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 \$12 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair 06 / 17 / 15 07 05 15 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair 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.

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	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Acts Full Gospel Church   1034 66th Ave, Oakland, CA 94621	41	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Offer spiritual guidance; delivers food & clothing to hungry children & families		

4. Verification

ed and understand EBPC 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	07/02/2015
Signature of Agency Head or Designee	Print Name	Tillo	(Month, Day, Year)
14			
Comment:			
			FPPC Form 802 (4/12)

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes X No Event Description Alameda County Fair 06 / 17 / 15 07 05 15 Date(s)\_ Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Pass(es) Identify one of the following: (Lost, First) Income Ceremonial Role Other 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. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Alameda County Fire Department, St. 22 To promote attendance at a County facility in order to maximize 20 427 Paseo Grande, San Lorenzo, 94580 potential County revenue from parking and concession sales Protects life and property in the community of San Lorenzo

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	07.01.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
		FPPC Toll-Free Helpline: 866/A:	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

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 \$12 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No Event Description Alameda County Fair 07 05 06 , 17 15 15 Date(s)\_ Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Identify one of the following: (Last, First Pass(es) Ceremonial Role Other Income If checking "Coremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Geremonial 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(os) The Unity Council | 1900 Fruitvale Ave, To promote health, motivate and provide expanded opportunities 50 Oakland, CA 94601 to vulnerable populations in the County Community advocacy, social service delivery, and economic development

#### 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	06.22.2015
Signature or Agency read or Designee	Print Name	Title	(Month, Day, Year)
121 X			

Comment; .

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

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 Date(s) 07 / 19 15 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients . Use Section B to identify an individual. . Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. 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 Ticket(s)/ Name of Individual Identify one of the following: в. (Last, First Pass(os) Other Income Ceremonial Role Hersh, Sarah 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)

A Public Document

#### 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
 07.02.2015

 Osignature of Xdency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

 Comment:
 .
 .
 FPPC Form 802 (4/12)

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

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 \$32 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No Event Description Baseball game Date(s) \_\_\_\_\_/ 02 15 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Elliott, Laura 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. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (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	07.02.2015
Signature of Agency Head or Designee	Print Name	Title .	(Month, Day, Year)
Comment:			FPPC Form 802 (4/12)

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

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o or official reord my o	The arrest from				A Fublic Document	
1. Agency Name		Date Stamp California g				
Alameda County			Form 802			
Division, Department, or Re	gion (If Applicable)				For Official Use Only	
Board of Supervisors						
Designated Agency Contac	t (Name, Title)			-		
Steven Jones Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693	E-mail steven.jones@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Info	ormation				#ROULELE UEDOE Estate	
Does the agency have a tic	ket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$80ticket/\$20parking	
Event Description Basebal	Event Description Baseball game				1 1	
Event Description	Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Oakla	nd A's		
				Name of So	Urce	
	Was ticket distribution made at the behest No I Yes I			If yes: Chan, Wilma		
of agency official?				Official's Name (Last, First)		
<ol> <li>Recipients         <ul> <li>Use Section A to identify the age</li> </ul> </li> </ol>	ncy's department or u	nit.   « Use Sec	tion B to identify an individ	ual. » Use Section C to ident	lify an outside organization.	
A. Name of Agency, Depart	A. Name of Agency, Department or Unit		Describe the pu	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individ	iual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
163/01/034		Pass(es)	Ceremonial Role	Other D	Income	
		Ų		alal Role" or "Other" describe below:	incone	
			Ceremonial Role If checking "Ceremo	Other	Income [	
C. Name of Outside Org (include address and o		Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuant	to the agency's policy	
Oakland Cal Ripken/Babe League   PO Box 27549,		18/4	To reward a nonpr community.	ofit organization for its	contributions to the	
Youth athletics with a focu and character developme						
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.

A Public Document

						AT ubite bocament	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Politi	
	Division, Department, or Re	gion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	1 Martin Contractor	s@acgov.org		Date of Original Filing:		
	1 2		s@acgov.org	)		(Month, Day, Year)	
	Function or Event Info			Enco Value	of Each Ticket/Dass \$	\$32	
	Does the agency have a tick		Yes 🛛 No		of Each Ticket/Pass \$		
	Event Description Baseball	game		Date(s)0	7 <u>, 23 , 15</u>	//	
		Provide Title/Exp	lanation	Oakia	and Ale		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakland A's Name of Source			
	Was ticket distribution made at the behest 🛛 No 🗔 Yes 🕅			rea Char	If yes: Chan, Wilma		
	of agency official?	at the benest	No 🗌 Yes 🛛 🛛 If yes: 💆		Official's Name (Last, First)		
-	A. Name of Agency, Departm		Ticket(s)/ Pass(es)		blic purpose made pursuant	to the agency's policy	
	B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
	Koiles, Sheldon			Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:	Income	
			2	To promote attendance at a(n) event held at a County factorider to maximize potential County revenue			
			2	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income [	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
		1. J.					

### 4. Verification

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

	Steven Jones	Central District Director	07.02.2015
Signature of Agency Head or Designee	Print Name	Titlo	(Month, Day, Year)
Comment:			
		FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (4/1) SK-FPPC (866/275-777)

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes X No Event Description Baseball game 07 / 05 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: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an Individual. . Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Jackson	i, Meryl		Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:
Son Present of 10 Long a 1000 12 In		2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue
		2	Ceremonial Role D Other D Income Income II checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 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	07.02.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

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

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Re-	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones	LE mail			Amendment (Must )	provide explanation in Part 3.)
	Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.				Date of Original Filing:	
_			i@acgov.org			(Month, Day, Year)
2.	Function or Event Info			E Ease Value s	f Each Ticket/Pass \$ _	\$32
	Event Description Baseball	game		Date(s)07	<u></u>	//
	Provide Tritize spin million				ad Ale	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oaklar	Name of Sc	ourco
	Was ticket distribution made at the behest No I Yes I If yes: Char				, Wilma	
	of agency official?			II yes	Official's Name (	Last, First)
3.	Recipients • Use Section A to identify the agen	cv's department or	unit. = Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Chap Zap			Ceremonial Role	Other	Income
	Chan, Zoe		2	To promote attenda	nonial Role" or "Other" describe below idance at a(n) event e potential County reve	held at a County facility in
	4		2	이 가지 않는 것 다 집에 가지 않는 것 같아.	Other Die Note: Other	Income
	C. Name of Outside Org. (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic 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	07.02.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

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

С	eremonial Role Ever		A Public Document			
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Porm		
	Division, Department, or Re-	gion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors			<sup>94</sup> 2		
	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.jone	s@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$ _	\$32		
	Event Description Baseball	game	, 03 , 15	//		
	Event Description					
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No	If no: Oaklar	nd A's	
		at the balant	Name of So Wilma	urce		
	Was ticket distribution made of agency official?	i, Wilma <i>Official's Name (</i>	Last, First)			
3.	Recipients					
э.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	-		Number of			
	B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Aindow, Dena		2		vial Role" or "Other" describe below:	
		~		To promote attenda order to maximize	eld at a County facility in	
			-		Other D	Income
					vial Role" or "Other" describe below:	
			2			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	to the agency's policy
	••••••••••••••••••••••••••••••••••••••		Pass(es)			
			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	07.02.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day. Year)
Comment:			14 A.
		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

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 \$90ticket/\$20parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No Event Description Baseball game 03 15 07 1 Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No Yes X of agency official? Official's Name (Last, First) 3. Recipients . Use Section B to identify an individual. . Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Lost, First) Pass(es) Other Ceremonial Role Income Urzua, Sebastian If checking "Ceremonial Role" or "Other" describe below: 3/1park 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: 3/1park 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)

A Public Document

#### 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	07.02.2015
Mynature of Agency Head or Designee	Print Name	Title	(Month, Day. Year)
Comment:			
		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

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 07 01 15 1 Date(s)\_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Lost, First, Pass(es) Other Ceremonial Role Income DiFranco, Suzie If checking "Coremonial 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. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

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

Comment:

Ce	eremonial Role Ever	its and Tic		A Public Document		
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact		Date Stamp	California Form 802 For Official Use Only		
	Steven Jones Area Code/Phone Number (510) 272-6693	E-mail steven.jone	Date of Original Filing:(Month, Day, Year)			
	Function or Event Info Does the agency have a tick Event Description Baseball Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official?	et policy? game Provide Title/Exp by agency?	lanation Yes ☐ No Ì	Yes ⊠ No □ Face Value of Each Ticket Date(s) 18 Yes □ No ⊠ If no: Oakland A's No □ Yes ⊠ If ves: Chan, Wilma		
3.	Recipients     • Use Section A to identify the agency's department or     A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. – Use Section C to ide	
	B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Cotton, Christina		2	To promote attend	Other D nial Role" or "Other" describe below ance at a(n) event potential County reve	held at a County facility in
			2	Ceremonial Role	Other Other other describe below	Income
	C. Name of Outside Organization		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy

#### 4. Verification

1 hi

Peopletions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	07.02.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

Agency Name Alameda County				Date Stamp	California 802	
Division, Departm		on (If Applicable	e)	*****		For Official Use Only
Board of Supervi	-					
Designated Agend		lame, Title)				
Anna Gee	<b>,</b>					
Area Code/Phone	Number	E-mail				provide explanation in Part 3.)
(510) 272-6694		anna.gee@	acgov.org		Date of Original Filing:	(Month Dav Year)
Function or Ev	/ent Inform	nation			1	
Does the agency l	have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	25
Event Description	Baseball ga	ame		Date(s) 6	, 30 , 15	7 , 1 , 15
Event Description	***********************************	Provide Title/Exp	lanation	Date(5)	annand recommensessesses recommenses	permenension of proceeding and permeasured permeasurements
Ticket(s)/Pass(es)	provided by	agency?	Yes 🗌 No	If no:	Name of S	
Maa tialaat diatuihu						burce
Was ticket distribu of agency official		the denest	No 🗌 Yes	If yes: <u>Miley</u>	Official's Name	(Last, First)
Recipients	utify the energy	n depertment or	unit allos Cor	tion D to identify on individu	unt - a Una Spatian C to ide	tifu en outoide organization
• Use Section A to identify the agency's department or u		Number of				
A. Name of Age	ncy, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Social Services Agency		2	To reward a County employee for their exemplary work			
B. Name of Individual (Last Firef) C. Name of Outside Organization (include add ress and description)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Ving: Income [	
			Ceremonial Role If checking "Ceremor	Other and Role" or "Other" describe below.	Income	
		Number of Ticket(s)/ Pass(es)	Describe the pub	ll¢ purpose made pursuan	t to the age ncy's policy	
United Seniors of County-7200 Ba			2		nt held at a County fa venue from parking a	cility in order to maximiz nd concession sales.
Oakland 94605 SENIOR ADVOC	CACY					
Verification	~					
		18944.1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	
			Anna G	ee	Operations Chief	7/2/15
		Careford Contractory of Careford				
Signature of Agency	Head or Designee	tancasonahderorrayoa	Print Nan	ne	Title	(Month. Day, Year)

						A Public Docume		
1.	Agency Name		Date Stamp	California 802				
	Alameda County		0.66	Porm				
	Division, Department, or Re	gion (If Applicable	)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Anna Gee							
	Area Code/Phone Number	E-mail			. Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	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 d	of Each Ticket/Pass \$	25		
	Event Description Baseball	game	1000 <del>00</del> 0 1000		<u>, 26 , 15</u>	6 , 27 , 15		
	Event Description	Provide Title/Expl						
	Ticket(s)/Pass(es) provided I	by agency?						
			Name of So	urce				
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	区 If yes: <u>Miley</u>	, Nate Official's Name (i	Last Eirsh		
_					Onicial s Marine (	cuar, r nay		
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Social Services Agency		2	To promote an event held at a County facility in order to maximiz potential County revenue from parking and concession sales.				
				To revard.	a country emp	larce for event		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow			
	Rodriguez, Rosa		2	Il checking 'Ceremor To promote an eve	Other S nal Role" or "Other" describe helow: nt held at a County fac venue from parking ar	Income cility in order to maximi nd concession sales.		
				Ceremonial Role		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 age ncy's policy		
	(							
4.	Verification	(8944.1 and	1 18942. I have ve	n arified that the distribution set f	orth above, is in accordance wi	th the requirements.		
		3999.1 diffe	Anna G		Operations Chief	7/2/15		
	Signature of Agency Head or Designet		Print Nan	ne	Title	(Month. Day, Year)		

					A Fublic 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)			1				
	Anna Gee							
	Area Code/Phone Number E-mail				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				(			
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value			of Each Ticket/Pass \$	25			
	Baseball game							
	Event Description Baseball game Provide Title/Expla	anation	Date(s)					
	Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If no:							
	Handley provided by agency :	Name of S	ource					
	Was ticket distribution made at the behest	, Nate						
	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	Describe the pub	lic purpose made pursuan	t to the age ncy's policy				
		<u></u>						
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	/ing:			
		Pass(es)						
	Terreri, Frank		Ceremonial Role	Dther X ial Role" or "Other" describe below:	Income			
			1		cility in order to maximize			
					nd concession sales.			
			Ceremonial Role	Other	Income			
		2	If checking "Ceremor	nal Role" or "Other" describe below.				
		Number of						
	C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy			
		Pass(es)						
	United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 536,	2			cility in order to maximize nd concession sales.			
	County-7200 Bancion Ave, Ste 556,			venue nom parking a				
	Oakland 94605							
	SENIOR ADVOCACY							
4.	Verification	10040 11	- de- dabara da ante de ante de ante	and a barrier of the second	its the encoder			
6# <sup>1</sup> /#***	18944.1 and	18942. I have v	erified that the distribution set f		·			
- Ming		Anna G	ee.	Operations Chief	7/2/15			

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 (510) 272-6694 Date of Original Filing: anna.gee@acgov.org (Month. Day, Year) 2. Function or Event Information 25/90 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ... Yes 🛛 No 🗌 Event Description Baseball game Date(s) \_\_\_\_\_6\_/\_ 20 15 6 21 15 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No 🛛 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last Fort) Pass(es) Other 🔀 Ceremonial Role Income Hudson, Michael If checking "Ceremonial Role" or "Other" describe below. 2 To promote an event held 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. 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include add ress and description) United Seniors of Oakland & Alameda To promote an event held at a County facility in order to maximize 2 County-7200 Bancroft Ave, Ste 251, potential County revenue from parking and concession sales. Oakland, 94605 SENIOR ADVOCACY 4. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Anna Gee
 Operations Chief
 7/2/15

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month. Day, Year)

 Comment:
 USOAC 6/20, Hudson 6/21
 USOAC 6/20, Hudson 6/21
 USOAC 6/20, Hudson 6/21

1. Agency Name

Anna Gee

(510) 272-6694

of agency official?

