Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Steven Jones				,
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 steven.jones	@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(monin, buy, rour)
	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 🔔	12.00
Event Description <u>Alameda County Fair</u> Provide Title/Expla			<u>, 17 , 15</u>	7 , 5 , 15
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Alame	da County Fair Associ Name of So	iation ^{urce}
Was ticket distribution made at the behest	Was ticket distribution made at the behest No 🗌 Yes 🛛			
of agency official?	_	If yes: Chan	Official's Name (I	Last, First)
3. Recipients • Use Section A to identify the agency's department or u	unit. 🏾 • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Social Services Agency	12		ance at a County spon cility to maximize pote	
Treasurer-Tax Collector	2		ance at a County spon cility to maximize pote	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
•.		Ceremonial Role If checking "Ceremor	Other describe below:	. Income
		Ceremonial Role If checking "Ceremor	Other International Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4 Varification	ļ			

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 Supervisor's Assistant 015 Signature of Agency Head or Designee Print Name Title h, Day, Year) Comment:

Cerei	nonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1. Age	ency Name	, .			Date Stamp	California 802
Alar	neda County					
Divis	sion, Department, or Regio	on (If Applicable	e)			For Official Use Only
Boa	rd of Supervisors					
Desi	gnated Agency Contact (/	lame, Title)			4	
Stev	ven Jones					
Area	Area Code/Phone Number E-mail			_ [_] Amendment (Must p	vrovide explanation in Part 3.)	
(510)) 272-6693	steven.jones	s@acgov.org]	Date of Original Filing:	(Month, Day, Year)
2. Fur	nction or Event Inform	nation				
Doe	s the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 🛓	\$32
Evor				7 <u>, 17 , 15</u>	1 1	
Ever		Provide Title/Expl	lanation			
Tick	et(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd A's	ا المراجع المراجع
					Name of So	urce
	ticket distribution made at agency official?	the behest	No 🗌 Yes	If yes: Char	i, vviima Official's Name (last First)
EAST-STATISTICS						
	cipients • Section A to identify the agency'	's department or	unit a Line See	tion B to identify an individ	ual alles Section C to iden	tify an outcide organization
			Number of		Market trade of the article of	ane na Minera televite, i el den al cener
A.	Name of Agency, Departmer	it or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Roman and Party						а на 1998 и 1999 и 1 999 и 1999 и 19
		,				
	`					
					·	
Β.	Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follow	ing:
	Irma's and		Pass(es)			
Brel	kke-Meisner, Lukas				Diher describe below:	
	·		2	-		eld at a County facility in
					potential County rever	
				Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	10 MW
			Number of		• 	
C.	Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
<u>.</u>						
4500 Garden M.S. annah		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				ener (d. 1999), fai fai anna a' an taith air a dhanna ann an ann ann ann ann an an an an
	•					
A \/.	ifiaction		<u> </u>			

4. Verification

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

	Steven Jones	Central District Director	08.06.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			EDDC Earm 802 (4/42)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	Alameda County				
	Division, Department, or Regi	on (If Applicable	э)	an a		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.jone:	s@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$32
	Event Description Baseball g	ame Provide Title/Exp	lanation	Date(s)7	<u>, 21 , 15</u>	
	Ticket(s)/Pass(es) provided by	v agencv?		Ist If no: Oakla	nd A's	
				Name of So	burce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Char	, Wilma Official's Name	(Loct Eirot)
100000					Onciars Name	
3.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			Number of			
	B. Name of Individua (Last, First)	al <u>second</u>	Ticket(s)/ Pass(es)		Identify one of the follow	rìng:
	Rivera, Lionela		2	-	nial Role" or "Other" describe below:	
	•.		2		ance at a(n)… event h potential County reve	neld at a County facility in nue
			2	Ceremonial Role	Other ot	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	lic purpose made pursuan	t to the agency's policy
					an an an an Alexandra an Alexandra an Alexandra an Alexandra an Alexandra an Alexandra	
panetos						

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	08.06.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	,		. ×
Comment:			

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
Alameda County		
Division, Department, or Region (If Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)	-	
Steven Jones		
Area Code/Phone Number E-mail	Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6693 steven.jones@acgov.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information		(Mohili, Day, Todi)
	of Each Ticket/Pass \$ 🚣	\$32
Event Description Baseball game Date(s) 07	7 <u>, 31 , 15</u>	·//
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklar	nd A's	
	Name of Sol	urce .
Was ticket distribution made at the behest No □ Yes ⊠ If yes: <u>Chan</u> of agency official?	official's Name (L	ast. First)
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	blic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es)	Identify one of the followi	ng;
Ceremonial Role	Other D	. Income
	nial Role" or "Other" describe below:	ald at a County facility in
	potential County reven	eld at a County facility in ue
	Other D	
	olic purpose made pursuant	to the agency's policy
(Include address and description) Pass(es)		n de la construction de la constru La construction de la construction d
4 Verification		

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

Steven Jones **Central District Director** 08/06/2015 Signature of Agency Head or Designee Print Name (Month, Day, Year) Title Comment:

A Public Document

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form GUZ For Official Use Only
	Division, Department, or Region (If Appl	licable)	· •		
	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	
		ones@acgov.org			(Month, Day, Year)
2.	Function or Event Information			f Each Ticket/Deco ¢	\$80ticket/\$20parking
	Does the agency have a ticket policy?	Yes 🛛 No			\$80ticket/\$20parking
	Event Description Baseball game	e/Explanation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	_	If no: Oakla	nd A's	
	licket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			Name of S	ource
	Was ticket distribution made at the behavior of agency official?	est No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(Last First)
				onnoid o Hanno	
3.	• Use Section A to identify the agency's departme	ent or unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntifv an outside organization.
	A. Name of Agency, Department or Unit	Number of	No. 1940 - El transfert	olic purpose made pursuar	
		Ticket(s)/ Pass(es)			

		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
	ng nganang ng n	·	Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
	·				
	Name of Outside Organization	Number of		ning and the second	
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
	Oakland Junior Giants Baseball Leag	aue I	To promote health	motivate and provide	e expanded opportunities
	250 Frank H. Ogawa Plaza, 94612	18/4		lations in the County.	
	Youth athletics with a focus on team	work			anna a chuir ann an Anna ann ann ann ann ann ann ann
	and character development				
4.					
	11; ···································			forth above, is in accordance w	vith the requirements.
	Signature of Agapany Hoad of Davianan	Steven Jo		Central District Direct	
	Signature of Agency Head or Designee	Print Nam	IE .	Title	(Month, Day, Year)
	Comment:	1	a de la compansión de la c		
				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

C	eremonial Role Event	s and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				n enni – – – –	
	Division, Department, or Regional structure of the second structure of the sec	on (If Applicable,)	9999-999999999999999999999999999999999		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	lame, Title)	······		-	
	Steven Jones					
	Area Code/Phone Number E-mail			anakéran kelenden a salén a déké téré térékérekerekerekerekerekerekerekerekerek	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org)	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes 🛛 No 🗔 Face Value of			of Each Ticket/Pass \$_	\$90ticket/\$20parking	
	Event Description Baseball ga	ame Provide Title/Expla	anation	Date(s)	7 31 15	//
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakia	and A's	
		agonoy .		have a	Name of So	urce
	Was ticket distribution made at the behest No I Yes I If yes: Chan, Wilma		n, Wilma			
and the second	of agency official?				Official's Name (Last, First)
3.	RecipientsUse Section A to identify the agency	's department or ι	ınit. ● Use Sec	tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
					<u></u>	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	
	(Last, First)		Pass(es)			"I'9"
				Ceremonial Role If checking *Ceremo	Other Other or "Other" describe below:	. Income
	612.01.01.01.01.01.01.01.01.01.01.01.01.01.			Ceremonial Role	Other	
					 onial Role" or "Other" describe below:	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	Iblic purpose made pursuant	to the agency's policy
	Alameda County Meals on V Swan Way, Suite 120, Oakla		3/1	To reward a n community	onprofit organization fo	r its contributions to the
	Delivers warm, nutritious me homebound seniors	als daily to				

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	08/06/2015
alling an under the of the order of the orde	Print Name	Tille	(Month, Day, Year)
Comment:	•		

С	eremonial Role Events and Tick	cet/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				101111
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		****		
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693 steven.jones(@acgov.ord	a	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(Mohin, Day, Tear)
	·	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ 🚊	\$80ticket/\$20parking
	Event Description Baseball game Provide Title/Explain	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?		If no: Oaklar	nd A's	
	nexer(s)/r ass(cs) provided by agency:	Yes 🗌 No		Name of So	Urcə
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
kanasas	of agency official?			Official's Name (i	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu I	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
				กระการการการการการการการการการการการการการก	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	
	(Ləst, Firši)	Pass(es)		Identify one of the follow	111 9 .
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				ial Role" or "Olher" describe below:	
				•	
		Number of			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)	sini a sinanaa a		
	Oakland Citywide Girls' Sports 250 Frank H. Ogawa Plaza, 94612	18/4		motivate and provide ations in the County	expanded opportunities
					,
	Youth athletics with a focus on teamwork and character development				
4	•				·
4.	Verification	18942, I have ve	erified that the distribution set fi	orth above, is in accordance wi	th the requirements.
		Steven Jo		Central District Directo	
	Signature of Agency Head or Designee	Print Nam	diliinetjaminankaanseminensemi		(Month, Day, Year)
					· · · · · · · · · · · · · · · · · · ·
	Comment:				

1. Agency Name

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$32 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes X No Baseball game 22 15 7 Event Description Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan,</u> 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other Π Ceremonial Role Income Leslie, Barbara 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 "Olher" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

A.

Β.

C.

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

	Steven Jones	Central District Director	08.06.2015
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)

A Public Document

California

Date Stamp

C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					10111
	Division, Department, or Rec	jion (If Applicabl	e)			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.jone	s@acgov.org	j	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 \$_	\$32
	Event Description Baseball	game Provide Title/Exp		Date(s)	07 <u>30 15</u>	
	Ticket(s)/Pass(es) provided b	Trovide ThiorExp	Yes 🔲 No	If no: Oakl	and A's	
	11				Name of So	
,	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: <u>Cha</u>	Official's Name	(Last, First)
3.	• Use Section A to Identify the agend	cv's department or	runit. • Use Sec	ation B to identify an indivi	dual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		ıblic purpose made pursuan	
	· .					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ìng:
	Amgott-Kwan, Jared			Ceremonial Role If checking "Cerem	Other describe below:	
			2		dance at a(n) event h potential County reve	neld at a County facility in nue
	· · ·		2		Dther Dther conial Role" or "Other" describe below:	. Income
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the p	ıblic purpose made pursuan	t to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
	Verification		·	,		

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	08/06/2015	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	
Comment:				

eremonial Role Events and Tick	(et/Pass	Distributions		A Public Documen		
. Agency Name	Date Stamp	California Form 802				
Alameda County	Alameda County					
Division, Department, or Region (If Applicable)				For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)	<u>3</u>					
Amy Shrago				·		
Arrea Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)		
(510) 272-6695 amy.shrago@	Dacgov.org		Date of Original Filing: .	(Month, Day, Year)		
. Function or Event Information		•		(wonar, Day, rear)		
	🛛 🛛 Face Value o	f Each Ticket/Pass \$	90.00			
		<u>, 31 , 15</u>				
Event Description <u>Athletics vs. Indians</u> Provide Title/Explai	Date(s)					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics			
Hole(o)/ 200(00) provided by agoney (Name of Sol	urce		
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L			
of agency official?			Officiai's Name (L	.ast, First)		
• Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:		
			Other I other is of "Other" describe below:	· Income		
			Other is a construction of the construction of	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Alameda County Meals on Wheels 80 Swan Way, Suite 120 Oakland, CA 9462	4	To reward a school to the community.	or nonprofit organizat	ion for its contributions		
			·			
. Verification	18942 / have ve	prified that the distribution set 6	orth above, is in accordance wit	h the requirements		

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

Amy Shrago Supervisor's Assistant 08-03-15 Print Name Title (Month, Day, Year) or Agency near privesignee U

Comment: .

A Public Document

1.	Agency Name			Date Stamp	California 000	
	Alameda County		Form OUZ			
	Division, Department, or Region (If Applicat	ble)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		an a			
	Amy Shrago					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
		o@acgov.org		Date of Original Filing: -	(Month, Day, Year)	
2.	Function or Event Information				00.00	
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	90.00	
	Event Description Athletics vs. Blue Jays	6	Date(s)07	<u>, 22 , 15</u>	//	
	Provide Title/E>	xplanation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of Sou	irce	
	Was ticket distribution made at the behest		If yes: Carso	on, Keith		
	of agency official?	No 🗌 Yes		Official's Name (Last, First)		
3.	Recipients					
	• Use Section A to identify the agency's department o	f	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			· · · ·			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na:	
,	(Last, First)	Pass(es)		· · · · · · · · · · · · · · · · · · ·		
			Ceremonial Role		Income	
	· · · · ·		If checking "Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role	Other		
				ial Role" or "Other" describe below:		
		Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	East Bay Women's Political Caucus 484	4	To reward a school	or nonprofit organizat	ion for its contributions	
	Lake Park Ave., #305 Oakland CA 946		to the community.			
	,					
4.	Verification		anna an ann a fhailteachan ann an ann an Air			

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

		_	Amy Shrago	Supervisor's Assistant	08-03-15
50 0	-		Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
•	Designated Agency Contact (Name, Title)				
	Amy Shrago				Amondmont (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value o	f Each Ticket/Pass \$	90.00
	Event Description Athletics v	s. Mariners Provide Title/Expl	anation	Date(s)7	, 04 , 15	//
	Ticket(s)/Pass(es) provided by			If no: Oaklar	nd Athletics	L.
	Ticket(s)/Fass(es) provided b	agency	Yes 🗌 No 🛛		Id Athletics Name of Sour	ce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (La	ast, First)
3. Recipients • Use Section A to identify the agency's department or unit			T	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)				o the agency's policy	
				арадна у на селото н -		
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Decker, Breeanna		10		Other Other ial Role" or "Other" describe below:	income
			18		ance at a County spons cility in order to maximi	ored event or event ze potential County rev
			18	Ceremonial Role	Other Conter Conter	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
					<u></u>	
san da jair						טייט איז

4. Verification

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Supervisor's Assistant Amy Shrago 08-03-15 Print Name Title (Month, Day, Year) U

Comment:

C	eremonial Role Events a	nd Ticket/Pas	s Dist	ributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		1.0111			
	Division, Department, or Region (/	f Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	e, Title)				
	Amy Shrago					
	Area Code/Phone Number E-m	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6695 am	y.shrago@acgov.oi	rg		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informati	on			an a	
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value of				f Each Ticket/Pass \$ _	90.00
	Event Description <u>Athletics vs. Mariners</u> Date(s) <u>07</u>				, 03 , 15	///
					nd Athletics	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakia				Name of Sc	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Care				on, Keith Official's Name (
	of agency official?			-	Official's Name (Last, First)
3.	• Use Section A to identify the agency's dep	partment or unit. ● Use :	Section B 1	o identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or	Unit Number o Ticket(s)/ Pass(es)	'	Describe the publ	lic purpose made pursuan	t to the agency's policy
		Nuclear	_			
	B. Name of Individual (Last, First)	Number o Ticket(s) Pass(es)	/		Identify one of the follow	ing:
	Brown, Elaine			Ceremonial Role	Other X al Role" or "Other" describe below:	Income
		4				nsored event or event nize potential County rev
				•••••••	Other D	Income
		4				
	C. Name of Outside Organizatio (include address and descripti			Describe the pub	lic purpose made pursuan	t to the agency's policy
				97799299999999999999999999999999999999		

