	Describe the put		
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
•	A. Name of Agency, Department B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	
•	A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow	ring:
•	A. Name of Agency, Department B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend	Identify one of the follow	ring: Income E at a County facility in
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	ring: Income E at a County facility in
	A. Name of Agency, Department B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follow	ing: Income
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	ing: Income [at a County facility in nue from parking and
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica Griffin, Justin	1	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Identify one of the follow Other Anial Role" or "Other" describe below: ance at an event held potential County rever Other Anial Other Other Anial Other Anial Other Anial Other Anial Other Other Anial Other Anial Other Other Anial Other Ani	ing: Income [at a County facility in nue from parking and Income [
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica Griffin, Justin	1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Identify one of the follow	ing: Income [at a County facility in nue from parking and Income [
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica Griffin, Justin	1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Identify one of the follow Other Other Other nial Role" or "Other" describe below: ance at an event held potential County rever Other Other Other nial Role" or "Other" describe below:	ing: Income [at a County facility in nue from parking and Income [
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica Griffin, Justin	1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Identify one of the follow Other Other Other nial Role" or "Other" describe below: ance at an event held potential County rever Other Other Other nial Role" or "Other" describe below:	ing: Income [at a County facility in nue from parking and Income [
	A. Name of Agency, Department B. Name of Individua (Last, First) Arrospide, Angelica Griffin, Justin	1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Identify one of the follow Other Other Other nial Role" or "Other" describe below: ance at an event held potential County rever Other Other Other nial Role" or "Other" describe below:	ing: Income [at a County facility in nue from parking and Income [

1.	Agency Name					
	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)		1481		
	Anna Gee					
	Area Code/Phone Number E-ma	ail	ana da anti anti anti anti anti anti anti ant		Amendment (Must pr	
	(510) 272-6694 ann	a.gee@aco	gov.org		Date of Original Filing:	(Month. Dav. Year)
2.	Function or Event Information	on				
	Does the agency have a ticket polic	cy? Ye	es 🛛 No	Face Value of	of Each Ticket/Pass \$	25.00
	Event Description Baseball Game) de Title/Explana	tion	Date(s)4		5 , 11 , 15
	Ticket(s)/Pass(es) provided by age	ency? Ye	es 🗌 No	If no:	Name of Sou	Irce
	Was ticket distribution made at the	behest N	No∐ Yes	If yes: Miley		
	of agency official?				Uniciai s Name (L	
3.	• Use Section A to identify the agency's dep	partment or uni	t. ● Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	to the agency's policy		
	Board of Supervisors 2		To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
	· · ·			concession sales.		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Aritola, Kathy		2	If checking "Ceremoi To promote health	Dother 🛛 nial Role" or "Other" describe below: , motivate and provide lations in the County s	Income expanded opportunities uch as the disabled,
			••	Ceremonial Role If checking "Ceremon seniors and youth	Other X nial Role" or "Other" describe below: in foster care.	Income
	C. Name of Outside Organizatio (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
4.	Verification					

	Anna Gee	Operations Chief	05/04/15
	Print Name	Tille	(Month, Day, Year)
\sim			
Comment: 2 tickets to each game.		an a	

C	eremonial Role Events a	and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (lf Applicable)		NAMES SECTION OF A STATE OF A STAT		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	ə, Title)		00000004552394490009994448005250000000000000000000000000000000		
	Anna Gee					
	Arrea Code/Phone Number E-m	nail	2002/01/27-000-02-000-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-00-02-0		Amendment (Must p	rovide explanation in Part 3.)
		na.gee@ac	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				00.00/00.00/05.00
	Does the agency have a ticket pol	icy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	80.00/90.00/25.00
	Event Description Baseball Gam	e		Date(s) 5	<u>, 13 , 15</u>	5 , 15 , 15
	Prov	vide Title/Explar	nation	Date(3)	s and a second s	
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗌 No	If no:		
					Name of Sc	ource
	Was ticket distribution made at the of agency official?	e behest	No 🗌 Yes	If yes: <u>Miley</u>	, NATE Official's Name (Last, First)
3.	Recipients				unt - iller Contine C to idea	titues outside exception
	Use Section A to identify the agency's de		Number of			
	A. Name of Agency, Department or	Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follow	Áng:
			Pass(es)	Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	income [
	C. Name of Outside Organizati (include address and descript		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Men on the Way to Recovery-2 Haviland Ave, Hayward 94541	0424	18	To reward a nonpr community	ofit organization for th	eir contribution to the
	PROGRAMS FOR FORMERLY	/				
4.	Verification	400444	10040	arified that the distribution ist	forth above is in concertance w	ill the requirements
	Thave read and understand FPPC Regulation	is 18944.1 and	Anna G		Operations Chief	Elzalis-
		2000-7-00	Print Nan			(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California Q1
	Alameda County					Form OUZ
	Division, Department, or Region (If Ap	oplicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Til	tle)				
	-					
	Anna Gee			en al anticipation and a substant an	Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone NumberE-mail(510) 272-6694anna.	gee@ac	gov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	1				00 00/05 00
	Does the agency have a ticket policy	? Ye	es 🛛 No	Face Value c	f Each Ticket/Pass \$ _	90.00/25.00
	Event Description Baseball Game	Title/Explana	ation	Date(s)	, 16 , 15	5 , 17 , 15
	Ticket(s)/Pass(es) provided by agend	cy? Y	es 🗌 No 🛛	X If no:	Name of Sc	burce
	Was ticket distribution made at the be of agency official?	ehest N	No 🗌 Yes	If yes: Miley	, Nate Official's Name ((Last, First)
2	Recipients					
⊍.	• Use Section A to identify the agency's depart	tment or uni	it. ● Use Sec	tion B to identify an individ	al. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Un	iit	Number of Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuan	t to the agency's policy
	Board of Supervisors		2	To promote attenda order to maximize	ance at an event held potential County rever	at a County facility in nue from parking and
			ong tangan on on the Market Annual of the	concession sales.		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Standing, Beena		0	-	nial Role" or "Other" describe below:	
			2	To promote attend order to maximize	ance at an event held potential County reve	at a County facility in nue from parking and
	Spencer, Kayla		2		Other 🔀 nial Role" or "Other" describe below.	Income
	C. Name of Outside Organization (include address and description))	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	United Seniors of Oakland & Alam County - 7200 Bancroft Ave, Ste 2		2	To promote health to vulnerable popu	, motivate and provide lations in the County	e expanded opportunities such as the disabled,
	Oakland, 94605 SENIQR ADVOCACY	<u>, , , , , , , , , , , , , , , , , , , </u>		underprivileged, se	eniors and youth in fo	ster 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.

Anr	a Gee	Operations Chief	5/28:05
Pri	nt Name	Tille	(Month, Day, Year)
Field tickets went to Kayla & United Se	niors.		5/25/15
			EDDC Farm 000 (4/40)

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			Distributions		A Public Document
gency Name				Date Stamp	California 802
lameda County					T QUIII
ivision, Department, or Regio	n (If Applicable)	<u></u>			For Official Use Only
loard of Supervisors					
esignated Agency Contact (N	ame,Title)				
nna Gee				C Amondmont (Must	provide explanation in Part 3.)
rea Code/Phone Number	E-mail			•	
510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
unction or Event Inform	nation				00.00/25.00
oes the agency have a ticket		Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	90.00/25.00
vent Description Baseball Ga	ame Provide Title/Expla	nation	Date(s)	, 28 , 15	5 / 29 / 15
icket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no:	Name of S	0///CP
/as ticket distribution made at	the hohest	N (mm) V (If yes: Miley		
of agency official?	the pellest	No 🗌 Yes	It yes: <u>Miley</u>	Official's Name	(Last, First)
Recipients					
Use Section A to identify the agency'	s department or u	init. ⊸ Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Departmer	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuar	it to the agency's policy
Board of Supervisors		10	To promote attenda order to maximize	ance at an event held potential County reve	at a County facility in nue from parking and
			concession sales.		
3. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Juneanida Angolias	en de la desta		Ceremonial Role		Income
Arrospide, Angelica				aial Role" or "Other" describe below	l at a County facility in
					nue from parking and
<u>₩2,2,2,2,2,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0</u>			Ceremonial Role	Other 🛛	Income
				nial Role" or "Other" describe below	: ··
			concession sales		
Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursual	nt to the agency's policy
Alameda Health Foundation H. Ogawa Plaza, Ste 900, O		4	To reward a nonpr community	ofit organization for it	s contribution to the
94605 - SUPPORTS COUNTY HOS	PITAL				
/erification have read and understand FPPC Regul	ations 18944.1 and	1 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements. $\frac{1}{2}$
		Anna G		Operations Chief	

Ceremonial Role Events and Tick	et/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Anna Gee			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	100 PO100			
(510) 272-6694 anna.gee@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				80.00/90.00
	Yes 🔀 🛛 No	ana tan	of Each Ticket/Pass \$ _	
Event Description Baseball Game		Date(s) <u>6</u>	, 9 , 15	<u> 6 </u>
Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of S	purce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	y, Nate Official's Name	(Look Eirol)
of agency official?			Official's Name	(Last, First)
3. Recipients				
• Use Section A to identify the agency's department or u	nit. • Use Sec Number of	ction B to identify an individ I	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		blic purpose made pursuar	
Social Services Agency	4	To promote attend order to maximize	ance at an event held potential County reve	at a County facility in nue from parking and
		concession sales.		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income
		Ceremonial Role If checking "Ceremo	Dether nial Role" or "Other" describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
American Legion Post 649 PO Box 649-Castro Valley 94546	4	To reward a nonp community	rofit organization for it	s contribution to the
SUPPORTS VETERANS				
4. Verification	18942. I have v	verified that the distribution set	t forth above, is in accordance	with the requirements. $5/28/15$
	Anna C		Operations Chief	
	Print Na	and a second	Title	(Month, Day, Year)
\searrow				

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 90.00/25.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description _____Baseball Game 4 15 21 15 6 7 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _____ Yes 🗌 No 🛛 Name of Source If yes: <u>Miley</u>, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) To promote attendance at an event held at a County facility in Library 2 order to maximize potential County revenue from parking and concession sales. Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a nonprofit organization for its contribution to the Deputy Sheriff's Activities League-16378 18 E. 14th Street, Ste #100-San Leandro community 94578 OUTDOOR RECREATION PROGRAMS 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. **Operations Chief** Anna Gee (Month, Day, Year) Title Print Name Comment:

Ceremoni	al Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Agency	Name				Date Stamp	California 802
Alameda (County					Form 002
Division, D	epartment, or Reg	ion (If Applicable,)	nan ng Ang Carl an Ang Tao ang		For Official Use Only
Board of S	Supervisors					
Designated	d Agency Contact	(Name, Title)	*	alan kan dina yan kata kana na kana na kana na panangen kangan kana kana yang kana kan kang yang kana kang yang	50 4	
Anna Gee)					
Area Code	/Phone Number	E-mail		5000-00-00-00-00-00-00-00-00-00-00-00-00	Amendment (Must p	provide explanation in Part 3.)
(510) 272-	-6694	anna.gee@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function	or Event Infor	mation				
Does the a	gency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	80.00/90.00
Event Desc	cription Baseball (Game Provide Title/Expla	anation	Date(s)7	<u>, 5 , 15</u>	7 , 19 , 15
Ticket(s)/P	ass(es) provided b		Yes 🗌 No	If no:	Name of Sc	
Mag tigket	distribution made	t the heheet		Miles		Juce
of agency	distribution made a official?	at the benest	No 🗌 Yes	If yes: Miley	Official's Name	(Last, First)
	e of Agency, Departm		Ticket(s)/ Pass(es)			(1) See S. Statisfies and Second and Laboration (2018) and the second se Second second sec
Β.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
• Epigebookist suidennessensee		o na		Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremo	Other D nnial Role" or "Other" describe below:	Income
	Name of Outside Orga clude address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
	Innovations-2450 , Şan Leandro 94		18	To reward a nonp community	rofit organization for its	s contribution to the
PROGRA	MS FOR THE DI	SABLED			nn ge yw ny gwenn yw haffel a dae y feffiniai a ddae gan gwenn yw ar	
4. Verificat	ion					

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

	Anna Gee	Operations Chief	05/28/15
	Print Name	Tille	(Month, Day, Year)
Comment:		٠	

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) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: anna.gee@acgov.org (510) 272-6694 (Month, Day, Year) 2. Function or Event Information 90.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Baseball Game 7 , 31 8 2 15 15 1 Date(s) _ Provide Title/Explanation If no: ____ Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Miley</u>, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? Recipients 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. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last, First, Pass(es) Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(es) To reward a nonprofit organization for its contribution to the Alameda County Meals on Wheels-80 4 Swan Way, Ste120, Oakland 94621 community FOOD PROGRAM FOR SENIORS Verification

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

	Anna Gee	Operations Chief	05/28/15
•	Print Name	- Title	(Month, Day, Year)

Comment: .