3. Recipients

Alameda County

**Board of Supervisors** 

Date Stamp California Form For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Baseball game Date(s) \_\_\_\_\_6 18 15 6 19 15 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) • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Number of Ticket(s)/ Pass(es)	Identify one of the following:
	Ceremonial Role Other Income Income
	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below.
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
4	To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
	Ticket(s)/ Pass(es)

en en esta esta esta esta esta esta esta esta	Anna Gee	<b>Operations</b> Chief	7/2/15
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 002			
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			s		
	Anna Gee						
	Area Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month. Day. Year)	
2.	Function or Event Infor					(Mohin, Day, Tear)	
	Does the agency have a ticket policy? Yes 🛛 No 🗌			Face Value of	of Each Ticket/Pass \$	25	
	Baseball c	iame	100 11 110	a contract of			
	Event Description Baseball game Date(s) -			Date(s)	11 15		
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🗵			If no:			
				1	Name of St	ource	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate		
	of agency official?				Official's Name	(Lasi, Firsi)	
3.	Recipients						
	Use Section A to identify the agency's department or unit.     Use     Number						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			, 400(00)				
	R Name of Individu	Number of					
	(Last, Friel)		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
					Other	Income	
				If checking "Ceremoi	nal Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
					hal Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	(include add ress and des	scription)	Pass(es)				
	United Seniors of Oakland & Alameda		·4			cility in order to maximize	
	County-7200 Bancroft Ave, Ste 251,			potential County re	venue from parking a	nd concession sales.	
	Oakland, 94605	1					
Madaasaa	SENIORADVOCACY	****					
4.	Verification						
-ang		: 18944.1 and	d 18942. I have ve	enfied that the distribution set f	orth above, is in accordance w	-	
			Anna G		Operations Chief	7/2/15	
	Signature of Agency Head or Designee	3	Print Nan	ne	Title	(Month, Day, Year)	

Comment:

eremonial Role Events and Tic	Reveass	DISTINUTIONS		A Public Documen	
Agency Name			Date Stamp	California 802	
Alameda County				Tohin	
Division, Department, or Region (If Applicable	'e)		~	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	******		-		
Anna Gee					
Area Code/Phone Number E-mail		ан на полити на полити на полити на полити на на на полити на полити на полити на полити на полити на полити на На полити на	Amendment (Must	provide explanation in Part 3.)	
(510) 272-6694 anna.gee@	acgov.org		Date of Original Filing	: (Month, Day, Year)	
Function or Event Information					
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ .	80/25	
Event Description Baseball game			9 15	6 , 10 , 15	
Event Description	planation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no:			
		123	Name of S	Source	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	v, Nate		
of agency official?			Official's Name	(Last, First)	
Recipients					
Use Section A to identify the agency's department or	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)				
Board of Supervisors District 4		To promote an event held at a County facility in o			
	18	18 potential County revenue from parking and concession sa			
	50070 <b>600</b> 70056				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:	
(Lda); rmrg	Pass(es)		humd kund		
		Ceremonial Role	Other     Other	Income	
		Ceremonial Role	Other	Income	
		If checking "Ceremo	nal Role" or "Other" describe below	r 1	
C Name of Outside Organization	Number of				
C. Name of Outside Organization (include add ress and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy	
United Seniors of Oakland & Alameda		To reward a non p	rofit organization for t	heir contribution to the	
County-7200 Bancroft Ave, Ste 251,	12	community	Tone organization for t		
Oakland, 94605					
SENIOR ADVOCACY					
Verification	1	1			
	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance v	vith the requirements.	
	Anna G	ee	Operations Chief	7/2/15	

A Public Document 1. Agency Name Date Stamp California ( e 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$\_\_\_\_ Yes 🛛 No 🗌 Event Description Baseball game Date(s) \_\_\_\_\_\_ 30 15 5 31 15 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 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔀 Income Arritola, Kathy If checking "Ceremonial Role" or "Other" describe below L To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Ceremonial Role Other Income If checking "Ceremonal Role" or "Other" describe below Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include add ress and description) Pass(es) Men of Valor - 6118 International Blvd, To reward a non profit organization for their contribution to the 4 Oakland 94621 community TRANSI7IONAL HOUSING AND EMPLOYEMENT TRAINING FOR M EN Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** 7/2/15 Signature of Agency Head or Designee (Month. Day, Year) Print Name Title

-	eremonial Role Even	to and nu	veni ass	DISTINUTIONS		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Folin	
	Division, Department, or Reg	ion (If Applicable)	~	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	***********		m.		
	Anna Gee						
	Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing	(Month, Day, Year)	
	Function or Event Infor	1	5 5		J	(Mohin, Day, Tear)	
	Does the agency have a ticke		Yes 🛛 No	En Face Value d	of Each Ticket/Pass \$ .		
	• •			Research			
	Event Description	Provide Title/Expla	nation	Date(s)	4 , 15	6 7 15	
	Ticket(s)/Pass(es) provided b	v agency?		🕅 lf no:			
		, agonoy:	Yes 🗌 No		Name of S	ource	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate		
1000	of agency official?				Official's Name	(Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
			Number of	<b>γ</b>			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Miley, Nate			To promote an event held at a County facility in order to maximize			
			1	potential County re	otential County revenue from parking and concession sales.		
			Number of				
	B. Name of Individua	a)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other 🔀	Income	
	Rogers, Samantha		2		nal Role" or "Other" describe below		
			2			acility in order to maximize and concession sales.	
			<u> </u>		keenal toomat		
	Alexander, Toni			Ceremonial Role	Other      Other     Other      Other      Other      Other      Other     Other		
			2		ent held at a County facility in order to maxim		
						and concession sales.	
	C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the put	lic purpose made pursuar	t to the agency's policy	
	(include address and des	scription)	Pass(es)	Deachue the par	nic purpose made puisdar	it to the agency's policy	
	$\left( \right)$						
	Verification						
-		18944.1 and	18942. I have ve	enfied that the distribution set	forth above, is in accordance v	vith the requirements.	
		100000	Anna G	ee	Operations Chief	7/2/15	
	Signature of Agency Head or Designee	<i>;</i>	Print Nan	1e	Title	(Month. Day, Year)	

**A Public Document** 

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL For Official Use Only
	Division, Department, or Reg	ion (If Applicable,				
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Anna Gee				C Amondmont (Alust	provide cuplepation in Port 2.)
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing	:(Month. Day, Year)
	Function or Event Inform					
	Does the agency have a ticke		Yes 🛛 No	lesened		
	Event Description Basketball	game Provide Title/Expla	analion	Date(s)6	14 15	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	🕅 If no:	Name of S	
						ource
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Miley	Official's Name	(Lasl, First)
•	- ·					
).	• Use Section A to identify the agency	y's department or u	unit.     ● Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuar	
	<b>, , , , , , , , , , , , , , , , , , , </b>		Ticket(s)/ Pass(es)			
	B. Name of Individua	Al construction of the	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Ceremonial Role	Other 🔀	Income
	Dunlap, Kamika			1	nal Role" or "Other" describe below	
			2			acility in order to maximize and concession sales.
				Ceremonial Role		Income
	Neola, Aquil		2	1	nal Role" or "Other" describe below and held at a County f	acility in order to maximize
						and concession sales.
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	llc purpose made pursuar	nt to the age ncy's policy
	Alameda County Meals On Swan Way, Oakland 94621	Wheels-80	4	To reward a non pr community	rofit organization for t	heir contributions to the
	FEEDS HOMEBOUND SEN	NIORS				
4.	Verification			<u>.</u>		
		8944.1 and	18942. I have ve	erified that the distribution set i	forth above, is in accordance v	vith the requirements.
			Anna G	lee	Operations Chief	7/2/15
	Signature of Agency Head or Designee	,	Print Nan	ne .	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: steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$5,000 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description \_\_\_\_\_Basketball Game 06 07 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, First) Pass(es) Income · Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Chan, Zoe 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 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 EPEC 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	07.02.2015
Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

1.	Agency Name				Date Stamp	California 002
•••	Alameda County			Form OUZ		
	Division, Department, or Regi	on (If Applicable				For Official Use Only
					:	
	Board of Supervisors Designated Agency Contact (	Nama Titla)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		•	
		vanie, ricej				
	Steven Jones	•		Amendment (Must )	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	~		Date of Original Filing:	
E 600.00	(510) 272-6693		@acgov.org			(Month, Day, Year)
2.	Function or Event Inform					\$5,000/\$60.75parking
	Does the agency have a ticke		Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$ _	\$5,000/\$60.75parking
	Event Description	Game	<u> </u>			
		Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of So	ource		
	Was ticket distribution made a	t the hehest	eda County Superviso			
	of agency official?	t the benest	Official's Name	(Last, First)		
0						
ა.	• Use Section A to identify the agency	/'s department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	·	a dan kata d			ANNUAL TRANSPORT	
	B. Name of Individua (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	CONTRACTOR NO. IN CONTRACTOR OF CON			Ceremonial Role		
	Cravalho, Brian		2/1park		nial Role" or "Other" describe below	
			Zripark	To promote attend order to maximize	ance at an event helc potential County reve	I at a County facility in nue from sales.
			2/1park		Other D nial Role" or "Other" describe below	Income
	Name of Outside Organ	aization	Number of			
	C. Name of Outside Organ (include address and des	scription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
4.	Verification				forth above, is in accordance	

Steven Jones	Central District Director	07.02.2015
Print Name	Tille	(Month, Day, Year)

Comment: \_\_\_\_\_

C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ		
	Division, Department, or Rec	<b>jion</b> (If Applicable	?)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail			kerozzasł	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	J	Date of Original Filing: .	(Month. Dav. Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$15
	Event Description Basketba	II Game Watch	5 <u>16 15</u>	· / /		
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided t	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of Sol	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Alam</u>				eda County Superviso Official's Name (I	ast, First)
Ensus	of agency official?					
3.	Recipients	rv's denartment or	unit a Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ify an outside organization.
	Use Section A to identify the agency's department or unit.     Use Section B to identify a					
	A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					TELETE STORE AND A SUBJECT OF DESCRIPTION AND A MADE AND	
					annan an a	
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follow	ing:
•			Pass(es)	Ceremonial Role	Other	
	Chan, Carl				nial Role" or "Other" describe below:	
			2		e attendance at a(n)event held at a County faci	
				order to maximize	potential County rever	press
				Ceremonial Role	nial Role" or "Other" describe below:	Income
			2	II Checking Celenio		
	C. Name of Outside Orga	inization	Number of	Describe the pu	blic purpose made pursuan	to the agency's policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuam	t to the agency a policy
	Каланаалар талан жилин нарин					
4	Verification		<u> </u>			
	· ·	n.	nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
					Control District Directo	07 02 2015

Steven JonesCentral District Director07.02.2015Print NameTille(Month, Day, Year)

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Comment: \_

Agency Name				Date Stamp	California 802
0			Form 002		
-	ion (If Applicable	-	For Official Use Only		
Board of Supervisors					
•	(Name, Title)		n an		
Steven Jones					
	E-mail	104407444849-44-50	001139.0	_ [_] Amendment (Musi	provide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Infor	mation	·	\$5,000/\$60,75parking		
0 1		Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$	\$5,000/\$60.75parking
Event Description Basketbal	I Game	6 <u>04</u> 15	······		
Ticket(s)/Pass(es) provided b	y agency?	Name of State	Source		
Mon ticket distribution made	at the hehest	eda County Supervis	or Wilma Chan		
	at the benest	X If yes:	Official's Name	e (Last, First)	
• Use Section A to identify the agency's department or the Agency, Department or Unit		unit. ● Use Sec Number of Ticket(s)/ Pass(es)			
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
Kelso, Jennifer		2/1park	To promote attend	lance at an event hel	d at a County facility in
		2/1park			Income [
		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursu	ant to the agency's policy
	· · · ···				
Gargenyen Addid Like gevogen med de opgen ander de de de gegen generalen en gegen generalen en gegen generalen				· ·	
	Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Infor Does the agency have a ticke Event Description Basketbal Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agence A. Name of Agency, Departm B. Name of Individue (Last, First) Kelso, Jennifer	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 Event Description Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Lest, First) Kelso, Jennifer	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         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?         Yes □ No □         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         B.       Name of Individual (Last, First)         (Last, First)       Pass(es)         Kelso, Jennifer       2/1park         Z/1park       2/1park	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       E-mail steven.jones@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes IN NO       Face Value of Provide Title/Explanation         Dives the agency have a ticket policy? Yes IN NO       Face Value of Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes INO       If no: Golde         Was ticket distribution made at the behest of agency official?       No I Yes I If yes: Alam of agency official?         Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individe I checking Correct Ticket(s)/ Pass(es)         B.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         Kelso, Jennifer       2/1park         Kelso, Jennifer       2/1park         Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role         C.       Name of Outside Organization Ticket(s)/         Describe the pup	Alameda County

#### 4. Verification

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

Steven JonesCentral District Director07.02.2015Print NameTitle(Month, Day, Year)

Comment: .

	emonial Role Events and Tic		DISCHOUGHIS		A Public Document	
1. A	gency Name	Date Stamp	California 802			
AI	lameda County					
Di	ivision, Department, or Region (If Applicable	n	For Official Use Only			
Bo	oard of Supervisors					
	esignated Agency Contact (Name, Title)					
St	teven Jones					
	rea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(5	510) 272-6693 steven.jones	@acgov.org	i i	Date of Original Filing:	(Month, Day, Year)	
2. Fi	unction or Event Information					
Do	oes the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$15	
Εv	vent Description Basketball Game Watch Provide Title/Expl	6 <u>16 15</u>				
Tio	cket(s)/Pass(es) provided by agency?	n State Warriors <sub>Name of So</sub>				
	/as ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alam	eda County Supervisc Official's Name (	or Wilma Chan Last, First)	
	Recipients Use Section A to identify the agency's department or	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 pul	Describe the public purpose made pursuant to the agency's policy		
<b>AND STATE</b>						
D	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	(Last, First)	Ticket(s)/	Ceremonial Role	Other	Income	
	<b>3.</b> Name of Individual (Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income	
	(Last, First)	Ticket(s)/	If checking "Ceremo To promote attend	nial Role" or "Other describe below:	Income	
	(Last, First)	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     other     nial Role" or "Other" describe below: lance at a(n)event h potential County reven	Income [ neld at a County facility in nue	
	(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     other     describe below:     lance at a(n)event h     potential County reven     Other	Income [ neld at a County facility in nue	
	(Last, First) Elliott, Laura	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other     other     describe below:     lance at a(n)event h     potential County reven     Other	Income	
E	(Last, First) Elliott, Laura	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Iance at a(n)event h potential County rever Other Other Inial Role" or "Other" describe below:	Income	
E	(Last, First) Elliott, Laura	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Iance at a(n)event h potential County rever Other Other Inial Role" or "Other" describe below:	Income	

Steven Jones

Print Name

Comment: .

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

07.02.2015

(Month, Day, Year)

Central District Director

Title

	gency Report of: eremonial Role Events	and Tick	et/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Regior	n (If Applicable)		99400000000000000000000000000000000000		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ime, Litle)				
	Steven Jones				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E	-mail				
	(510) 272-6693 s	teven.jones(	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform					\$5,000
	Does the agency have a ticket p	olicy?	Yes 🛛 🛛 No 🗌		of Each Ticket/Pass \$	
	Event Description Basketball G	ame Provide Title/Explai	nation	Date(s)	6 14 15	
	Ticket(s)/Pass(es) provided by a		Yes 🗌 No 🛙	If no: Golde	n State Warriors Name of Sou	Irce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Superviso Official's Name (L	r Wilma Chan
	Use Section A to identify the agency's     A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremo	Other  Nother  Nother  Control of "Other" describe below:	Income
				Ceremonial Role If checking "Ceremo	Other Dother Donial 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
	Asian Health Services   818 Oakland, CA 94607	Webster St,	2	To promote attend order to maximize	lance at a(n)event h potential County reve	neld at a County facility in nue
	community health center tha primary health care services	t offers				
4.	Verification				a de la companya de l	the the requirements

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

Steven Jones	Central District Director	07.02.2015
Print Name	Title	(Month, Day, Year)
	,	

	emonial Note Event					A Fublic Documer
. A	gency Name		Date Stamp	California 802		
А	lameda County			Fom		
Di	vision, Department, or Regio	on (If Applicable	<i>)</i>			For Official Use Only
В	oard of Supervisors					
	esignated Agency Contact (/	Vame, Title)			-	
S	teven Jones					
		E-mail			Amendment (Must	provide explanation in Part 3.)
	510) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)
. F	Function or Event Information					\$12
D	Does the agency have a ticket policy? Yes ⊠ No □				of Each Ticket/Pass \$ _	
E	Event Description Alameda County Fair Date(s)				6 17 15	07 , 05 , 15
					da County Fair	
				Name of S		
	Was ticket distribution made at the behest No $\square$ Yes $\boxtimes$ If yes: $\stackrel{A}{\square}$ of agency official?			If yes: Alam	eda County Supervis Official's Name	(Last, First)
6. F	Recipients Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual.     • Use Section C to ide	ntify an outside organization.
P	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
E	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Y	′oung, Eddie		4	To promote attend	nial Role" or "Other" describe below ance at a County faci	Income tity in order to maximize and concession sales
			4	Ceremonial Role	Other	Income
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	/erification		1 nd 18942. I have ve	I	forth above, is in accordance	with the requirements.