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

08-03-15 Amy Shrago Supervisor's Assistant Print Name Title (Month, Day, Year) / Signature of Agency Head of Designee Comment:

	,					
1.	Agency Name		Date Stamp California 802			
	Alameda County		Form OO2 For Official Use Only			
	Division, Department, or Reg	ion (If Applicable				
	Board of Supervisors					
	Designated Agency Contact	(Name.Title)				
	• • •	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Amy Shrago		Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	~		Date of Original Filing:	
(nosac	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor			32.00		
	Does the agency have a ticke		Yes 🗌 No	🗙 Face Value c	of Each Ticket/Pass \$	52.00
	Event Description <u>Athletics</u>	/s. Indians		Date(s) 07	<u>, 31 , 15</u>	1 1
					and a second s	
	Ticket(s)/Pass(es) provided b	y agency?	nd Athletics	· · · · · · · · · · · · · · · · · · ·		
		, , ,	Name of So	urce .		
	Was ticket distribution made	at the behest	on, Keith Official's Name (I			
	of agency official?		Ufficial's Name (I	Last, First)		
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ				ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	••••••••••••••••••••••••••••••••••••••		······			
			6			
	1971		Number of			
	B. Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
•	Makkan meneratan manya menerata di Maka dan meneratan dan meneratan di Amerikan		1 433(63)	Ceremonial Role	Other 🛛	
	Dixon, Sahara		_		ial Role" or "Other" describe below:	
			2	To promote attenda	ance at a County spor	sored event or event
				held at a County fa	cility in order to maxin	nize potential County rev
	······································			Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
			-			
	C. Name of Outside Orga (include address and de	nization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and de	scriptiony	Pass(es)		•	
Δ	Vaulliaatian					

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

		Amy Shrago	Supervisor's Assistant	08/03/15
	<i>.</i> .	Print Name	Title	(Month, Day, Year)
.//	()			

Comment: _

A Public Document

С	eremonial Role Even	ts and Tic	:ket/Pass	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County					1 emii		
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only		
	Board of Supervisors			•				
	Designated Agency Contact	(Name, Title)			-			
	Amy Shrago							
	Area Code/Phone Number	E-mail	n na airean an a		Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor	mation	n of 2 i normal number of the specification of					
	Does the agency have a ticke	et policy?	Yes 🗌 No	🗙 🛛 Face Value	of Each Ticket/Pass \$ _	32.00		
	Event Description <u>Athletics vs. Blue Jays</u> Provide Title/Explanation			Date(s)	7 <u>23</u> 15	//		
	Ticket(s)/Pass(es) provided b	Yes 🗌 No	If no. Oakla	nd Athletics	· · · · ·			
		y ugonoy.			Name of S	ource		
	Was ticket distribution made at the behest No			If yes: <u>Cars</u>	on, Keith Official's Name	(1 4 Find)		
lan seve	of agency official?				Onclars Name	(Lasi, Firsi)		
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		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	0			Ceremonial Role	,			
	Carson, Keith		2	ľ Š	nial Role" or "Other" describe below.	*		
	·					nsored event or event mize potential County rev		
			2	Ceremonial Role If checking "Ceremo	Dether 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 pursuar	nt to the agency's policy		
						- 19 ⁻¹¹ - 19 Carl and an		
	M	<u></u>						

4. Verification

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

_		Amy Shrago	Supervisor's Assistant	08/03/15
-		Print Name	Tille	(Month, Day, Year)
/	V			

Comment: __

С	eremonial Ro	le Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		a an	Date Stamp	California 802		
	Alameda County						
	Division, Departme	ent, or Regi	on (If Applicable	e)	yy anany aminy amin'ny faritr'o ananana amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o ami		For Official Use Only
	Board of Supervis	ors					
	Designated Agenc		Name, Title)				
	Amy Shrago						
	Area Code/Phone Number E-mail					Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695		amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Ev	ent Infor	nation				
	Does the agency h	ave a ticke	t policy?	Yes 🗌 No	🗙 Face Value	of Each Ticket/Pass \$ _	32.00
	Event Description <u>Athletics vs. Blue Jays</u> Date(s) <u>07</u>				7 , 21 , 15	//	
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oaklar					and Athletics Name of So	
							DUICO
	Was ticket distribution made at the behest No Yes If yes: <u>Carson, Keith</u> of agency official's Name (Last, First)						'Last, First)
3.							
	• Use Section A to ident	tify the agenc	/'s department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	tify an outside organization.
	A Number of Describe the number of			ıblic purpose made pursuan	· · · · · · · · · · · · · · · · · · ·		
			Ticket(s)/ Pass(es)	Describe the pu	ibile pulpose indde pulsudi	to the ugency s poncy	
		and the state of the					
	e. – – – – – – – – – – – – – – – – – – –			Number of			
	B. Nam	e of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	<i>i</i> ing:
			9911992-000-0000-000-000-000-000-000-00-00-00-	Fa55(65)	Ceremonial Role	Other 🛛	
	Spencer, Scott				1 -	onial Role" or "Other" describe below:	
				2		lance at a County spor	
							nize potential County rev
					Ceremonial Role	Donial Role" or "Other" L	Income
				2	in checking containing		
		utside Organ		Number of Ticket(s)/	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
	(include add	ress and des	cription)	Pass(es)	Describe the pt		
	1111 1111 1111 1111 1111 1111 1111 11					······································	

4. Verification

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

Amy Shrago Supervisor's Assistant 08/03/15 Print Name Title (Month, Day, Year) 0

Comment:

С	eremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp California Form			
	Alameda County				
	Division, Department, or Region (If Applicab	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Amy Shrago				
	Area Code/Phone Number E-mail	Amendment (Must p.			
	(510) 272-6695 amy.shrage	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
•	Does the agency have a ticket policy?	of Each Ticket/Pass \$	32.00		
	Does the agency have a ticket policy? Yes No X Face Value of Event Description Athletics vs. Twins Date(s) 07 Provide Title/Evolution Date(s) 07			7 , 18 , 15	//
	Provide Title/Ex		***************************************		
	Ticket(s)/Pass(es) provided by agency?	nd Athletics			
		Name of So	urce		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	Official's Name (I	ast. First)
elenter.					
3.	• Use Section A to identify the agency's department of	ual. • Use Section C to ident	lify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	*******
					1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Hodge, Dana	1 035(68)	Ceremonial Role	Dther X nial Role" or "Other" describe below:	
		4	To reward a Count		ner exemplary service to nent.
			Ceremonial Role	Other	
		4	If checking "Ceremor	nial Role" or "Other" describe below:	
	Name of Outside Organization	Number of	·	garrynwyry, f CM-24noffinnw s S andorau a C	
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			7		
		·			an a cannon sann com AMCASSI shini ar da mar na prin yay ng ya guna canna aya
4.	V				
	li 4.1 a	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	h the requirements.
	_	Amy Shr	ago	Supervisor's Assistant	08/03/15
	_	Print Nan	ne	Title	(Month, Day, Year)
	Commont				
	Comment:				

	eremonial Role Ever			BIOCINOCIONO		A Public Document
1.	Agency Name		Date Stamp	California Form 802		
	Alameda County					
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$ _	32.00		
	Event Description Athletics	vs. Twins		Data(s) 07	<u>, 17 , 15</u>	1 1
		Provide Title/Ex		27227474747474747474747777777777777777		
	Ticket(s)/Pass(es) provided I	by agency?	nd Athletics Name of Sc			
	AND IN A REPORT OF A REPORT		If no: <u>Carso</u>		urce	
	Was ticket distribution made of agency official?	at the behest	on, Keith Official's Name (Last, First)		
<u>ዓ</u>						
ა.	• Use Section A to identify the agen	cy's department o	ual. • Use Section C to iden	tify an outside organization.		
	A Number of Department on Unit				blic purpose made pursuan	
	A. Name of Agency, Department of Onit Ticket(s)/ Pass(es)					
•						
		·	Number of	of		
	B. Name of Individu	ıal	Ticket(s)/ Pass(es)	Identify one of the following:		
	Manufacture and a state of the	44	1 400(00)	Ceremonial Role	Other 🛛	
	Brooks, Rodney		4		ial Role" or "Other" describe below:	
			4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.		
				Ceremonial Role	L Other L nial Role" or "Other" describe below:	
			4			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy	
				· ·		anning an
	Harton ways and a stand and and a stand and a stand a stand a				n an	1997) - Oliver Control Cont
	Verification		l	l		

Amy Shrago Supervisor's Assistant 08/03/15 Print Name Title (Month, Day, Year)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 32.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🛛 Event Description <u>Athletics vs.</u> Mariners Date(s) _____ 07 ___03 15 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes I No 🕅 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. 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) Ceremonial Role Other 🛛 Income McWilson, Marlon If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his or her service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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

_		 Amy Shrago	Supervisor's Assistant	08/03/15
		Print Name	Title	(Month, Day, Year)
//	U			
· /				
Comment:		 		

A Public Document

						A Public Document
1.	Agency Name		Date Stamp	California Form 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-			
	Amy Shrago		van einen anderen af Vien Michell ^a Genhilden men open anderen ander anderen ver			
	Area Code/Phone Number	E-mail		an a	Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor			(Monal, Day, Tear)		
	Does the agency have a ticke		of Each Ticket/Pass \$ _	32.00		
				7 , 02 , 15		
	Event Description <u>Athletics vs. Mariners</u> Date(s) <u>07</u>					
	Ooklar			nd Athletics		
	Ticket(s)/Pass(es) provided by agency?				Name of Sc	burce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name ((Last, First)
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identi			tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		t to the agency's policy
						анан алан алан алан алан алан алан алан
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Chrone Amu			Ceremonial Role		
	Shrago, Amy		4	To reward a Count	nial Role" or "Other" describe below: y employee for his or courage staff developr	her exemplary service to
				-		
	· · ·		4	Ceremonial Role If checking "Ceremon	Other Other Content Conte	Income L
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Verification	3944.1 an	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance w	ith the requirements.
						·
	-		Amy Shra		Supervisor's Assistan	t 08/03/15 (Month, Day, Year)
	11			-		(
	Comment:					,

1						
	Agency Name		Date Stamp	California Form 802		
	Alameda County					
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors				· .	
	Designated Agency Contact	(Name, Title)	******		-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	· ·			
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	81.43
	Event Description Kevin Hart Date(s)			Date(s)		
	Provide Title/Explanation Date(S)				·······	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors		
				Name of So	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Carso			If yes: Carso	on, Keith Official's Name (I	act Einth
	of agency official?					-851, FIISI)
3.	Recipients		unt - Une Continu O to Mout			
	Numbe			ection B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			`, ´,			
				1		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng:
	B. Name of Individua (Last, First)	al			-	
	(Last, First)	al	Ticket(s)/	Ceremonial Role If checking "Ceremon	D Other	ing: Income
	B. Name of Individua (Last, First) Sanchez, Mina	al	Ticket(s)/	If checking "Ceremo	nial Role" or "Other" describe below:	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count	nial Role" or "Other" describe below:	Income C
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count	Dther X nial Role" or "Other" describe below: y employee for his or h	Income C
	(Last, First)	al	Ticket(s)/ Pass(es) 4	If checking "Ceremon To reward a Count the public or to end Ceremonial Role	Other IX nial Role" or "Other" describe below: y employee for his or h courage staff developm	Income ner exemplary service to nent.
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count the public or to end Ceremonial Role	Other Other nial Role" or "Other" describe below: y employee for his or h courage staff developm Other Other	Income
	Sanchez, Mina		Ticket(s)/ Pass(es) 4 4	If checking "Ceremon To reward a Count the public or to end Ceremonial Role	Other Other nial Role" or "Other" describe below: y employee for his or h courage staff developm Other Other	Income ner exemplary service to nent.
	(Last, First)	nization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a Count the public or to end Ceremonial Role If checking "Ceremon	Other Other nial Role" or "Other" describe below: y employee for his or h courage staff developm Other Other	Income
	C Name of Outside Organ	nization	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremon To reward a Count the public or to end Ceremonial Role If checking "Ceremon	Other Other Other Other Other' describe below: y employee for his or h courage staff developm Other Other Niel Role" or "Other" describe below:	Income
	C Name of Outside Organ	nization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a Count the public or to end Ceremonial Role If checking "Ceremon	Other Other Other Other Other' describe below: y employee for his or h courage staff developm Other Other Niel Role" or "Other" describe below:	Income
	C Name of Outside Organ	nization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a Count the public or to end Ceremonial Role If checking "Ceremon	Other Other Other Other Other' describe below: y employee for his or h courage staff developm Other Other Niel Role" or "Other" describe below:	Income
	C Name of Outside Organ	nization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a Count the public or to end Ceremonial Role If checking "Ceremon	Other Other Other Other Other' describe below: y employee for his or h courage staff developm Other Other Niel Role" or "Other" describe below:	Income

 Amy Shrago
 Supervisor's Assistant
 08/03/15

 Print Name
 Title
 (Month, Day, Year)

Comment:

Ceremonial Role Ever	its and itt	neurass	Distributions		A Public Document		
1. Agency Name		Date Stamp	California Form 802				
Alameda County							
Division, Department, or Reg	gion (If Applicable	-	For Official Use Only				
Board of Supervisors							
Designated Agency Contact	(Name, Title)		n a statu a faction di la casa di La casa di la				
Amy Shrago							
Area Code/Phone Number	Area Code/Phone Number E-mail			Amenament (Must p	rovide explanation in Part 3.)		
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Info	rmation						
Does the agency have a tick	Does the agency have a ticket policy? Yes □ No ⊠ Fac			of Each Ticket/Pass \$ _	36.75		
Event Description Hello Kitt	Event Description Hello Kitty Festival			7 , 10 , 15			
Provide Title/Explanation			Date(s)		, ,		
Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency?		If no: Golde	n State Warriors Name of So			
			Core(urce		
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (i	Last, First)		
-	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
(m////////////////////////////////////	A. Name of Agency, Department or Unit		1				
A. Name of Agency, Departin			Describe the public purpose made pursuant to the agency's policy				
· .							
					29444*******		
, na standar na mana ana ana ana ana ana ana ana ana	•			Xen 990-mmil 1100000-110000010000000000000000000000			
B. Name of Individe (Last, First)	ual	Number of Ticket(s)/		Identify one of the following:			
		Pass(es)	Ceremonial Role	Other 🛛	Income		
Simpson, Michelle				nial Role" or "Other" describe below:			
		8	To promote attendance at an event held at a County facil				
			order to maximize	potential County rever			
•				Definition of the contract of			
		8	in checking Ceremon	na Role of Other describe below.			
C. Name of Outside Orga	inization	Number of	Deceribe the put	olic purpose made pursuant	to the agency's policy		
(include address and de	escription)	Ticket(s)/ Pass(es)	Describe the put	nic parpose made pursuant	to the agency's policy		
	,						
÷							
4. Verification							
l he	18944.1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	h the requirements.		
		Amy Shr	ago	Supervisor's Assistant	t 07/15/15		
		Print Narr	ne	Title	(Month, Day, Year)		
Comment:			•				
Comment:	33		FPPC Form 802 (4/12)				