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable)	9977 C 21 C 29 - 49 J 2 - 49 J	n na		For Onicial Use Only
	Board of Supervisors				· ·
	Designated Agency Contact (Name, Title)		<mark>na han na hana na</mark>		
	Anna Gee			` Forma	
	Area Code/Phone Number E-mail		<u>, et en internet an de la construction de la construcción de la c</u>	. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			· ·	00.00
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	90.00
	Event Description Baseball Game Provide Title/Expla	nation	Date(s)	3 , 08 , 15	08 , 21 , 15
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no:		
				Name of Sc	ource
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name ((Last First)
, ,	of agency official?				
3.	RecipientsUse Section A to identify the agency's department or up		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Healthcare Services Agency, REACH	18	To provide opportu County agencies c	nities to those who ar onsistent with the age	e receiving services from ncy's goals for the parti-
			cular population.		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	⁄ing:
				Other 🔀	Income
	Cousin, Dwight	18	To promote attend	nial Role" or "Other" describe below: ance at an event held potential County reve	at a County facility in
			Ceremonial Role	Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
A	Verification				

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

	Anna Gee	Operations Chief	05/28/15
	Print Name	Title	(Month, Day, Year)
		•	
Comment:			EPBC Form 802 (4/12)

Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 □ Amendment (Must provide explanation) Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass \$	il Use Only in Part 3.) ear) 700.00
Alameda County For Official Division, Department, or Region (if Applicable) For Official Board of Supervisors Image: Contact (Name, Title) Anna Gee Image: Contact (Name, Title) Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Does the agency have a ticket policy? Yes Image: Contact (Name, Title) Does the agency have a ticket policy? Yes Image: Contact (Name, Title) Does the agency have a ticket policy? Yes Image: Contact (Name, Title) Provide Title/Explanation Date(s)	il Use Only in Part 3.) ear) 700.00
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 Basketol I anna.gee@acgov.org Designated Agency have a ticket policy? Yes I have a ticket policy? Yes No Description Basketol game Frowide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest of agency official? No Yes I ho Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency A. Name of Agency, Department or Unit Number of A. Name of Agency. Department or Unit Number of Board of Supervisors A. Name of Superviso	in Part 3.) ear) 700.00
Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filing:	ear) 700.00
Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filing:	ear) 700.00
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filing:	ear) 700.00
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filing:	ear) 700.00
(510) 272-6694 anna.gee@acgov.org Date of Original Filing:(Month, Day, Y 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Basketball game Date(s)	700.00
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	700.00
Event Description Basketball game Date(s) 05 / 13 / 15 05 / 19 Provide Title/Explanation Date(s) 05 / 13 / 15 05 / 19 Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Miley, Nate 0f agency official? Official's Name (Last, First) Official's Name (Last, First) Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside or unit. Pass(es) Social Services Agency To promote attendance at an event held at a County for order to maximize potential County revenue from park Board of Supervisors Concession sales. 	anoca an constant and an an an
Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no:	
Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no:	
Was ticket distribution made at the behest of agency official? No I Yes X If yes: Miley, Nate Miley, Nate 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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's agency Social Services Agency 4 To promote attendance at an event held at a County for order to maximize potential County revenue from park order to max	
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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's order to maximize potential County revenue from park order to maximize potential County revenue from park concession sales. Number of Concession sales.	ADD:::::::::::::::::::::::::::::::::::
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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Social Services Agency 4 To promote attendance at an event held at a County for order to maximize potential County revenue from park Board of Supervisors 4 concession sales.	
• 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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Social Services Agency 4 To promote attendance at an event held at a County for order to maximize potential County revenue from park Board of Supervisors 4 concession sales.	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency s Social Services Agency 4 To promote attendance at an event held at a County for order to maximize potential County revenue from park Board of Supervisors 4 concession sales.	ganization.
4 order to maximize potential County revenue from park Board of Supervisors 4 Number of	policy
4	acility in ing and
Name of Individual Number of Number of	
B. Name of individual (Last, First) Ticket(s)/ Pass(es)	
Ceremonial Role D Other C	Income
Ceremonial Role Dther	income
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's Pass(es)	; policy
4. Verification	

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

	Anna Gee	Operations Chief	05/22/15
	Print Name	Tille	(Month, Day, Year)
Comment:			

Ceremonial Role Events and Tick	et/Pass	Distributions		A Public Document	
1. Agency Name		·	Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable)				For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Anna Gee					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6694 anna.gee@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ _	500.00/350.00	
Event Description Basketball game Provide Title/Explain	nation	Date(s)4	, 09 , 15	04 , 11 , 15	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no:	Name of So	ource	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Miley</u>	, Nate Official's Name	′Last, First)	
 B. Recipients Use Section A to identify the agency's department or u 	's department or unit. • Use Section B to identify an individual. • Use Section C to ider			tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan		
City of Oakland Administrator's Office			ance at an event held at a County facility in potential County revenue from parking and		
·	6	concession sales.	an <u>1997 (1997)</u> An 1997 (1997)	go ann a' fhairing an Christian a san ann ann an Christian ann ann ann ann ann ann ann ann ann	
B. Name of Individual (Lasi, First)	4 To promote attend		Identify one of the following:		
Marx, Anne			Other Income Inc		
				prose	
		Ceremonial Role If checking "Ceremor	Definition of the second secon	Income	
	94. 1	concession sales.			
C. Name of Outside Organization (include address and description)			olic purpose made pursuar	it to the agency's policy	
		×			
4. Verification I have read and understand EPPC: Regulations 18944 1 and	18942. I have v	erified that the distribution set	forth above, is in accordance v	with the requirements. $\zeta/lo/1$	
_	Anna G	See	Operations Chief		
- Contraction of the state of t	Print Nan	ne	Title	(Month, Day, Year)	
Comment:			an a		

Ceremonial Role Events and Ticl	ket/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)	Designated Agency Contact (Name, Title)					
Anna Gee	Anna Gee					
Area Code/Phone Number E-mail			Amendment (Must pl	ovide explanation in Part 3.)		
(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing: .	Marth Day Veer		
2. Function or Event Information	5 5			(womn, Day, tear)		
	Yes 🛛 No	Face Value of	value of Each Ticket/Pass \$500.00/350. (s)041315041515			
		Instance I				
Event Description Basketball game Provide Title/Expla	nation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	区 If no:		-		
			Name of Sol	ırce		
Was ticket distribution made at the behest	No 🔲 Yes	If yes: Miley	s: <u>Miley, Nate</u> Official's Name (Last, First)			
of agency official? 3. Recipients			Oniciai s Ivarne (L	ası, Firsij		
• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow			
(Last, First)	Pass(es)					
Linton, Donna	4	If checking "Ceremon	Other X nial Role" or "Other" describe below:	Income		
	Ţ		ance at an event held potential County reven			
· · · ·	ν,	Ceremonial Role If checking "Ceremor Concession sales.	Other other other other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuant	to the agency's policy		
United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251,	4		, motivate and provide lations in the County s	expanded opportunities uch as the disabled,		
Oakland 94605 SENIOR ADVOCACY		underprivileged, se	eniors and youth in fos	er 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	05/06/14
Print Name	Title	(Month, Day, Year)

Comment: _

		Distributions		A Public Document	
Agency Name			Date Stamp	California 802	
Alameda County				Form 002	
Division, Department, or Region (If Applicable)				For Official Use Only	
Board of Supervisors					
•					
Anna Gee					
	and a second		Amendment (Must p	rovide explanation in Part 3.)	
	cgov.org	1	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information					
Does the agency have a ticket policy?	Yes 🕅 No	Face Value c	700.00		
				04 , 20 , 15	
Event Description	nation	Date(s)	Date(s)//		
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 Nol	If no:			
	TOO Lessed TOO I			urce	
	No 🗌 Yes	If yes:	, NATE Official's Name (l ast First)	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to id				tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Board of Supervisors	2		te attendance at an event held at a County facility in naximize potential County revenue from parking and		
Social Services Agency	2	concession sales.			
B. Name of Individual (Lasl. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
· · ·			,,	Income	
Pete, Geoffrey	2			at a Causty facility in	
Spencer, Kayla	2	Ceremonial Role	Other 🛛	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	(510) 272-6694 anna.gee@ad Function or Event Information Does the agency have a ticket policy? Event Description Basketball game Provide Title/Explant Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit Board of Supervisors Social Services Agency B. Name of Individual (Last, First) Pete, Geoffrey Spencer, Kayla	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Anna Gee Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ∑ No Event Description Basketball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Ticket(s)/Pass(es) provided by agency? Yes ☐ 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. • Use Section A to identify the agency is department or Unit Number of Ticket(s)/ Pass(es) Board of Supervisors 2 Social Services Agency 2 Pete, Geoffrey 2 Pete, Geoffrey 2 Spencer, Kayla 2 C. Name of Outside Organization (include address and description) Number of Ticket(s)/	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Event Description Basketball game Date(s)	Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (S10) 272-6694 E-mail anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	

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

	Anna Gee	Operations Chief	05/06/14
	Print Name	Title	(Month, Day, Year)
~			

	eremonial Role Even	is and nu	neurass	DISTINUTIONS		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)				
	Anna Gee		Amendment (Must pr	I Devide evidence in Devid 2 \		
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information						700.00
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ 🔤	700.00
	Event Description Basketbal	game		Date(s) 05	03 15	05 , 05 , 15
		Provide Title/Expl	anation		NUMBER OF THE OTHER PROPERTY OF A DESCRIPTION OF THE DESCRIPTION OF TH	e <u>torenyhelen</u> dadakteustaal kuunaannon on kuunaan kuunaan kuunaan kuunaan kuunaan kuunaan kuunaan kuunaan kuunaa
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	X If no:	Name of Sou	IICe
	Was ticket distribution made a	at the heheet		Miles		
	of agency official?	at the benest	No 🗌 Yes	A If yes:	Official's Name (L	.ast, First)
3.	Recipients					
Ψ.	Use Section A to identify the agence	unit.	tion B to identify an individu	ual. • Use Section C to ident	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
		,			And a fearing	
	B. Name of Individu	al	Number of			
	D = (Last, First)	u.	Ticket(s)/ Pass(es)		Identify one of the followi	ing:
				Ceremonial Role		
	Rogers, Samantha		2		ial Role" or "Other" describe below: ance at an event held a	at a County facility in
					potential County reven	
				Ceremonial Role	Other 🛛	Income
	Linton, Donna		2	If checking "Ceremor	nial Role" or "Other" describe below:	
			2	concession sales.	×	
			Number of			The second states and the second
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			1 455(65)			
						•
	EGERAGED PARED SCOREN (1999) DEVERINGED PARE DEVERINGED PARE DIVERSION	****		· ·		
A	Verification		1			
4.	Verification	ulations 18944 1 an	d 18942 have w	enfied that the distribution set	forth above, is in accordance wi	Ih the requirements.