Steven Jones	Central District Director	06.19.2015
Print Name	Title	(Month, Day, Year)

-								
1.	Agency Name			Date Stamp	California 802			
	Alameda County		Form For Official Use Only					
	Division, Department, or Region (If Applicable)		For Onicial Use Only					
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Steven Jones							
	Area Code/Phone Number E-mail		14494494999999999999999999999999999999	Amendment (Must pro	vide explanation in Part 3.)			
	(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information		¢10.					
				of Each Ticket/Pass \$	\$12			
				5 17 15	07 , 05 , 15			
					and a second			
	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Alame			da County Fair Name of Sour				
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Alam	eda County Supervisor Official's Name (La	ast, First)			
Gamera								
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		lic purpose made pursuant to the agency's policy				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	ne purpose made pursuant t	o the ugency s poncy			
	· · ·							
		Number of						
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:					
		Pass(es)	Ceremonial Role	Other	Income			
				nial Role" or "Other" describe below:				
			Ceremonial Role	Other Inter nial Role" or "Other" describe below:	Income			
			. I chacking Ceremo	har tore of other describe bolow.				
	C. Name of Outside Organization	Number of		his summer and a summer to the approve policy				
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pu	oublic purpose made pursuant to the agency's policy				
	Alameda County Fire Department, St. 22		To promote attend	e attendance at a County facility in order to maximize				
	427 Paseo Grande, San Lorenzo, 94580	20	potential County re	evenue from parking an	d concession sales			
	Protects life and property in the		dakatan manangkan dara kanangkan dara kanangkan dan dan dara kanangkan dara kanangkan dara kanangkan dara kanan	ан и самар на филосоломина, съде на ССС и Солто со				
	community of San Lorenzo							
A	Varification	<u>I</u>						
	and	d 18942. I have veri	fied that the distribution set	forth above, is in accordance wit	h the requirements.			
		Steven Jor	ies	Central District Directo	r 07.01.2015			
	And the second se	Print Name		Title	(Month, Day, Year)			

# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	
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		0.021 000.022 00.022						
1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form				
	Division, Department, or Re	gion (If Applicable	1	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			-			
	Steven Jones	NA SURVISIONE TO 55						
	Area Code/Phone Number			Amendment (Must)	provide explanation in Part 3.)			
	Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org			Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Info		All a a a a a a a a a a a a a a a a a a			(Month, Day, Year)		
۵.	Does the agency have a tick		of Each Ticket/Pass \$	\$32				
			Yes 🛛 No [					
	Event Description Baseball	Provide Title/Expl	anation	Date(s)	0 11 15	//		
		6341300000000000		If no: Oakla	ind A's			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [		Name of Source an, Wilma Official's Name (Last, First)			
	Was ticket distribution made	at the behest	No 🗌 Yes [	If yes: Char				
	of agency official?							
3.	Recipients							
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or		tion B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Numb Ticke Pass			Describe the pu	blic purpose made pursuant to the agency's policy			
	6 S			1				
			Mumber of					
	B. Name of Individual (Last, Plast)		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Goodin, Laverne			Ceremonial Role				
	Goodin, Lavente		2	To promote attendance at a(n) event held at a County facility is order to maximize potential County revenue				
				Ceremonial Role		Income		
			2	If checking "Cereme	onial Role" or "Other" describe below	Each Ticket/Pass \$		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy		
						¥)		
4.	Verification							
		entropy 11 an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.		
	Steven Jor			ones	Central District Direc	the second		
			Print Nam	10	Title	(Month, Day, Year)		
	3		2					
	Comment:					EDBC Ears 902 (4/42		

-	eremonial Role Lver	no ana no	Neuri uaa i	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802		
	Alameda County					and the second se	
	Division, Department, or Reg	gion (If Applicable	-	For Official Use Only			
	Board of Supervisors		×				
	Designated Agency Contact	(Name, Title)	-				
	Steven Jones						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ _	\$32	
	Event Description Baseball	game	and a start of the second	Data(a) 0	6 , 17 , 15	//	
	Event Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	If no: Oakla	Ind A's Name of So	1070	
	March 11 and 12	al the hebent		If yes: Char		urco	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes 🛛	If yes:	Official's Name (	Last, First)	
3.			A				
э.	<ul> <li>Recipients</li> <li>Use Section A to identify the agen</li> </ul>	cy's department or	unit. • Use Sect	tion B to identify an individ	Iual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	plic purpose made pursuant to the agency's policy		
				с <u>а</u>			
	B. Name of Individual (Last, F(rst)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Matthews, George C. Name of Outside Organization (include address and description)		2		anial Role" or "Other" describe below:	Income	
			2	order to maximize	potential County rever	AST 983 93	
			2	Ceremonial Role If checking "Ceremo	Other other on a contract of the series of the other of the series of the other of the series of the	Income	
			Number of Ticket(s)/ Pass(es)	Describe the pu	scribe the public purpose made pursuant to the agency's policy		
4.	Verification	an a	d 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.	
			Steven Jo	ones	Central District Directo	or 07.02.2015	
	Commonly		Print Nam	0	Title	(Month, Day, Year)	
	Comment:					2000 A 20 000 1111	

-	eremonial Kole Even	its and no	Neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			and the second		
	Division, Department, or Reg	jion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Steven Jones					
	Area Code/Phone Number	er E-mail			Amendment (Must pre	
	(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	of Each Ticket/Pass \$	\$90
	Event Description Baseball	game		Date(s) 0	6 <u>, 19 , 15 </u>	1 1
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided t	by agency?	Yes No[	If no: Oakla	Ind A's Name of Sou	
	Mar Habet distribution mode			If yes: Char		160
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [	If yes:	Official's Name (L	nst, First)
2						
э.	<ul> <li>Recipients</li> <li>Use Section A to identify the agend</li> </ul>	cy's department or	unit.   • Use Sec	tion B to identify an individ	lual. • 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
						4
					1	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	O'Malley, Nancy			Ceremonial Role	Income	
	O Mailey, Nancy	3	To promote attend	anial Role" or "Other" describe below: dance at a(n) event he potential County reven	eld at a County facility in ue	
					Other Inc	
			3	a checking Cerence	nui ruie ur onne anachae anon.	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ablic purpose made pursuant to the agency's policy	
				1		
4.	Verification					
			d 18942. I have ve	arified that the distribution set	t forth above, is in accordance wit	h the requirements.
		-	Steven Jo	ones	Central District Directo	r 07.02.2015
			Print Nam	10	Title	(Month, Day, Year)
	Commerit:					

•	eremonial Role Lver	na and no	Neur daa	Distributions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County			· · · ·		
	Division, Department, or Reg	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	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.						(monin, pay, rom)
	Does the agency have a tick		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$32
			100 23 1101			
	Event Description Baseball	Provide Title/Expl	anation	Date(s)6		//
	Ticket(e)/Dass(es) provided b	v agency2	Vee 🗖 Nel	If no: Oakla	nd A's	
					Name of So	urco
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Chan	i, Wilma	(
	of agency official?				Official's Name (I	.ast, First)
3.	Recipients	200	5 X X			
	• Use Section A to identify the agen	cy's department or	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 po		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)			27.7x
	Reno, Mary Anne				nial Role" or "Other" describe below:	Income
	Nono, Mary Anno	2 To promote atten		dance at a(n) event held at a County facility in		
					potential County rever	
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	nial Role" or "Other" describe below:	
						8
		1	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
						1
		- 9				
Λ	Verification					
÷.	vernication		d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.
			Steven Jo	ones	Central District Directo	or 07.02.2015
			Print Nan		Title	(Month, Day, Year)
	Comment:					

Bull D.

Agency Report of:							
Ceremonial Ro	ole Events	and	<b>Ticket/Pass</b>	Distributions			

5	eremonial Note Events and the	teur ass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County		New Charles of the second s			
	Division, Department, or Region (If Applicable)	- · ·	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-				
			<u>*</u>			
	Steven Jones	Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number E-mail	Gassay ara		Date of Original Filing:		
	(510) 272-6693 steven.jones	@acgov.org			(Month, Day, Year)	
2.		Yes 🛛 No [	- Free Malas	of Foob Ticket/Doos ®	\$32	
			e of Each Ticket/Pass \$			
	Event Description Baseball game		Date(s)	06 <u>, 29 , 15 ,</u>		
	Provide Title/Explo	anation	If no: Oakla	and Ala		
	Ticket(s)/Pass(es) provided by agency?	Name of Sc	ource			
	Was ticket distribution made at the behest	n, Wilma				
	of agency official?	No 🗌 Yes	A If yes:	Official's Name (	(Last, First)	
3.	Recipients					
э.	Use Section A to identify the agency's department or it	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		blic purpose made pursuan			
	A. Name of Agency, Department of Ont	b a a a interpreter a participation of the particip				
		Number of				
	B. Name of Individual (Last, Pirat)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		rasatast	Ceremonial Role	Other	Income	
	Baker, Shantee	2.5		onial 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	
		2	If checking "Ceremo	onial Role" or "Other" describe below:		
		<b></b> ,				
	Number of					
	C. Name of Outside Organization Ticket(s)/ (include address and description) Pass(es)		Describe the pu	ublic purposè made pursuan	it to the agency's policy	
				).		
4.	. Verification					
	and the second sec			t forth above, is in accordance w		
		Steven Jo Print Nan		Central District Direct	or 07.02.2015 (Month, Day, Year)	
		Print Nan	157	1 Party	Constant week, routh	

Physical Physics

4
C	eremonial Role Events and Ti	cket/Pass	Distributions		A Public Document			
1.	Agency Name			Date Stamp	California 802			
	Alameda County				Form			
	Division, Department, or Region (If Application	ble)		1	For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			-				
	Steven Jones. Area Code/Phone Number E-mail	1		Amendment (Must provide explanation in Part 3.)				
		es@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information				\$32			
	Does the agency have a ticket policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ _	\$3Z			
	Event Description Baseball game		Date(s) 0	6 <u>, 28 , 15</u>				
	Provide Title/E	xplanation						
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	If no: Oakla	ind A's Name of Si				
			If yes: Char		uuruu.			
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [	If yes:	Official's Name	(Last, First)			
3.	Recipients							
	• Use Section A to identify the agency's department	the second se	tion B to identify an individ	iual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Department or Unit	Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the Pass(es)			at to the agency's policy			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		wing:			
	Shaw, David			onial Role" or "Other" describe below				
		2	To promote attendance at a(n) event held at a County facility order to maximize potential County revenue					
		2	Ceremonial Role	ole D Other D Income				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy			
4.	Verification	and 18942. I have ve	nified that the distribution se	t forth above, is in accordance v	with the requirements.			
	_	Steven Jo		Central District Direct				
		Print Nan		Title	(Month, Day, Year)			

Comment: \_

i	Agency Name Alameda County			Date Stamp	California 000		
Ì	Alameda County	Agency Name					
				Sandar 1 Jan and Const Change	Form 802		
	Division, Department, or Region (If Applicable	)			For Official Use Only		
	Board of Supervisors			5.6	÷		
	Designated Agency Contact (Name, Title)			-			
	Steven Jones						
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
		@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
) J	Does the agency have a ticket policy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	\$80/\$20parking		
ŝ	Event Description Baseball game		Date(s) 06	<u> </u>	1 1		
	Provide Title/Expl	anation					
3	Ticket(s)/Pass(es) provided by agency?	Yes No[	If no: Oakla	nd A's			
25		No 🗆 Yes [	Char	Name of So	urce		
2	Was ticket distribution made at the behest of agency official?	official's Name (	Last, First)				
0				(60) (60) (60) (60) (60) (60) (60) (60)			
	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.						
3	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	-	olic purpose made pursuant			
Ŭ.		rasios)					
3							
ş	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:		
1		Pass(es)	Ceremonial Role	Other D	Income		
	Franklin, Dennis	5/1park		nial Role" or "Other" describe below:	and as an enter e		
		5/ Ipark	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue.				
			Ceremonial Role		Income		
				nial Role" or "Other" describe below:	income, E		
		5/1park					
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy		
5	(include address and description)	Pass(es)	<i>0</i>	N 8 8			
		_					
4.	Verification	d 18042   have up	rilled that the distribution set	forth above, is in accordance w	ilb the requirements.		
	.1 an	Steven Jo		Central District Directo			
		Print Nam		Tille	(Month, Day, Year)		

Ceremonial	Role Eve	nts and Tic	ket/Pass I	Distributions		A Public Document
I. Agency Na	ime				Date Stamp	California 802
Alameda Co	ounty					Form
	1. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	glon (If Applicable	e)			For Official Use Only
Board of Su	pervisors					
	gency Contac	t (Name, Title)			-	
Steven Jone	18					
	hone Number	E-mail				provide explanation in Part 3.)
(510) 272-66		steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function o	or Event Info	ormation				¢00
Does the age	ency have a tic	ket policy?	Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$32
Event Deperi	ption Basebal	Igame		Date(s) 0	16 <u>, 27 ,</u> 15	1
Event Desch	ption	Provide Title/Exp	lanation			
Ticket(s)/Pas	s(es) provided	by agency?	Yes 🗌 No 🖡	If no: Oakla	and A's Name of Sc	
	Were lighted distribution made at the behast or Char					Jungo
Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Char of agency official?					Official's Name	(Last, First)
<ol> <li>Recipients         <ul> <li>Use Section A</li> </ul> </li> </ol>	5 to identify the age	ncy's department or	runit. • Use Sect	tion B to identify an indivi	dual. • Use Section C to ider	ntify an outside organization.
	of Agency, Depart		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			( des(es)			
				N		
В.	B. Name of Individual				Identify one of the follow	ving:
	(Last, First)		Pass(es)	Ceremonial Role	Other	Income
Robles, Jan	nes				onial Role" or "Other" describe below.	A 2020 A 2020 A 2020
			2		dance at a(n) event e potential County reve	held at a County facility in nue
				Ceremonial Role		Income
			2	If checking "Cerem	ionial Role" or "Other" describe below	1
			7421			
	10-11-0-	nanlantina	Number of			
	me of Outside Or ude address and		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
-						
4. Verificatio	on					
		a	nd 18942. I have ve	arified that the distribution se	et forth above, is in accordance of	
			Steven Jo	ones	Central District Direct	Provide and the second se
			Print Nam	10	Title	(Month, Day, Year)
Commonly					5-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Comment: .						FPPC Form 802 (4/1

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only	
	Board of Supervisors				8	12	
	Designated Agency Contact (	Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	steven.jones	s@acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticket policy?		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$80/\$20parking	
	Event Description Baseball g	ame		Date(s) 0	6 <u>, 26 , 15</u>	· / _ /	
	Event beschpilen	Provide Title/Expl					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	If no: Oakla	nd A's Name of Sou	VCD	
	Was ticket distribution made a	t the beheet	No 🗌 Yes	If yes: Char			
	of agency official?	it the beneat	Official's Name (L	ast, First)			
3.	Recipients						
	• Use Section A to identify the agenc	y's department or	unit. + Use Sec	tion B to identify an individ	lual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ont or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, Pirat)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Cravalho, Brian			Ceremonial Role	Other	Income	
			5/1park	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue.			
				Ceremonial Role	Other O	Income	
			5/1park	1. THE 2. THE REPORT OF A 1997 AND A 1997 A	nial Role" or "Other" describe below:		
				2		F	
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
			1	· ·			
4.	Verification	l an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.	
			Steven Jo		Central District Directo		
			Print Nan	and the second sec	Title	(Month, Day, Year)	
	12700301/07/243						
	Comment:						