С	eremonial Role Events and 1	ficket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applic	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Amy Shrago			Amondmont (44)	
	Area Code/Phone Number E-mail		991199911999919992919992919991991919191		provide explanation in Part 3.)
	(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				26.75
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ -			
	Event Description Hello Kitty Festival Provide Title/	7 <u>, 11 , 15</u>	//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golde	n State Warriors Name of S	0.000
	Was ticket distribution made at the behes	et Nu 🗖 Maria	If yes: Cars		Guice
	of agency official?	st No⊡ Yes	If yes:	Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's departmen A. Name of Agency, Department or Unit	Number of		ual. • Use Section C to ide	
	A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pu		it to the agency's poncy
	· · · · · ·	 With the last of the last of			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Valentine, Valerie		Ceremonial Role	D Other An Other nial Role" or "Other" describe below.	Income
		6	To promote attend		l at a County facility in
			Ceremonial Role	Other	Income
		6	If checking "Ceremo	nial Role" or "Other" describe below:	:
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	·				
4.	Verification	1 and 18942. I have ve	I prified that the distribution set	forth above, is in accordance w	vith the requirements.
		Amy Shr		Supervisor's Assistar	·
		Print Nam		Title	(Month, Day, Year)
	Comment:				

С	eremonial Role Events and T	icket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California Form 802
	Alameda County		Form OUZ For Official Use Only		
	Division, Department, or Region (If Application	Division, Department, or Region (If Applicable)			
	Board of Supervisors	1			
	Designated Agency Contact (Name, Title)			-	
	Amy Shrago				Stern Mannahan offen den ale too monimological concentration and the second
	Area Code/Phone Number E-mail		and a second	_ C Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	36.75
				7 <u>, 12 , 15</u>	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: <u>Golde</u>	n State Warriors Name of So	urce
	Was ticket distribution made at the behes of agency official?	If yes: Cars	on, Keith Official's Name (i	Last, First)	
3.	• Use Section A to identify the agency's department	lual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	· · ·				
				· .	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Nosakhare, Shereda	4	To promote attend	☐ Other ⊠ nial Role" or "Other" describe below: ance at an event held potential County rever	
		4	Ceremonial Role		Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
4.	Verification		gen ag en segunder van gener kommensen op de mannen om de medicie af de sederated af de sederated af de sederat		

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

Amy Shrago Supervisor's Assistant 07/15/15 Print Name Title (Month, Day, Year) U 1 Comment:

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 \$32 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Baseball game 08 03 15 Event Description Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) To reward a County employee for his or her exemplary service to Board of Supervisors 2 the public or to encourage staff development Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) , Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

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

	Steven Jones	Central District Director	08/03/2015
Signature & Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

Agency Report of:

C	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
	Agency Name Alameda County Division, Department, or Region (<i>Il Applicable</i>)	Date Stamp.	Form 802		
	Board of Supervisors Designated Agency Contact (Name, Tille)				
	Joe Gordon, Supervisor	r's Ass	sistant	Amendmont (Must	provide explanation in Part 3.)
	Area Code/Phone NumberE-mail(510) 272-6691Joe, Gerlan	n @acgov	/.org	Date of Original Filing	(Monlin, Day; Yési)
2.		′es⊠ Nol		of Each Ticket/Pass \$.	36.33
	Event Description <u>Pingling Bros</u> , Polide TillerExplor	<u>Bj 1612015</u>	samale and the second second summary and		
	Tickel(s)/Pass(es) provided by agency? Y	Näme of S			
	Was licket distribution made at the behest of agency officiel?	No 🗌 Yes)	図 If yes: <u>ろし</u>	pervisor SC Official's Name	oH (Lasl, Firs))
3,	Recipients • Use Section A to Identify the agency's department or un	ilt. • Uso Soc	tion B to identify an individ	lual, • Use Section G to ide	ntify an outside organization.
	A. Name of Appency, Department or Units	Numbar of P Tickal(s)/	Describe the pu	bilg purpose made puteva	nt to the agency's policy.
	· · · · · · · · · · · · · · · · · · ·				÷
	B. Name;c//individual	Number of s Ticket(s)/ (Pass(es)	a ser egaballa reserva Na sing a ser ega	Identify one of the follo	
			Ceremonial Role It checiding *Caromo	Olher D nial Role" or Other" describe below	Income 🗖
			Ceremonial Role Il checking "Gerenn	Other D	Inçome
			*		
	C. Name of Outside Organization (Include address and obscription).	Number of Tickel(s)/ Pass(os):		blic purpose made pursua	
	Give Teens 20	A	To reuse organiza	and a school ation for its	or nonprofit contributions
	39270 Paseo Paare # 446		tothe	community	
	Fremont, CA. 94538			مرسع مربع المربع الم	ne je na je do postava po je je po po po je je na
٨	Verification	though there a	niñed that the distribution se	l lorth abovo, is in accordance	with the requirements.
	1	e 60re Print Nor	20n	Supervisor's Assista	
۱	Comment:	an series à fraissaire		an a	FPPC Form 802 (4/12
					TEL A LAND AAP (ALL

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

				BIGUIDAUGUIO		A Public Document
1.	Agency Name	•			Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable)			-	 For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	and damages and the second second	dahidaanaanaanaan ilaa ilaa ila 522220 dahaana saantiya waxaa	- ·	
	Lee Ann Fergerson, Supervi	ienrie Accietan	+			
	Area Code/Phone Number	E-mail		<u>this contract of the second se</u>	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.fergei	rson@acoov	/.org	Date of Original Filing:	
2	Function or Event Inform					(Month, Day, Year)
23 9	Does the agency have a ticket		Yes 🔲 No	E Face Value (of Each Ticket/Pass \$ _	36,35
	Ric	rus			17 15	an an ann an air ann ann an Anna ann an Anna ann an Anna an Anna ann an Anna ann an Anna ann ann
	Event Description	Provide Title/Expla	nation	Date(s) 🖄		/
	Tieket/a)/Deen/an) provided by		•	If no: _G	SW	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🖉 No		Name of So	WIC9
	Was ticket distribution made a	t the behest	No 🗌 Yes	D If yes: Alan	neda County Supervisor So	cott Haggerty, District 1
	of agency official?			(Official's Name (Last, First)
3.	Recipients				n my 1922 synnessen og skrivet for skrivet for skrivet som skrivet som skrivet som skrivet som skrivet som skri	
•	Use Section A to identify the agency	/'s department or u	init. • Use Sec	tion B to identify an individ	hual. • Use Section C to iden	tify an outside organization.
	At 1: Name of Agency Departme	nt or Unit	Number of t	Describe the pu	Diccourpose made pursuan	to ineagency's policy.
	No. State of the second se		EX RONG (CS) 32			
						•
	ด้าง <u>สารารที่สุดที่สารางที่สุดการที่สุดที่สุดการสารางที่สารที่สารที่สา</u> รการที่สารการที่สารางการการการการการการการ	<u></u>				an a
	B. Name of Individua	For State Shine	Number of	her som sinner til sinder til		
		Andreas Constanting	Ticket(b)/. 		identify one of the follow	ing:
		•	11	To promote atte	endance at a county	sponsored omo 📮
(Paula Wel	ls	4		o maximize potential	
	Tauna wee		B	revenue for con	ncesion and parking s	ales.
	ing design in the first statement in the operator of the statement of the			Ceremonial Role	Other 🗌	
		•			mial Role" or "Other" describe below:	
					、 . ·	
	• •				•	
	C. Name of Outside Organ (Include address and dea	Ization.	- Number of Ticket(s)/ Pens(os)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		cripuon)	Penal(ea)			
	Officing helps to succeed with the province and any successful successful and the successful successful success			, ,	•	•
	\cdot				•	
			*	•		
					forth above, is in accordance w	- chilles
			Lee Ann Fei		Supervisor's Assistan	
			Print Nan	10	Title	(Morfth, D&y, Year)
	Comment:	Certification and the construction of the state				
						CODO Pausa 000 14/401

1. Agency Name	MIN IIGNEVI	ass risminanous		A Public Docume
	· · · ·		Date Stamp	California 80
Alameda County				ruini
Division, Department, or Re	igion (Il Applicable)	2	For Official Use Only	
	Board of Supervisors			
Designated Agency Contac	t (Name, Tille)			
Lee Ann Fergerson, Supe	rvisor's Assistant	•	and a second	and the second design of the s
Area Code/Phone Number	E-mall	anna an	Li Amondmont (Must	provide explanation in Parl 3.)
(510) 272-6691	leeann.fergerson@	acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	a se			to O and
Does the agency have a tick	tet policy? Yes	D No □ Face Value	e.of Each Ticket/Pass \$_	<u>SX.00</u>
Event Description	seball (Date(s)	6,31,15	· · · · ·
	Provide Tille/Explanation	Uale(s)		
Ticket(s)/Pass(es) provided	ť		Aland Dr. Name of So	
Was licket distribution made	at the behest No	Yes If yes:	Alameda County Supervisor &	Scott Haggerty, District 1
of agency official?			Official's Name (I	.ost, Firsl)
Recipients				**************************************
• Use Section A to identify the agen	11/2432/124			
A. Name of Agency, Departm	ent or Unit Pase	usy. Describe the pr	ublic purpose mada pursuant	to the agonave policy .
		·		
, Флинициалистратиратизация проблаго со			annen för a Banan som första som ander so	
>				
B. Name of Individu	al Numb Tičké Pasél	l(v)/ (vs)	Identify one of the following	· · · · ·
1 - 1.			endance at a county sp	
Jan Evan	$\langle \rangle$		to maximize potential o	
		revenue for cor	ncesion and parking sal	es.
<u> Andre Ballen and Anno 1997 - Anno 19</u>		Ceremonial Role		
	т.		nial Rolo" or "Olhar" describe below:	Income L
4974.001.01.01.01.01.01.01.01.01.01.01.01.01				· ·
C. Name of Outside Organ (include address and des	ization Numbe cription) Ticket Poes(c	s)/ Describe the pul	blic purpose made pursuant to	the agancy's policy
		an ta baran (for a ^f orm and a formation for the formation of the formati	، منه منه المراجع المرا 	
				<u>,</u>
				*
Verification				
			orth above, is in accordance with it	to requirements
	And a second sec		Supervisor's Assistant	<u>_ 7/3/15</u>
()))	Prin	I Name	Tule	(Honth, Day, Year)
Comment:	28. A Martine of State (1997) Martine State and Annual State (1997)	1991-1991-1991-1991-1991-1991-1991-199	* •	
				FPPC Form 802 (4/1:

FPPC Toll-Free Helpline: 865/ASK-FPPC (866/275-7772)

1 Agangy Name	nu nekeurass	UISTRIDUTIONS	Non the second second second second second second	A Public Documen	
1. Agency Name	s. A		Date Stamp	California 802	
Alameda County					
Division, Department, or Region (/	Division, Department, or Region (Il Applicable)				
Board of Supervisors					
Designated Agency Contact (Name,	Designated Agency Contact (Neme, Tille)				
Lee Ann Fergerson, Supervisor's	Assistant .				
Area Code/Phone Number E-ma		د المراجع المراجع	Amondmont (Must	rovide explanation in Parl 3.)	
(510) 272-6691 leea	nn.fergerson@acgo	v.ord	Date of Original Filing:		
2. Function or Event Informatio				(Month, Day, Year)	
Does the agency have a ticket polic		Eara Value a	f Each Ticket/Pass \$_	3200	
Buckla		- Cr			
	Tille/Explanation	Date(s)	12017	1 1	
Tickel(s)/Pass(es) provided by agen		Oh	bland De	1 Date C	
increation, assistant broaded by agen	cy? Yes PNol		Name of Sol	FULCTICS_	
Was licket distribution made at the b	ehest No . Yes	If yes:	neda County Supervisor S		
of agency official?).	ing the state of the second se	Official's Name (L	ost, First)	
Recipients					
• Use Section A to identify the agency's depart	tment or unit. + Use Sec	tion B to Identify an Individu	al Use Section C to Identi	ly an outsido ornanization.	
A. Name of Agoncy, Department or Ur	II	NAME OF A STREET	c purpose made pureuant?	The second division of	
	Pass(és)				
		÷.			
		1998 A. dymaniae 1998 Argent Ffrancisco - 1997 Annal Argent (1997 Annal Argent (1997 Annal Argent (1997 Annal A	formation the source states and a sub-		
у а					
	Numbor of		ter en la constant de	Re	
B. Name of Individual	Tickel(s) Pase(es)	.*	Identify one of the followin	uite de la constant d	
₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	· Langinet .	To promote atten	dance at a county sp	onsored	
fan Evans			maximize potential c		
JAN LUNNS			sion and parking sal		
		<u> </u>		s برم <u>یر در در</u>	
		Cerumonial Role	a brand	Income 🗔 -	
		Il checking 'Ceremoniat	Rold" or "Olhar" describe below:	•	
				•	
C. Name of Outside Organization	Number of) 	1997)	
(include address and description)	Ticket(s)/ Poss(ac)	Describe the public	purpose made pursuant to	the agency's policy	
jan de ferrar men en e	Stridt			••••••••••••••••••••••••••••••••••••••	
www.www.uselingingingingingingingingingingingingingi		anna an ann an an an an an an an an an a		an generalised and a start of the	
Vaultination			an a	3	
	1 and 18942 Phone work	od that the distribution and to de	abova, is in accordance with th		
				requirements	
	Lee Ann Ferge	erson SL	pervisor's Assistant	_ 7/5/12	
$\langle \mathcal{I} \mathcal{I} \mathcal{I} \rangle$	e sure realite		******	(Month, Day, Yenn	

Comment:

*

1. Agency Name	and a second			A Public Documen
Alameda County	:	٠	Date Stamp	California 802
Division, Department, or Region (I/A	uplicable)	an a share a sh		Form For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, T	d/a)		1	
Lee Ann Fergerson, Supervisor's A			,	,
Area Code/Phone Number /E-mail		•	Amondment (Must p	Tovida explanation in Parl 3 1
	n.fergerson@acgc	We ora	Date of Original Filing: .	
. Function or Event Information		NUM A *		(Month, Day, Year)
Does the agency have a ticket policy		Face Value o	f Each Ticket/Pass \$	30,00.
Event Description Buselba	100 12- 110	Date(s)	5,5,5	
Ticket(s)/Pass(es) provided by agence			kland De	hletics
Was ticket distribution made at the be of agency official?	hest No .Yes	If yes:	Name of Sou meda Counly Supervisor So Official's Name (Li	cott Haggerty, District 1
Recipients • Use Section A to Identify the aponcy's departs	mant or unline time of			
A. Name of Agency, Department or Unit		Describe the publ	le purpose made purevant t	y an outoido organization. O this agronnyla policý
		5 .		
			an a	annad a dag a sur a s
B. Name of Individual Naul, Find	Number of Tickét(s)/ Pass(os)		Identify one of the following	ji sa
Derek Eddy	2		idance at a county sp maximize potential co	
			esion and parking sale	
		Ceremonial Role	Other . Role" or "Other" describe balow:	Income 🔲 -
				×
C. Name of Outside Organization (include address and description)	Number of Ticket(6)/ Pass(cc)	Describe the public	purpose made pursuant to i	the agency's policy
x		i ,	n a far far far far far far far far far f	have no man a second and the second
and the second		an a		an a fair a f

 Lee Ann Fergerson
 Supervisor's Assistant
 S/3//5

 Print Name
 Take
 (Monility, Day, Year)