Anna GeeOperations Chief05/06/14Print NameTitle(Month, Day, Year)

Comment: _

c y Name da County n, Department, or Reg of Supervisors ated Agency Contact (ion (If Applicable)			Date Stamp	California Form 802	
n, Department, or Reg of Supervisors	ion (If Applicable)	NUTURE I AND I AND			Form OUL	
of Supervisors	ion (If Applicable)				For Official Use Only	
•		Division, Department, or Region (If Applicable)				
•			•			
	(Name,Title)					
Gee						
ode/Phone Number	E-mail		pyronacum monocum and company potential community of the second	Amendment (Must pr	ovide explanation in Part 3.)	
272-6694	anna.gee@a	caov.ora		Date of Original Filing: .	(Month, Day, Year)	
Function or Event Information					(Month, Day, Tear)	
ne agency have a ticke		Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	231.80	
Description <u>Charlie W</u>		Dream				
s)/Pass(es) provided b		Yes 🗌 No [X If no:	Name of Sou		
Nillov Noto						
ket distribution made a ency official?	at the behest	No 🗌 Yes	If yes:	, Nate Official's Name (L	ast, First)	
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individu			ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Social Services Agency		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
			concession sales.			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
n-Rodriguez		2	If checking "Ceremor To promote attend	ance at an event held		
C. Name of Outside Organization (include address and description)		2	Ceremonial Role If checking "Ceremon Concession sales.	Other D nial Role" or "Other" describe below:	Income	
		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy	
				2019 a fan te steriedigenege fan de fan te steried fan de fan		
	(Last, First) n-Rodriguez Name of Outside Orga (include address and de	(Last, First) n-Rodriguez Name of Outside Organization (include address and description)	Name of Individual (Last, First) Ticket(s)/ Pass(es) n-Rodriguez 2 2 2 Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremon Order to maximize n-Rodriguez 2 Ceremonial Role If checking "Ceremon Order to maximize 2 2 Ceremonial Role If checking "Ceremon Order to maximize 2 2 Ceremonial Role If checking "Ceremon Concession sales. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the pull	Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following (Last, First) n-Rodriguez 2 Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held order to maximize potential County rever 2 2 Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: Concession sales. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant	

 Anna Gee
 Operations Chief
 05/05/15

 Print Name
 Title
 (Month, Day, Year)

С	eremonial Role Events	and Tick		A Public Document		
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region	ı (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)				
	Steven Jones					
		-mail			Amendment (Must p	rovide explanation in Part 3.)
		teven.jones	@acdov.ord		Date of Original Filing:	(Month, Day, Year)
 ົ	Function or Event Informa					(wonin, buy, rear)
۷.	Does the agency have a ticket p		Yes 🛛 No [T Face Value o	of Each Ticket/Pass \$	\$700/\$60.75parking
				and the second se		
	Event Description Basketball G	Provide Title/Explain	nation	Date(s)	5 <u>03 15</u>	
				Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No 🛛	station.	Name of So	
	Was ticket distribution made at t	he behest	No 🗌 Yes [If ves: Alam	eda County Superviso	r Wilma Chan
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	 Use Section A to identify the agency's 	ınit.	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		мант —		anne an	,	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	/ing:
			Pass(es)	Ceremonial Role	Other	Income
	McMullen, Phil				nial Role" or "Other" describe below:	
			2/1park	To promote attend order to maximize	ance at an event held potential County rever	at a County facility in nue from sales.
			2/1park	Ceremonial Role If checking "Ceremo	Diher nial Role" or "Other" describe below:	Income
	C. Name of Outside Organiz (include address and desc	ation ription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		an nga salah kan				
			J			

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: _____

Date Stamp California 802 For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) ace Value of Each Ticket/Pass \$90.00 Date(s)				
For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:				
Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) ace Value of Each Ticket/Pass \$90.00 Date(s)061915/				
Date of Original Filing:				
Date of Original Filing:				
Date of Original Filing:				
Date of Original Filing:				
(Month, Day, Year) ace Value of Each Ticket/Pass \$90.00 pate(s)//				
ace Value of Each Ticket/Pass \$				
ace Value of Each Ticket/Pass \$				
O a billa va al Alla				
no: Oakland A's Name of Source				
yes: Valle, Richard- Supervisor District 2				
If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)				
ntify an individual. • Use Section C to identify an outside organization.				
Describe the public purpose made pursuant to the agency's policy				
Identify one of the following:				
eremonial Role Other Income				
eremonial Role D Other D Income				
eremonial Role 🛄 Other 🛄 Income L				
cremonial Role Other Income				
checking "Ceremonial Role" or "Other" describe below:				

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

	eremonial Role Even	is and fice	NEUL 422 I	DISTINUTIONS		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form				
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	Name, Title)						
	Michelle Dianda				Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			horound	, .		
	(510) 272-6692	michelle.diar	nda@acgov.c	org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation				25.00		
	Does the agency have a ticke		Yes 🛛 · No 🛛	Face Value o	f Each Ticket/Pass \$	20.00		
	Event Description Oakland A	N's vs. Texas R	Rangers	Date(s)6	, 09 , 15	06 , 10 , 15		
			Yes 🗌 No 🕻	If no: Oaklar	Pakland A's			
			No 🗌 Yes 🛙	If ves: Valle,	If yes: Valle, Richard- Supervisor District 2			
	of agency official?			Official's Name (Last, First)				
3.	• Use Section A to identify the agenc	y's department or u		tion B to identify an individu	ual. ● Use Section C to ident	fy 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		
	·							
		2009-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0						
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role		Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
				Ceremonial Role	Other	Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Centro de Servicios 525 H St. Union City, CA 9	4587	2	To reward a non-pi community.	rofit organization for its	contributions to the		
	Non-profit social services o low income and immigrant		2					
Δ	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	<u>212/15</u>
Print Name	Title	(Month, Day, Year)

Comment:

4	٨	N 3				I	
1.	•	cy Name				Date Stamp	California Form 802
	Alameda County					For Official Use Only	
	Divisior	n, Department, or Regi	ion (If Applicable,)			i of official osc only
	Board	of Supervisors					
		ated Agency Contact (Name, Title)				
	Michell	le Dianda				sh	
		ode/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
		272-6692	michelle.diar	nda@acqov.	ora	Date of Original Filing: .	(Month, Day, Year)
ິ <u>ງ</u>				0			· (Wohin, Day, Year)
<i>L</i> .					T Face Value o	f Each Ticket/Pass \$	25.00
	Contraction of the second						
	Event D	Description			Date(s)	11 15	
			,	mation	Oaklar	ad Ale	
	Ticket(s	s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Oakiai	Name of Sol	U/Ce
	Mas ticl	ket distribution made a	t the behest		Valle.	Richard- Supervisor I	District 2
	of agency official?			A If yes:	Official's Name (I	.ast, First)	
2	Pacin	ionte					
υ.	•		y's department or u	unit. I v Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	kanggananang orang separatang se			Pass(es)			
	Received and a construction of the second						
,							
	F		•	Number of			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
			<u>, , , , , , , , , , , , , , , , , , , </u>		Ceremonial Role	Other	
					If checking "Ceremon	ial Role" or "Other" describe below:	
							Income
					If checking "Ceremon	ial Role" or "Other" describe below:	
		Name of Individual (Last, Frent) Number of Used Corporation Number of Ticket(s) Ceremonial Role Other Name of Outside Organization (Include address and description) Number of Ticket(s) Ceremonial Role Other Name of Outside Organization (Include address and description) Number of Ticket(s) Ceremonial Role Other Name of Outside Organization (Include address and description) Number of Ticket(s) Ceremonial Role Other Name of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made purson and a non-profit organization for					
	<i>.</i>		- 1	Number of			
	C. Name of Outside Organization Ticket(s)		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Centro de Servicios 525 H St. Union City, CA 94587			To roward a pop pr	ofit organization for its	contributions to the	
			2				
		some and inimigrant i	aiiiiics]			

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	Supervisor's Aide	5/5/15
	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

Cei	remonial Role Even	ts and Tic	ket/Pass I	JISTUDUTIONS		A Public Document
1. /	Agency Name				Date Stamp	California 802
ŀ	Alameda County					Form 002
D	Division, Department, or Reg	ion (If Applicable)	9 44447 777797 4 77797797777777777777777		For Official Use Only
E	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
Ν	Michelle Dianda					
	Area Code/Phone Number	E-mail			. 🔲 Amendment (Must p	rovide explanation in Part 3.)
	510) 272-6692		nda@acgov.c	ora	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor		0 0			(Mohul, Day, Tear)
	Does the agency have a ticke		Yes 🛛 No 🗌	T Face Value o	of Each Ticket/Pass \$	90.00
	Oakland A	s vs. Seattle		suid.		
E	Event Description	Provide Title/Expl		Date(s)7		
т	- icket(s)/Pass(es) provided b	v agency2		If no: Oakla	nd A's	
ł	icket(s)/Pass(es) provided b	y agency:	Yes 🗌 No 🛛		Name of So	
	Vas ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name (Last, First)
	Recipients					
() 1010	• Use Section A to identify the agenc	y's department or		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)/ Pass(es)		Describe the put	Describe the public purpose made pursuant to the agency's policy		
-						
Ē	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Book				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
		·			•	
-				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	income L
C	Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
-						
			To reward a non-p community.	rofit organization for it	s contributions to the	
-			and a second			

Michelle Dianda Supervisor's Aide J///5 Print Name Title Month, Eay, Year)

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

	eremonial Role Even	is and the	nevrass			A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		•	- -		Form GOZ
	Division, Department, or Reg	ion (If Applicable)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				Amendment (Mustr	rovide explanation in Part 3)
	Area Code/Phone Number E-mail			Amendment (Must provide 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					25.00
				f Each Ticket/Pass \$ _		
	Event Description Oakland A's vs. Seattle Mariners Date(s) 07 Provide Title/Explanation			0515		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no:			Name of So		
		4.41 a la cli e et				
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [If yes: <u>valie</u> ,	Richard- Supervisor Official's Name (Last, First)
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizatio					tify an outside organization.
	Number of		blic purpose made pursuant to the agency's policy			
			Pass(es)	•		
						· ·
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🛛	Income
	Riener, Eileen		2		ial Role" or "Other" describe below: unity volunteer for her	service to the nublic
				TO reward a comm	unity volunteer for her	service to the public.
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
	· · · ·		-			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
4.	Verification	Jotiono 19044 4	d 18010 1 6	orified that the distribution t	forth above is in assertance	ith the requirements
	I have read and understand FPPC Regi	ulauons ragazi and				6/7/16
			Michelle D	the second secon	Supervisor's Aide	(Month, Day, Year)
			, mit ivan	-		Y T, today
	Johnnell.					
	Jonniell	1997-9-9-9-9-9	andamatanana ayo z zarogane		FPPC Toll-Free Helpline:	FPPC Form 802 (4 866/ASK-FPPC (866/275-77
C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Documen	
----------	---	---	--	--	--------------------------------	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If Applicable)		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda					
	Area Code/Phone Number E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6692 michelle.dian	da@acqov.	ora	Date of Original Filing:		
)	Function or Event Information	aa Gaogo			(Month, Day, Year)	
5m 8		Yes 🛛 No 🛛	Eace Value o	f Each Ticket/Pass \$	700.00	
	Event Description Warriors Playoff Round 2 Game G Date(s) 05					
	Golder			n State Warriors		
				Name of So		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle,			Richard- Supervisor I	District 2	
	of agency official?			Official's Name (I	Last, First)	
	• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	nit. ● Use Sec Number of Ticket(s)/ Pass(es)	ection B to identify an individual. • Use Section C to identify an outside organization 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	ing:	
				Other 🔀	Income	
	Briscoe, Alex	2	Ū.	ial Role" or "Other" describe below: y Employee for his exe	emplary service to the	
	Russell, Julie		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income [
		2	To reward a County Employee for his exemplary service to the public.			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·					
4.	Verification					

in ave read and understand PPML Reprintments that 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
	Michelle Dianda	Supervisor's Aide	5/12/15		
	Print Name	Title	(Month, Day, Year)		
Comment: Includes 1 parking pass	at the value of \$60.75				
			FPPC Form 802 (4/12)		