A Public Document

4 . 4	News				Date Stamp	California 000
	ncy Name		Form 802			
	eda County				-	For Official Use Only
Divisi	on, Department, or Reg	ion (If Applicable	)		54	
Board	d of Supervisors					
Desig	nated Agency Contact	(Name, Title)				
Steve	en Jones					rovide explanation in Part 3.)
Area (	Code/Phone Number	E-mail				
(510)	272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fund	ction or Event Infor	mation				\$80/\$20parking
Does	the agency have a ticke	at policy?	Yes 🛛 No [	and the second se	of Each Ticket/Pass \$ _	\$00/\$20parking
Event	Description Baseball	game		Date(s)0	<u>6 / 26 / 15 </u>	//
LYON	Coostiption	Provide Title/Expl	anation			
Ticket	t(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oakla	IND A'S Name of So	urco
Mars 1	iskat distribution made	at the behast		If yes: Char		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official?				Official's Name (	Last, First)
<ol> <li>Reci <sup>o</sup> Use 5</li> </ol>	Section A to identify the agen	sy's department or	lual. • Use Section C to iden	tify an outside organization.		
A.	Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursuant	
<u> </u>	Hame of Agency, coparate		Pass(es)			
				- 12		1
			Number of	2		+
в.	B. Name of Individual (Last, Firal)				Identify one of the follow	/ing:
			Pass(es)	Ceremonial Role	· Other	Income
Yung	gert, Andrew		4/1park	If checking "Ceremo	onial Role" or "Other" describe below:	5 5 6 7
	an a thu 🗢 ann an thu an an an an				lance at a(n) event h potential County reve	neld at a County facility in
						Income
					Other Other onial Role" or "Other" describe below:	Income L
			4/1park			
C.	Name of Outside Orga		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy
0.	(Include address and de	escription)	Pass(es)			
4. Veri	ification					
		.1 ar	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	
			Steven J	ones	Central District Direct	and the second s
			Print Nan	710	Title	(Month, Day, Year)
1000	(1996) 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -					
Com	nment:					FPPC Form 802 (4/12

-	eremonial Kole Even	is and no	Neurass	Distributions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					1 onn
	Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
		(	<u> </u>			
	Steven Jones	Les 11			Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	-		Date of Original Filing:	
_	(510) 272-6693	steven.jones	@acgov.org		Date of original range.	(Month, Day, Year)
2.	Function or Event Infor					\$32
	Does the agency have a ticke		Yes 🛛 No [		of Each Ticket/Pass \$ _	and the second
	Event Description Baseball	game		Date(s)0	3 <u>21</u> 15	//
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided t	y agency?	Yes 🗌 No [	If no: Oakla	nd A S Name of So	UTCO
	Mental databatic data mada	at the behavi		- Char		
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: Chan, Wilma Official's Name (Last, First)					Last, First)
				)		
3.	• Use Section A to identify the agene	v's department or	lual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant		
			(ass(ss)			
	B. Name of Individu	al	Number of		Identify one of the follow	dna:
	D. (Last, First)		Ticket(s)/ Pass(es)		identity one of the follow	
	McLaughlin, Mike		2		onial Role" or "Other" describe below:	
			2	order to maximize	potential County rever	0.030000
			2	Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			1		1. 1.	4
					* <sup>2</sup>	
4.	Verification					dh the equipments
		14.1 ar			t forth above, is in accordance w	
			Steven J	and the reaction of the second s	Central District Direct	
			Print Nar	no	Title	(Month, Day, Year)
	Comment				1	
	Comment:					EDDO Essen 000 /4/4/

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C	eremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Re	gion (If Applicable	)	8.		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693 steven.jones@acgov.org				Date of Original Filing:		
2.	Function or Event Info	ormation					
	Does the agency have a tick	ket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$32	
	Event Description Baseball	Igame		Date(s) 0	06 <u>, 10 , 15 </u>	1 1	
	Event Description	Provide Title/Exp	lanation	5		······	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakla	and A's		
	We did a distant di ana di			If yes: Cha	Name of So N Wilma	urce	
	Was ticket distribution made at the behest No ☐ Yes   If yes: Char of agency official?				Official's Name (	Last, First)	
2	Recipients						
	Use Section A to identify the age	ncy's department or	unit.   • Use Sec	tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ıbliç purpose made pursuan	to the agency's policy	
				R.			
	B. Name of Individual (Last, Pirst)		Number of Ticket(s)/ Pass(es)	-	Identify one of the follow	ing:	
	Ohan David			Ceremonial Role		Income	
	Chavez, Darwin		2		onial Role" or "Other" describe below: dance at a(n) event h	eld at a County facility in	
				order to maximize potential County revenue			
		Υ.		Ceremonial Role	Other	Income	
			2	If checking "Ceremo	king "Ceremonial Role" or "Other" describe below:		
	C Name of Outside Org	unization	Number of		1		
	C. Name of Outside Org (include address and c		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy	
	2		· · · · · · · · · · · · · · · · · · ·		×		
		5					
4.		andatlara 100 11 1	4 10049 11	alled that the distribution	t forth above, is in accordance	the manifestants	
	I have read and understand EDDC B	turing an					
			Steven Jo Print Nam		Central District Directo	07.02.2015 (Month, Day, Year)	
					26277-01		
	Comment:						

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	0)		-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	2 2	
	Steven Jones					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
		s@acgov.org	1	Date of Original Filing:	Altrath Day March	
2.	Function or Event Information	-Guogenerg	,		(Month, Day, Year)	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$32	
		100 23 110		<u>6 , 09 , 15</u>		
	Event Description Baseball game Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oakla	and A's		
	Hallo (c), i dec(co) promote c) cases, i		11. 11.	Name of Sc	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Cha of agency official?			n, Wilma Official's Name (	Last Election	
_				Omean's Name (	caa, rirai)	
3.	Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	ition B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
3					÷	
	B. Name of Individual	Number of				
	B. (Lost, First)	Ticket(s)/ Pass(es)	÷	Identify one of the follow	ing:	
	Dektar, Ellen	2	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
		-	Ceremonial Role	Other D	Income	
		2	If checking "Ceremo	onial Role" or "Other" describe below:		
	C Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(include address and description)	Pass(es)				
	1					
			2		1	
4.	Verification		(Red that the shat the disc	l faith abaue la la annadaire	ith the maulements	
	4.1 ar	Steven Jo		t forth above, is in accordance w Central District Directo		
		Print Nan		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 \$154.35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Boxing: Ward vs. Smith 06 20 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 Ves X 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(os) Ceremonial Role . Other Income Diaz, Nicholas 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. 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) 4. Verification 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Central District Director 07.02.2015 Steven Jones Print Name Title (Month, Day, Year)

Comment: \_\_\_

A Public Document

~	eremonial Role Ever	no and no	Nour doo	Distributions		A Public Document	
۱.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	jion (If Applicable	)		_	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation				in a more and the more started	
	Does the agency have a ticket policy? Yes X No Face Value			of Each Ticket/Pass \$ _	\$32		
	Event Description Baseball	game		Data(a) 0	6 , 20 , 15	//	
	Event Description	FIGHING THIS EXPLANATION				//	
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No	If no: Oakla	and A's Name of Source		
		8 (TS 2 197	1000 TT 1 1000		Name of Se	DUICO	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Char	official's Name	(Last. First)	
_							
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agen</li> </ul>	cy's department or	unit.   • Use Sec	tion B to identify an individ	lual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Departm	al sa anti an anna an	Number of Ticket(s)/	1	blic purpose made pursuan		
			Pass(es)	1			
	e.						
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)	3	Identify one of the follow	ving:	
	Davis, Chad			Ceremonial Role If checking "Ceremo	nial Role" or "Other D	Income	
			2		lance at a(n) event l potential County reve	neld at a County facility in nue	
			2		Other Dinial Role" or "Othar" describe below:	Income	
	C. Name of Outside Orga (include address and de	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy		
	here a second seco			1			
4.	Verification		4 100.42 1 5	adled that the distribution and	forth above, is in accordance w	with the requirements	
		Jan	Steven Jo		Central District Direct		
			Print Nan	ne	Title	(Month, Day, Year)	
	Comment:						

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eremonial Note Ever	no and no	Neur daa	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County				3	1 Ont
Division, Department, or Reg	glon (If Applicable	)		1	For Official Use Only
Board of Supervisors					56
	(Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail				and a state of the second second state of the second second second second second second second second second s
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation .				600
		Yes 🛛 No			
Event Description Baseball	game		Date(s) 00	3 , 19 , 15	
L'un bebenprion	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No [	If no: Oakla	nd A's	
Was ticket distribution made	at the behavi		Chan		, and a
of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (	(Lost, First)
Recipients					
	cy's department or	unit.   • Use Sec	tion B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	ual	Number of Ticket(s)/		Identify one of the follow	ding:
		Pass(es)	Ceremonial Role	. Other	Income
Jordan, Sheila		2	1.2.2. 1.6.		
		2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue		
		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 policy	
3					
Verification		4 400 42 11		forth about to to accordance	dh the requirements
Charles and the second s	an				
	-			and the second se	or 07.02.2015 (Month, Day, Year)
		1-1111 (400)			
Comment:					
	Agency Name         Alameda County         Division, Department, or Reg         Board of Supervisors         Designated Agency Contact         Steven Jones         Area Code/Phone Number         (510) 272-6693         Function or Event Info         Does the agency have a tick         Event Description         Baseball         Ticket(s)/Pass(es) provided         Was ticket distribution made of agency official?         Recipients         • Use Section A to identify the agen         A.         Name of Agency, Departm         B.         Name of Individ         (and, Sheila)	Agency Name         Alameda County         Division, Department, or Region (If Applicable         Board of Supervisors         Designated Agency Contact (Name, Tille)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven.jones         Function or Event Information       Does the agency have a ticket policy?         Event Description       Baseball game         Provide Title/Expl         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or         A.         Name of Agency, Department or Unit         B.       Name of Individual (Last, Feet)         Jordan, Sheila       C.         Verification	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven.jones@acgov.org         Function or Event Information       Does the agency have a ticket policy? Yes No         Event Description       Baseball game         Provide Title/Explanation       Ticket(s)/Pass(es) provided by agency? Yes No         Vas ticket distribution made at the behest of agency official?       No         Recipients       • Use Section A to identify the agency's department or unit. • Use Sector ficket(s)/         * Use Section A to identify the agency's department or unit. • Use Sector ficket(s)/       • Use Sector ficket(s)/         B.       Name of Individual (east Field)       Number of Ticket(s)/         Jordan, Sheila       2       2         C.       Name of Outside Organization (include address and description)       Ticket(s)/         Verification       Include address and description)       Ticket(s)/         Pass(es)       Pass(es)       Pass(es)         Jordan, Sheila       2       2         Verification       Include address and description)       Ticket(s)/	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven.jones@acgov.org         Function or Event Information.       Does the agency have a ticket policy? Yes 🛛 No 🗠 Face Value of         Event Description       Baseball game       Date(s)       Ot         Provide Title/Explanation       Date(s)       Ot         Ticket(s)/Pass(es) provided by agency? Yes 🗅 No 🗠 If no: Oakla       Vas ticket distribution made at the behest No 🗆 Yes 🖾 If yes: Char of agency official?         Vas ticket distribution made at the behest via section A to identify the agency's department or unit.       * Use Section A to identify an individe Title/Explanation         Recipients       * use section A to identify the agency's department or unit.       * Use Section A to identify a modivide Title/Explanation         Jordan, Sheila       2       Caremonial Role if develop Pass(es)         Jordan, Sheila       2       Caremonial Role if develop Pass(es)         C.       Name of fudividual (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the put pass(es)         C.       Name of Outside Organization (include address and description)       Nu	Aineda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Tile)         Sleven Jones         Area CoddPhone Number (510) 272-6693         Function or Event Information.         Does the agency have a licket policy?         Powder Title/Explanation         Date (s)_061915_         Event Description         Baseball game         Powder Title/Explanation         Date (s)_Pass(es) provided by agency?         Yes       No         Yes       Section A to Identify the agency's department or unit.         * Use Section A to Identify the agency's department or unit.       * Use Section B to Identify an Individual.       * Use Section C to Identify an Individual.         A mem of Agency, Department or Unit       Totes(s)       Describe the public purpose made pursuan Past(es)         Iordan, Sheila       2       To formodatil Role

No. 1.11

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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 \$188 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes X No Event Description KMEL Summer Jam 2015 06 13 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 Ves X 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role - Other Income Hossain, Lamisa 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. 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) Verification Δ 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 07.02.2015 Print Name Title (Month, Day, Year) Comment: \_

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~	eremonial itole Ever	to and no	1001 000	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
1	Alameda County					1 Ontil	
	Division, Department, or Reg	jion (If Applicable	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones			÷.			
	Area Code/Phone Number	E-mail			Amendment (Must pl		
	(510) 272-6693	steven.jones	@acgov.org	1	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	of Each Tickel/Pass \$	\$188			
	Event Description KMEL Summer Jam 2015 Date(s) Date(s)				3 , 13 , 15	//	
	Event Description	Provide Title/Expli	anation	Date(s)	//	//	
	Ticket(s)/Pass(es) provided t	by agency?	Yes No	If no: Golde	n State Warriors		
					Name of So		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alam of agency official?				eda County Superviso Official's Name (I	r Wilma Chan	
_					emain a riame (r		
3.	e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Contraction of the Contraction o	blic purpose made pursuant			
			1			2	
	B. Name of Individu	al	Number of		Identify one of the follow		
	(Last, First)		Ticket(s)/ Pass(es)				
	Nou, Catherine		2	To promote attend	nial Role" or "Other" describe below: ance at an event held		
				e potential County revenue from sales.			
			2	Ceremonial Role If checking "Ceremon	Other	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		
				2	1		
		8					
4.	Verification	1 and	1 18942. I have ve	arified that the distribution set	forth above, is in accordance wi	th the requirements.	
			Steven Jo	ones	Central District Directo	or 07.02.2015	
			Print Nam	10	Tille	(Month, Day, Year)	
	Comment:						
	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 \$154.35 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Boxing - Ward vs. Smith 06 20 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 Ves X 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role . Other Mathews, George 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 Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Central District Director 07.02.2015 Steven Jones (Month, Day, Year) Print Name Title

Comment: \_

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~	eremonal itore Ever	no and no	Neur daa	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					1 Gilli	
	Division, Department, or Reg	gion (If Applicable	»)			For Official Use Only	
	Board of Supervisors					0	
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones			1			
	Area Code/Phone Number	E-mail			Amendment (Must pr		
	(510) 272-6693	steven.jones	s@acgov.org	)	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$32	
	Event Description Baseball	game		Data(a) 00	<u> </u>		
	Event Description	Provide Title/Expl	lanation			//	
	Ticket(s)/Pass(es) provided I	by agency?	Yes No	If no: Oakla	nd A's		
	wax a ta a waxa a ta a wa	040 00 00 000		200 C	Name of Sou	rce	
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Char of agency official?			official's Name (L	ast First)		
-							
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agen</li> </ul>	cy's department or	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)		olic purpose made pursuant		
					5 A		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Wydler, Art			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income	
			2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
			2	Ceremonial Role	Other Dial 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 pursuant	to the agency's policy	
4.	Verification		· · ·				
	11		d 18942. I have ve	arified that the distribution set i	forth above, is in accordance with	h the requirements.	
			' Steven Jo	ones	Central District Director	and the second s	
			Print Nan	nø -	Title	(Month, Day, Year)	
	Comment:						
	Somment.						