Ľ

posting the state	remonial Role Events and	HCKet/Pas	s Distributions	and an exception of the second se	A Public Documen
	Agency Name	4	•.	Date Stamp	California 800
	Alameda County ivision, Department, or Region (If Appli		071 3112 11 da 11 da 12 da		Form 002
		cable)			For Official Use Only
	Board of Supervisors				
	esignated Agency Contact (Name, Tille)	•	an a		
	ee Ann Fergerson, Supervisor's Ass	istant	.*		
	rea Code/Phone Number E-mail		an a fair an	1	provide explonation in Part 3.)
		ergerson@acg	ov.org	Date of Original Filing:	(Monih, Day, Yean)
	unction or Event Information			-	De la company
D	bes the agency have a ticket policy?	Yes P No	Face Value o	f Each Ticket/Pass \$_	5.2.00
E١	vent Description		Date(s) <u>8</u>	14,15	1 1
Ťī	Previde Tille cket(s)/Pass(es) provided by agency?	Exploration Yes DNc	m.	bland D	& lotics
		L.		Name of So	
Wa o	as ticket distribution made at the behe f agency official?	st No 🗌. Yes	If yes:	meda Counly Supervisor S Official's Name (1	Scoll Haggerty, District 1
	ecipients				
	ise Section A to identify the agency's departmen	torunit. • Une So	ction B to identify an individu	al. • Uso Section C to ident	lly an outoido organization.
A		Number of Ticket(s)/. Pass(cs)/	1448 - The 2008 - The	le purpose made purquant	and the second
μ.		5 10 10 10 10 10 10 10 10 10 10 10 10 10	When a second s Second second seco	and a second	<u>n na harana na kaona na kaona kaona kaona kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia</u> Ny INSEE dia mampimpikambana amin'

		Number of		144 - Lagonau anno 144 - Lagonau an	and a supply gripping and a supply suppe supply supply supply supply sup
В.	Name of Individual (Cont, Frag	Tickol(s) Pass(os)		Identify one of the followin	
(BrianLester	5	To promote atter	idance at a county sp	onsored me
		6		maximize potential c esion and parking sal	
				esion and parking sai	es,
			Ceremonial Role	Other	Income 🛄 -
					•
Ċ.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pans(as)	Describe the public	purpose made puravani to	the agency's policy
			**************************************		**************************************
			annan marana an an 1990 ann an 1990 an		The manufacture of the state of the
			•		
1722	161		an na sana na s		denen varia di la postanti da angla da
	4,1 0			h above, is in accordance with th	ie requirements.
		Lee Ann Ferg	baine finance and finder and the fin	pervisor's Assistant	8/2/15
	$\overline{}$	Print Name		Title	(Month, Dby, Year)
Com	iment;			•	

٠ <u>۰</u>	Agency Name				and the second	Public Docum
	Alameda County		,	•	Date Stamp	California 80
	Division, Department, or Rep		1/23	CONTRACTOR DE LA CONTRACTOR DE		Form OU
		aron In Applicat	nej			For Official Use Only
	Board of Supervisors	1131-73-000		·		
	Designated Agency Contact	(Name, Tille)		ании — на султани и бали на сили на сил		
	Lee Ann Fergerson, Super	visor's Assist	ant	•		
	Area Code/Phone Number	E-mail	Hannan 2 - conceptuar (200-dan makan parang)	da Barran Marina and an	- Amendment (Must provide i	explanation in Parl 3.)
	(510) 272-6691	leeann.ferg	ierson@acgi	ov.org	Date of Original Filing:	
	Function or Event Information				1	onlh, Day, Yean
	Does the agency have a ticke	et policy?	Yes D No	Face Value o	f Each Ticket/Pass \$	200 .
	English Blis	elsalo	Ī	~	D 1	Man
	Event Description	Provide Tilla/Exj	olonation	Date(s) <u>5</u>	1-610	
,	Ticket(s)/Pass(es) provided b	y agency?	YestZDNo		kland Al	letics
1	Was ticket distribution made a	it the behest	No 🗌. Yes	If yes: Ala	meda County Supervisor Scott H	aggerty, District 1
	of agency official?		•	(.	Official's Name (Lost, Firs	(J
	• Use Section A to Identify the agence	/'s department or	unit. • Use So	ction B to identify an individu	al. + Use Section G to Identify an a	utalda assaslasti
1	A. Name of Agency, Departme		Number of		le purpego mado pulsuant to the s	
÷	د بر الله الله الله الله الله الله الله الل		Ticket(s). Paso(es)			gonoy's policy
• •		nennennen (1920) 52 (20) (1970) 93			•	
-	Name of Initiality		Number of			
E	3. Name of Individua	F	Numbor of Tickel(a) Pase(es)		Identify one of the following:	
	(Last, Fest)		Tickellay	To promote atter	Identify one of the following indance at a county sponso	ared yrea
	3. Name of Individua Name of Individua Name of Individua		Tickellay	event in order to	idance at a county sponso maximize potential count	
	(Last, Fest)		Tickellay	event in order to	idance at a county sponso	
	(Last, Fest)		Tickellay	event in order to revenue for conce	idance at a county sponso maximize potential count esion and parking sales.	У
	(Last, Fest)		Tickellay	event in order to revenue for conce Ceremonial Role	ndance at a county sponso maximize potential count esion and parking sales, 	
	(Last, Fest)		Tickellay	event in order to revenue for conce Ceremonial Role	idance at a county sponso maximize potential count esion and parking sales.	У
	(Last, Fest)		Tickellay	event in order to revenue for conce Ceremonial Role	ndance at a county sponso maximize potential count esion and parking sales, 	У
	run Fing	ation	Tickellay	event in order to revenue for conce Geremonial Rola	ndance at a county sponso maximize potential count esion and parking sales, 	y Jncome
	Name of Outside Organiz	ation	Number of Ticket(s)	event in order to revenue for conce Geremonial Rola	ndance at a county sponso maximize potential count esion and parking sales, Other Rolo ⁺ or "Other" describe below:	y Jncome
	Name of Outside Organiz	ation	Number of Ticket(s)	event in order to revenue for conce Geremonial Rola	ndance at a county sponso maximize potential count esion and parking sales, Other Rolo ⁺ or "Other" describe below:	y Jncome
	Name of Outside Organiz	ation	Number of Ticket(s)	event in order to revenue for conce Geremonial Rola	ndance at a county sponso maximize potential count esion and parking sales, Other Rolo ⁺ or "Other" describe below:	y Jncome

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

	Lee Ann Fergerson	Supervisor's Assistant	¥/3/15
	Print Name	Title	(Manih, Doy, Year)
\cup \cup		· · · ·	
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 12.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 5 15 17 15 7 6 Date(s) -Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Valle, Richard</u> 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) To promote attendance at a County sponsored event or event Assessor's Office 13 held at a County facility to maximize potential County revenue To promote attendance at a County sponsored event or event **Community Development Agency** 7 held at a County facility to maximize potential County revenue Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🗋 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income 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) 4. Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Print Name Signature of Agency Head or Designee Title Comment: . FPPC Form 802 (4/12)

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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Treasurer-Tax Collector's Office	6	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue			
General 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	18	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 Conternation Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Conter Income			
		Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco			
		Ceremonial Role Cher Income Income Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		·			

Ce	eremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable	le)	<u></u>	-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	510) 272-6692 michelle.dianda@acgov.org			Date of Original Filing:(Month, Day, Year)	
2.	Function or Event Information	<u> </u>	····J		(Month, Day, Tear)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	161.15
	Event Description Arethan Provide Title/Exp		Date(s)	8 , 10 , 15	
	Ticket(s)/Pass(es) provided by agency?		Golde	n State Warriors	
	Tickel(s) Fass(es) provided by agency?	Yes 🗌 No		Name of Sc	
	Was ticket distribution made at the behest No Yes If yes: Valle		, Richard- Supervisor District 2 Official's Name (Last, First)		
	of agency official?			Official's Name ((Last, First)
3.	Recipients				
	Use Section A to identify the agency's department o		ction B to identify an Individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	e public purpose made pursuant to the agency's policy	
		Pass(es)			
	R Name of Individual	Number of		· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	·		Ceremonial Role		Income
	Valle, Richard	2		nial Role" or "Other" describe below:	
				ance at an event held potential revenue fron	
				· · · · · · · · · · · · · · · · · · ·	
	Van Buren, Obray		Ceremonial Role If checking "Ceremo	nial Role" or "Other 🔀	
		2	-	ance at an event held	
				potential revenue fron	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agonav's policy
	(include address and description)	Pass(es)	Describe the put		t to the agency's policy
4	Verification				
		nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
		Michelle D	Dianda	Supervisor's Aide	8/4/15
	<u></u>	Print Nan		Tille	(Mpnth, 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) 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 36.35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description _____Ringling Brothers Circus 08 15 15 08 14 15 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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) Other 🗵 Income Ceremonial Role Avila, Mike If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income Hildreth, Jaken 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. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification (4 1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirement Michelle Dianda Supervisor's Aide

Print Name

Title

Comment: ..
Ce	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				1 Chilli
	Division, Department, or Region (If Applicable))		- ·	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Michelle Dianda				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 michelle.dian	ida@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	ـ f Each Ticket/Pass \$`ـ	36.35
	Event Description Ringling Brothers Circus Provide Title/Expla	nation	Date(s)8	3 <u>, 16 , 15</u>	081715
	· · · · · · · · · · · · · · · · · · ·	Yes 🗌 No	If no: Golde	n State Warriors Name of So	Durce
	Was ticket distribution made at the behest	No 🗌 Yes	IX If yes. Valle	, Richard- Supervisor Official's Name	District 2
	of agency official?			Official's Name	(Last, First)
3.	Recipients Use Section A to identify the agency's department or use 	ınit. 🔹 Use Sec	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·				annan an a
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Decena, Eduardo		Ceremonial Role If checking "Ceremor	ial Role" or "Other X	Income
		4	order to maximize	potential revenue fron	at a County facility in n sales.
	Rodriguez, Robert		Ceremonial Role If checking "Ceremor	Other Inter	
		4		ance at an event held potential revenue fron	at a County facility in n sales.
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
4.	Verification	100.40 / hours w		ladh ahava ia ia aaaandanaa w	ille the manufacture and a
	na na			forth above, is in accordance w	XIUIC
		Michelle D Print Nan		Supervisor's Aide	Month, Day, Year)
					ş - 9
	Comment:				

Ceremonial Role Events	and Ticl	ket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					10111
Division, Department, or Region	(If Applicable	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Nar	ne, Títle)			-	
Michelle Dianda					
	mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692 m	ichelle.diar	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
. Function or Event Informa	tion				
Does the agency have a ticket po	olicy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	35.40
Event Description Ringling Brot	hers Circus	5	Data(s) = 0	8 <u>13 15</u>	
Event Description	ovide Title/Expla	anation			
Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of S	
Was ticket distribution made at the of agency official?	ne behest	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name	/Last_First)
 B. Recipients • Use Section A to identify the agency's of 	department or (unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department of		Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	
· · ·	gg gan an a				
			, ,	· · ·	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Phillips, Juanita			Ceremonial Role	— · —	
Phillips, Juanita		4	To promote attend	^{nial Role" or "Other" describe below} lance at an event helc potential revenue froi	l at a County facility in
			Ceremonial Role	Other	income
		4 ·		nial Role" or "Olher" describe below	
C. Name of Outside Organiza (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
		-			· .
	Wile4Weenning(), <u>, , , , , , , , , , , , , , , , , , </u>			<u>, , , , , , , , , , , , , , , , , , , </u>	
A					
Verification	900	118942 1 4000 1	orified that the distribution of	forth above, is in accordance v	vith the requirements
	and			16	8/17/16
	<u> </u>	Michelle Are		Supervisor's Aide	(Month, Day Year)
					1
Comment:	Section 2000 - 100				EBBC Form 802 (4/4)

Ce	remonial Role Events and Ticl	(et/Pass	Distributions		A Public Document
1. /	Agency Name			Date Stamp	California 802
,	Alameda County				Form 002
Ī	Division, Department, or Region (If Applicable)			-	For Official Use Only
1	Board of Supervisors				
Ī	Designated Agency Contact (Name, Title)				
, I	Michelle Dianda				
7	Area Code/Phone Number E-mail			Amenament (Must p	provide explanation in Part 3.)
((510) 272-6692 michelle.dian	da@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			·	05.00
[Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ [`] _	25.00
E	Event Description <u>Oakland A's vs. Los Ang</u> Provide Title/Expla		rs Date(s)08	<u> </u>	08 , 19 , 15
٦	Ficket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sc	
٧	Nas ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (District 2 (Last, First)
	Recipients		a na sente a sente na sente a la contra 650 PD1002200210 2000 para para a contra da		en e
***	Use Section A to identify the agency's department or unit				
-	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
	ан ал ан ан на			paga na manana da kata kata kata kata kata kata kata	di Naka kan kan na kana di kan kan na na Aka dan mana na ma kan manana kan manana kan papa paga ngan ngan di k
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
-	Green, Mark		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		2	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
-	Valle, Richard		Ceremonial Role	Dther X nial Role" or "Other" describe below:	
		2	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
Ċ	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
-					
•					
4. '	Verification 4.1 and	18942. have ve	erified that the distribution set f	forth above, is in accordance w	ilh the requirements.
		Michelle D		Supervisor's Aide	VIRIA
		Print Nam		Title	(Month, Day, Year)
	-		i.		í I
(Comment:	×			

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicabl	-	For Official Use Only		
	Board of Supervisors				2
	Designated Agency Contact (Name, Title)			-	
	Michelle Dianda				
	Area Code/Phone Number E-mail		n an	Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 michelle.dia	anda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$`_	25.00
	Event Description Oakland A's vs. Tampa			8 , 22 , 15	
	Event Description Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's	
				Name of S	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name	District 2
20486				Omotal s Marite	
3.	• Use Section A to identify the agency's department or	runit elles Sou	ation B to identify an individ	lual alles Section C to ide	ntify an outsido organization
		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
		_			na an an an an an an ann an an ann an an
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)	Pass(es)			-
	Montague, Debbie			nial Role" or "Other 🔀	
		2	ů		r service to the public.
				-	
			Ceremonial Role	Other	Income
		2	If checking "Ceremo	nial Role" or "Other" describe below.	
	C Name of Outside Organization	Number of		anya wa wa ku a ku	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
				<u></u>	
Δ.	Verification				
		nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	vith the requirements,
		Michelle D	Dianda	Supervisor's Aide	X/13/15
	۔ ج مربعہ میں	Print Nan		Title	Month, Day, Year)
					ø -
	Comment:				

	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				1.011
	Division, Department, or Region (If Applicable,)	2	1	For Official Use Only
	Board of Supervisors			· .	
	Designated Agency Contact (Name, Title)	NextSt	<u>20 - 20</u> 0	-	
	Michelle Dianda				
	Area Code/Phone Number E-mail	<u></u>		_ L Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 michelle.diar	nda@acgov.	.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	140.00
	Event Description Black and Brown Comed	ły	Date(s)	3 , 28 , 15	
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of S	cource
	Was ticket distribution made at the behest		valle	, Richard- Supervisor	
	of agency official?	No 🗌 Yes	If yes: Valid	Official's Name	(Last, First)
3	Recipients				
ν.	Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section of the sec	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
				n na na kana kana kana kana kana kana k	
					na an a
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role		Income
	Jackson, James	4		nial Role" or "Other" describe below	l at a County facility in
				potential revenue from	
			Ceremonial Role	Other	Income
		4	If checking "Ceremo	nial Role" or "Olher" describe below	;
				-	
	C. Name of Outside Organization	Number of	Describe the put	blic purpose made pursua	at to the agonou's policy
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put		in to the agency's policy
	· · ·				
4.	Verification	10040		forth choire is in an and in a	with the requirements
				forth above, is in accordance v	viui une requirements.
		Michelle Ar		Supervisor's Aide	(Month, Day, Year)
	V				· · · · · · · · · · · · · · · · · · ·