Selenionial Role Lyents and				A Public Document	
. Agency Name			Date Stamp	California Form 802	
Alameda County				Form OUZ For Official Use Only	
Division, Department, or Region (If Ap	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Tit	le)	0079746674474994697477625255555555555555555555555555555555			
Michelle Dianda					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
	lle.dianda@acgov.	ora	Date of Original Filing:		
. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?		T Face Value o	of Each Ticket/Pass \$ _	80.00	
Event Description	Fitle/Explanation	Date(s)	27 15		
		冈 If no: Oaklar	nd A's		
Ticket(s)/Pass(es) provided by agenc	y? Yes□ No	lanosa	Name of Se		
Was ticket distribution made at the be	hest No 🗌 Yes	X If ves. Valle,	Richard- Supervisor	District 2	
of agency official?		in yco,	Official's Name	(Last, First)	
. Recipients					
Use Section A to identify the agency's depart	ual. • Use Section C to ider	ntify an outside organization.			
A. Name of Agency, Department or Uni	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pub			blic purpose made pursuant to the agency's policy	
	Pass(es)	•			
provide and a second	•	1.005-		4	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ving:	
	Pass(es)			· · · · · · · · · · · · · · · · · · ·	
			Other D ial Role" or "Other" describe below:		
		Ceremonial Role	Other	Income	
		If checking "Ceremon	nial Role" or "Other" describe below:	:	
	Number of		21001202020202020202020000000000000000		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	Pass(es)				
CRIL	18		rofit organization for il	ts contributions to the	
439 A Street, Hayward CA 94541		community.		99999999999999999999999999999999999999	
Provides advocacy and resources	for				
people with disabilities					
. Verification		1			
	จกd 18942. I have v	erified that the distribution set i	forth above, is in accordance w	vith the requirements.	
	Michelle D	ianda	Supervisor's Aide		
	Print Nan	ne	Title	(Month, Day, year)	
Commont: Includes 4 parking pass	es at the value of §	\$20		•	
Comment:				FPPC Form 802 (4/12	

	eremonial Role Even	is and ne	neurass	DISTINUTIONS		A Public Document
1.	. Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	ion (If Applicable	;)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail	<u>87.007.001.008.001.001.000.001.001.001.001</u> .001.000		Amendment (Must pro	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	700.00
	Event Description Warriors P	Playoff Round	3 Game 5	Date(s) 05		1 1
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: <u>Golder</u>	ר State Warriors Name of Sou	
	Was ticket distribution made a	at the hehest		valle.	Richard- Supervisor D	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. 🔹 Use Sec	tion B to identify an individu	ıal. ● 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 f	to the agency's policy
			2122 (22000) - 2000 (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000)			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
	Torres, Rosie		2	Ceremonial Role If checking "Ceremoni	Other X ial Role" or "Other" describe below:	Income
			2		ance at an event held a potential revenue from	
	Dubial Diah			Ceremonial Role		Income
	Dubiel, Rich		2	To promote attenda	^{ial Role" or "Other" describe below:} ance at an event held a potential revenue from	
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
4	Verfitication /	1			,	
		and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
			Michelle D		Supervisor's Aide	720/15
			Print Nam		Title	Month, Day, Year)
Comment: Includes 1 parking pass at the value of \$60.75						

Ceremonial Role Eve	nts and fic	Keurass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Michelle Dianda				<u></u>	
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692		nda@acgov.	ora	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info			5		(womn, Day, rear)
Does the agency have a tick		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	700.00
Event Description Warriors	Provide Title/Expl	lanation	Date(s)		///
Ticket(s)/Pass(es) provided			If no. Golde	n State Warriors	
nokel(s)/Fass(es) provided	by agency?	Yes 🗌 No 🛛		Name of So	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2
of agency official?				Official's Name	(Last, First)
3. Recipients					
 Use Section A to identify the agentication 	ncy's department or		tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Departi	nent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
		Pass(es)			
	anardinaan asinii tifadan ang sinaan asaan asaa s				
		Number of			
B. Name of Individ	iuai	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
Eta Docarda dara mendeka ada ada ada ang menangan kan dari kan			Ceremonial Role	Other 🛛	Income
Dutra, Dominic			-	nial Role" or "Other" describe below:	
				ance at an event held potential revenue fror	at a County facility in
				D Other nial Role" or "Other" describe below:	
C. Name of Outside Org		Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's noticy
(include address and d	lescription)	Pass(es)	Desente the pu		
4. Venification					
I have read/and understand PPC Re	aulation 18044 1 on	≁ 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
		Vichelle D	ianda	Supervisor's Aide	5151 E
		Print Nam	1e	Title	(Month, Day Year)
Comment:					

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 \$700 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Basketball Game (PLAYOFFS) 03 15 05 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: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Aloise, Rome 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 Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	05.01.2015	
	Print Name	Title	(Month, Day, Year)	
Comment:	·		940	

C	eremonial Role Events and Tick	cet/Pass	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 (Name, Title)				
	Steven Jones				
	Area Code/Phone Number E-mail	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$700
				5 <u>05</u> 15	//
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golde			n State Warriors _{Name of So}	
	Was ticket distribution made at the behest of agency official?	eda County Supervisc Official's Name (or Wilma Chan Last, First)		
3.	• Use Section A to identify the agency's department or L	unit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the 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	ving:
	Lam, Marianne	2	To promote attend	Other D nial Role" or "Other" describe below: lance at an event held	at a County facility in
		2	Ceremonial Role	Dotential County rever Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		999			
4.	. Verification		I		

I have read and understand EPPC Regulations 100111 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	06.02.2015	
	Print Name	Title	(Month, Day, Year)	
Comment:	۵۵۰ / ۲۰۰۰ از ۲۰۰۰ از ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰	######################################		

A Public Document

1.	Agency Name			Date Stamp	California 802	
	Alameda County	Alameda County				For Official Use Only
	Division, Department, or Region (If Applicable)					
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (/	lame, Title)	anna an Israelski king			
	Steven Jones					
		E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No [Face Value o	f Each Ticket/Pass \$	\$700
					<u> </u>	1 1
	Event Description	Provide Title/Expla	nation	Date(s)	-	
	Ticket(s)/Pass(es) provided by	adency?	Yes 🔲 No [If no: Golder	n State Warriors	
	Ticket(a)/1 ass(ca) provided by	ageney.			Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes [If yes: Alame	eda County Supervisor	· Wilma Chan
	of agency official?				Official's Name (Last, First)	
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	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po		
					annan an an an Anna Anna Anna Anna Anna	
				an a		
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Extension in the conversion of the conve	999747744411777177777777777777777777777		Ceremonial Role		Income
	Brown, Carol		2	-	nial Role" or "Other" describe below:	
			-	To promote attendation order to maximize	dance at an event held at a County facility in potential County revenue from sales.	
	2.			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
			2	in chacking Caremon		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		ingen − kange opgen often en e				

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	06.02.2015
-	Print Name	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
Alameda County						Form
	Division, Department, or Regio	on (If Applicable)		For Official Use Only		
	Board of Supervisors					
	•	Designated Agency Contact (Name, Title)				
	Steven Jones					
	·	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Inform	-				
See 1	Does the agency have a ticket		Yes 🛛 No [Face Value o	of Each Ticket/Pass \$	\$700/\$60.75 parking
	Event Description Basketball				5 , 13 , 15	1 1
	Event Description	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🗌 No [If no: Golder	n State Warriors	
		<u>.</u>			Name of So	
	Was ticket distribution made a	t the behest	No 🗌 Yes [X If yes: Alame	eda County Superviso Official's Name (I	r Wilma Chan
	of agency official?				Uniciai s ivame (l	-αοι, ι 11ου
3.	Recipients	4		stan 19 ka talanstitu an ta 30 M.	ual a llas Costian C to idea	lifu an outside organization
	• Use Section A to identify the agency	unit. ● Use Sec Number of			·	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	<u></u>		<u>`</u>		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
					·	
				ALCOLOMOTICAL DE LA CALINA DA LA	н таран ул талан жалан талан талан талан талар кандор боло со со собласти се собласти собласти собласти собласт	
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)	and the second	Pass(es)			
	Chan, Zoe			Ceremonial Role If checking "Ceremor	L Other L nial Role" or "Other" describe below:	Income
			2+1park	-	ance at an event held	at a County facility in
					potential County rever	
				Ceremonial Role		Income
			2+1park	If checking "Ceremor	nlal Role" or "Other" describe below:	
			F			
			Number of	and a second		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			1.230(00)		900-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
					<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	06.02.2015
	Print Name	Tille	(Month, Day, Year)
			:
(- a na na anti-			
Comment:			

Cer	remonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. A	Agency Name			Date Stamp	California 802
A	Nameda County	L	×		Form 002
D	ivision, Department, or Region (If Applicable,)	**************************************		For Official Use Only
E	Board of Supervisors				
	esignated Agency Contact (Name, Title)		1120121112111112111121111211111211111111		
ç	Steven Jones				
	rea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 steven.jones	@acgov.org]	Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Information				
D	oes the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$32
E	vent Description	anation	Date(s)5	<u>, 13 , 15</u>	
т	icket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's	
1	level(s)/1 ass(es) provided by agency :			Name of Sc	urce
	Was ticket distribution made at the behest $No \square$ Yes 🛛		If yes: <u>Char</u>	n, Wilma Official's Name ((f Firel)
	of agency official?			Official s Name (Lasi, Firsi)
	Recipients Use Section A to identify the agency's department or u		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
-					· .
	Name of Individual	Number of			
Ľ	3. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
•000			Ceremonial Role	Other	Income
A	Arnerich, Lil	2		nial Role" or "Other" describe below:	ald at a County facility in
				potential County rever	eld at a County facility in nue.
-		2	Ceremonial Role	Other nial Role" or "Other" describe below:	Income
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4. \	/erification				

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	05.01.2015
Print Name	Tille	(Month, Day, Year)

					T	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	gion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					and the second se
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6693		s@acgov.org	-	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info					*
	Does the agency have a tick		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$32
				21200A		///////
	Event Description Baseball	Provide Title/Exp	planation	Uate(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oakla				nd A's	
		oy agonoy.			Name of So	urce
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma Official's Name (I	
_	of agency official?				Official's Name (l	Lasi, rifsij
3.	Recipients					
	• Use Section A to identify the agen	cy's department o				-
	A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				an an an an bhair ann ann an a		
	•				ana da kara da manga kara kara kara kara kara kara kara ka	
	•					·.
			Number of			an a
	B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 435(85)	Ceremonial Role	Other	Income
	Limoges, Ron		If checking "Ceremonial Role" or "Other" describe below:			
			2			eld at a County facility in
		****			potential County rever	
				Ceremonial Role		Income
			2	If checking "Ceremor	ial Role" or "Other" describe below:	
	C. Name of Outside Orga	anization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	····				•	
					•	
Electronic de				1		