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form			
	Division, Department, or Reg	gion (If Applicable	)	-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Vener Bates, Supervisor's	Assistant					
	Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)	
	925-551-6995	vener.bates(	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				10.00	
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	12.00	
	Event Description Alameda	County Fair		Date(s) 6	<u> </u>	7, 5, 15	
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No	If no: Alame	eda County Fair Assoc	iation	
		6.05	1999-1997 - 2003 1997 - 2003		Name of Scott	ource	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	区 If yes: Hagg	Official's Name	(Last. First)	
3.	Recipients     Vise Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departm		Number of		blic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	vino:	
	Cindy Olson Maryalice Faltings		Pass(es)				
			6		Other Other or "Other" describe below: ce for the good of the pu		
				Ceremonial Role		Income	
			4		onial Role" or "Other" describe below. ce for the good of the pu		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	•		Pass(es)				
4	Verification					RECEIVED	
*.	vonneation	8944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	th the requirements 8 2015	
			Vener Ba		Supervisor's Assistar		
	Usignature of Ageney Head or Design		Print Narr		Title	CLERIMON OF SUPERVISORS	
	Comment:				0	A REAL PROPERTY AND A REAL	

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



#### Agency Name

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Leyte Reyes	8	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public	e 🗌
Mary Kopell	8	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public	e 🗌
Maryanne Tracy-Baker	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of thee public	e 🗌
Erlene de Marcus	6	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public	e 🗌
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	
		·	

C	eremonial Role Eve	nts and Tio		A Public Document			
1.	Agency Name	Date Stamp	California 802				
	Alameda County					Form	
	Division, Department, or Re	egion (If Applicabl	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)			1		
	Vener Bates, Supervisor's	Assistant					
	Area Code/Phone Number	E-mail		. C Amendment (Must p	rovide explanation in Part 3.)		
	925-551-6995	vener.bates	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info Does the agency have a tic Event Description Alameda	Yes 🛛 No		of Each Ticket/Pass \$			
	Event Description	Provide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	63	da County Fair Associ Name of Sc	iation urce	
	Was ticket distribution made of agency official?	e at the behest	erty, Scott Official's Name (	Last, First)			
3.	• Use Section A to identify the age	ncy's department o	runit.   • 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 poli			
	<u>.</u>		*				
	B. Name of Individual Ticket(s		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			8				
			6	If checking "Ceremon	Other D nial Role" or "Other" describe below: be for the good of the put	Income 🗌	

C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

### 4. Verification

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have read and understand EDBP Beaulations 19044.	1 and 18942.	I have verified that the	distribution se	t forth above, is ir	n accordance with the r	equirements.	
Rear and American Street and American S							
	11-	man Datas		Commendation of the second	A - A A A	1	- 1.

	vener bates	Supervisor's Assistant	7120/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

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



#### Agency Name

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Number of	
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
Mark Bernardin	4	Ceremonial Role Other I income I income For community service for the good of the public
Arturo del Rio	6	Ceremonial Role Other I Income Income For community service for the good of the public
Saki Kavouniaris	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public
Martel Green	10	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: For community service for the good of 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 policy
		· · · · · · · · · · · · · · · · · · ·

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Agency Name				Date Stamp	California	802
Alameda County						Contraction of the second
Division, Department, or Reg	gion (If Applicable	)		1	For Official	Use Only
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Vener Bates						
Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in	n Part 3.)
925-551-6995	vener.bates@acgov.org			Date of Original Filing: .	(Month, Day, Ye	ar)
Function or Event Info	rmation					
	of Each Ticket/Pass \$		12.00			
Event Description Alameda	County Fair		Data(s) 6	, 17 , 15	7,5	, 15
Event Description	Provide Title/Expl	lanation				_/
Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No l	If no: Alame	da County Fair Associa	ation	
. 이 것 같은 것					ICO	
	No 🗌 Yes	If yes:	Official's Name (L	ast, First)		
	cy's department or	unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to ident	ify an outside orga	anization.
		Number of				
P. Name of Agency, Departin	left of onit	Pass(es)	beaution are put	ne pulpose made puloadin	to the affency of	ionay
R Name of Individual		Number of		Month's and of the following		_
Thelma Cabrera Mel Luna		Pass(es)	identity one of the following:			
		8	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public		lic	Income
			Ceremonial Role	eremonial Role" or "Other" describe below:		Income
		20	If checking "Ceremor			
		20	For community servic	e for the good of the pub	lic	
		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po			policy
(include address and de	scription)	Pass(es)				- 2.5
-						
Verification	i 18944.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance wi	In the requirements	
	-					22/10
Signature of Agency Head or Design	the second se					
Comment:					EPBC E	orm 802 (4/12)
	Agency Name         Alameda County         Division, Department, or Reg         Board of Supervisors         Designated Agency Contact         Vener Bates         Area Code/Phone Number         925-551-6995         Function or Event Info         Does the agency have a tick         Event Description         Alameda         Ticket(s)/Pass(es) provided I         Was ticket distribution made of agency official?         * Use Section A to identify the agen         A.         Name of Agency, Departm         B.         Name of Individu (Last, Feat)         Thelma Cabrera         Mel Luna         Verification         /         Signature of Agency Head or Design	Agency Name         Alameda County         Division, Department, or Region (II Applicable         Board of Supervisors         Designated Agency Contact (Name, Tille)         Vener Bates         Area Code/Phone Number         925-551-6995         Event Description         Alameda County Fair         Provide Title/Exp         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or         A. Name of Agency, Department or Unit         B. Name of Individual (Last First)         Ithelma Cabrera         Mel Luna         Verification         /       118944.1 and (Include address and description)	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Tille)         Vener Bates         Area Code/Phone Number       E-mail         925-551-6995       vener.bates@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes 🖾 No         Event Description       Alameda County Fair         Provide Title/Explanation       Ticket(s)/Pass(es) provided by agency?       Yes 🗆 No         Was ticket distribution made at the behest of agency official?       No 🗆 Yes         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency's department or unit.       •Use Section A to identify the agency is department or unit.       •Use Section A to identify the agency is department or unit.       •Use Section A to identify the agency is department or unit.       •Use Section A to identify the agency is department or unit.       •Use Section A to identify the agency is departed at the behest is departed at	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Vener Bates         Area Code/Phone Number       E-mail         925-551-6995       vener.bates@acgov.org         Function or Event Information       Does the agency have a ticket policy? Yes No        Face Value of Event Description Alameda County Fair         Provide Tibe/Explanation       Date(s)	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (II Applicable)         Board of Supervisors       Designated Agency Contact (Name, Tille)         Vener Bates       Amendment (Mail price Designated Agency Contact (Name, Tille)         Vener Bates       Amendment (Mail price Designated Agency Contact Information         Does the agency have a ticket policy?       Yes [2] No [2]       Face Value of Each Ticket/Pass \$	Agency Name       Date Stamp       Galifornia         Aameda County       Division, Department, or Region (# Applicable)       Description       Collidation (# Applicable)         Board of Supervisors       Description       Amendment (#biat power explanation have control of reginal Filing:

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



#### Agency Name

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of	
Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
Marilyn Greenwood	8	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public
Thomas McCarthy	10	Ceremonial Role Other Income Income Income For community service for the good of the public
Nick Nardolillo	8	Ceremonial Role Other Income Income Income For community service for the good of the public
Gloria Olson	10	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: For community service for the good of 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 policy

**A Public Document** 

	1. Agency Name				Date Stamp	California Form 802	
D	livision, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors	en (n , pp.ouble					
	Designated Agency Contact (	Name, Title)					
	/ener Bates, Supervisor's A						
	rea Code/Phone Number			Amendment (Must pr	rovide explanation in Part 3.)		
9	25-551-6995	vener.bates	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. F	Function or Event Inform	nation					
D	oes the agency have a ticke	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	12.00	
E	Event Description Alameda C	ounty Fair	lanation	Date(s)6		7 , 5 , 15	
Т	icket(s)/Pass(es) provided by				da County Fair Associa Name of Sou	ation	
١٨	Vas ticket distribution made a	t the behest	No 🗌 Yes	If yes: Hagge			
	of agency official?			L if yes: <u></u>	Official's Name (L	.ast, First)	
	Recipients						
0	Use Section A to identify the agency		unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
F	Public Works		44		ce at a County sponsored imize potential County re	d event or event held at a evenue.	
Ċ	General Services Agency		50	To promote attendance at a County sponsored event or event held at County facility to maximize potential County revenue			
E	S. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role If checking "Ceremoni	Other describe below:	Income	
Reiner				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income	
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
-							
4. \	/erification						
11	he	18944.1 an	d 18942. I have ve Vener Ba		orth above, is in accordance wit Supervisor's Assistant		
here			Print Nam		Title	(Monlh, Day, Year)	

Comment: \_\_\_\_\_

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



#### Agency Name

### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Sheriff's Office	20	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Department of Child Support Services	12	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Community Development Agency	6	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income I Income II
		Ceremonial Role Other I Income Income I Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income I Income I Income II Income III Income II Income II Income II Income II Inc
		Ceremonial Role Dother Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		4

C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	jion (If Applicable			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Tille)				
	Lee Ann Fergerson, Super	visor's Assistar	ht			
	Area Code/Phone Number  E-mail			. 🗋 Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				12.00
	Does the agency have a tick		Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair		Date(s)6	<u>, 17 , 15</u>	
		Provide miesexpi	anation	Alama	da County Eair Assoc	intion
	Ticket(s)/Pass(es) provided t	by agency?	If no: Alame	da County Fair Assoc Name of Sc	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Hage			erty, Scott		
	of agency official?			11 yes	Official's Name (	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 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		
	Auditor Controller		22	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue		
	Assessor's Office		9		ance at a County spor cility to maximize pote	
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
					Other describe below:	Income
	C. Name of Outside Organization (include address and description)			Ceremonial Role If checking "Ceremor	Other D Ial Role" or "Other" describe below:	Income
			Number of Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
-		0				
4.	Verification	18944.1 and	1 18942. I have ve	nified that the distribution set	forth above, is in accordance w	ilh the requirements.
			Lee Ann Fer		Supervisor's Assistan	- Lat la
	Signature of Agency Head or Designe	Protection of the local data and	Print Nam	And a local design of the	Title	(Month, Day, Year)

Comment: \_

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Tícket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
General Services Agency	4	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Health Care Services Agency	6	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Information Technology Department	9	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
	Pass(es)	Ceremonial Role Other I Income
		Ceremonial Role Dother Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother Difference Income
		Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

_						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Reg	on // Applicable			-	For Official Use Only
		ion (ii Applicable	<i>)</i>			
	Board of Supervisors Designated Agency Contact	(Nama Tilla)			-	
	Vener Bates, Supervisor's A Area Code/Phone Number	Assistant			Amendment (Must)	provide explanation in Part 3.)
	925-551-6995		@acgov. org		Date of Original Filing:	Marsh Day Marsh
2.	Function or Event Infor		000			(Month, Day, Year)
	Does the agency have a ticke		Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	12.00
	Event Description	County Fair	A		, 17 , 15	7 , 5 , 15
	Event Description.	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Alame	da County Fair Assoc	iation
	Was ticket distribution made	at the behart		If yes: Hagg	Name of Se erty. Scott	ource
	of agency official?	at the benest	No 🗌 Yes	If yes: 1000	Official's Name	(Last, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agend</li> </ul>	y's department or	unit.   • Use Sec	tion B to identify an Individ	ual. • Use Section C to Iden	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Bill Yeoman		5		Other D niel Role" or "Other" describe below: ce for the good of the pu	
	Fred Gotthardt		5		Other D nial Role" or "Other" describe below. ce for the good of the pu	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	it to the agency's policy
4.	Verification		d 18049 1 kmm	wified that the distribution	forth about is in accordance	ills the maniference
		8944.1 an			forth above, is in accordance w	
	" Signature of Agency Head or Designe	0	Vener Ba	and and a second se	Supervisor's Assistar	11 7 (2 %/15) (Month, Day, Year)
	Comment:					
						EPPC Form 802 (4/12



#### Agency Name

Alameda Coiunty

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		· ·
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Mark Dunlap	5	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public
Chris Camacho	5	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public
Joe Freitas	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: For community service for the good of the public
Joe Davis	15	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: For community service for the good of 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 policy

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 12.00 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes No Event Description Alameda County Fair 06 , 17 , 15 07 05 15 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First, Pass(es) Other X Ceremonial Role Income П Mallorca, Maryl If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) 4. 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Print Name Title

Comment: .

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 12.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair 06 , 17 15 07 05 15 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Was ticket distribution made at the behest Valle, Richard- Supervisor District 2 No 🗌 Yes 🖾 If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(os) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Other X Ceremonial Role Income Ries, Karen If checking "Ceremonial Role" or "Other" describe below 3 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Other X Ceremonial Role Income Veronesi, Kristina If checking "Ceremonial Role" or "Other" describe below. 6 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Print Name Title Includes 3 parking passes at the value of \$10 each Comment

A Public Document

Seremonial Role Ever	its and licket/Pass	Distributions		A Public Document	
I. Agency Name		Date Stamp	California 802		
Alameda County					
Division, Department, or Reg	gion (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name Title)				
	(110/10,1110)				
Michelle Dianda	1.00		Amendment (Must p	provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Y-2012	Date of Original Filing:		
(510) 272-6692	michelle.dianda@acgov	v.org	bate of original rining.	(Month, Day, Year)	
2. Function or Event Info	이 같은 것 같은			25.00	
Does the agency have a tick	The second second	. 🗆	Each Ticket/Pass \$ _		
Event Description Oakland	A's vs. Minnesota Twins Provide Title/Explanation		<u>, 17 , 15</u>		
Ticket(s)/Pass(es) provided I	by agency? Yes 🗌 No	If no: Oakland	d A's		
		Contraction of the second s	Name of Sc Dishard, Supervisor		
Was ticket distribution made of agency official?	at the behest No 🗌 Yes	s X If yes: Valle, I	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
. Recipients					
• Use Section A to identify the agen A. Name of Agency, Departm	Number of		il. • Use Section C to ider c purpose made pursuan		
B. Name of Individu	ial Number of Ticket(s)/ Pass(es)		Identify one of the follow	ling:	
		Ceremonial Role [	Other D I Role" or "Other" describe below:	Income [	
		Ceremonial Role	Other IRole" or "Other" describe below:	Income	
C. Name of Outside Orga	Intration Number of				
(include address and de	escription) Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuan	t to the agency's policy	
Union City Apostolic Churc 33700 Alvarado-Niles Rd,		To reward a non-pro community	fit organization for it	s contributions to the	
Provides services to low in residents and the homeles					
. Verification			10		