С	eremonial Role Events a	nd Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name	1			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (If	Applicable)			For Official Use Only
	Board of Supervisors	-				
	Designated Agency Contact (Name,	- ·				
	Michelle Dianda					
	Area Code/Phone Number E-ma	ail			Amendment (Must	provide explanation in Part 3.)
	· · · · · · · · · · · · · · · · · · ·		nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information			0		(Wohin, Day, rear)
	Does the agency have a ticket polic		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	159.15
	- -	•				
	Event Description Los Inquietos D	le Title/Expla	anation	Date(s)8	, 23 10	,
	Ticket(s)/Pass(es) provided by age	nev2	Ver 🗂 Nel	Golde	n State Warriors	
	Tickel(s)/1 ass(es) provided by age		Yes 🗌 No		Name of S	
	Was ticket distribution made at the	behest	No 🗋 Yes	If yes: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
3.	Recipients					Y
	• Use Section A to identify the agency's dep	artment or i		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or U	Jnit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	t to the agency's policy
						1 (1
					<u></u>	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	vina:
	(Last, First)		Pass(es)			•mg.
	Saavedra, Rosario			Ceremonial Role	D Other X nial Role" or "Other" describe below.	
	Saavedra, Rosano		4			at a County facility in
					potential revenue fror	
				Ceremonial Role	Other	Income
			4	If checking "Ceremor	nial Role" or "Other" describe below.	
			Number of			
	C. Name of Outside Organization (include address and description		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
			1 105(03)			
		5				an a
interference of						
4.	Verification	18944 1 and	118942 have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements
						VIIIIE
	-		Michelle Are		Supervisor's Aide	(Month. Day. Year)
	Comment:					

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

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 222.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland Raiders Pre-Season Game 08 30 08 14 15 15 Date(s) Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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) Other 🗵 Income Ceremonial Role McAvoy, Zion If checking "Ceremonial Role" or "Other" describe below: 3 To reward a student for outstanding scholastic achievement. Ceremonial Role Other Income Goldino, Mona If checking "Ceremonial Role" or "Other" describe below: 3 To reward a community volunteer for her service to the public. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) 4. Verification s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Michelle Archuleta Supervisor's Aide Print Name Title

Includes 2 parking passes at the value of \$35 each. Comment:

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

eremonial Role Eve	ents and Ho	:Ket/Pass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or R	egion (If Applicabl	e)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)				
Michelle Dianda					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692		inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inf					(Mohin, Day, Tear)
Does the agency have a tic		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$_	67.40
ETDIL					
Event Description	Provide Title/Exp	lanation	Date(s)	3 <u>22</u> 15	
Ticket(s)/Pass(es) provided	t by agency?	Vee 🗂 Ne	Isa If no. Goldei	n State Warriors	
	a by ageney?	Yes 🗌 No		Name of Sc	
Was ticket distribution mad	e at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (District 2
of agency official?			•	Official's Name ((Last, First)
• Use Section A to identify the age	ency's department or	∙unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	•				
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)	·	Identify one of the follow	/ing:
Robles, James		4	If checking "Ceremon To promote attenda		Income
				potential revenue from	n sales.
		4	Ceremonial Role	Other	income
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	,			ger gygennen men den miller del och fördelle ander anna ven syr en gymnig	
		-			
Verification					
	s 18944.1 an			orth above, is in accordance w	ith the requirements.
		Michelle Arc		Supervisor's Aide	<u> </u>
		Print Narr	ne .	Title	(Mon(h, Day, Year)
Comment:					

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

C	eremonial Role Events and 1	licket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applic	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		- <u> </u>	-	
	Michelle Dianda				
	Area Code/Phone Number E-mail		алаан алаан алаан алаан алаан уууууууу салаан алаан	_ L Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 michelle.	dianda@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	80.00
	Event Description Oakland A's vs. Los	9 , 01 , 15	///		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			Name of S	
	Was ticket distribution made at the behave of agency official?	st 🛛 No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2 (Last, First)
3.	• Use Section A to identify the agency's departmer	et or unit or llos Sou	Ation D to identify on individ	ual - a Usa Saction C to ida	ntify an outcide organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursuar	***************************************
		Pass(es)			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Valle, Monica	3		nial Role" or "Ölher" describe below	Income [
				potential revenue from	
		3	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	• Describe the pu	blic purpose made pursuar	nt to the agency's policy
4.	Verification	1 and 18942. I have v	erified that the distribution set	forth above, is in accordance v	with the requirements. \sim /
		Michelle Are	chuleta	Supervisor's Aide	X 27
	v	Print Nan		Inte	(Month, Pay, Year)
	Comment:				

15

C	eremonial Role Eve	nts and Tic	ket/Pass D	istributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Re	gion (If Applicable)			For Official Use Only
	Board of Supervisors					о.
	Designated Agency Contac	t (Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Info	-	0			
den 1	Does the agency have a ticl		Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	\$90ticket/\$20parking
	Event Description Basebal	Provide Title/Expl	anation	Date(s)8		
	Ticket(s)/Pass(es) provided	by agonov?		lf no: <u>Oaklar</u>	nd A's	
	nokel(s)/rass(es) provided	by agency !	Yes 🗌 No 🛛	•	Name of Sol	urce
	Was ticket distribution made	e at the behest	No 🗌 Yes 🛛	lf yes: <u>Chan</u>	, Wilma	
	of agency official?				Official's Name (l	.ast, First)
3.	Recipients					
	• Use Section A to identify the age	ncy's department or		n B to identify an individu	ual. • Use Section C to ident	lify an outside organization.
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	gen val da 19 mil 7 mi		Pass(es)		n de fan fan en fan de fan en fan en fan fan fan fan fan fan fan fan fan fa	
	in a stand we get the high the standard standard standard standard standard standard standard standard standard			r I	an fan fan fan fan fan fan fan fan fan f	
	B. Name of Individ	dual	Number of		Identify one of the follow	(D.0.)
	(Last, First)		·Ticket(s)/ Pass(es)	na a constante a della della constante e constante della degli provincio della della della della della della de	Identify one of the follow	ing.
				Ceremonial Role	Other	
				If checking "Ceremor	ial Role" or "Other" describe below:	
	any construction and the state of the second s	,		Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
	Management and an an an and an an an and an				and a second	an a
	C. Name of Outside Org		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and t		Pass(es)			en e
	Girls Inc of Alameda Cou		14/4p	To promote attend	ance at aevent held	at a County facilityto
	Street Oakland, CA 9461	2		maximize potential	revenue from parkir	ig & concessions
	Offers academic enrichm	ent activities,				
	skill-building programs, a	nd counseling				
4.	Verification	999				
	I hav	18944.1 and	d 18942. I have verifi		forth above, is in accordance wi	
			Steven Jon	es	Central District Directo	
			Print Name		Title	(Month, Day, Year)
	Canamarti					
	Comment:					FPPC Form 802 (4/1)

	eremonial Role Even	is and no		BIOLINGLIGHO		A Public Documen	
1.	Agency Name	,			Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	jion (If Applicable	<i>»)</i>			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	s@acgov.org	1	Date of Original Filing:	(Month. Dav. Year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$90	
	Baseball	game		Date(s)	8 , 23 , 15	1 1	
	Provide Title/Explanation				ana and an and a second s		
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No	If no: Oakla	nd A's		
					Name of So	urce	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (ast. First)	
3.	 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. 						
	A New Charles Demonstrate Units		Number of	Describe the public purpose made pursuant to the agency's policy			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuam	to the agency's policy	
		Market					
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follow	ing:	
	B. Name of Individu	ial .			· -		
	(Last, First)	ial	Ticket(s)/	Ceremonial Role If checking "Ceremo	Other		
	B. Name of Individu (Last, First) Elderts, JorDona	Ial	Ticket(s)/	If checking "Ceremo	·	Income	
	(Last, First)	Ial	Ticket(s)/ Pass(es)	If checking "Ceremo	nial Role" or "Other" describe below:	Income	
	(Last, First)	ıal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn public Ceremonial Role	Other nial Role" or "Other" describe below: nunity volunteer for his Other Other	Income	
	(Last, First)	ıal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn public Ceremonial Role	Dether nial Role" or "Other" describe below:	Income [or her service to the	
	(Last, First)	ıal	Ticket(s)/ Pass(es) 4	If checking "Ceremo To reward a comn public Ceremonial Role	Other nial Role" or "Other" describe below: nunity volunteer for his Other Other	Income [
	(Last, First) Elderts, JorDona		Ticket(s)/ Pass(es) 4 4 Vumber of	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income	
	(Last, First)	nization	Ticket(s)/ Pass(es) 4 4	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: nunity volunteer for his Other Other	Income	
	(Lest, First) Elderts, JorDona	nization	Ticket(s)/ Pass(es) 4 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income	
	(Lest, First) Elderts, JorDona	nization	Ticket(s)/ Pass(es) 4 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income	
	(Lest, First) Elderts, JorDona	nization	Ticket(s)/ Pass(es) 4 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income	
	(Lest, First) Elderts, JorDona	nization	Ticket(s)/ Pass(es) 4 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a comn public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income	

Comment: .

С	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					
	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	I	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of			of Each Ticket/Pass \$ _	\$90	
	Event Description Baseball	game	3 , 09 , 15	1 1		
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's	
					Name of Se	ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	⊠ If yes: <u>Char</u>	Official's Name	(Last, First)
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	8		Number of		olic purpose made pursuan	
	A. Name of Agency, Departm	ent of Onit	Ticket(s)/ Pass(es)	Describe the pu	ne purpose made pursuan	it to the agency's policy
				an a		
		-	Number of	****	Alexandrowner and an apply and an and a second	
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
•	<u>ann a de airte airte ann an ann an ann an ann an ann ann an</u>			Ceremonial Role	Other	Income
	Wellman, Ashley		4		nial Role" or "Other" describe below:	
					ance at a(n)… event l potential County reve	held at a County facility in nue
				Ceremonial Role If checking "Ceremon	hial Role" or "Other" describe below:	
			4			
	×		-			
	Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	olic purpose made pursuar	it to the agency's policy
	On the standard statement and statement a					
	(include address and de	scription)	Pass(es)		and a summaries of the part of the summaries of the summari	
	(include address and de	scription)				
		scription)				
	(include address and de	scription)				
		scription)				
4.	Verification		Pass(es)			<u> </u>
4.			Pass(es)		forth above, is in accordance w Central District Direct	vith the requirements.

California 802
For Official Use Only
vide explanation in Part 3.)
(Month, Day, Year)
¢00
\$32
//
20
st, First)
y an outside organization.
o the agency's policy
g:
ld at a County facility in e
o the agency's policy
the requirements.
08.31.2015
(Month, Day, Year)

С	eremonial Role Events and 1	Ficket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applie	cable)	an a		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		<u></u>	-	
	Steven Jones				an yan an a
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693 steven.jc	ones@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				an a
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$32
	Event Description Baseball game		Date(s)	8 / 06 / 15	1 1
	Provide Title		kannaanaalaadaseetooraa (sootooreooreooreooreooreooreooreooreooreo		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	and A's Name of So	
			Chai		- Survey and Su
	Was ticket distribution made at the behe of agency official?	st No 🗌 Yes	If yes: Chai	Official's Name	(Last, First)
5.	• Use Section A to identify the agency's department	dual. • Use Section C to ider	ntify an outside organization.		
	A Number of			blic purpose made pursuan	
		Pass(es)	a an	n a de la presenta de la construcción de la de la defendada de la construcción de la construcción de la constru	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Brown, Lloyd		Ceremonial Role	Other D	
	Brown, Lloyu	2	To promote attend		neld at a County facility in
		2	Ceremonial Role If checking "Ceremo	Other 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	ıblic purpose made pursuar	t to the agency's policy
4	Verification				

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

	Steven Jones	Central District Director	08.31.2015
alditatate of Adolich Llean of Devidition	Print Name	Title	(Month, Day, Year)

Comment: .

Agency Nan	ne				Date Stamp	California 000
Alameda Cou						Form OUZ
Division, Depar	•	on (If Applicable)	}			For Official Use Only
Board of Supe	ervisors					
Designated Ag		Name, Title)		ne brand de la de la companya production de la companya de la companya de la companya de la companya de la comp		i
Steven Jones						provide explanation in Part 3.)
Area Code/Pho	one Number	E-mail	and the bird of the desired of the second	ne bin in a state anna a state y mar i y an diana a state a state a state a state and a state and a state y an		provide explanation in Part 3.)
(510) 272-669	03	steven.jones	@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or	Event Inform	nation				
Does the agency have a ticket policy? Yes ⊠ No □ Face Value o				of Each Ticket/Pass;\$	\$222 ticket/\$35 parking	
Event Description Football Game Date(s) 08			Date(s) 08	3 / 14 / 15	///	
Event Descript		Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency? Yes 🔲 No			If no: Oaklai	nd Raiders Name of S	Sourco	
Moo ticket diet.						
	ribution made a cial?	it the behest	No 🗌 Yes	If yes: Alam	eda County Supervis Official's Name	or Wilma Chan
of agency offi		t the behest	No 🗌 Yes	If yes: <u>Alam</u>	eda County Supervis Official's Name	o (Last, First)
of agency offi	cial?				Official's Name	ə (Last, First)
of agency offi Recipients • Use Section A to	cial?	y's department or u	unit. [™] ● Use Sec Number of Ticket(s)/	tion B to identify an Individ	Official's Name	entify an outside organization.
of agency offi Recipients • Use Section A to	cial? identify the agency	y's department or u	unit. ∵ ● Use Sec Number of	tion B to identify an Individ	Official's Name	⊖ (Last, First) entify an outside organization.
of agency offi Recipients • Use Section A to A. Name of A	cial? identify the agency	y's department or e	unit. [™] ● Use Sec Number of Ticket(s)/	tion B to identify an Individ	Official's Name	entify an outside organization. nt to the agency's policy
of agency offi Recipients • Use Section A to A. Name of A	cial? identify the agency Agency, Departme Name of Individua (Last, First)	y's department or e	unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	tion B to identify an individ Describe the put Ceremonial Role If checking "Ceremon To promote attend	Official's Name	entify an outside organization. Int to the agency's policy wing: Income [w: d at a County facility in
of agency offi Recipients • Use Section A to A. Name of A B.	cial? identify the agency Agency, Departme Name of Individua (Last, First)	y's department or e	Number of Ticket(s)/ Pass(es)	tion B to identify an individ Describe the put Ceremonial Role <i>If checking "Ceremon</i> To promote attend order to maximize Ceremonial Role	Official's Name	entify an outside organization. Int to the agency's policy wing: Income [w: d at a County facility in enue from sales. - Income [

4. Verification

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	08.31.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

			Distributions		A Public Document
. Agency Name				Date Stamp	California Form 802
Alameda County					start attended to the start of the
Division, Department, or Region (If Applicable)					For Official Use Only
Board of Supervisors			•		
Designated Agency Contac	t (Name, Title)				
Steven Jones				Amendment (Must pi	ovide evolanation 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	ormation			\$	222 ticket/\$35 parking
Does the agency have a tic	ket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ <u> </u>	222 ticket/\$35 parking
Event Description Football	A REAL PROPERTY AND A REAL		Date(s)08	3 <u>30 15</u>	//
	Provide Title/Expla	anation	Oakla	ad Raiders	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			Name of Sol	Irce	
Was ticket distribution made	e at the behest	No 🗌 Yes	X If yes. Alam	eda County Superviso	r Wilma Chan
of agency official?				Official's Name (L	.ast, First)
3. Recipients					
 Use Section A to identify the age 	ncy's department or i		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Gin Hal				Dial Role" or "Other" describe below:	
Gin, Hai	Gin, Hal			ance at an event held potential County rever	at a County facility in uue from sales.
and the second			Ceremonial Role	Other	
		3+1park	If checking "Ceremon	nial Role" or "Other" describe below:	
C. Name of Outside Or	C Name of Outside Organization		Describe the pul	olic purpose made pursuant	to the agency's policy
(include address and	description)	Ticket(s)/ Pass(es)			
	<u> </u>		·		
4. Verification	s 18944.1 and	l 18942. have v	erified that the distribution set	forth above, is in accordance wi	th the requirements.
		Steven J		Central District Directo	
		Print Nai		Title	(Month, Day, Year)

cere	emonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
. Aç	jency Name				Date Stamp	California 802
Ala	Alameda County					TOIL
Div	ision, Department, or Regi	on (If Applicable	-	For Official Use Only		
Во	ard of Supervisors		-			
	signated Agency Contact (Name, Title)			-	
Ste	even Jones					
	ea Code/Phone Number	E-mail		- 	Amendment (Must pr	ovide explanation in Part 3.)
	10) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Fu	Inction or Event Inform	nation				
	es the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$32
	ent Description <u>Baseball</u> g	ame	3 _ 02 _ 15			
E۷	ent Description	Provide Title/Expl	anation	Date(s)		
Tic	ket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oakla	nd A's	
				÷	Name of Sol	Irce
	as ticket distribution made a f agency official?	t the behest	No 🗌 Yes	If yes: Char	i, VVIIMa Official's Name (L	ast. First)
terrandor (see brand						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv			tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
					·	
B	Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
					Other	Income
Co	oehn, Dan		2		nial Role" or "Other" describe below:	ald at a County facility in
					potential County rever	eld at a County facility in ue
				Ceremonial Role	Other	Income
			2	If checking "Ceremo.	nial Role" or "Other" describe below:	
C	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
					an an an agus an	
				1		