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	05.01.2015
Print Name	Title	(Month, Day, Year)

A second	Α *1					California
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					For Official Use Only
	Division, Department, or Rec	jion (If Applicabl	e)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	\$90 ticket / \$20 parking
	Event Description Baseball	game			5 , 16 , 15	\$90 ticket / \$20 parking
	Event Description	Provide Title/Exp	planation	Date(s)		маларындан алын талар (манурайуу 4-таларын алын байлан каларын каларын каларын каларын каларын каларын каларын Каларындан каларын калар
	Ticket(s)/Pass(es) provided t	ov agency?	Yes 🗌 No [X If no: Oakla	nd A's	
		sy agonoy i		id	Name of S	ource
	Was ticket distribution made at the behest $No \square$ Yes 🛛			⊠ If yes: <u>Char</u>	n, Wilma Official's Name	(I and First)
	of agency official?				Official s Name	(Last, Phst)
3.	• Use Section A to identify the agen	cy's department o	r unit. ● Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
					unneen maan oo baar oo	
	·					
	And and a second sec					
	B. Name of Individu	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role		Income
	Youngman, Jeff		3/1park	· · ·	nial Role" or "Other" describe below	
			To promote attendance at aCount potential County revenue from parki			
	New 27 and 19 and 19		3/1park	Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below	Income [
	C. Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
					<u></u>	
Electron of the local division of the local	00 1000 000 000 000 000 000 000 000 000		,			

4. Verification

I have read and understand FPPC Regulations 10014.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones	Central District Director	06.02.2015
Print Name	Title	(Month, Day, Year)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$32 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Baseball game Date(s) 5 / 17 / 15 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role Other Mankiller, Charles If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" 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)

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	05.01.2015
Print Name	Title	(Month, Day, Year)

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form OOZ	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Steven Jones					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693 steven.jones	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information		alaan ka sa		фоо (фоо Ц.)	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$80/\$20parking	
	Event Description Baseball game Provide Title/Expla	nation	Date(s)			
		Yes 🗌 No	⊠ If no: <u>Oaklar</u>	nd A's Name of So	urce	
	Was ticket distribution made at the behest $NO \square$ Y		If yes: Chan	, Wilma		
	of agency official?	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			· .			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Last, First)	Pass(es)			- 	
			Ceremonial Role If checking "Ceremor	Other Other describe below:	Income	
			Ceremonial Role If checking "Ceremor	Dther nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	East Bay Innovations 2450 Washington Ave #240 San Leandro, CA	10/2	To reward a non community.	profit organization for	its contributions to the	
	Assists people w/ disabilities to live in their own homes and secure employment					

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	05.01.2015
	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document Date Stamp California 1. Agency Name 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 \$80/\$20parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Baseball game 5 , 17 15 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Waring, Janet 4/1park To reward a community volunteer for his or her service to the public Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4/1park Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

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	05.01.2015
-	Print Name	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California Q12
	Alameda County					Form OUZ
	Division, Department, or Region (If A	Applicable)	and a second			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,	Fitle)			-r	
	Steven Jones					
	Area Code/Phone Number E-ma	il			Amendment (Must pr	ovide explanation in Part 3.)
			@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	n				
	Does the agency have a ticket policy	y? ·	Yes 🛛 No [Face Value o	f Each Ticket/Pass \$	\$80/\$20parking
	Event Description Baseball game			Date(s)5	, 26 , 15	1
	Provid	e Title/Expla	nation			SYMMET CONTRACTOR C
	Ticket(s)/Pass(es) provided by ager	icy?	Yes 🗌 No [If no: Oaklar	nd A's Name of Sou	
			- Chan			
	Was ticket distribution made at the to of agency official?	pehest	No 🗌 Yes [⊠ If yes: <u>Chan</u>	, VVIII na Official's Name (L	.ast, First)
3.	• Use Section A to identify the agency's depa	irtment or u	nit.	tion B to identify an individu	ual. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or U	nit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	tenen en				newskie werden die die geweinnen en einen en einen einen die	
	goyay way - Spectroscow water a construction of the second and on a second second second second second second s				et al a substance and the substance of the	<u></u>
	B. Name of Individual (Last, First)	a	Number of Ticket(s)/ Pass(es)	999 og af an	Identify one of the followi	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	nial Role" or ["] Other" describe below:	
				Ceremonial Role	Other	Income
				It checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and descriptio		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Building Futures with Women & 0 1395 Bancroft Ave, San Leandro		10/2	To reward a non community	profit organization for i	ts contributions to the
	Offers domestic violence, homele housing services	ess and				

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	05.01.2015
Print Name	Tillə	(Month, Day, Year)

Comment: _

1.	Agency Name			· · ·	
				Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Steven Jones				
	Area Code/Phone Number E-mail	and a second		Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$	\$80
	Event Description Baseball game		Date(s)	2615	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠			Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Char	n, Wilma Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency's department or u	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Braze, Greg		Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income
		4		lance at a(n) event he potential County reven	eld at a County facility in ue
	· · · · · · · · · · · · · · · · · · ·	4	Ceremonial Role If checking "Ceremo	Other C	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				yan kanan manan yang gabakan kanan kanan manya kana dari dari dari dari dari dari dari dar	a ana ana amin'ny fanisa dia mampina dia mandritra dia 2008 mila dia 4000 mila dia 4000 mila dia kaominina dia
A	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	05.01.2015
Print Name	Title	(Month, Day, Year)

	eremonial Role Events and Ticl	veur ass	DISTUDUTIONS		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail	Manufacture (1997)		Amendment (Must pro	,
	(510) 272-6695 amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 No 🛛	🗙 Face Value d	of Each Ticket/Pass \$	350.00
	Event Description <u>Warriors vs. Timberwolves</u> Date(s)			4 11	
	Ticket(s)/Pass(es) provided by agency? Yes D No M If no: Golder			n State Warriors	
				Name of Sou	Irce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Cars	on, Keith Official's Name (L	ast First)
Louise	of agency official?			Official S Marie (E	uor, i norj
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	-	Identify one of the followi	ng:
			Ceremonial Role		
	Carson, Keith	4	÷		uire County funding or
			Ceremonial Role	Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
					·
					na ki ka z zazrona wykow ki
10000000					

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.

Amy Shrago	Supervisor's Assistant	05/01/15
Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must pl	•
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗌 No	🛛 🛛 Face Value d	of Each Ticket/Pass \$ _	700.00
Event Description Warriors vs. Pelicans		Date(s) = 04	1 , 18 , 15	///
Provide Title/Expl	Provide Thie/Explanation			(2002)20030000000000 (CCCCCCCCCCCCCCCCCCCCCCCC
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _		If no: Golde	n State Warriors	AN (2009) Queeneering and a statistic contraction of the statistic contr
		Core	Name of Sol	urce
Was ticket distribution made at the behest No 🗌 Yes 🛛 If y of agency official?		If yes: Carso	Official's Name (I	.ast, First)
. Recipients				
• Use Section A to identify the agency's department or	unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to ident	lify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
*		Ceremonial Role	Other 🔀	Income
Sanchez, Mina	4	-	nial Role" or "Other" describe below:	
			y employee for his or h courage staff developm	ner exemplary service to nent.
		Ceremonial Role	Other	Income
		If checking "Ceremor	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
				gegegege op en
4. 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.

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Tille	(Month, Day, Year)
Comment:			

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	@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 \$	700.00
			Date(s)04	, 20 , 15	//
			If no: Golder	n State Warriors Name of Sou	Irce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso		
	of agency official?		⊠ iryes:	Official's Name (L	.ast, First)
3.	• Use Section A to identify the agency's department or u	unit. 🛛 Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the 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 followi	ng:
	Carson, Keith			Other X ial Role" or "Other" describe below:	Income
		4	To obtain oversight County funding or s	of facilities or events support.	that have received
			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
					28
-					

4. Verification

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

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Title	(Month, Day, Year)
Comment:			

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form GOLA For Official Use Only
	Division, Department, or Reg	ion (If Applicable)	annan a bhach an ann à cair a r an ann an ann an ann an ann ann an	·	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Arrea Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month Day Year)
2	Function or Event Infor					(110/11) 203, 100/
Æm e	Does the agency have a ticke		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	55.00
				, 01 <u>,</u> 15		
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	w agency?	Yes 🗌 No	If no: Oakla	nd Athletics	
				Name of Sol	urce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso			on, Keith Official's Name (I	act Eirst)	
Economic	of agency official?				Omeiara Name (E	
3.	Recipients		unit a llag Soo	tion D to identify an individ	ust a Use Section C to ident	tify an outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ					
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
						•
					,	
				· · ·		
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)			· · · · · · · · · · · · · · · · · · ·
	Valentine, Alex	Valentine Alex		Ceremonial Role	D Other Annual Role" or "Other" describe below:	Income
			4			her exemplary service to
				the public or to end	courage staff developn	nent
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
	Nama of Outside Orga	nization	Number of			
	C. Name of Outside Organization Ticket(s)/ (include address and description) Pass(es)		Describe the put	blic purpose made pursuant	t to the agency's policy	
					2019 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
	Egylyn yn y canger an an an an an an ar ar de hin a treb Mich allan 1926 (2020) yn yn yn yn yn ar an ar ar ar a					
						•
Δ	Verification			L		
	I have read and watermand CODO De-		d 18942. İ have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Amy Shr	200	Supervisor's Assistan	t 05/01/15

Amy Shrago	Supervisor's Assistant	05/01/15
Print Name	Title	(Month, Day, Year)

Comment: _

	eremonial Role Events and Tick	leur ass	DISTIDUTIONS		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				TOTIN
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	acgov.org		Date of Original Filing:	(Month Day Year)
2	Function or Event Information			J	(Monal, Day, Teal)
		Yes 🗌 No [✓ Face Value o	of Each Ticket/Pass \$	32.00
	- · · ·			, 06 , 15	
	Event Description <u>Athletics vs. Rangers</u> Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 , No [If no: Oaklar	nd Athletics	
		IES L, NOL	control 7	Name of Sou	rce
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith Official's Name (L	act First)
	of agency official?			Officiai s Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency's department or u	nit. ● Use Sec	tion B to identify an individu	ual. • Use Section C to ident	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		to the agency's policy

	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🛛	Income
	Shrago, Amy	2	-	ial Role" or "Other" describe below:	
			To reward a Count	y employee for his or h courage staff developm	er exemplary service to ent
				Other	Income
		-	If checking "Ceremon	nial Role" or "Other" describe below:	
	Nome of Outside Organization	Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
101210-000			L		

Amy ShragoSupervisor's Assistant05/01/15Print NameTitle(Month, Day, Year)

Commenf: _

California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 32.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗌 No 🛛 Event Description <u>Athletics vs. Rangers</u> 07 15 04 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Carson, Keith Was ticket distribution made at the behest No 🗌 Yes 🗵 If yes: . Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other X Spencer, Scott If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

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.