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

24	Michelle Dianda	Supervisor's Aide	7/1/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

Ceremonial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County					Form	
Division, Department, or R	egion (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Conta	ct (Name,Title)					
	1008.000.000000000000000000000000000000					
Michelle Dianda Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6692		nda@acgov.	ora	Date of Original Filing:		
2. Function or Event Inf		nda@acgov.	long		(Month, Day, Year)	
Does the agency have a tic		of Each Ticket/Pass \$	36.75			
Event Description Hello Ki	Provide Title/Exp	lanation	Date(s)	7 <u>, 10 , 15</u>		
Ticket(s)/Pass(es) provided	t by agency?	Vec 🗖 No	If no. Golde	n State Warriors		
nekel(a)rrass(es) provider	r by agency :	Yes 🗌 No		Name of S		
Was ticket distribution mad	e at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2	
of agency official?				Official's Name	(Last, First)	
3. Recipients						
				idual. • Use Section C to identify an outside organization.		
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
B. Name of Indiv	dual	Number of Ticket(s)/		Identify one of the follow	ving:	
(Last, First)		Pass(es)				
Gonzalez, Robert		5525	Ceremonial Role If checking "Ceremo	D Other Annual Role" or "Other" describe below.	Income	
		4	To promote attend	ance at an event held	at a County facility in	
			order to maximize	potential revenue fror	n sales	
			Ceremonial Role		Income	
Ramos, Xochitl		4		nial Role" or "Other" describe below.		
		11 A		ance at an event held potential revenue fror		
C Name of Outside Or	anization	Number of		•		
C. Name of Outside Or (include address and		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
4. 14						
1	9/7	d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	with the requirements.	
		Michelle D	ianda	Supervisor's Aide	7/4/15	
		Print Nam	10	Titte	(Month, Day, Year)	
Commission 1						
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) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 36.75 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes X No Event Description Hello Kitty Friendship Festival Date(s) 07 / 11 / 15 7 1 12 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other X Ceremonial Role Income Austria, Mangee If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales Ceremonial Role Other X Income Hung, Vivien If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales 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) Verification 4. I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Comment:

1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Res Board of Supervisors	gion (If Applicabl		For Official Use Only		
	Designated Agency Contact Michelle Dianda	. (Name, Title)				
	Area Code/Phone Number (510) 272-6692	E-mail michelle.dia	anda@acgov.org		Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
2.	Function or Event Info Does the agency have a tick Event Description Kevin Ha Ticket(s)/Pass(es) provided	et policy? rt Comedy To Provide Title/Exp	Yes X No ur <sup>olanation</sup> Yes No X	. Date(s)	of Each Ticket/Pass \$ 7 18 15 n State Warriors <sub>Name of So</sub>	81.43
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor I Official's Name (I	
3.	Recipients • Use Section A to identify the agen	cy's department o	r unit. • Use Section E	3 to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	2					

В.	Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Hildret	h, Jaken	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
		4	Ceremonial Role Other I Income Income II checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	$\frown$		

4. Verification

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

Michelle Dianda Supervisor's Aide

A Public Document

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) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes X No Event Description Oakland A's vs. Toronto Blue Jays Date(s) 07 / 23 15 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section B to identify an individual. . Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Lost, First) Pass(os) Other X Ceremonial Role Income Mott, Gilbert If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Print Name Title onth, Day, Year, Comment: .

Ceren	nonial Role Even	its and Tic	ket/Pass	Distributions		A Public Docum	ent
I. Age	ncy Name				Date Stamp	California 80	2
Alam	neda County					Form	4
Divis	ion, Department, or Reg	jion (If Applicable	)			For Official Use Only	
Boar	d of Supervisors						
	inated Agency Contact	(Name, Title)					
		No. 710 1997 1997 1997 1997 1997 1997 1997					_
	Michelle Dianda Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)	
	) 272-6692	E-mail michelle dia	nda@acgov.	ora	Date of Original Filing:		
			nua@acgov.	org		(Month, Day, Year)	_
	ction or Event Info				f Each Ticket/Deec @	25.0	0
	the agency have a tick		Yes 🛛 No	-	f Each Ticket/Pass \$ _		
Even	t Description .Oakland /	Description Oakland A's Game			<u>, 23 , 15</u>		
		Provide Title/Expl	anation	Oakla	ad Ala		
Ticke	t(s)/Pass(es) provided t	by agency?	Yes 🗌 No	If no: Oaklar	Name of Sc	ource	_
Was	ticket distribution made	at the behest	No 🗆 Yes 🛛 🛛 If yes: Valle		e, Richard- Supervisor District 2		
	gency official?		NOL Test	a ii yes:	Official's Name	(Last, First)	
A.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
в.	Name of Individu (Last. First)	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
Truji	llo, Rob		2	If checking "Ceremon	Other I ial Role" or "Other" describe below: unity volunteer for his	Income s service to the public.	, C
Mun	oz-Ramos, Cinthya		2		ial Role" or "Other" describe below:	Income r service to the public.	
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	nt to the agency's policy	
_			Pass(es)				

#### 4 Verification

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

		Michelle Dianda	Supervisor's Aide	11015
v	Signature of Agencyrnead or Liesignee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

A Public Document

ble) es@acgov.org Yes 🛛 No /?!" Tour xplanation Yes 🗌 No No 🗌 Yes	□ Face Value o Date(s) ⊠ If no:	Date of Original Filing: of Each Ticket/Pass \$ _ 7	604.40	
es@acgov.org Yes  No /?!" Tour xplanation Yes  No	□ Face Value o Date(s) ⊠ If no:	Date of Original Filing: of Each Ticket/Pass \$ _ 7	For Official Use Only For Official Use Only Drovide explanation in Part 3.) (Month, Day, Year) \$81.43	
es@acgov.org Yes  No /?!" Tour xplanation Yes  No	□ Face Value o Date(s) ⊠ If no:	Date of Original Filing: of Each Ticket/Pass \$ _ 7	provide explanation in Part 3.) (Month, Day, Year) \$81.43	
Yes ⊠ No /?!" Tour <sup>xplanation</sup> Yes ⊡ No	□ Face Value o Date(s) ⊠ If no:	Date of Original Filing: of Each Ticket/Pass \$ _ 7	(Month, Day, Year) \$81.43	
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Yes ⊠ No /?!" Tour <sup>xplanation</sup> Yes ⊡ No	□ Face Value o Date(s) ⊠ If no:	of Each Ticket/Pass \$ _ 7 _/ 18 _/ 15 m State Warriors	\$81.43	
/?!" Tour xplanation Yes  No	Date(s) If no: Golde	of Each Ticket/Pass \$ _ 7 _/ 18 _/ 15 m State Warriors	\$81.43	
/?!" Tour xplanation Yes  No	Date(s) If no:	7 <u>, 18 , 15</u> m State Warriors		
/?!" Tour xplanation Yes  No	Date(s) 0	n State Warriors		
Yes 🗌 No	区 If no: Golde	n State Warriors		
6 60 X-100 F		n State Warriors		
6 60 X-100 F				
No 🗌 Yes	Alam	Name of Source		
	If yes: Alan	eda County Superviso	or Wilma Chan	
		Officiar's Name (	(Last, First)	
8. Recipients				
the second se	t. • Use Section B to identify an individual. • Use Section C to identify an outside o			
Ticket(s)/ Pass(es)	Describe the pu	e public purpose made pursuant to the agency's policy		
Number of				
Ticket(s)/		Identify one of the follow	ving:	
F 455(05)	Ceremonial Role	Other D	Income	
2				
			Income	
2	" checking Ceremo	marriade of other describe bolow.		
Number of	D	Describe the public purpose made purpused to the science's policy		
Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy	
and 18942. I have ve	willed that the distribution set	forth above, is in accordance w	with the requirements.	
	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	Ticket(s)/ Pass(es)       Ceremonial Role         2       Ceremonial Role         2       To promote attend order to maximize         2       Ceremonial Role         2       Ceremonial Role         2       Ceremonial Role         2       Ceremonial Role         1       Ceremonial Role         1       Number of Ticket(s)/ Pass(es)         1       Describe the puper         2       Ceremonial Role	Ticket(s)/ Pass(es)       Identify one of the follow         2       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held order to maximize potential County reve         2       Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         2       Describe the public purpose made pursuant	
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 \$81.43 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes X No Event Description Kevin Hart "What Now?!" Tour Date(s) 07 / 18 / 15 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.

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

 . Verification

 Image: Steven Jones

 Steven Jones

 Print Name

 Title

 (Month, Day, Year)

 .

 Comment:

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1. Agency Name				Date Stamp	California 802
Alameda County			SUMPORTS STORE STORE A State of the store store and store and store store store store store and store and store		Form OU
Division, Department, or Regi	on (If Applicat	ole)		,	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)		n and an an an and an		
Lee Ann Fergerson, Supervi	sor's Assista	ant		Anominia (Structure and an anna an anna an anna an anna an anna an an	
	E-mall		**************************************	Amondment (Mustp	rovide explanation in Patl 3.)
(510) 272-6691		erson@acg	ov.org	Date of Original Filing: .	(Monih, Day, Year)
. Function or Event Inform					
Does the agency have a ticket	policy?	Yes D No	Face Value o	of Each Ticket/Pass \$	32.00 .
Event Description _ Bus	elsall	(	Date(s)	1,31,15	
ę	Provide Title/Exp	olenotion	consistences to CIIC(0) consistence	ra ab.	
Ticket(s)/Pass(es) provided by		YestPNc		Keland DA	
Was ticket distribution made at of agency official?	the behest	No 🗌. Yes	If yes: Ala	meda County Supervisor Si	cott Haggerty, District 1
- ·		•		Official's Name (Lt	nst, Firsl)
Recipients • Use Section A to Identify the agency's	dapariment or	1101 = 1100 So	effen 8 in Honilfe om huft date		
A. Name of Agency, Department	Cor l'Init	Number of	in the second se	al. • Use Section C to identif	y an outside organization,
		Ticket(s)/. Paso(es)	Describe the publ	le purpese made purpuent a	e the anoncy's policy
			•		
a.					antin yang menangkan kanang kang kang kang kang kang
news web water and the first own of the state of the stat		d all she are		Angu 1997 - 199	
B. Name of Individual	۶.	Number of Tickel(s) Pass(cs)	: ;	Identify one of the following	j.
Edward Perez		r deales}	To promote atter	ndance at a county spi	onsored
Scott Numez		11	event in order to	maximize potential co	ounty me
Bill wheatley			revenue for conce	esion and parking sale	25.
Busan Frento	ang sa				
			Ceremonial Role	Other	Income 🔲
			a contrary continuity	Note of Other Describe Delow;	
<ol> <li>Name of Outside Organizat (include address and description)</li> </ol>	lon Mon)	Number of Ticket(s)/ Pass(as)	Describe the public	purpose made pursuant to t	the agency's policy
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New York I +					
	; 18944.1 and 1	18942. I have vor	ified that the distribution set forth	a above, is in occordanco with the	Badamonte
		ee Ann Ferg		ipervisor's Assistant	TRILE
		Print Name		Tile	(Mbnih, Dgy, Year)
			,	· •	

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

## Agency Report of:

<b>Ceremonial Role Events and Ti</b>	cket/Pass	Distributions		A Public Documen
1. Agency Name Oakland/Alameda Cour	ity Coliseum Authority		Date Stamp	California 802
Division, Department, or Region (If Applical		· · · ·	•	For Official Use Only
Alameda Gunty Sirenvisor Designated Agency Confract (Netrie, Tille)				
Lee Ann Fergerson, Tick Area Code/Phone Number E-mail	and and a second se	and and the second design of t		provide explanation in Part 3.)
510 272-(deg( ) leeaw 2. Function or Event Information	n.terger	sonCacquing	Date of Original Filing:	(Monin, Day, Year)
Does the agency have a ticket policy? Event Description $B \otimes B (1)$	Yes P No	Face Value o     Date(s)	f Each Ticket/Pass \$_	35.40
Provide Title/Ex Ticket(s)/Pass(es) provided by agency?	Planation Yes 🔲 No	G	Name of Sc	
Was licket distribution made at the behest of agency official?	No 🗌 Yes	If yes: .HZ	cenaul ca	OTT
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department of</li> </ul>	runli. v Uso Soc	llon B to Identify, an Individu	ul. 🔹 Usa Baollon & to Iden	uly an ouiside organization.
A. Name of Agency, Department or Unit	Number of Tictus (8)/ Pass(06)		le purposo mado puravant	and the second
Eliseptementen en e			and the second	
Martine Andreas - State - Adv Adv.	Number of	an a	manaa yaa maa ahaa yaa ahaa yaa ahaa ahaa a	
B. Namo of Individual (bast First)	Tickel(s)/ Pasc(es)		Identify and of the follow	•
Barbara Luna.	4	event in order to	ndance at a county maximize potential esion and parking s	county
	· ·	Cetemonial Role E Il obsering "Commonia	Other Rels" ar "Othor" describe below:	Incoma 🗋
C Name of Outside Organization (Include address and description)	Number of Tickel(6)/ Pass(08)	Describe the publi	o purposo mado purpunt	to the agancy's policy
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·		•		
		Ged that the distribution set for		
Lec	EANN FE Print Numo	ingerson Tick	et Administr	ator 1/30/5

1. Agency Name				A Public Docume	
			Date Stamp	California 80	
Alameda County Division, Department, or Region (If Applica	0.000000000000000000000000000000000000			For Official Use Only	
Division, Department, of Region (II Applica	vision, bepartment, of Region (I Applicable)				
Board of Supervisors			3		
Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's Assis					
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)	
(510) 272-6691 leeann.fer	gerson@acgo	ov.org	Date of Original Filing:		
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?	Yes 😰 No	Face Value o	of Each Ticket/Pass \$	52,00	
Event Description Buseball	) (	0	22.15	laggert literation in a second s	
Provide Title/E	xplanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes		kland St Name of Source	hletics	
Was licket distribution made at the behest of agency official?	No 🗌. Yes	If yes:	imeda County Supervisor Sco Official's Name (Las	ott Haggerty, District 1 t. First)	
• Use Section A to identify the agency's department of	or unit siles Ser	ction B to identify an individu			
A. Name of Agency, Department or Unit	Number of				
The role of Agency, Department of Diff	Ticket(s)/ Pass(es).	Describe the pub	lic purpose made pursuant to	이상 이 집 방법을 걸쳐 봐야지 않는 것이 있는 것이 가지 않는다.	
			9900846-0746		
		:	•		
B. Name of Individual	Number of				
(Lost, First)	Ticket(s)/ Pass(es)	- -	Identify one of the following:		
		Ceremonial Role	Other	Income	
		If checking *Caremonia	al Role" or "Other" describe below;		
		Ceremonial Role	Other	Income	
		Il chocking *Ceremonie	I Role" or "Other" describe below;	income L	
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to th	e agency's policy	
Give Teens 20	2	To Reward a school o Its contributions to th	r nonprofit organization for le community.		
39270 Pasco Padre PKWY					
#446 Fremont CA 94531		1			
Varification	μ <u> </u>				
8944.1 and	d 18942. I have veri	fied that the distribution set fort	h above, is in accordance with the r	equirements.	
	Lee Ann Ferg		upervisor's Assistant	7-29-15	
	Print Name		Tille	(Month, Day, Year)	
	Print Name			(Month, Day, Year)	
	Print Name			(Month, Day, Year)	

tiness A	American					A Public Docume
1.	Agency Name				Date Stamp	California 80
	Alameda County					Form OU,
	Division, Department, or Reg	ion (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Superv	lisor's Acciete	ant			
	Area Code/Phone Number E-mail				Amendment (Must prov	ide explanation in Part 3.)
	(510) 272-6691		erson@acgc	W OFO	Date of Original Filing;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
, )	Function or Event Inform	1	craon@acgc	,	parte of original Filing;	(Month, Day, Year)
					·	22.00
	12,	· · · _	Yes P No	L Face Value o	f Each Ticket/Pass \$	2.4.00
	Event Description	Provide Tille/Exp	danation	Date(s)	<u>,25,15</u> _	
	Ticket(s)/Pass(es) provided by		Yest	If no: Ca	kland At Name of Source	hletics
	Was ticket distribution made a of agency official?	t the behest	No 🗋 Yes	If yes:	neda County Supervisor Scot	t Haggerty, District 1
Wester		1000	Official's Name (Last,	First)		
	Recipients					
	• Use Section A to identify the agency	unit. « Use Sec	ction B to identify an individui	il. • Use Section C to identify a	n outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant to ti	
	DISTI		2	To reward a Cou	nty employee for his or	
-				exemplary servic	e to the public or to en	ner
				staff developmer	nt	courage
						· · ······
ŀ	B. Name of Individual (Lest, Fest)		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	• •			Ceremonial Role	Other Role' or 'Other' describe below:	Income
-				Ceremonial Role	Other	Income
C	Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agenc		agency's policy
			Pass(es)	n an		
Ve	erification				nan managa kana kana kana kana kana kana kana	
		: 18944.1 and 1	18942. I have veril	fied that the distribution set forth	above, is in accordance with the rel	quirements.
			ee Ann Ferg		pervisor's Assistant	7/20/15
			Print Name		Title	(Monih, Day, Year)