Signature of Agency Head or DesigneeSteven JonesCentral District Director08.31.2015Signature of Agency Head or DesigneePrint NameTitle(Month, Day, Year)

Comment: ____

	eremonial Role Events and Tick	1017 055	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org]	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$32
				8 <u>04</u> 15	///
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	Ind A's Name of So	urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (i	Last, First)
3.	Recipients • Use Section A to identify the agency's department or u	ınit. 🔹 Use Sec	ction B to identify an individ	lual. • 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 pursuant	to the agency's policy
			ſ		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
	Potter, Tisa	2	If checking "Ceremo To promote attenc	nial Role" or "Other" describe below:	eld at a County facility ir nue
		2	Ceremonial Role If checking "Ceremo	Other Dother 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

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

Steven Jones	Central District Director	08.31.2015
Print Name	Title	(Month, Day, Year)

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
						Form ~~~~
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	J	Date of Original Filing:	(Month. Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$35
	European Baseball			Date(s)8	8 , 18 , 15	1 1
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oaklan			nd A's	and a second	
				—	Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, VVIII1a Official's Name (i	Last. First)
(2003)						
3.	• Use Section A to identify the agend	v's department or i	unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
			Number of	Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	the top		
	för en sen annan en skille käll äver og en an en en en skille käll äver en en skille källe og en en en en en en					
	·					
	•		Newsler			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	www.market.com/anternationality.com/anternationality.com/anternation/an		Pass(es)	Ceremonial Role	Other	
	Franz, Jim				ial Role" or "Other" describe below:	
			2			eld at a County facility in
				order to maximize	potential County rever	1ue
				Ceremonial Role	Olher Inter and the series of	Income
			2	I checking Ceremon		
	Name of Outside Orga	nization	Number of	Describe the pub	blic purpose made pursuan	t to the accency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the put	we bulbose made bulsdam	t to the agoncy a policy
					с. С	
	en ander en en fan fan Kanan Anterne en ander in de fan yn ferste fan de fan de fan de fan de fan de fan de fan					
4.	Verification					
	11	'8944.1 and	l 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	_		Steven J	ones	Central District Directo	or 08.31.2015
		***************************************	Print Nar	ne	Title	(Month, Day, Year)

C	eremonial Role Events and Tick	<pre> det/Pass</pre>	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable)	l			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	N E (1)			
	Steven Jones				
	Area Code/Phone Number E-mail		۱۹۹۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹	Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	a	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	<u> </u>			·
		Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	\$90ticket/\$20parking
				3,09,15	, ,
	Event Description Baseball game Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's	
				Name or Sc	JUICO
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (
(menological)	of agency official?			Officiais Name (Last, First)
3.	Recipients				
	• Use Section A to identify the agency's department or u	Init. • Use Sec Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		1 435(63)		,	
				an a	
	B. Name of Individual	Number of	an Bhairean an Arains an A	Identify one of the follow	dna.
	Cast, First)	Ticket(s)/ Pass(es)		Identity one of the follow	''''9 .
			Ceremonial Role	Other	
			If checking "Ceremoi	nial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			an <u>han an a</u>		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Pass(es)			
	Rose of Sharon Senior Homes 1600	8/2	To promote health	, motivate and provide lations in the County s	expanded opportunities
	Lakeshore Ave, Oakland, CA 94606				
	Independent living community and support for seniors			·	
4.	Verification				
	1 h 944.1 and	18942. I have v		forth above, is in accordance w	
		Steven J	ones	Central District Directo	
		Print Nar	me	Title	(Month, Day, Year)
	Commont				
	Comment:				

C	eremonial Role Events and Tic	kel/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicabl	e)	<u> </u>	-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Steven Jones	an Mailtan (1991) an an Analas					
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)		
		s@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$90ticket/\$20parking		
	Event Description Baseball game	3,09,15	1 1				
	Event Description Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	X If no: Oakla	nd A's Name of So	ource		
	Was ticket distribution made at the behest	No 🗌 Yes	⊠ If yes: <u>Chan</u>				
	of agency official?	Official's Name	(Last, First)				
3.	Recipients						
	Use Section A to identify the agency's department or	ual. • Use Section C to ider	ntify an outside organization.				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy		
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	1 	Identify one of the follov	ving:		
	Williams Latova	4/1	Ceremonial Role	Other Other other	Income		
	Williams, Latoya		To promote attend	ance at a(n)… event l	neld at a County facility in		
				potential County reve			
	•		Ceremonial Role	U Other U nial Role" or "Other" describe below:	income		
		4/1					
		Number of	Describe the nul	-N			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuar	it to the agency's policy		
					it to the agency's policy		
				one purpose made pursuar	at to the agency's policy		
4.				one purpose made pursuar	it to the agency's policy		
4.	Verification	Pass(es)		forth above, is in accordance w			
4.	Verification	Pass(es)	prified that the distribution set		/ith the requirements.		

A Public Document

ble states						
1. Ag	gency Name				Date Stamp	California 802
Al	ameda County			Form		
Div	vision, Department, or Reg	ion (If Applicabl	1	For Official Use Only		
Bo	pard of Supervisors					
	signated Agency Contact	Name, Title)	9-04 -01-000-0000-0000-00		1	
St	even Jones					
	ea Code/Phone Number	E-mail	<u>11477-11-11-11-11-11-11-11-11-11-11-11-11-1</u>	an a		provide explanation in Part 3.)
	10) 272-6693		s@acgov.org)	Date of Original Filing:	(Month, Day, Year)
2. Fi	unction or Event Infor	mation	-			
Do	bes the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	\$90
г	Event Description Baseball game Date(s) 08				3 , 09 , 15	
ΕV	ent Description	Provide Title/Exp				
Tic	cket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Oakla	nd A's	
					Name of Sc	ource
	as ticket distribution made a f agency official?	at the behest	No 🗖 Yes	If yes: Chan	, Wilma Official's Name ((Last First)
	ecipients Jse Section A to identify the agenc	y's department o	r unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
Α	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
			9920 407 201 201 201 201 201 201 201 201 201 201			
				· · · · · · · · · · · · · · · · · · ·		
В	Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	an na an a			Ceremonial Role		Income
G	riego, Emily		2		nial Role" or "Other" describe below:	ald at a County for all the line
				To promote attendance at a(n) event held at a Count order to maximize potential County revenue		
1110 2200					Other	
					nial Role" or "Other" describe below:	- income - E
			2			
\overline{c}	Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(include address and dea	scription)	Pass(es)			
Landon	ng kang dia pang kang kang kang kang kang kang kang k					
	erification					

3 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	08.31.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

4	Agapay Nama				Date Otaria	California
1.	Agency Name				Date Stamp	California 802
	Alameda County		·····			For Official Use Only
	Division, Department, or Reg	ion (If Applicable	9)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	WW-54			
	Steven Jones	Steven Jones				
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693		s@acgov.org	, . 	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			,	ФО <u>ГИ-1</u>
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	\$35ticket/\$20parking
	Event Description Baseball	game		Date(s)8	, 09 , 15	1 1
	Event Description	Provide Title/Exp	lanation	Date(3)	and a second sec	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		,, .			Name of Se	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma Official's Name	// ł _ [] ł \
	of agency official?				. Official s Name	(Last, First)
3.	Recipients				·	
	 Use Section A to identify the agend 	y's department or		tion B to identify an Individu	al. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
					a na sa	
		·				
		' 5/28/44 N.XA-Completion and the completion of	Number of			an fa an far an far an far a star
	B. Name of Individu (Last, First)	al	Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonial Role	Other	Income
	Johnson, Dave				ial Role" or "Other" describe below:	
			2/1park	To promote attendance at a(n) event held at a County		
				order to maximize	potential County reve	nue
				Ceremonial Role	Other	
			2/1park	If checking "Ceremon	ial Role" or "Other" describe below:	
			L/ Point			
	•					
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	it to the agency's policy
			Pass(es)			
						•
4.	Varification					

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

	Steven Jones	Central District Director	08.31.2015
Mignature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

eremonial Role Events and	l licket/Pass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Ap	plicable)	ан талар талар жана байлай андан талар		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Titl	e)	gara yana yana ayo casa ana ana aka kata ya yana na manaka 1997		
Steven Jones				
Area Code/Phone Number E-mail		, μαι το πορογιατικο το		
(510) 272-6693 steven	.jones@acgov.org	ļ	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy? Yes X No Face Value of			of Each Ticket/Pass \$ _	\$32
Event Description Baseball game		Date(s) 08	3 , 08 , 15	1 1
Provide 1	Title/Explanation			panenten en en en la panenten (
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklan			nd A's	uroo.
				urce
Was ticket distribution made at the benest No \square Yes \boxtimes If yes: \square		Official's Name (i	Last, First)	
	nierżenia naz (celpinez) w w starce industrycznałkości ślatow obrony szciana	na na mana mana mangana ang kang kang kang kang kang na mang kang kang kang kang kang kang kang k		
		1		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
(Last, First)	Pass(es)			
lam Joe				Income
Lun, 000	2	To promote attend	ance at a(n) event h	
	2	Ceremonial Role If checking "Ceremon	Other Dinal 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	to the agency's policy
Verification				194199191191121112111111111111111111111
	Agency Name Alameda County Division, Department, or Region (If Ap, Board of Supervisors Designated Agency Contact (Name, Title Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven Function or Event Information Does the agency have a ticket policy? Event Description Baseball game Provide T Ticket(s)/Pass(es) provided by agency Was ticket distribution made at the be of agency official? Recipients • Use Section A to identify the agency's departed (Last, First) Lam, Joe C. Name of Outside Organization (include address and description)	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 steven.jones@acgov.org Function or Event Information Does the agency have a ticket policy? Yes INO Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes INO 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 is department or Unit Number of Ticket(s)/ Pass(es) Lam, Joe 2 C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	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 ⊠ No □ Face Value of Event Description Baseball game Provide Title/Explanation Date(s)Ok Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla Oakla Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Char of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ Ticket(s)/ Pass(es) B. Name of Individual (aut, Feen) Number of Ticket(s)/ Pass(es) Describe the pul Pass(es) Lam, Joe 2 Ceremonial Role if checking "Ceremonial order to maximize 2 Caremonial Role if checking "Ceremonial order to maximize Ceremonial Role if checking "Ceremonial order to maximize 2 Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the pul	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones

	Steven Jones	Central District Director	08.31.2015
Water of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

	emonial Role Ever	its and He	SNEL/F ass	Distributions		A Public Document
. A	gency Name				Date Stamp	California 802
AI	ameda County					Form 002
	vision, Department, or Reg	jion (If Applicab	le)	2018-2019-2019-2019-2019-2019-2019-2019-2019	-	For Official Use Only
Bo	pard of Supervisors				·	
De	esignated Agency Contact	(Name, Title)				
St	even Jones				C Amondmont (Alusta	rovide explanation in Part 3.)
Ar	ea Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·			ovide explanation in Part 3.)
(5	10) 272-6693	steven.jone	s@acgov.org	J	Date of Original Filing:	(Month, Day, Year)
. Fi	unction or Event Info	mation				
Do	bes the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$90
Εv	ent Description Baseball	game		Date(s)0	8 <u>23 15</u>	
		Provide Title/Exp	planation	Oalda	and Ala	
Tic	cket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	If no: Oakla	Name of So	urce
\٨/•	as ticket distribution made	at the hehest	No 🗌 Yes	If yes: Char		
	f agency official?			If yes:	Official's Name (I	.ast, First)
R	ecipients					
	Jse Section A to identify the agen	cy's department o	runit. ●Use Sec	ction B to identify an individ	dual. • Use Section C to iden	lify an outside organization.
A	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
ilian Com		• •				
					r .	
В	Name of Individe	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremo	D . Other	Income [
£				Ceremonial Role If checking "Ceremo	Other D	Income
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant	to the agency's policy
	lameda Little League 22 ve Alameda, CA	201 Encinal	4	To promote attenc maximize potentia	dance at aevent held alrevenue from parkin	at a County facilityto g & concessions
		tor				
Y	outh athletics and charac evelopment	ler				
Y d	evelopment erification		nd 19042 . Ltour	orified that the distribution and	forth above, is in accordance wi	th the requirements
Y dı	evelopment erification				t forth above, is in accordance wi	
Y d	evelopment erification		nd 18942. I have vo Steven Jo Print Nan	ones	t forth above, is in accordance wi Central District Directo דווום	

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 \$35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Baseball game 80 23 15 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Name of Agency, Department or Unit Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Poncini, Cheryl If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification

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

	Steven Jones	. Central District Director	08.31.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)					Form 002
						For Official Use Only
	Board of Supervisors				• · ·	
	Designated Agency Contact (Name, Title)	1991-70	· · · · ·		
	Steven Jones					
	Area Code/Phone Number E-mail				Amendment (Must p	rovide 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	nation	y a na na na pana na	-		¢140.00
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Black & Br	own Comedy Provide Title/Expl	Get Down	Date(s)8	3 <u>28</u> 15	//
	Golde			n State Warriors		
					Name of So	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	or Wilma Chan
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	T T T T T T T T T T T T T T T T T T T	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
					<u>na dalam ny</u> enya tana amin'ny amin'ny fisiana dia amin'ny fisiana dia kaominina dia kaominina dia kaominina dia mampi	nya nyaéta ana ana kanana ang kanang kan
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing: the second s
	Belton, Jason			Ceremonial Role	Dother Dial Role" or "Other" describe below:	Income
			2	To promote attenda	ance at an event held potential County rever	
	en e			Ceremonial Role	Other	Income
			2	If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
					general company and and a second s	
4.	Verification	Verification I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				
	1	· · .1 an				
			Steven Jo		Central District Directo	or 08.31.2015 (Month, Day, Year)
			, ma Nan	~		······································
	Comment:			•		