Amy Shrago	Supervisor's Assistant	05/01/15
Print Name	Title	(Month, Day, Year)

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	. Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable,)		·	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	<u>,</u>			
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	Dacgov.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	of Each Ticket/Pass \$ _	32.00
	Event Description <u>Athletics vs. Rangers</u> Provide Title/Expla	anation	Date(s)04	, 08 , 15	04 09 15
	Ticket(s)/Pass(es) provided by agency?		If no: Oaklar	nd Athletics	
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakland			Name of Sc	burce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso			on, Keith	
	of agency official? Official's Name				Last, First)
3.	 Recipients Use Section A to identify the agency's department or use 	unit a Una Soc	tion D to identify an individu	vol - a line Cestion C to iden	tife an autoida aveanization
	A	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		-			
		Number of			ana may na ana ang ang ang ang ang ang ang ang
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Observation Date		
			Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	
	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
	BWOPA-TILE 920 Peralta Street, Suite 2a, Oakland, CA 94607 provides progra	2	To reward a school to the community	l or nonprofit organiza	tion for its contributions
	BWOPA-TILE 920 Peralta Street, Suite 2a, Oakland, CA 94607 provides progra	2	To reward a school to the community	l or nonprofit organiza	tion for its contributions
	zu, Camanu, OA 34007 provides progra	l			

4. Verification

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

Amy Shrago	Supervisor's Assistant	05/01/15
Print Name	Title	(Month, Day, Year)
	· · · · · · · · · · · · · · · · · · ·	

Comment: .

	eremonial Role Events and Ticl	ACUI 033	DISTINUTIONS		A Public Document
1.	Agency Name			Date Stamp	California Form 802
	Alameda County	Alameda County			
	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	32.00
	Event Description <u>Athletics vs. Mariners</u>			4 , 10 , 15	
	Event Description Provide Title/Expla	anation	Date(s)		**************************************
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics	
				Name of Sc	urce
0.000000000	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?			On, Keith Official's Name (Last First)
				Omerar s Marrie (
3.	• Use Section A to identify the agency's department or u	unit.	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
					n na martina de la construcción de
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Shrago, Amy		Ceremonial Role	Dther X nial Role" or "Other" describe below:	Income
		2		y employee for his or courage staff developr	her exemplary service to nent
		-	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income
	· ·				
	C. Name of Outside Organization (include address and description) Page 201		Describe the pu	public purpose made pursuant to the agency's policy	
					· · · .
				arranda ya angang ya shkara dabish kata sa sa sa	an a

I have read and indefisiond EPPC Regulations 18044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Title	(Month, Day, Year)
Comment:			

Ce	eremonial Role Event	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					T ONIT
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		and a design of the second		
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Value of			of Each Ticket/Pass \$	55.00	
	Event Description <u>Athletics vs. Mariners</u> Date(s) <u>04</u>			11 , 15		
	Ticket(s)/Pass(es) provided by	vagency?	Yes 🗌 No	If no: Oaklai	nd Athletics	
	Ticket(s)/1 ass(es) provided by	agency:		kiewood	Name of So	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 🛛 If yes: Carson, Keith					
	of agency official? Official's Name (Last, First)					
3.	• Use Section A to identify the agency	/'s department or (unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	•					
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Carson, Keith			Ceremonial Role If checking "Ceremor	Dther X nial Role" or "Other" describe below:	Income
			4	To obtain oversigh County funding or	t of facilities or events support	that have received
	Sanchez, Mina		4	Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income
			4		y employee for his or l courage staff developn	her exemplary service to nent
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	-					
					aunumenten anterne an er	ter i Salaran aran ara an ini da da da ana an ini da

4. Verification

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

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Title	(Month, Day, Year)
		· · · ·	
Comment:			

Cere	emonial Role Events and Tic	Reupass	DISTUDUTIONS		A Public Document
1. Ag	gency Name			Date Stamp	California 802
AL	ameda County				
Div	vision, Department, or Region (If Applicable	<i>)</i>)			For Official Use Only
Bo	pard of Supervisors				
De	signated Agency Contact (Name, Title)				
Ar	ny Shrago				
	ea Code/Phone Number E-mail				rovide explanation in Part 3.)
(5	10) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fi	unction or Event Information				
Do	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Value o			of Each Ticket/Pass \$ _	32.00
Ev	Event Description <u>Athletics vs. Astros</u> Date(s) <u>04</u>			1 , 24 , 15	
Tic	ket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of So	urce ·
\\/;	Was ticket distribution made at the behest No T Yes X If yes. Cars		If yes: Carse	on, Keith	
	Was ticket distribution made at the behest No I Yes I If yes: Cars of agency official?		Official's Name (Last, First)	
	• Use Section A to identify the agency's department or the Agency, Department or Unit			olic purpose made pursuant	
B	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Other 🛛	Income
51	nrago, Amy	2	To reward a Count	nial Role" or "Other" describe below: ty employee for his or l courage staff developn	her exemplary service to nent
			Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
hannoon					
	erification				

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

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Title	(Month, Day, Year)
Comment:			

С	eremonial Role Event	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	,				Form COV2
	Division, Department, or Regi	on (If Applicable)				For Official Ose Offiy
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				Amendment (Must pr	ravida evaluation in Part 21
	Area Code/Phone Number	E-mail			Central .	,
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				32.00
	Does the agency have a ticke		Yes 🗌 🛛 No 🛛	Face Value c	of Each Ticket/Pass \$	52.00
	Event Description <u>Athletics vs. Astros</u> Date(s) <u>04</u>			25 15	///	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			nd Athletics Name of Sou	100	
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)
	Recipients					
0.	• Use Section A to identify the agency	/'s department or ι	unit. ● Use Sec	tion B to identify an individ	ual • Use Section C to ident	ify an outside organization.
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Sakamoto, Seth				Other X nial Role" or "Other" describe below:	Income
	•		4		ance at a County facili evenue from parking ar	ty in order to maximize nd concession sales
					Other Dinal Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

4.	Verification	l 18942. I have verified that the dist	ribution set forth above, is in accordance with the requ	irements.
		Amy Shrago	Supervisor's Assistant	05/01/15
		Print Name	Title	(Month, Day, Year)

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	n	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must pr	, , ,
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month. Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	🗙 Face Value d	of Each Ticket/Pass \$	55.00	
	Event Description Athletics vs. Angels	Data(a) = 04	1 <u>28 15</u>	1 1	
	Event Description Date(s) Date(s)				2022/2022/2022/2022/2022/2022/2022/202
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics	
				Name of Sou	irce
600000	Was ticket distribution made at the behest No Yes Hest If you have a state of agency official?		If yes: Carso	Official's Name (L	ast First)
		946946959999999999999999999999999999999			
3.	• Use Section A to identify the agency's department or	∙unit. ø Use Sec	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 public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Line or laber			Other 🛛	
	Hassan, Idris	18	-	nial Role" or "Other" describe below:	, in order to maximize
				ance at a County facilit venue from parking an	
			Ceremonial Role	Other inter interview in the second s	Income
	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
				denned filme de la comme de la cherra de la cherra de la defini de la defini de la defini de la de la defini d	
4.	Verification				

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

Comment: .

Cere	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Ag	gency Name				Date Stamp	California 802
Al	ameda County					Form CO2
Div	vision, Department, or Regi	on (If Applicable)			For Official Use Only
Bo	pard of Supervisors					
	signated Agency Contact (Name, Title)		27.28.11.27.27.11.11.11.11.11.11.11.11.11.11.11.11.11	•	
Ar	my Shrago					
	ea Code/Phone Number	E-mail			Amendment (Must pr	
(5	10) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month Day Year)
2. Fi	unction or Event Infor	nation				
Do	bes the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	102.25
-	rent Description Pop the D	ream			, 04 , 15	//////
EV	ent Description	Provide Title/Expl	anation		internet construction and an and a second	
Tic	cket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	· · · · · · · · · · · · · · · · · · ·				Name of Sou	Irce
	as ticket distribution made a f agency official?	it the behest	No 🗌 Yes	If yes: Carso	ON, KEIIN Official's Name (L	ast First)
					emotal e Hame (E	
	ecipients Jse Section A to identify the agency	<i>u</i> 's department or i	unit e Use Sec	tion B to identify an individu	allse Section C to ident	ify an outside organization
			Number of		lic purpose made pursuant	
A	Name of Agency, Departme	int or Unit	Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy	
Construction						
					Chille Science Colle Constitution of the construction of the construction of the construction of the Colle	
			Numbers		Demostration	
B	Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other X	Income
Mi	itchell, Justin				ial Role" or "Other" describe below:	
			2	To promote attendance at a County facility in order to r		
. 10000				potential County re	venue from parking ar	d concession sales
lo	nking Kovin			Ceremonial Role	ial Role" or "Other" describe below:	Income
Je	enkins, Kevin		2			er exemplary service to
					ourage staff developm	
$\overline{\mathbf{c}}$	Name of Outside Organ	ization	Number of	.		
0.	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
*rezinautres	en alle provinsie te de la contra monte de la poste	2015/15/6015/000049/000200/00000000/00/0000000000000				
4. Ve	erification			1		
	wo road an Aundamberd FODO D.	,	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance wil	h the requirements.
			Amy Shr	ago	Supervisor's Assistant	05/01/15

4	Agency Name				Date Stamp	California 002		
۱.						Form 802		
	Alameda County	Ion (16 Analisatel		•	For Official Use Only			
	Division, Department, or Reg	ion (if Applicable						
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			4			
	Amy Shrago			<u> </u>				
	Arrea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation				004.00		
	Does the agency have a ticke	et policy?	Yes 🗌 No 🛛	🗙 Face Value o	of Each Ticket/Pass \$ _	231.80		
	Event Description	l Mac		Data(s) = 04	↓ , 07 , 15			
		Provide Title/Exp	lanation			FERENCE CONTRACTOR EXCLUSION CONTRACTOR		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golde	n State Warriors _{Name of Sc}			
				Coro		burce		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Carso	Official's Name (Last. First)		
1940105					cinicia o ritario (······, · ·····,		
3.	• Use Section A to identify the agend	w's denartment or	unit allsa Sar	tion B to identify an individu	ual a Use Section C to iden	tify an outside organization		
	A. Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursuan			
	P							
						•		
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	/ing:		
	(Last, First)	2010-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Pass(es)					
	Simpoon Michalla				Other X	Income		
	Simpson, Michelle		4	5	nial Role" or "Other" describe below:	ity in order to maximize		
				To promote attendance at a County facility in order to maximiz potential County revenue from parking and concession sales				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				
					Other D nial Role" or "Other" describe below:			
			4					
	C. Name of Outside Orga	nization	Number of	D 11 .1	- 11			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy		
						n na sana na sa		
A								
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.

	Amy Shrago	Supervisor's Assistant	05/01/15
	Print Name	Title	(Month, Day, Year)
Comment:			

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County						
	Division, Department, or Region (If Applicable)	• 	For Official Use Only				
	Board of Supervisors						
	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 Information						
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	700.00		
	Event Description Warriors vs. Memphis G		Date(s)5	<u>, 03 , 15</u>	05 , 05 , 15		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no. Golder	n State Warriors			
	nokel(b)/r abs(cb) provided by agency :			Name of So			
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor I	District 2		
1200000000	of agency official?			Official's Name (Last, First)			
3.	• Use Section A to identify the agency's department or t	unit. ● Use Sec	ction 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 pub	lic purpose made pursuant	to the agency's policy		
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Riener, Eileen			Other X	Income		
		4	To reward a comm	unity volunteer for her	service to the public.		
	Mejia, Manuel	4	Ceremonial Role If checking "Ceremon	Dther X nial Role" or "Other" describe below:	Income		
				ndance at an event held at a County facility in e potential revenue of sales			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
					and an an an and a state of the state of t		
	New William Allers						

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	Supervisor's Aide	51115
	Print Name	· Title	(Month, Day, Year)
Comment: Includes 1 parking pass at t	he value of \$60.75.		
			EDDC Earm 902 (4/42)

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County				Form OOZ For Official Use Only		
	Division, Department, or Region (If Applicable)				For Onicial Ose Only		
	Board of Supervisors			-			
	Designated Agency Contact (Name, Title)		999999 - 997 - 999 - 994 - 984 - 685 - 685 - 695				
	Steven Jones						
	Area Code/Phone Number E-mail	Wowander	gen (Önni förda av Julia i Konstanting til Oliver til Legen gen gen gen kanna att som att söra att söra att sör	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6693 steven.jones(@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information				¢024		
	Does the agency have a ticket policy?	Face Value of	of Each Ticket/Pass \$ _	\$231			
	Event Description Fleetwood Mac	nation	Date(s)	<u> </u>	///		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [n State Warriors Name of Sc			
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (or Wilma Chan (Last, First)		
2	Recipients						
J.	• Use Section A to identify the agency's department or u	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
				Ceremonial Role Other I Income			
	McCormick, Michael	4	To promote attend	nial Role" or "Other" describe below: ance at an event held potential County reve	at a County facility in		
		4	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy		
				· ·			
4	. Verification						

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

Steven Jones	Central District Director	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment:

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 \$119.60 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description POP THE DREAM 2015 04 15 04 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit, • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role Other Backer, Katy If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification Δ

1. Agency Name

Α.