1. AÇ	MODOV N.					A Public Docume
	gency Name				Date Stamp	California 80
	ameda County			Form OU		
Div	vision, Department, or Regi	on (If Applicab	le)		ad t	For Official Use Only
	pard of Supervisors					
Des	signated Agency Contact (	Name, Title)				
Lee	e Ann Fergerson, Supervi	sor's Assista	int			
		E-mail		2	Amendment (Must p	rovide explanation in Part 3.)
(51	10) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing: .	
2. Fu	nction or Event Information					(Month, Day, Year)
Doe	es the agency have a ficket	policy?	Yes 😰 No	Face Value o	f Each Ticket/Pass \$	3200
Eve	ent Description 1943	elsalo	(	-	1 21 15	and and an and a second se
L. V C		Provide Title/Exp	lanation	Date(s)		
	kel(s)/Pass(es) provided by		Yes	If no: Ca	kland DA	hletics
	s ticket distribution made at agency official?	the behest	No 🗌. Yes	If yes:	neda Counly Supervisor S Official's Name (La	cott Haggerty, District 1
	cipients					
« Use	e Section A to identify the agency's	department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
Α.	Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)	<b>i</b> .	c purpose made pursuant to	
		25-114 (H (207 8-10))				
<u>В.</u>	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	, R
	Daniel C	abral	Z	event in order to	ndance at a county sp maximize potential c esion and parking sal	ounty
Sanna - Arres				Ceremonial Role	Other	Income
		Name of Outside Organization (include address and description)				
C.	Name of Outside Organizal (include address and descrip	ion otion)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
C.	Name of Oulside Organizal (include address and descrip	ion otion)	Ticket(s)/	Describe the public	purpose made pursuant to t	he agency's policy
C.	Name of Oulside Organizal (include address and descrip	ion tion)	Ticket(s)/	Describe the public	purpose made pursuant to t	
	Name of Outside Organizal (include address and descrip	otion)	Ticket(s)/ Рабз(es)	· · ·		
	(include address and descrip	44.1 and 1	Ticket(s)/ Рабз(es)	ied that the distribution set forth	purpose made pursuant to t above, is in accordance with the pervisor's Assistant	

Alameda County       Date Stamp       California 8         Division, Department, or Region (if Applicable)       For Official Use C         Board of Supervisors       Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant       Amendment (Must provide explanation in Pet 3)         Area Code/Phone Number       E-mail         (510) 272-6691       Ieeann.fergerson@acgov.org         2. Function or Event Information       Does the agency have a tickel policy? Yes (D No )         Provide TableExplanation       Face Value of Each Ticket/Pass \$         Ticket(s)/Pass(es) provided by agency? Yes (D No )       Face Value of Each Ticket/Pass \$         Provide TableExplanation       Date of Original Filling: Month, Day, Year         Ticket(s)/Pass(es) provided by agency? Yes (D No )       Face Value of Each Ticket/Pass \$         Provide TableExplanation       Date (S)	1 Amonovall					A Public Docume
Division, Department, or Region (// Applicable)       For Official Use C         Board of Supervisors       Designated Agency Contact (Name, Tillig)         Lee Ann Fergerson, Supervisor's Assistant       Image: Amendment, (Most provide exploration in Ped 3 (510) 272-6691         Lee Ann Fergerson, Supervisor's Assistant       Image: Amendment, (Most provide exploration in Ped 3 (510) 272-6691         Lee Ann Fergerson, Supervisor's Assistant       Image: Amendment, (Most provide exploration in Ped 3 (510) 272-6691         Levent Oescription or Event Information       Date of Original Filling: Image: Amendment, Day, Year)         Des the agency have a ticket policy?       Yes SD No Image: Amendment, Tillig)         Provide TimeEpinatien       Date (s) Image: Amendment, Day, Year)         Date(s) Image: Amendment, Tillig       Image: Amendment, Day, Year)         Was ticket distribution made at the behest No Image: Yes SD No Image: Amend County Supervisor Scott Haggeriy, District of agency, Official?       No Image: Yes SCott A to Mostly an eutable organization of the space Y's department or unit         A. Name of Agency, Department or Unit       Number of Treately Pesc(ex)       Describe the public purpose made pursuant to the agency's policy and the start free the public purpose made pursuant to the agency's policy and the start free the maximize potential county revenue for concesion and parking sales.         B. Name of Individual Account Image: Face of the public purpose made pursuant to the agency's policy revenue for concesion and parking sales.       Incermation of the public p	1. Agency Name				Date Stamp	
Board of Supervisors         Designated Agency Contact (Name, 700)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         [510] 272-6691         Ideam, fergerson@acgov.org         Date of Original Filling:         @Amondment (Mast provide explanation for the agency's policy Provide Table policy?         Yes       No         Provide Table       Face Value of Each Ticket/Prass 5         Provide Table       Date(s)         Provide Table       No         Vas ticket distribution made at the behest of digency official?       No         Vas ticket distribution made at the behest of digency official?       No         * Use Section A to identify the agency's department or unit.       • Use Section A to identify an individual.       • Use Section C to identify an individual.       • Use Section C to identify an individual.         A. Name of Individual       Number of nee table for Orner of Ticket(b)       Describe the public purpose made pursuant to the agency's policy Preseted         B. Name of Individual       Number of nee tables or 'Other' describe beau:       Intermoving Ticket(b)         Preseted       Ceremonial	-					Form OU
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (510) 272-6691         Ideam.tergerson@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes KD No         Event Description         Based Original Filling:         Provide Title/Epinnason         Ticket(s)/Pass(es) provided by agency?         Yes KD No         If no:         Checktory?         Vas ticket distribution made at the behest no         of agency official?         Nome of Agency, Department or unit         Number of Ticket(s)/Pass(es)         Provide Title/Epinnason         Recipients         Use Section A to identify the agency's department or unit         Number of Ticket(s)/         Provide Title/Epinnason         Recipients         Use Section A to identify the agency's department or unit         Number of Ticket(s)/         Provide Title/Epinnason         Recipients         Use Section A to identify the agency's policy         Pass(en)         Describe the public purpose made pursuant to the agency's policy         Pass(en)         Ceremonial Rol	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number (510) 272-6691       E-mail leeann fergerson@acgov.org       Date of Original Filing:         Date of Original Filing:       Month, Day, Venty         Does the agency have a licket policy?       Yes (D) No         Event Description       Month/Like/Paraton         Trocket(s)/Pass(es) provided by agency?       Yes (D) No         Vas ticket distribution made at the behest of agency official?       No         Was ticket distribution made at the behest of agency official?       No         Percention       No       Yes (D) No         Recipients       No       Yes (D) No         - Use Section A degree/s department or unit.       No       Yes (D) No         B.       Name of Agency, Department or Unit.       Nomber of Teket(s)         Pass(ea)       Concensult Rev' or Other distribution to the agency's department or unit.       Nomber of Teket(s)         Pass(ea)       Concensult Rev' or Other distribute beas:       Incensity points         Use Section A to identify one of the following: metric free       Concensult Rev' or Other distribute beas:       Incensity points         Recipients       Number of Teket(s)       Describe the public purpose made pursuant to the agency's policy       Incensity policy         B.       Name of Agency, Department or Unit       No						
Area Code/Phone Number (510) 272-6691       E-mail       Amendment (Must provide explanation in Peri 3 Date of Original Filing:	Designated Agency Contact (	Name, Title)				
Area Code/Phone Number (510) 272-6691       E-mail       Amendment (Must provide explanation in Peri 3 Date of Original Filing:	Lee Ann Fergerson, Supervi	isor's Assista	ant			
(510) 272-6691       leeann fergerson@acgov.org       Date of Original Filing:(Madh, Day, Yest)         2. Function or Event Information       Does the agency have a licket policy? Yest O No □       Face Value of Each Ticket/Pass \$					Amendment (Must pr	ovide explanation in Part 3, )
Event Linformation Does the agency have a ticket policy?     Yes D No Event Description     Description     Description     Provide TimeExplanation Ticket(s)/Pass(es) provided by agency?     Yes(D No     Yes     Yes     No     Yes     Yes	(510) 272-6691	leeann.ferg	erson@aco	ov.org		
Does the agency have a ticket policy?       Yes (D) No       Face Value of Each Ticket/Pass \$ 3200         Event Description       Build (D) Provide TibleExplanation       Date(s)       23,15         Ticket(s)/Pass(es) provided by agency?       Yes (D) No       If no:       Callel (D)	2. Function or Event Inform		0.0			(Month, Day, Year)
Event Description       Building       Date(s)       Date(s)       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Outseldand       Hutters/         Was ticket distribution made at the behest of agency official?       No       Yes       Atmeda County Supervisor Scott Haggerty. District Official?         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.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization         B.       Name of Individual       Number of Teket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Identify one of the following:       Identify one of the following:         Recting       Ceremonial Role       Other       Incom         Mumber of (include address and description)       Number of Teket(s)       Identify one of the following:       Incom         C.       Name of Outside Organization (include before)       Incom       Incom       Incom         Verification       Number of (include address and description)       To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.       Describe the pu		Yes D No	Face Value o	f Fach Tickel/Dage C	3200	
Frevide Title#Explanation       If no: Carleland Hubble Control of Submer Contrecontrol of Submer Control of Submer Control of Submer	Fuel Blus	0/00/00			7215	and the second and the
Was ticket distribution made at the behest of agency official?       No Yes       Alameda County Supervisor Scott Haggety, District Official? Mane (Last, First)         Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify an outside organization A. Name of Agency, Department or Unit       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(sy Pass(es)       Identify one of the following: Pass(es)       Income I thereing "Commonal Role" or "Other" describe before:         Multiple       To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         Werification       Number of Ticket(sy Pass(es)       To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.         C.       Name of Outside Organization (include address and description)       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Verification       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy	Event Description <u>1200</u>	Provide Tille/Exp	lanation	Date(s)	1620 -	
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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)/ Pase(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (section B)       Number of Ticket(s)/ Pase(es)       Identify one of the following:         Ceremonial Role       Other       Incom       Incom         Weekeed       To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.       Describe the public purpose made pursuant to the agency's policy         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pase(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Verification       Number of Ticket(s)/ Pase(es)       Describe the public purpose made pursuant to the agency's policy		the behest	No 🗌 Yes	If yes:	neda County Supervisor Sc	ott Haggerty, District 1
A. Name of Agency, Department or Unit       Number of Tricket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last Fed)       Number of Tricket(s)/Pass(es)       Identify one of the following:         B.       Name of Individual (Last Fed)       Number of Tricket(s)/Pass(es)       Identify one of the following:         Pass(es)       Ceremonial Role       Other       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Verification       Number of Tricket(s)/Pass(es)       Other       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom         Were the public purpose made pursuant to the agency's policy       Incom       Incom						
A.       Name of Agency, Department or Unit       Number of Tricket(s) Pase(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (sat, Fed)       Number of Tricket(s) Pase(es)       Identify one of the following:         B.       Name of Individual (sat, Fed)       Number of Tricket(s) Pass(es)       Identify one of the following:         B.       Name of Individual (sat, Fed)       Number of Tricket(s) Pass(es)       Identify one of the following:         Were of Uside Organization (include address and description)       Number of To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.         C.       Name of Outside Organization (include address and description)       Number of Teket(s)/Tekes(s)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of (include address and description)       Number of Teket(s)/Tekes(s)       Describe the public purpose made pursuant to the agency's policy	<ul> <li>Use Section A to identify the agency</li> </ul>	s department or	unit » Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
B.       Name of Individual (cent. Field)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Income If thecking "Ceremonial Role" or "Other" describe below:         Multiple       Z       To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales.         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         Verification       Verification			Number of Ticket(s)/		ic purpose made pursuant to	the agency's policy
B.       Individual Last, Fail       Ticket(s)' Pass(es)       Identify one of the following:         Image: Constraint of the						
B.       Individual (Last, Frit)       Ticket(s)/ Pass(es)       Identify one of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:         Image: Constraint of the following:       Image: Constraint of the following:       Image: Constraint of the following:<						
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B.       Individual Last, Fail       Ticket(s)' Pass(es)       Identify one of the following:         Image: Constraint of the			41			
It checking "Ceremonial Role" or "Other" describe below:         It checking "Ceremonial Role" or "Other" describe the output context is a county sponsored event in order to maximize potential county revenue for concesion and parking sales.         It checking "Ceremonial Role" or "Other" describe below:         It checking "Ceremonial Role" or "Other" describe below:         It checking the public purpose made pursuant to the agency's policy         It checking the public purpose made pursuant to the agency is policy         It checking the public purpose made pursuant to the a	B. Name of Individual (Lost, First)	B. Name of Individual (Last, Free)			Identify one of the following	
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					Country Country	Income
C.     C.     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy       Verification     Verification	Mel Luna		2	event in order to	maximize potential c	county
Verification	C. Name of Outside Organiza (include address and descrip		Ticket(s)/	Describe the public	purpose made pursuant to t	he agency's policy
Verification				s	and an	
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	Verification		Marcanana anna ann an an an an an an an an a			
						requirements.
Lee Ann Fergerson Supervisor's Assistant 7/-73-(		Le		erson Su		
-	Comment:					

1. Agency Name			io pionioadono		A Public Docume
				Date Starnp	California RO
Alameda County Division, Department, or Regi	AL (11 A 11 1		Form 00		
Division, Department, of Kegi	on (II Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Vame, Title)				
Lee Ann Fergerson, Supervis	sor's Assista	ant			
	E-mail			Amendment (Must p	rovide explanation in Patl 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Origina   Filing:	
. Function or Event Inform	nation				(Month, Day, Year)
Does the agency have a ticket	policy?	o 🗌 🛛 🛛 Face Value o	fEach Ticket/Pass \$_	22,00	
Event Description Buse	Dario0	9 ICT	million Concernance and Concernance and Concernance and Concernance and Concernance and Concernance and Concern		
Event Description	Provide Tille/Exp	lanation	Date(s)	JEID.	
Ticket(s)/Pass(es) provided by	agency?	kland Da	hletics		
	Was ticket distribution made at the behest No . Yes If yes:			neda County Supervisor Se	
of agency official?			( · · · · · · · · · · · · · · · · · · ·	Official's Name (La	st, First)
Recipients					
• Use Section A to identify the agency's	department or	l. « Use Section C to identify	y an outside organization,		
A. Name of Agency, Department or Unit Ticket(s) Pass(es)				c purpose made pursuant to	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		dentify one of the following	
			To promote attendant to maximize potential parking sales,	ce at a county sponsored e county revenue for conces	event in order ome
			Ceremonial Role	Olher	Income
•			Il checking *Ceremonial R	ale" or "Olher" describe below:	to a local to
					·
Name of Outside Organization (include address and descript	on ion)	Number of Ticket(s)/ Pass(es)	Describe the public j	purpose made pursuant to th	e agency's policy
Fremont BKS	2		nonprofit organization for		
3×991 tarwell Bri	<u>vr</u>		Its contributions to the	community.	
	1				61/12/00/00/00/00/00/00/00/00/00/00/00/00/00
Frenont Ul gys 7299	36_		*	88.5° XXXII Maanaa (* . * 1	