A Public Document

				·		
1.	Agency Name			n na na na katalon na na katalon na na katalon na katalon na katalon na katalon na katalon na katalon na katalo	Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable	э)	annan da anna dha an da an		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			•	
	Steven Jones					· · · · ·
	Area Code/Phone Number	E-mail	Amendment (Must p	provide explanation in Part 3,)		
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke		Yes 🛛 No 🗌] Face Value o	f Each Ticket/Pass \$ _	\$159.15
	Event Description Los Inquie	tos del Norte		Date(s) 08	, 29 _/ 15	
	T TOVICO TRIO EXPlanation					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No 🛛	If no: <u>Golder</u>	n State Warriors Name of So	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Superviso Official's Name	(Last, First)
ა.	• Use Section A to identify the agency	/'s department or	unit. 🔹 Use Secti	ion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuan	<u></u>
			Ticket(s)/ Pass(es)			
					,	
	B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/		Identify one of the follow	/ing:
			Pass(es)		Other	lana T
		•		0010110110	L Other L ial Role" or "Other" describe below:	Income
					<u></u>	
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organ	ization	Number of		annan an a	
	C. Name of Outside Organ (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	La Familia Counseling Serv	ice 26081		To promote attend	ance at an event held	at a County facility in
	Mocine Ave Hayward, CA		4	order to maximize	potential County reve	nue from sales.
	focus on individual amotion					
	focus on individual emotion and the preservation of fam					
4	Verification					
7.		18944.1 an	nd 18942. I have ver	ified that the distribution set i	forth above, is in accordance w	ith the requirements.
			Steven Jo	nes	Central District Direct	or 08.31.2015
		tentimene second	Print Name		Title	(Month, Day, Year)
	Comment:					

,

A Public Document

1.	Agency Name			Date Stamp	California
••	Alameda County				
	Division, Department, or Region (If App	-	For Official Use Only		
			,		
	Board of Supervisors Designated Agency Contact (Name, Title	ə)		-	
		2) ,			
	Steven Jones			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing	
Generalization		.jones@acgov.org) '		(Month, Day, Year)
2.	Function or Event Information	_		(Fork Tales (Doors &	\$183.15
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$.	
	Event Description	ixit)	Date(s)	8 <u>23 15</u>	//
	Provide Tr	itle/Explanation	Calda	n State Marriana	
	Ticket(s)/Pass(es) provided by agency	? Yes 🗋 No	If no: Golde	n State Warriors _{Name of S}	ource
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Ala				
	of agency official?	It yes:	eda County Supervis Official's Name	(Last, First)	
	Desisionts				
5.	• Use Section A to Identify the agency's departn	nent or unit. ♦ Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursua	anna an
		Pass(es)			
				, 	-
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)	Pass(es)			
	Indrani Manaka		Ceremonial Role	Dial Bala" or "Other" departies below	
	Indrani, Menaka	4	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County		
			order to maximize potential County revenue from sales.		
			Ceremonial Role		Income
				nial Role" or "Other" describe below	
		4			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	(include address and description)	Pass(es)			
Δ	Verification				

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

	Steven Jones	Central District Director	08.31.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$140.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Black & Brown Comedy Get Down 28 15 08 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. 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. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Murphy, Eric If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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

			Steven Jones	Central District Director	08.31.2015
-	ų ,	-	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

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 \$36.35 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Ringling Bros. Circus 17 15 08 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income If checking "Ceremonial Role" or "Other" describe below: Davis, Tamika 4 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. 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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	08.31.2015
Print Name	Title	(Month, Day, Year)

С	eremonial Role Events and Tic	cket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				a com	
	Division, Department, or Region (If Applicabl	le)	<u></u>		For Official Use Only	
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)					
	Steven Jones					
	Area Code/Phone Number E-mail	<u></u>		_ [_] Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693 steven.jones@acgov.org			Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				Ф <u>о</u> т 40	
	Does the agency have a ticket policy?	Yes 🛛 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$67.40	
	Event Description Electro Techno Disco L	-OVE	Date(s)08	3 <u>22</u> 15	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		n State Warriors Name of Sc		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alam	eda County Supervisc Official's Name (or Wilma Chan	
3.	• Use Section A to identify the agency's department of	r unit. 🏾 • Use Sec	ction B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
				;		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Robles, James	4	To promote attend	nial Role" or "Other" describe below: ance at an event held		
		4	Ceremonial Role	Dotential County rever		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
4.	Verification					

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

Steven Jones	Central District Director	08.31.2015
 Print Name	Tille	(Month, Day, Year)

С	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		zantegi ing panga king kang kang kang kang kang kang kang ka		Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	э)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org)	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$36.35
	Event Description Ringling Bi	ros. Circus Provide Title/Exp	lanation	Date(s)	<u>8 , 16 , 15 </u>	///
	Ticket(s)/Pass(es) provided by	Trovide ThiotExp	Yes No	If no: Golde	en State Warriors Name of Sc	
	of agency official?	t the benest	No 🗌 Yes	If yes: <u>Alan</u>	neda County Superviso Official's Name	(Last, First)
<u>ີ</u>						
J.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	1	blic purpose made pursuan	
	tere destance de la glocalitação e acontenente e acontenente de la seconda de la seconda de la seconda de la se			and a second		
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Urzua, Sebastian			Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	
			4		lance at an event held potential County reve	
			4	Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		an a				

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

	Steven Jones	Central District Director	08.31.2015
Sugarture of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$35.40 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Ringling Bros. Circus 08 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 🗌 Yes 🛛 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Phillips, Juanika If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other 🗔 Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

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

Steven Jones	Central District Director	08.31.2015
Print Name	Tille	(Month, Day, Year)

0		its and in	SKEL/F ass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	• • • • • • • • • • • • • • • • • • • •	<u>94 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199</u>	-	
	Steven Jones					
	Area Code/Phone Number	E-mail	nun (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1		Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	es@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	_		3 , 31 , 15	
	Event Description	Provide Title/Ex	planation	Date(3)		
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's	
•					Name of Sou	irce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, WIIMA Official's Name (L	ast First)
					omola o Maino (E	
3.	• Use Section A to identify the agen	oulo dopostarente		Alex 17 As islandify on individ	ual a Use Section C to ident	ify an outside organization
	A		Number of			
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Neppen punzanen europainen an Lawyork puppen punzen ooranteen er ander					
						-
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the followi	nq:
	(Last, First)		Pass(es)			
	Elliott, Laura			Ceremonial Role	L Other L nial Role" or "Other" describe below:	Income
	Elliott, Edulu		2	, *		eld at a County facility ir
					potential County reven	
		······		Ceremonial Role	Other	
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
			2			
					annon a na ann an ann an ann an ann ann	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			

I have verified that the distribution set forth above, is in accordance with

Steven Jones	Central District Director	08.31.2015
Print Name	Title	(Month, Day, Year)

	eremonial Role Eve		nour uss	Distributions		A Public Document
1.	Agency Name		****		Date Stamp	California 802
	Alameda County					
	Division, Department, or Re	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	: (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail		, ,	Amendment (Must p	provide explanation in Part 3.)
	(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 Each Ticket/Pass \$ _	\$161.15
	Event Description Aretha F	ranklin		Date(s)	8 , 10 , 15	1 1
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
					Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alar	neda County Superviso Official's Name	Last. First)
EUX (SPEC						
3.	• Use Section A to identify the ager	ucv's department or	unit a Use Sec	tion B to identify an indivi-	dual	tify an outside organization.
			Number of	Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	per en anna anna anna anna an 1994 agus anna anna anna anna ann an 1997 anna anna ann	анан санон мала ал			an a	
			·			
					and any system more successive war while the Chief Property system community and an and the system of the system	
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ving:
		1-11-10-1	Pass(es)	Ceremonial Role	Other	
	Jackson, Bob				onial Role" or "Other" describe below:	income
			4		dance at an event held	
				order to maximize	potential County reve	nue from sales.
				Ceremonial Role		Income
			4	If checking "Cerem	onial Role" or "Other" describe below:	
	Name of Outside Org	anization	Number of			
	C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
	раскал со различных распологии и прости и прости у 1999 години и прости и 1999 години и прости и прости и прост					
					, ¹¹	
			ł			

Agency Report of: 4/0

AI	Pub	olic	Doc	ument
----	-----	------	-----	-------

Jeremonial Role	Events and fic	KevPass	Distributions		A Public Documen
. Agency Name	, , , , , , , , , , , , , , , , , , ,	· · ·		Date Stamp	California 802
Alameda County					
Division, Department	, or Region (If Applicable		For Official Use Only		
Board of Supervisor	S				
Designated Agency C			nagan yang yang yang ang kang tang tang tang tang tang tang tang t		
Anna Gee				an an geological and an	
Area Code/Phone Nu	mber E-mail		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Even					(Month, Day, rear)
Does the agency have		Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	12.00
Event Description Ala	· •		Contrast of Contra		
Event Description	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) pro	vided by agency?	Yes 🔲 No	In If no. Alame	da County Fair Associ	ation
	, naca ky ageney.		hand.	Name of So	urce
Was ticket distribution	made at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (I	
of agency official?				Omiciai's Name (I	.ast, First)
Recipients	4h				
	Department or Unit	Number of Ticket(s)/		ual. • Use Section C to ident	
Social Services Age	ncy	Pass(es)		양상의 가지는 가장을 잡은 것은 것이다. 	
		18		an markana kun da da da kaka ka da 2000 da kaka kaka kaka ka na markana na markana kaka kaka kaka kaka kaka ka	
Assessor's Office		2			
	f Individual st, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other Cher Cher" describe below:	Income
			Ceremonial Role If checking "Ceremon	Dther describe below:	- Income
	ide Organization	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy.
(include addres	s and description)	Pass(es)			te the agency 5 poincy
(
Verification					
() · · · · · · · · · · · · · · · · · ·	18944.1 and	1 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	the requirements.
		Anna G	ee	Operations Chief	8/3/15
		Print Nan	ne	Title	(Month, Day, Year)
\sim					
Comment:	a ferrar a second a s			- 	

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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Community Development Agency	6	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Treasurer Tax Collector	4	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
General Services Agency	26	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
Sheriff's Office	10	To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
A. Continued: Information Technology	30	Ceremonial Role Other Income Income Income To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
		Ceremonial Role Dother Ceremonial Role" or "Other" describe below:
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income 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