Β.

C.

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

Steven Jones	Central District Director	05.01.2015
Print Name	Title	(Month, Day, Year)

A Public Document

California

Date Stamp

1.	Agency Name			Date Stamp	California 802		
	Alameda County				Form 002		
	Division, Department, or Region (If Applicable)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		<u></u>				
	Steven Jones				rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 5.)		
	(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information				\$105		
	Does the agency have a ticket policy?	Yes 🛛 No [f Each Ticket/Pass \$ _	ψισο		
	Event Description Baseball game		Date(s)4				
	Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oaklar	nd A's Name of So	UICA.		
		particular production of the second se	- Chan				
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: <u>Chan</u>	Official's Name (Last, First)			
ა.	• Use Section A to identify the agency's department or	unit. ● Use Sec	tion 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:		
•	Toro, Liz		Ceremonial Role	Other D	Income		
		3	To promote attend	ndance at a(n) event held at a County fa ze potential County revenue.			
		3	Ceremonial Role If checking "Ceremon	Dther nial Role" or "Other" describe below:	Income		
		Ŭ					
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy		
	·						

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	05.01.2015
Print Name	Title	(Month, Day, Year)

nonial Role Event	s and Tic	ket/Pass	Distributions		A Public Documen	
ncy Name		Date Stamp	California 802			
neda County					Form For Official Use Only	
ion, Department, or Regi	on (If Applicable	·)	gynyd yn me'n yn arwedyn y Cyny Carfan y Cantol br>Y	~	For Official Use Only	
d of Supervisors						
gnated Agency Contact (/	Vame, Title)					
en Jones						
	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
ction or Event Inform	nation			¢οο		
Does the agency have a ticket policy? Yes 🛛 No 🗌			Face Value of	of Each Ticket/Pass \$	\$32	
Event Description Baseball game Provide Title/Explanation			Date(s)	415		
Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛			If no: Oakla	nd A's Name of So	urce	
ticket distribution made a	t the behest		Chan	ı, Wilma		
of agency official?			n yes.	Official's Name (Last, First)	
		Pass(es)				
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	с. С.	Identify one of the follow	wing:	
антанан на конструкций и сооронались на кору функцийн нэмэг нэж			Ceremonial Role	Other	Income	
Chan, Wilma		2	To promote attend	lance at a(n) event h		
- ·		2			Income	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's		
				, ,		
	ncy Name neda County ion, Department, or Regined of Supervisors gnated Agency Contact (// en Jones Code/Phone Number 1) 272-6693 iction or Event Inform is the agency have a ticket at Description Baseball gr et(s)/Pass(es) provided by ticket distribution made a gency official? ipients Section A to identify the agency Name of Agency, Departme Name of Individua (Last, First) in, Wilma	ncy Name neda County ion, Department, or Region (If Applicable rd of Supervisors gnated Agency Contact (Name, Title) ren Jones Code/Phone Number () 272-6693 iction or Event Information ictick agency have a ticket policy? it Description Baseball game Provide Title/Explect(s)/Pass(es) provided by agency? ticket distribution made at the behest gency official? Section A to identify the agency's department or Name of Agency, Department or Unit Name of Individual (Last, First) an, Wilma	ncy Name heda County ion, Department, or Region (If Applicable) rd of Supervisors gnated Agency Contact (Name, Title) en Jones Code/Phone Number E-mail () 272-6693 steven jones@acgov.org ction or Event Information et he agency have a ticket policy? Yes ⊠ No at Description Baseball game Provide Title/Explanation et(s)/Pass(es) provided by agency? Yes gency official? Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) an, Wilma 2 Name of Outside Organization ficked ord docated or decodination	neda County ion, Department, or Region (If Applicable) rd of Supervisors gnated Agency Contact (Name, Title) en Jones Code/Phone Number 19 272-6693 steven.jones@acgov.org ction or Event Information et he agency have a ticket policy? Yes ⊠ No □ Face Value of to be scription Baseball game Date(s)4 Provide Title/Explanation Date(s)4 st(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla ticket distribution made at the behest No □ Yes ⊠ If yes: Char gency official? stepartment or unit. • Use Section B to identify an individ Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pul Name of Individual (train Number of Ticket(s)/ Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	ncy Name Date Stamp reda County Inclusion (If Applicable) ion, Department, or Region (If Applicable) Inclusion (If Applicable) id of Supervisors Inclusion (If Applicable) id parts E-mail id parts Inclusion (If Applicable) id parts Incleas (If Applicable)	

I have read and understand EPPC Regulations 199111 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones	Central District Director	 05.01.2015
Print Name	Title	(Month, Day, Year)

procession in the							
1.	Agency Name		Date Stamp	California 802			
	Alameda County		Form OOZ				
	Division, Department, or Reg	gion (If Applicable)	۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵۵	· · ·	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	\$32	
				Deta(a) 4	615	1 1	
	Event Description	Provide Title/Expl	anation	Date(S)		Instrumentation (Instrumentation)	
	Ticket(s)/Pass(es) provided	by agency?	nd A's				
			Name of So	DUIRCO			
	Was ticket distribution made of agency official?	at the behest	X If yes: Chan	, VVIIIIIA Official's Name	(Last. First)		
Received and	· - ·						
3.	RecipientsUse Section A to identify the agen	cy's department or	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		nn an Na Anna an Anna an Anna an Anna Anna					
	B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follov	ving:	
				Ceremonial Role		Income	
	Holman, John		2	If checking "Ceremonial Role" or "Other" describe below:			
				To promote attendance at a(n) event held at a County order to maximize potential County revenue.			
				Ceremonial Role		Income	
			2	If checking "Ceremor	nial Role" or "Other" describe below.		
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
ESSENCES.							

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	05.01.2015
—	Print Name	Titlə	(Month, Day, Year)

Comment: _

Cere	icy Report of: monial Role Event	ts and Tic	ket/Pass	Distributions		A Public Documen
. Ag	ency Name				Date Stamp	California 802
	meda County					Form For Official Use Only
Divi	Division, Department, or Region (If Applicable)				-	i or omoldroide only
Boa	ard of Supervisors					
Des	ignated Agency Contact (Name, Title)				
Ste	ven Jones				Amendment (Must o	rovide explanation in Part 3.)
Are	a Code/Phone Number	E-mail		ala na fan de		
(51	0) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				\$32
	Does the agency have a ticket policy? Yes 🔀 No				of Each Ticket/Pass \$ _	
Eve	nt Description <u>Baseball g</u>	ame		Date(s)	<u> </u>	10000000000000000000000000000000000000
	Provide Title/Explanation			If no: Oakla	nd A's	
Ticl	<pre>ket(s)/Pass(es) provided by</pre>	y agency?	Yes 🗌 No 🛛		Name of So	urce
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes 🛛 🛛 If yes: <u>Char</u>		n, Wilma Official's Name (Last, First)	
● U 9	se Section A to identify the agenc	y's department or	unit. ● Use Sec	tion B to identify an individ	lual • Use Section C to iden	tify an outside organization.
<u>A.</u>	Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		lual. • Use Section C to iden blic purpose made pursuan	
		ent or Unit	Number of Ticket(s)/			t to the agency's policy
A. B.	Name of Agency, Departmo	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremon To promote attendo	blic purpose made pursuan blic purpose made pursuan ldentify one of the follow Dther Other	t to the agency's policy ring: Income
A. B.	Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role	blic purpose made pursuan Identify one of the follow Dother Dother Dother Idence at a(n) event h potential County reve	t to the agency's policy ring: Income neld at a County facility in nue.
A. B.	Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	blic purpose made pursuan Identify one of the follow Other Other Other Dinial Role" or "Other" describe below: lance at a(n) event h potential County reve	t to the agency's policy ring: neld at a County facility i nue.
A. B. Wa	Name of Agency, Departmo Name of Individu (Last, First) Dife-Roubatis, Eleni Name of Outside Orga	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	blic purpose made pursuan Identify one of the follow Other unial Role" or "Other" describe below: Jance at a(n) event h potential County reve Other Other onial Role" or "Other" describe below:	t to the agency's policy ring: neld at a County facility i nue.

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	05.01.2015
Print Name	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable	·)		. .	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail	an a	49 March 19	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	·	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	and a second			\$
	Does the agency have a ticket		Yes 🛛 No [of Each Ticket/Pass \$ _	
				D-(-(-) 4	, 8 , 15	,
	Event Description Baseball g	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ adency?	Yes 🗌 No [If no: Oakla	nd A's	
	nored and assies provided by	y agency :		homos	Name of So	ource
	Was ticket distribution made a	it the behest	No 🗌 Yes [If yes: Chan	ı, Wilma	
	of agency official?			·	Official's Name (Last, First)
~.	• Use Section A to identify the agency		Number of			
•	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
						an an a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Lasi, Firsi)		Pass(es)			
	Morrison, Jim			Ceremonial Role	nial Role" or "Other" describe below:	Income
			2	l °		eld at a County facility in
					potential County reve	
				Ceremonial Role	Other	Income
			2	If checking "Ceremo	nial Role" or "Other" describe below:	
			2			
					and a set of the second se	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
						un ouverenze de la factación de la construcción de la construcción de la construcción de la construcción de la
PORTO DE						

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	05.01.2015
Print Name	Title	(Month, Day, Year)

Comment: ___

С	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1.0/11
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Steven Jones					
	Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			1	
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value c	of Each Ticket/Pass \$	\$32
	Event Description Baseball g				915	1 1
	Event Description Baseball game Date(s) 4					eren preparation and an and a second s
	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oaklar				nd A's	
				Name of Sou	Irce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [🗙 If yes: <u>Chan</u>	, VVIIIIIA Official's Name (L	.ast, First)
<u></u>	-					
3.	 Recipients Use Section A to identify the agence 	v's department or i	unit • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
			Number of		olic purpose made pursuant	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency s pondy
		and a second				
						,
	Manufacture and a state of the					ana ana amin'ny fanisa amin'ny fanisa dia mandra amin'ny fanisa dia mandra amin'ny fanisa dia mandra dia mandra
	B, Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	O manual a Dala	Other	
	Smith, Leroy			1	hial Role" or "Other" describe below:	
			2		dance at a(n) event held at a County facility	
				order to maximize	potential County rever	nue.
				Ceremonial Role	Other	Income
			2	If checking "Ceremo	nial Role" or "Olher" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		• • • • • • • • • • • • • • • • • • •	Pass(es)		an a	

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	05.01.2015
	Print Name	Tille	(Month, Day, Year)
	: •	· ·	
Comment:			EDDC Earlin 902 (4/42)