Lee Ann Fergerson Supervisor's Assistant 7-23-15 Pnni Name Tule Tule (Month, Day, Year) Comment: <u>M. proceeds from this behest will go towards their Major Project</u> Which Buefilshandicapped Childley FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (//Appl/cable) For Official Usa Only Alameda (buuty Difervisor Designated Agency Corract (Ware, 1710) Lee Ann Fergerson, Ticket Administrator Amondmont (Must provide explanation in Port 3.) Area Code/Phone Number E-mall erson Cacqui via 510 277. Date of Original Filing: Polol eegm. era (Monih, Day, Year) 2. Function or Event Information DD Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description\_ Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗌 No 🗌 Nome of Source Was licket distribution made at the behest SCOT No 2 Yes of agency official? Name TLast Plust 3. Recipients . Use Section A to identify the opency's department or unit. ..... Use Section B to identify an individual. ..... Use Section G to identify an outside organization. Number of Ticket(e)/ Pase(co) A. Name of Agency, Department or Unit . Describe the public purpose made pursuant to the egency's policy .D15T1 To reward a County employee for his or her exemplary service to the public or to encourage staff development Number of Tickot(s)/ Pase(es) Name of Individual B. Identify one of the following: Coremonial Relo Other T Incoma Il checking "Geramonial Role" of "Other" describe below Ceramonial Rola • Other Incoma If charking "Commonist Role" or "Othor" describe below: Number of Tickel(s)/ Pass(es) Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy Verification I have read and understand FPFA Regulations 4004A 4 and 18942. I have varided that the distribution set forth above, is in accordance with the requirements in Fergerson Ticket-Administrator Print Namo Mach Day You Comment'

FPPC Form 802 (4/12) FPPC Toll-Fron Helpline: 866/ASK-FPPC (886/276-7772)

1. Agency Name			Date Starmp	A Public Docume		
	ameda County vision, Department, or Region ( <i>Il Applicable)</i>					
Division, Department, of Region (# App#	cable)			For Official Use Only		
Board of Supervisors			, .			
Designated Agency Contact (Name, Title)	00000000000000000000000000000000000000					
Lee Ann Fergerson, Supervisor's Ass	Lee Ann Fergerson, Supervisor's Assistant					
Area Code/Phone Number E-mail			Amendment (Must prov	vide explanation in Parl 3.)		
(510) 272-6691 leeann.fe	ergerson@acg	ov.org	Date of Original Filing:			
2. Function or Event Information				(Month, Døy, Year)		
Does the agency have a ticket policy?	Yes D No	Face Value o	f Each Ticket/Pass \$	39.00)		
Eusebourge Buselorio	o t	$\alpha$				
Event Description Provide Tiller	Explanation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	kland St Name of Source	hletics				
Was ticket distribution made at the behes of agency official?	t No .Yes	If yes:Alar	neda County Supervisor Sco	It Haggerty, District 1		
			Official's Name (Last,	First)		
<ul> <li>Recipients</li> <li>Use Section A to identify the approv's department</li> </ul>	orunli a the Sa	nélan Dién felandik, an 1. si ri s				
• Use Section A to identify the agency's department     Å. Name of Agency, Department or Unit	Number of	처음 전 이 가지 않는 것이 같아. 이 가지 않는 것이 있다. 이 가지 않는 것이 있는 것이 없다. 이 가지 않는 것이 있는 것이 없는 것이 없 않이				
A., Name of Agency, Department or Unit	Describe the publi	c purpose made pursuant to ti	ne agency's policy			
DIGTI	2	To reward a Count	ty employee for his or h	aladin yang baran baran in Ang		
	6	exemplary service	to the public or to enc	nurage		
		staff development				
B. Name of Individual (Lest, Fint)	Number of Ticket(s)/ Pass(es)	, ·				
	Contraction of the second s	-	Identify one of the following:			
		To promote attendan	ce at a county sponsored eve county revenue for concessi	ant in orden		
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		To promote attendan to maximize potential parking sales. Ceremonial Role	ce at a county sponsored eve county revenue for concessi	ant in orden		
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Supervisor's Assistant ee Ann Fergerson Print Name

4.

7-16-15 (Month, Day, Year)

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

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1.	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)		t of onicit out only		
	Board of Supervisors					
	Designated Agency Contact (	(Neme, Title)		2017/19-14-41/019/100404/0010120-001020-001020-0010-00000-0000-0		
	Lee Ann Fergerson, Superv	isor's Assistan	it'		Amendment (Mus	t provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	un na martin a standard a standard da in na sport anna an stàiteachadh			
	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filln	(Monlh, Day, Year)
2.	Function or Event Infor				ې	9,000
	Does the agency have a ticke	t policy?	Yes No [		of Each Tickel/Pass \$	
	Event Description Valu	land A	is Bas	Lubate(s)	1815	
		Provide Tille/Expla		Oal	20 and the	l. Ontras
	Tickel(s)/Pass(es) provided b	y agency?	Yes P No [		Name of	Source
	Was ticket distribution made a	at the behest	N'A CARLES - PERMANAN SE MANANA SE ANANAN UNANA SE MANANG MANANA SE ANA	cott Haggerty, District 1		
	of agency official?		No LI Yes-	A If yes:	Official's Nam	e (Lasi, Firsi)
ълбора З,	Recipients				· · ·	
	• Use Section A to Identify the agenc	y's department or i	and a second	tion B to identify an individ	ual. • Use Section C to id	lontify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/		olle purpose made pursu	ant to the agency's policy <sub>ing</sub>
			Pass(es)	1.39月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	an in an an ann an ann an ann an ann an ann an a	n policie de la construir de la de Bergarde de Carlos y a de P
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	B. Name of Individu	Jal	Number of Ticket(s)/		Identify one of the foll	owing:
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					nial Role" or "Other" doscribe bei	
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				Ceremonial Role	Diher L nial Role" or "Other" describe bol	Income L_
				4		
	C. Name of Outside Orga	Inization	Number of Ticket(s)/	Describe the pu	blic purpose made pursu	ant to the agency's policy
	(Include address and de	<u> </u>	Pass(es)	-	and the second second second	
	Alameder Count	ty sheriff	18/1		unty employee for t y service to the put	
	An north	1	<u>&gt; 17</u>		staff development	n n n n n n n n n n n n n n n n n n n
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teres a	split Seats 8p	artingt	~ <u></u>		an a	รากกระบบการการการการการการการการการการการการการก
4	, Verification		d 18942. I have vi	erified that the distribution set	Iorth above, is in accordanc	e with the requirements
			Supervisor's Assis	tant 7-14-15		
		<b>6331-4</b> 00000-0-	Lee Ann Fe		Title	(Manih, Day, Year)
	$\sim 1000$	SILIN	k Ave	Dublin 1	GA 94578	
	Comment: <u>vvvv</u>	1	·- / ····	1 ^		FPPC Form 802 (4/12)
	Comment: <u>474</u> 2000	150th 1	the Sa	n Leandro	,	ne: 866/ASK-FPPC (866/275-7772)
				CA 9457	18	6

1. Agency Name Date Stamp en lon ne 2010 Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Tickel/Pass \$ Does the agency have a ticket policy? Yes No D Date(s) Event Description Provide Tille/Explanation Tickel(s)/Pass(es) provided by agency? If no: Yes No Alameda County Supervisor If yes: \_\_Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🗌 Umciers 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 3.46 Name of Individual Identify one of the following: Β. Ticket(s)/ (Lost, Fich) Pass(cs) To promote attendance at a county sponsored :ome Ameil Amezuca event in order to maximize potential county revenue for concesion and parking sales. Income Geremonial Role Other If checking 'Caremonial Role' or 'Ollior' describe below: 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) Vehification. 1 and 18942. These verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Title (Manlh, Doy, Year) Print Nome

Comment: \_

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (856/275-7772)

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1.	Agency Name	Dale Stamp		H:1012			
,1	Alameda County			- to		For Officia	Use Only
	Division, Department, or Regi	on (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)		24502400 MONANTO - 122220 MONANTO - 22200 MONANTO - 22200 MONANTO - 2020 MONANTO - 2020 MONANTO - 2020 MONANTO	-		
	Lee Ann Fergerson, Superv	isor's Assistant			- prostrong		
	Area Code/Phone Number	E-mail		<u>a ta a gana mangang ang p</u> ananan na na sini kélékéték ménakétékéték nénakétékétékéték nénakétékétékétékétékétékéték	Amendment (Mus	it provide explanation	in Part 3.)
	(510) 272-6691	leeann.fergers	son@acgov	.org	Date of Original Filling	g: (Monlli, Day, Y	ear)
2.	Function or Event Inform	nation				21 70	
	Does the agency have a ticke	t policy? Y	′es□ No[	Face Value	of Each Ticket/Pass \$	36.75	
	Event Description	D Kith	1 CONC	ect Date(s)	1,10,15		
	Tiekette) (Oceater) provided by			J If no:	SW		
	Ticket(s)/Pass(es) provided b	y agency ? Y	resta Nol	11110,	Name of		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	Alameda County S Scott Haggerty, Di	Supervisor	an a a a a a a a a a a a a a a a a a a
<u>.</u> 3.	Recipients						
	<ul> <li>Use Section A to Identify the agenc</li> </ul>	y's department or ur	and the second se	and an	dependent and in the president of the president of Conference	offentigter beserer interfiguent unterbes alles	atterne in der erne blitten bereitet.
	A. Name of Agency, Departmo	ant or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursu	ant to the agency's	policy
							,
,							
	:e						
	B. Name of Individu	al	Number.of Ticket(s)/ Pass(es)		Identify one of the foll	owing:	
	Alina Amezu	00	4		ttendance at a coun	• •	ne 🗌
	Anna Anneus		I		to maximize poten	· · · ·	
				revenue for co	oncesion and parkin	g sales.	2.
		- 		Ceremonial Role	Other:		Income
				I cliecking 'Cerem	onial Role" or "Other" describe bei	ow:	
			· ·	а;			· .
							79727020007014
	C. Name of Outside Orga	nization scription	Number of Ticket(s)/	Describe the p	ublic purpose made pursu	iant to the agency's	policy-
		24/10/24/40/22/414	Pass(es)	11月19日19月1日日1月1日日1日日 11月11日日 11月11日日日1月1日日日1日日 11月11日日日1日日日		9008108109191919191919191919191919191919	
		· 'e			generation of the state of the		
)annac A	Vievification		<u> </u>				
4.	. Verification. Dave lead and understand FPPC Rec	ulations 18944.1 and	18942. I have v	erified that the distribution s	el forth above, is in accordanc	e with the requiremen	is.
			_ee Ann Fe		Supervisor's Assis	Excercited in the second	-10-15
		i	Print Ner		Tillo	(A	tonlli, Day, Year)
	Comment:		·····				

# Agency Report of:

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document	
1. Agency Name	Agency Name				
Alameda County				For Official Use Only	
Division, Department, or Region (If Applica	ible)	na a contractor a forma de la forma de		For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)		анараланан улуунын Алас Сорон Абрандан араар алаан алуу улуунаар оруунын дан алаан алаан алаан			
Lee Ann Fergerson, Supervisor's Assis	stant				
Area Code/Phone Number [E-mail			Amendment (Must	provide explanation in Part 3.)	
	rgerson@acgov	/.org	Date of Original Filing	(Month, Doy, Year)	
2. Function or Event Information				2175	
Does the agency have a ticket policy?	Yes□ No I	Face Value of	of Each Ticket/Pass \$ .	36115	
Event Description Hello Kitte	1 Concer	L Date(s)	11 NIS	ľ ľ	
Event Description Provide TilleA					
Ticket(s)/Pass(es) provided by agency?	Name of S	Source			
i de la companya de l					
Was ticket distribution made at the behas of agency official?	st No 🗌 Yes		meda County Super ott Haggerty, District	1 irsi)	
<ol> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ol>	t or unit. 🔹 Üso Sec	tion B to Identify an Individ	luali • Use Section C to Ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)		blic purpose made pursua		
	Pass(os)				
		n ferne y 1000 million fallanda an			
	Number of				
B, Name of Individual (Last, Firit)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	,	To promote atter	ndance at a county s	sponsored ncome	
Patty Avila	4	event in order to	maximize potential	county	
Alexand Alexand	l i	revenue for conc	esion and parking s	ales.	
Anerra wiona	<u> </u>	Ceremonial Role	Other 🗌	Income [	
			onial Role" or "Olher" describe belo	w;	
		•			
				an the much state of the state of the	
C. Name of Outside Organization	Number of Ticket(s)/		iblic purpose made pursu	ant to the agency's policy	
(include/address/and/description)	Pass(es)		<u>s</u>	역 전철권을 것 같았다. 관리가 가지 가지 않는 것이다. 	
				, ·	
				an a	
		þ			
	in and in the second				
4. Verification.	1 and 18942. I have v	enfled that the distribution se	l forth above, is in accordance	With the requirements.	
	Lee Ann Fe		Supervisor's Assist		
	Print No		Tillo	(Month, Day, Year)	

Comment:

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

# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document
. Agency Name				Date Stamp	Cellouel Cine2
Alameda County					
Division, Department, or Region ( <i>If Applicable</i> )					For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Tille)				
Lee Ann Fergerson, Supervisor's Assistant					
Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)	
(510) 272-6691				Date of Original Filing:(Month, Day, Year)	
Function or Event Information					1.(.200)
Does the agency have a ticket policy? Yes I No			Face Value o	of Each Ticket/Pass \$	1,620.00
Event Description A'S 51		Date(s)	51115	in the second	
Event Description 222	Provide Tille/Explai	nation		1.1. 6 1.1	1 actors
Ticket(s)/Pass(es) provided b	y agency?	Yes 🖉 No l	If no: <u>Oo</u>	Wellind It	hletics
Was ticket distribution made at the behast No $\Box$ Yes $\Box$ If yes $A$				unda County St	Denisor Sontthinger
of agency official?	at the penest	NO LI YES		Official's Name (	Last, First)
3. Recipients					
Use Soction A to Identify the agond	:y's department or u	ınlt.   • Use Soc	tion B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of	Describe the pu	blis purpose inade pursuani	to the agency's policy
ton (Carlor Hellow)	영수 가지 않는 것	(Pass(es)			
					۰.
		:			
¥ .					
B. Name of Individu	เกโ	Number of		Identify one of the follow	ling:
D. [Last First]		Ticket(s)/ Pass(es)			
		· · ·	Ceremonial Role	Other of Other describe below:	Income
			pencenary content		
					/
Yaannoi maalaada aanaa maala biyaa qolaa aashiin gaar ahaan ahaa ahaa ahaa ahaa bahayaa ahaa bahayaa ahaa bahay	2009-00-00-00-00-00-00-00-00-00-00-00-00-		Ceremonial Role		Income
			If checking "Cerem	anial Role <sup>*</sup> or "Other" describe below;	
		1		i.	
		Number of			
C. Name of Outside Orgo (Include address and d		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	it to the agency is policy
Fertile Ground	(1) artic	18/		l or nonprofit organization	n for
FOULLE DIAMA	works.	194	Its contributions to	the community.	Malacity procession
4742 East LAN	mul.				,
Livermore, CA	94551			•	аналан таранан тарак тарак Тарак тарак тар
4. Verification.					ulth the requirements
	1 an			t forth above, is in accordance w	- 1 1
	automasian	Lee Ann Fe		Supervisor's Assista	(Month, Day, Year)
	- 1	Print No			
Comment: <u>Teuchi</u> Organ Neigh	ng Susta	inable	agricultur	t and growing	FPPC Form 802 (4/12)
Organ	tè food	d for	our	FPPC Toll-Free Helpline	: 856/ASK-FPPC (866/275-7772)
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vergn	VIC S	v ve			· · · ·