1. Agency Name California 8002 Alameda County Date Stamp Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org 2. Function or Event Information Date of Original Filling: Does the agency have a ticket oblog? Yes 10 Period Struct (Name, Title) Date of Original Filling: Area Code/Phone Number E-mail Baseball Game Date (S) 07 Event Description Baseball Game Provet Title/Equivation Date (S) 07 Vas ticket distribution made at the behest No [] Yes [2] If no: - Vas Section A to Identify the agency's department or unit. - Use Section A to Identify one of the following: - Vas Section A to Identify the agency's department or unit. - Use Section B to Identify one of the following: - Vas Section A to Identify the agency's department or unit. - Use Section B to Identify one of the following: - Vas Section A to Identify the agency's department or unit. - Use Section B to Identify one of the following: - Vas Section A to Identify the agency's bolicy: - Commond Role - Other Ide	0		is and the	NEUP doo	DISTINUTIONS		A Public Document
Alameda County Por Official Use Only Division, Department, or Region (# Applicable) Por Official Use Only Board of Supervisors Designated Agency Contact (Name, 7itle) Anna Gee Amandment (Must provide explanation in Part 3.) Arca Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Does the agency have a ticket policy? Yes 🖾 No 🗌 Face Value of Each Ticket/Pass S 25 Event Description Baseball Game Provide TildeContacton Date of 0.17, 15 07, 18, 15 Vest ticket distribution made at the behest No 🖾 Yes 🖾 No 🖾 If no: Name of Source Vest ticket distribution made at the behest No 🖾 Yes 🖾 No 🖾 Yes 🖾 Describe the public purpose mede pursuant to the agency's policy A. Name of Agency, Department or Unit Number of Pass(e) Describe the public purpose mede pursuant to the agency's policy Kim, Young 2 To promote attendance at an event Held at a County facility in order to maximize potential County revenue from parking and General Tider of Other Masse status Income 🗌 Visited addres and Baser/pEany Describe the public purpose made pursuant to the agency's policy Passe(e) C. Mame of Duckide Orgenization Number of Vison Visite Agen	1.	Agency Name				Date Stamp	
Board of Supervisors Designated Agency Contact (Name, 786) Anna Gee Area Code/Phone Number E-mail (S10) 272-6694 Does the agency Contact (Name, 786) Designated Agency Contact (Name, 786) Does the agency have a ticket policy? Yess X No Parac Code/Phone Number E-mail Does the agency have a ticket policy? Yess X Provide Title=parameter or the test policy? Yess X Date (s)/Pass(es) provided by agency? Yess X Mas ticket distribution made at the behest No Yes X Yess X Miley, Nate Official? Official? Recipients Name of Secreto - Use Stote A to dentify the agency's department or unit. - Use Stote N to dentify an outside organization. A. Name of Agency, Department or Unit Number of Topornote attending or Other Gause Balance at an event held at a County facility in order to maximize polerity reverse frequence and event held at a County facility in order to maximize polerid County revenue from parking and county revenue from parking and county revenue from or Other Gause Balance at an event held at a County facility in order to maximize polerid County areas on event held at a County facility in order to maximize polerind counte Balance at an event held at a County facility in order		Alameda County					FOIIII
Designated Agency Contact (Name, Tille) Area Code/Phone Number (S10) 272-6694 Image@@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No I Face Value of Each Ticket/Pass §							For Official Use Only
Anna Gee		Board of Supervisors		· · · · ·			
Area Code/Phone Number (510) 272-5694 E-mail anna.gee@acgov.org Date of Original Filling:		Designated Agency Contact (Name, Title)			«	
Area Code/Phone Number (S10) 272-6694 E-mail anna.gee@acgov.org Date of Original Filing:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Paseball Game Provide Tithe/Explanator Face Value of Each Ticket/Pass \$25 Event Description Baseball Game Provide Tithe/Explanator Date(s) 07 15 07 18 15 Ticket(s)/Pass(es) provided by agency? Vas Licket distribution made at the behest of agency official? No [] If no:		Anna Gee					
C. Number of Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$25 Event Description Baseball Game Date(s) 07 17 15 07 18 15 Ticket(s)/Pass(es) provided by agency? Yes X No Xame of Source Name of Source Name of Source Was ticket distribution made at the behest No Yes X If yes; Miley, Nate Official's Name (Last, First) Is action of A to identify the agency's department or unit. • Use Section B to identify an individual. • 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. A. Name of Individual Number of Texet(e) Describe the public purpose made pursuant to the agency's policy Pass(es) Commonail Role Other Income Income Kim, Young 2 Concreasion Role Other Income Income C. Name of Outside Organization Number of Texet(er) Other descole actor: Income	•	Area Code/Phone Number	E-mail		ονίαθ θχριαπαίιοπ in Ράπ 3.)		
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$		(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
Does the agency have a licket policy / Yes B No I Face Value of Each ficketor/Fass s Event Description Baseball Game Provide TitleExplanation Date(s) 07 17 15 07 18 15 Ticket(s)/Pass(es) provided by agency? Yes No IX If no: Name of Source Was ticket distribution made at the behest of agency official? No IX Yes IX If no: Name of Source 3. Recipients •Use Section 8 to identify the agency's department or unit. •Use Section 8 to identify one of the following: Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Agency, Department or Unit Theory if Pass(es) Describe the public purpose made pursuant to the agency's policy Kim, Young 2 Ceremonial Role Other IX Income I If coefficient 0 other IX Income I Income I Income I If coefficient Gamma 0 other IX Income I Income I Income I If coefficient Gamma 0 other IX Income I Income I Income I If coefficient Gamma 0 other IX Income I Income I Income I If coefficient Gamma 0 other IX Income I Income I Income I If coefficient Gamma 0 other I	2.	Function or Event Infor	mation		0.5		
Provide the theoremain Ticket(s)/Pass(es) provided by agency? Yes No X If no:		Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ 📜	25		
Provide the theoremain Ticket(s)/Pass(es) provided by agency? Yes No X If no:		Event Description Baseball Game				′ _/ 17 _/ 15	07 , 18 , 15
Was ticket distribution made at the behest of agency official? No Yes If yes: Miley, Nate (Miley, Nate) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Number of Number of Peerley Describe the public purpose made pursuant to the agency's policy B. Name of Individual data Feel Number of Trebately Identify one of the following: Kim, Young 2 Ceremonial Role Other Income If yesk the disabled Ceremonial Role Other Income Income If yesk the disabled or Obtraction of the following: Income Income Income Income Viether Viether Commonial Role Other Other Income Income Income If yesk they determined Role Other Income			Provide Title/Expl	anation	Duto(b)	annegal management sense and a	
Was ticket distribution made at the behest of agency official? No Yes X If yes: Miley, Nate Critical's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Tekatoly Describe the public purpose made pursuant to the agency's policy B. Name of Individual deal reso Number of Tekatoly Describe the public purpose made pursuant to the agency's policy Kim, Young 2 Ceremonial Role © .Other IS Income [If version Ceremonial Role © .Other IS Income [If concerts Ceremonial Role © .Other IS Income [If concerts To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role © Other [Income [United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Wastigned Advectury		Ticket(s)/Pass(es) provided by	y agency?	Name of Sou	IMA		
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(p) Prese(e) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (and first) Number of Ticket(p) Prese(e) Describe the public purpose made pursuant to the agency's policy Kim, Young 2 Ceremonial Role		Mos ticket distribution made a	t the behast	,			
- 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 Tokof(b) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Corremonal Role Other Management (Control of the following) Identify one of the following: Identify			at the benest	Official's Name (L	ast, First)		
- Use Section A to Identify the agency's department or unit. - Use Section B to Identify an individual. - Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Tokof(b) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Corremonal Role Other Management (Control of the following) Identify one of the following: Identify	3.	Recipients			an a		
A. Name of Agency, Department or Unit Tecket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (deat / new) Number of Tecket(s)/ Pass(es) Identify one of the following: Kim, Young 2 Ceremonial Role Other IS Income Kim, Young 2 Ceremonial Role Other IS Income C. Name of Outside Organization (Include address and description) Number of Tecket(s)' Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. Number of Tecket(s)' Describe the public purpose made pursuant to the agency's policy Multed Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Multed Address Anna Gee Operations Chief 08/03/15 Multed Inserver Title One for Month, Day, Year)	ν.	•	y's department or	unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to ident	fy an outside organization.
Pase(ea) B. Name of Individual (and Frag Number of Ticket(st/ Pass(ea) Identify one of the following: Kim, Young Ceremonial Role Income Other M Income Income Kim, Young Ceremonial Role Income Other M Income Income Common and Role Income Other M Income Income Income United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. Describe the public purpose made pursuant to the agency's policy Pass(ea) To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Workford County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Workford County - 7200 Bancroft Ave, Ste 251. 1 Mumber of Opportunities to vulnerable populations in the County such as Workford Comment: Min me Tite 08/03/15 (Month, Day, Year)		A Name of Agency, Departme	ent or Unit		Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Undividual (Law, Finit) Toke(tey) Pass(es) Identify one of the following: Kim, Young 2 Ceremonial Role Other Ø Income Income Kim, Young 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role Other Ø Income Income It checking 'Ceremonial Role' or 'Other' describe balow: Income Income Concession Sales Other Ø Income Income United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as #WWH_AWWA the disabled, underprivileged, seniors and youth in foster care. #United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as #United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as #MUH_AWWA the disabled, underprivileged, seniors and youth in foster care. #MUH_AWWA Inscrete of the distribution set forth above, is in accordance with the requirements.							
B. Name of nulvidual (Leat, Pinit) Ticket(s)/ Pass(es) Identify one of the following: Kim, Young 2 Ceremonial Role							
B. Name of Number of Least. Print) Toket(s)/ Pase(so) Identify one of the following: Kim, Young 2 Ceremonial Role □ Other ☑ Income □ Kim, Young 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ United Seniors of Oakland & Alameda 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Gunty - 7200 Bancroft Ave, Ste 251. 2 To promo							
B. Name of Number of Least. Print) Toket(s)/ Pase(so) Identify one of the following: Kim, Young 2 Ceremonial Role □ Other ☑ Income □ Kim, Young 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ It checking "Geremonial Role □ Other □ Income □ United Seniors of Oakland & Alameda 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Gunty - 7200 Bancroft Ave, Ste 251. 2 To promo						SAN - 31,	
B. Name of nulvidual (Leat, Pinit) Ticket(s)/ Pass(es) Identify one of the following: Kim, Young 2 Ceremonial Role		·					
Image: Comment: Press(e) Ceremonial Role Other Income Kim, Young 2 Ceremonial Role Other Income Income It checking "Ceremonial Role Other Income Income Income It checking "Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other describe below: Income Income It checking "Ceremonial Role" or "Other describe below: Income Income United Seniors of Outside Organization (Include address and description) Number of Toket(s) Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda		R Name of Individue	 		Identify and of the followi		
Kim, Young It checking "Caramonial 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 parking and C. Name of Outside Organization (Include address and description) Number of Track(1)/ Pass(es) Income United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as #MUCH_AWUCKY the disabled, underprivileged, seniors and youth in foster care. 4 Vasisiantian Integet in the requirements. Anna Gee Operations Chief 08/03/15 Integet in the requirements. Month, Day, Year) Kim given 7/17 game Title		(Lasi, Firsi)					19.
2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income Concession sales Income Income United Seniors of Oakland & Alameda Describe the public purpose made pursuant to the agency's policy Pass(es) To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Current: Muther of Ticket(s)/ Pass(es) To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Muthor 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Muthor 4 Vastification Muthor Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Min Name Tille (Month, Day, Year) Comment: Kim given 7/17 game To promote action actions and provide action acti		Kim Voung				Contrast Contrast	Income
order to maximize potential County revenue from parking and Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: concession sales C. Name of Outside Organization (Include address and description) Number of Ticks(ts) Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as #MULF_ADVICKY the disabled, underprivileged, seniors and youth in foster care. 4 Vertificantian Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Tille (Month, Day, Year)		Kim, Young		2			at a County facility in
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 United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Hubber Advance 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Hubber Advance 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as Hubber Advance 1 Income Hubber Advance 1 Income Multiple Advance 1 Income Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Income Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Income Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Income Intervent 11 Intervent Intervent Intervent 11 Intervent Intervent Intervent 11 Intervent Intervent Intervent Intervent							
If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of (include address and description) Number of Ticket(s)/ Pass(es) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as He disabled, underprivileged, seniors and youth in foster care. He disabled, underprivileged, seniors and youth in foster care. In 18942. I have verified that the distribution set forth above, is in accordance with the requirements. A Value Interventified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Tille (Month, Day, Year)		English (Million Company)				lanan la	
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 United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as WHOL ADVACY the disabled, underprivileged, seniors and youth in foster care. 4 Vasisionstan a 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Yeer)							
C. Induite of outside organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as House Amage the disabled, underprivileged, seniors and youth in foster care. A Vastification Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year)					concession sales		
C. Induite of outside organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as House Amage the disabled, underprivileged, seniors and youth in foster care. A Vastification Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year)							
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 2 To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as House House <thhouse< th=""> House H</thhouse<>				Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
County - 7200 Bancroft Ave, Ste 251. 2 oppoortunities to vulnerable populations in the County such as County - 7200 Bancroft Ave, Ste 251. 2 oppoortunities to vulnerable populations in the County such as County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 the disabled, underprivileged, seniors and youth in foster care. Image: County - 7200 Bancroft Ave, Ste 251. 1 1 1				Pass(es)			
Child Advancy the disabled, underprivileged, seniors and youth in foster care. 4 Vasteriantian Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year) Comment: Kim given 7/17 game				2			
4 Vasision							
4 Value Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year) Comment: Kim given 7/17 game		SEWIOR ADVINARY			the disabled, under	rprivileged, seniors and	l youth in foster care.
Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year) Comment: Kim given 7/17 game	140.424	second provided					
Anna Gee Operations Chief 08/03/15 Print Name Title (Month, Day, Year) Comment: Kim given 7/17 game	4	Valifiaation		110010 1 hove v	arified that the distribution act t	arth above, is in accordance wit	h the requirements
Print Name Title (Month, Day, Year) Comment: Kim given 7/17 game	1		11 C				
Comment: Kim given 7/17 game							
				rnnt Nan	110	nu o .	(wonu, Day, Tear)
		Comment: Kim given 7/17 g	ame				
FPPC Form 802 (4/12 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772		· · · · · · · · · · · · · · · · · · ·					FPPC Form 802 (4/12

6

U		is and ther	leurass	Distributions		A Public Document
1.	Agency Name			in an de angele e nyelen gegen negen vergen vergen vergen de endelse endelse endelse endelse vergen vergen ver	Date Stamp	California 802
	Alameda County	Alameda County				
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				99999999999999999999999999999999999999
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ 🚣	25
	Event Description Baseball G	ame		Date(s)7	, 19 , 15	07 , 21 , 15
		Provide Title/Expla	nation	Date(s)	/ ,	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no:		norman market market and a start of the start
					Name of Sou	irce
	Was ticket distribution made a of agency official?	t the behest	No 🔲 Yes	If yes: <u>Miley</u>	Official's Name (L	ast First)
5.	• Use Section A to identify the agency	's department or u	nif. e Use Sec	tion B to identify an individu	al. • Use Section C to ident	lfv an outside organization
3.	Use Section A to identify the agency's department or unit. Use Section B to identify an indi Number of Number of Agency, Department or Unit Number of Tickaf(s)/ Describe the				lic purpose made pursuant	
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's policy
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role		ng: Income
		•		If checking "Ceremon	al Role" or "Other" describe below:	
	· ·	ny na Galantina ana amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'n		Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.		4		To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County such as	
	SENIOR ADVOCACY			the disabled, under	privileged, seniors and	l youth in foster care.
1.	Verification	lations 18044.1 and	18942. I have ve	erified that the distribution set for	orth above, is in accordance with	h the requirements.
-	Anna Ge			ee	Operations Chief	08/03/15
			Print Nam	the second se	Tille	(Month, Day, Year)
	ν.				•	
	Comment:	. Charles and a second s				FPPC Form 802 (4/12

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

Selemonial Role Events	s and nor	(eurass	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					Found
Division, Department, or Region (If Applicable)					For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				- ::	1 1
Anna Gee					
	E-mail		an a	Amendment (Must pr	ovide explanation in Part 3.)
	anna.gee@a	cgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inform	ation				~
Does the agency have a ticket p	•	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ 📥	25
Event Description Baseball Ga	me		Date(s) 07	<u>, 22 , 15</u>	07 , 30 , 15
Event Decomption	Provide Title/Expla	nation	Date(3)		
Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No	🔀 lf no:	มีใหต่อันที่ได้สมบระด้อวยสามารถหลายสายครามสามารถหลายสามารถหลายสามารถ	
				Name of Sou	irce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Miley	, INALE Official's Name (L	ast First)
 Recipients Use Section A to identify the agency's 	denartment or u	unif a Lleo Sor	tion B to identify an individu	ual a lise Section C to ident	ifu an outside organization
		Number of	-		
A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
••••••••••••••••••••••••••••••••••••••					,
				<i>2</i>	
••••••••••••••••••••••••••••••••••••••					
					ž
B. Name of Individual	<u>Contraction of the second second</u>	Number of Ticket(s)/		Identify one of the followi	na:
(Last, First)		Pass(es)			
			Ceremonial Role		Income
			If checking "Ceremon	ial Role" or "Olher" describe below:	
<u> 1980 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>		10 ⁷ 11-1-1	Ceremonial Role	Other	Income
				ial Role" or "Other" describe below:	
			-		
C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
(include address and descr	ription)	Pass(ès)			
United Seniors of Oakland & Alameda		4		motivate and provide	
County - 7200 Bancroft Ave,	Ste 251.		oppoortunities to v	ulnerable populations i	n the County such as
			the disabled, under	rprivileged, seniors and	vouth in foster care.
					,
		•			
	18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
	x	Anna G	ee	Operations Chief	08/03/15
	Brown of the Contract of the C	Anna G		Operations Unler	08/03/15

 Anna Gee
 Operations Chief
 08/03/15

 Print Name
 Title
 (Month, Day, Year)

Comment:

2007 B 20						
1.	Agency Name				Date Stamp	California 802
	Alameda County	ty				FOUIL
	Division, Department, or Regi	on (If Applicable	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1
	Anna Gee					
	Area Code/Phone Number	E-mail	7	00200012001	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 Inform					(Wohlin, Day, Year)
	Does the agency have a ticket		Yes 🔀 No	Face Value	of Each Ticket/Pass \$	90/25
	Baseball G	•••		Date(s)		08 , 02 , 15
•	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by			Ist If no:		
	Ticket(a)/1 das(ea) provided by	agency	Yes 🔲 No		Name of So	urce
	Was ticket distribution made a	t the behest	No 🗖 Yes	If yes: Mile	y, Nate	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	 Use Section A to identify the agency 	's department or		ction B to identify an Individ	Jual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
	승규는 것 같은 것 같은 것을 가지 않는 것을 많이		Pass(es)			이상 방법에 관계에 관심하는 것이 안 없다.
	<u>an mananan sa sa sa na mananan na manan</u>				<u></u>	
			· · · · ·			
	R Name of Individua		Number of			
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ticket(s)/	Ceremonial Role	Other	ing: Income
			Ticket(s)/			-
			Ticket(s)/		Other	-
			Ticket(s)/	If checking "Ceremo	Other of "Other" describe below:	Income
			Ticket(s)/	If checking "Ceremo Ceremonial Role	Other	-
		J	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other	Income
			Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role	Other	Income
	(Lasi, First)	Ization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other	Income
	(Lesi, Firsi)	Ization	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below: Other Other or	Income
	(Lest, First) C. Name of Outside Organ (include address and des United Seniors of Oakland &	Ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health	Other Other or Other Other Other Other Other or Other onial Role" or "Other" describe below:	Income
	(Lasi, First) C. Name of Outside Organ (include address and des	Ization cription)	Ticket(a)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health	Other Other or "Other" describe below: Other Other Other onial Role" or "Other" describe below:	Income
	(Lest, First) C. Name of Outside Organ (include address and des United Seniors of Oakland &	Ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health oppoortunities to v	Other Inial Role" or "Other" describe below: Other Other Inial Role" or "Other" describe below: Inial Role of the point of the poi	Income In
	(Lest, First) C. Name of Outside Organ (include address and des United Seniors of Oakland &	Ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health oppoortunities to v	Other Other or Other Other Other Other Other or Other onial Role" or "Other" describe below:	Income In
4.	(Last First) C. Name of Outside Organ (Include address and des United Seniors of Oakland & County - 7200 Bancroft Ave	Ization cription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health oppoortunities to v	Other Inial Role" or "Other" describe below: Other Other Inial Role" or "Other" describe below: Inial Role of the point of the poi	Income In
4.	(Lasi, First) C. Name of Outside Organ (include address and des United Seniors of Oakland & County - 7200 Bancroft Ave SENIOR ADVOCACY	Ization cr(ption) A Alameda , Ste 251.	Ticket(a)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health oppoortunities to v the disabled, unde	Other Inial Role" or "Other" describe below: Other Other Inial Role" or "Other" describe below: Inial Role of the point of the poi	Income In
4.	(Lasi, First) C. Name of Outside Organ (include address and des United Seniors of Oakland & County - 7200 Bancroft Ave SENIOR ADVOCACY	Ization cr(ption) A Alameda , Ste 251.	Ticket(a)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health oppoortunities to v the disabled, unde	Other	Income In

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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	n fastilite en	
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Conter
		Ceremonial Role Other I Income Income I 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
REACH - 16335 E. 14th Street, San Leandro, 94578	18	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled,
AFTER SCHOOL PROGRAMS FOR ASHLAND YOUTH		underprivileged, seniors and youth in foster care.