Cere	monial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1. Ag	ency Name				Date Stamp	California Form 802
Ala	imeda County					
Div	ision, Department, or Regi	on (If Applicable	e)			For Official Use Only
Bo	ard of Supervisors					·
	signated Agency Contact (/	Vame, Title)				
Ste	even Jones					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	0) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)
	nction or Event Inform					
	es the agency have a ticket		Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	\$32
					<u>, 10 , 15</u>	
Eve	ent Description Baseball g	Provide Title/Exp	lanation	Date(s)		nananananya kanalan (kanananya kanalan (kanananya kanalan kanananya kanananya kanananya kanananya kanananya k
Ticl	kat(s)/Pass(as) provided by	v agency?		If no: Oakla	nd A's	
I ICI					Name of So	nurce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan,				i, Wilma Official's Name (Loot First)
of	agency official?				Official's Name (Last, Firstj
3. Re	cipients					
• Us	se Section A to identify the agency	/'s department or	Concernment of the second s			
А.			olic purpose made pursuan	t to the agency's policy		
			Pass(es)			<u>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</u>
<u>a</u>					2002-00-00-00-00-00-00-00-00-00-00-00-00	
В.	Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	/ina:
• استا	(Last, First)		Pass(es)		Identity one of the former.	
				Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
RI	ng, Ginni		2			eld at a County facility in
					potential County reve	
	and a second			Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
			2			
			*****		an a	
C.	Name of Outside Orgar (include address and des	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	it to the agency's policy
		scription)	Pass(es)		<u></u>	
					an a	

4. Verification

I have read and understand FPPC. Regulations 18044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones	Central District Director	05.01.2015
Print Name	Title	(Month, Day, Year)

Δ	gency Report of:				• •
	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		For Official Use Only		
	Division, Department, or Region (If Applicable	ə)			, of official cost only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		2997 Charlen of Carlos and Carlos		
	Steven Jones				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6693 steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				\$00/\$20port
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	\$90/\$20park		
	Event Description Baseball game Date(s)			4	
	· · · · · · · · · · · · · · · · · · ·				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oakla	and A's Name of S	OUICA
	Was ticket distribution made at the behest	⊠ If yes: <u>Cha</u>			
	of agency official?	No 🗌 Yes [X If yes:	Official's Name	(Last, First)
3.	Recipients				ntify on outcide organization
	Use Section A to identify the agency's department or	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuar	nt to the agency's policy
		Number of		annya a 196-automa anta anta dan anta anta anta da da mana anta da da mana anta a tanàn 1960. Ilay kaominina d	
	B. Name of Individual (Lasi, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role		Income
			If checking "Cerem	onial Role" or "Other" describe below	<i></i>
			Ceremonial Role		Income
				nonial Role" or "Other" describe below	<i>y</i> :
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
	Purple Silk Music Education Foundation 484 Lake Park Ave. #366, 94610	18+4pk	To reward a scho to the community		ation for its contributions
	Supports music education for inner-city youth				

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	05.01.2015
Print Name	Title	(Month, Day, Year)

1. A	gency Name				Date Stamp	California 802
	lameda County					Form 002
	vision, Department, or Regi	on (If Applicable)			For Official Use Only	
B	oard of Supervisors					
	esignated Agency Contact (/	Vame, Title)				
	teven Jones					
		E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. F	unction or Event Inform	nation				
	oes the agency have a tickel		Yes 🛛 No [Face Value o	f Each Ticket/Pass \$	\$32
-	vent Description Baseball g	ame		Doto(a) 4		1 1
E١	vent Description	Provide Title/Expla	anation	Dale(s)	99990868 COLORITORY # 9986665 COLORITORY 988086888888	understation of the second
Ti	cket(s)/Pass(es) provided by	/ adencv?	Yes 🗌 No [If no: Oaklar	nd A's	NG MANANA MAN
				in the second	Name of Sou	Irce
	as ticket distribution made a	t the behest	No 🗌 Yes [If yes: Chan	, Wilma Official's Name (L	ost First)
C	of agency official?				Official s Name (C	asi, i norj
· · ·	Recipients Use Section A to identify the agency Name of Agency, Departme		Number of			
f ^{eel}	Name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
-						
-			Number of		anna a tha a falanna a cunta garann anna a tha a falanna a tha a sha a ta a ta a ta a ta a ta a	
B	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		gan and the second designed as a second s	1 433(03)	Ceremonial Role	Other	Income
C	Chilcott, Christine		0	, second s	hial Role" or "Other" describe below:	
			2		ance at a(n) event he potential County reven	eld at a County facility in lue.
-				Ceremonial Role	Other	Income
			2	If checking "Ceremo	nial Role" or "Other" describe below:	
			6			
			Number of			
C	Name of Outside Organ (include address and dea		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	annan san ann an ann an ann ann ann ann	an a daran mangada mangada Afrikan ang kang kang kang kang kang kang ka			-	
· _				······		
					·	
			· .			

4. Verification

Comment: ___

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		05.01.2015	
Print Name	· · ·	Title		(Month, Day, Year)	
		,			

A Public Document

					Date Stamp	California 000
1.	Agency Name				Form 802	
	Alameda County			For Official Use Only		
	Division, Department, or Regio	on (If Applicable)		,		
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Steven Jones				Amendment (Must n	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	a y demonstration of the second s			
	(510) 272-6693	steven.jones(@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation				\$32
					of Each Ticket/Pass \$ _	
	Event Description	Event Description Baseball game Provide Title/Explanation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No 🕻	If no: Oakla	nd A's Name of Sc	
						ource .
	Was ticket distribution made at the behest No I Yes			⊠ If yes: <u>Char</u>	0fficial's Name ('Last, First)
	of agency official?					
3.	• Use Section A to identify the agency	y's department or u		tion B to identify an Individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			,			
				annen an er fan de f		
			Number	•		ana da Manana ang Antara ang Kanana ang Manana ang Manana ang Kanana ang Kanana ang Kanana ang Kanana
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Lasi, r #3i)	and the second secon	Pass(es)	Ceremonial Role	Other	Income
	Elliott, Laura			If checking "Ceremo	onial Role" or "Other" describe below.	
			2	To promote attend		neld at a County facility in
					Other Donial Role" or "Other" describe below	Income
			2	in checking Celeni		
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	nt to the agency's policy
					work and a second s	

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 JonesCentral District Director05.01.2015Print NameTille(Month, Day, Year)

California Date Stamp 1. Agency Name 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 \$32 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 24 15 Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Β. Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ybarra, Renee 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. Ticket(s)/ (include address and description) Pass(es)

4. Verification

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

Steven Jones	Central District Director	05.01.2015
Print Name	Tille	(Month, Day, Year)

			- Biotinoutions		A Public Docume
1. Agency Name				Date Stamp	California 80
Alameda County					Form OU
Division, Department, or R	Region (If Applicat	ole)			For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)			-	
Lee Ann Fergerson, Supe	ervieor'e Acciet	ant			
Area Code/Phone Number		ann	1	Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691		erson@acgo	N OFA	Date of Original Filing:	
2. Function or Event Infe	-	erson@acgo	w.org		(Month, Day, Year)
Does the agency have_a tic		600	-		2200
P.	1	Yes P No		of Each Ticket/Pass \$ _	51,00
Event Description	seball	(Date(s)	,28,15	1 1
EN 2762 - 1	Provide Title/Exp	Nanation	0	ED ON	LVO LO
Ticket(s)/Pass(es) provided	by agency?	YesZDNo	I If no: <u>C</u>	kland De	thetics
Was ticket distribution made	e at the behest	No 🗌 Yes	Ala	Name of So meda County Supervisor S	
of agency official?		NOL TOS	If yes:	Official's Name (L	ast, First)
Recipients					
• Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to identify an individu	al Use Section C to ident	fv an outside organization
A. Name of Agency, Departr		Number of Ticket(s)/		lic purpose made pursuant	
		Pass(es)		ing purpose made pursuant	to the agency's policy
				+:	
B. Name of Individu	ual	Number of Ticket(s)/			
(Last, First)		Pass(es)		Identify one of the followin	g:
Wand & thompso	n	2	To promote attendan to maximize potential parking sales.	ce at a county sponsored of I county revenue for conce	event in order come Ession and
			Ceremonial Role	Other	
				Role" or "Other" describe below.	Income
C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the public	purpose made surgered to	
(include address and des	scription)	Pass(es)	a coorna the public	purpose made pursuant to	the agency's policy
and the second					
Verification					
	18944.1 and 1	8942. I have verific	ed that the distribution set forth	above, is in accordance with th	requirements.
	Le	ee Ann Ferge	erson Su	pervisor's Assistant	5/4/15
	Le	e Ann Ferge Print Name	erson Su	pervisor's Assistant	

4.

1 A		allo biotributions	-	A Public Documen
1. Agency Name		,	Date Stamp	California 802
Alameda County Division, Department, or Re	dion (I Applicable)			Form 002
	gion (il Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contac	an an ann ann an an an tha	4		
Lee Ann Fergerson, Super	rvisor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@a	icgov.org	Date of Original Filing:	Advante Provident
2. Function or Event Info	rmation			(Month, Day, Year)
Does the agency have a tick	et policy? Yes	No 🗆 Face Value	of Each Ticket/Pass \$ _	32.00
Event Description	selsalo (Date(s) 🗹		
event beschption	Provide Title/Explanation			//
Ticket(s)/Pass(es) provided t	C	No 🗆 If no: 📿	ekland De	thetics
Was ticket distribution made of agency official?	at the behest No 🗌	Yes If yes:	lameda County Supervisor S Official's Name (L	Scott Haggerty, District 1 .ast, First)
B. Recipients • Use Section A to identify the agence	sy's department or unit. • Us	e Section B to identify an indivi	dual - a Use Section C - 14 - 1	
A. Name of Agency, Departm		of Describe the pu	blic purpose made pursuant i	to the agency's policy
			and the	
B. Name of Individua	al Number Ticket(s		Identify one of the first	
(Lost, First)	. Pass(er)	Identify one of the followin	
Vic Argula	2	To promote atte to maximize pot parking sales.	ndance at a county sponsor ential county revenue for cor	ed event in order e 🗌 ncession and
		Ceremonial Role If checking "Ceremon	Other	Income
C. Name of Outside Organi (include address and desc	zation Number of Ticket(s) Pass(es)	/ Describe the pub	lic purpose made pursuant to	the agency's policy
Verification	18944.1 and 18942. I have	verified that the distribution set fo	rth above, is in accordance with the	e requirements
	Lee Ann F	ergerson s	Supervisor's Assistant	5/2/15
	Print N	ame	Tatle	(Monthy Day: Year)
Comment:				

		nour doo	Distributions		A Public Documer
1. Agency Name				Date Stamp	California 802
Alameda County Division, Department, or F	Perion /// Applicable	1			Form UU
	cegion (ii Applicable	0			For Official Use Only
Board of Supervisors					1
Designated Agency Conta	ct (Name, Tille)				
Lee Ann Fergerson, Sup		nt			
Area Code/Phone Number	1.	125		Amendment (Must j	
(510) 272-6691	leeann.ferge	rson@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inf		6.5			(month, coy, real)
Does the agency have a tic Event Description	cket policy? School Provide Title/Expla	Yes D No [Bace Value of Contract of Cont	of Each Ticket/Pass \$ _ 29 ,5	32.00
Ticket(s)/Pass(es) provided		Yes[ZDNo[If no: Ca	kland Dr.	thetics
Was ticket distribution made of agency official?	e at the behest	No 🗆 Yes 🖡	If yes:	meda County Supervisor S Official's Name (L	icott Haggerty, District 1 ast, First)
Recipients					
• Use Section A to identify the age	ncy's department or u	nit. • Use Sect	ion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	p:
ED TIRNETT	Ą	2	To promote attendar to maximize potentia parking sales.	nce at a county sponsored o al county revenue for conce	event in order come
			Ceremonial Role	Other	Income
C. Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
1					
/erification					
	18944.1 and 18	942. I have verifie	d that the distribution set forth	h above, is in accordance with the	e requirements.
	Lei	e Ann Ferge	rson Si	pervisor's Assistant	5/2/15
		Print Name		Title	(Month, Day, Year)