1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Baseball Game 08 03 15 08 04 15 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🗌 No 🛛 Name of Source If yes: <u>Miley</u>, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) United Seniors of Oakland & Alameda To promote health, motivate and provide expanded 4 County - 7200 Bancroft Ave, Ste 251. oppoortunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care. SENIOR ADVOCACY Verification

 $^{\circ}$ 944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee	Operations Chief	09/1/15
Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

A					A Public Document
Agency Name				Date Stamp	California Form 802
Alameda County					For Official Use Only
Division, Department, or Regi	ion (If Applicable)				
Board of Supervisors				· · ·	
Designated Agency Contact (Name, Title)		lle en l'han de midden skor som over ken side och i diddad yn	1	
Anna Gee				Amondmont (14.	
Area Code/Phone Number	E-mail	:			t provide explanation in Part 3.)
(510) 272-6694	anna.gee@acgo	ov.org		Date of Original Filin	g:(Month, Day, Year)
Function or Event Inform	nation	1280-1900 - Contractores			
Does the agency have a ticket	t policy? Yes	s 🔀 No	Face Value of	of Each Ticket/Pass \$	
Event DescriptionBaseball G	Same		Data(a) 08	3 <u>, 05 , 15</u>	08 , 06 , 15
	Provide Title/Explanation	on	Date(3)		
Ticket(s)/Pass(es) provided by	/ agency? Yes	s 🗌 No	If no:	Name of	an a
			—. ·		Source
Was ticket distribution made a of agency official?	it the behest No	o 🗖 Yes	If yes: Miley	, Nate Official's Nam	e (l ast First)
- ·			oonnangagaan ahari shinan aharanan sa sa shiila		
• Use Section A to identify the agency	/'s department or unit.	.• Use Sec	ction B to identify an individ	ual. • Use Section C to id	entify an outside organization.
Ā	N STREET, N	lumber of			그는 것 같은 것 같은 것은 것은 것을 못했다.
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	Nic purpose made pursu	ant to the agency's policy
A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pu	olic purpose made pursua	ant to the agency's policy
A. Name of Agency, Departme B. Name of Individua (Last, First)	ut or Unit	Ticket(s)/	Describe the pul	lic purpose made pursua	
B. Name of Individua	ut or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role	Identify one of the follo	wing:
B. Name of Individua	ut or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role Il checking "Ceremon Ceremonial Role	Identify one of the folio	wing:
B. Name of Individua	Ization	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the folio Other Identify one of the folio Identify one of the folio	wing:
B. Name of Individua (Last, First)	ization cription)	Ticket(s)/ Pass(es) Jumber of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the folio	>wing: Income w: Income w: Income w: Income ant to the agency's policy

						A Public Documen
1.	Agency Name			Dan bili kun sun yang yang yang yang yang yang kun sa kun	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)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🔀 No	Face Value c	of Each Ticket/Pass \$ 🖄	90/25
	Event Description	Same		Date(s)08	3,07,15	08 , 08 , 15
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	🕅 lf no:		
					Name of So	urce
	Was ticket distribution made a of agency official?	t the behest	No 🔲 Yes	If yes: Miley	, INALE Official's Name (i	ast First)
3.	• Use Section A to identify the agency	/'s department or	unit. 🎍 Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		ilic purpose made pursuant	
	General Services Agency		10	To reward a County employee for their exemplary service to th public or to encourage staff development		
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing: · Income [
					La Coller La Coller Colle	
				Ceremonial Role If checking "Ceremon	Other Die Other describe below:	Income [
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	United Seniors of Oakland & County - 7200 Bancroft Ave		4		To promote health, motivate and provide expanded oppoortunities to vulnerable populations in the County suc	
	SENIORADVOCACY			the disabled, under	privileged, seniors an	d youth in foster care.
1_	Verification					
		18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	
			Anna G	ee	Operations Chief	09/1/15
			Print Nam		Title	(Month, Day, Year)

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
		5
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income I Income I Income I Income II
		Ceremonial Role Other I Income
		Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco
		Ceremonial Role Other Income Income Income Income 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
Hayward Area Recreation and Park District Foundation-1099 E St, Hayward	10	To reward a nonprofit organization for their contributions to the community
94541 SUPPORT OF OUTDOOR		
RECREATION PROGRAMS FOR YOUTH		
	-	

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)		· .	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	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				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ 🔔	\$32
	Event Description Baseball game Provide Title/Exple) 02 15	
		Yes 🔲 No	If no: Oaklar	nd A's Name of Sou	Irce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	oot Electi
				Unicial's Name (L	asi, Firsi)
3.	• Use Section A to identify the agency's department or u	init. • Use Sec	ction B to Identify an Individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Wydler, Diane		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	
		2		ance at a(n) event he potential County reven	eld at a County facility in ue
		2		Other	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
	۰. ۲۰			n Anna ann an Anna Anna Anna Anna Anna	nan kan kan kan manan kan kan yang kan
A	XI - 10				

4. Verification

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

 Steven Jones
 Central District Director
 09.01.2015

 Print Name
 Title
 (Month, Day, Year)

		neur ass	Distributions		A Public Document
1. Agency Name			******	Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicable)	<u>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</u>		For Official Use Only
Board of Supervisors					, ,
Designated Agency Contact	(Name, Title)		,	-	
Steven Jones					
Area Code/Phone Number	E-mail		20011110000000000000000000000000000000	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693	steven.jones	@aconv_ord	r	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Infor		.@a0301.018			(Month, Day, Year)
Does the agency have a ticke			E Face Value o	of Each Ticket/Pass \$	\$32
		Yes 🛛 No			
Event Description Baseball c	Provide Title/Expl	anation	Date(s)	9 , 01 , 15	/
			If no: Oakla	nd A's	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sou	rce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	i, Wilma	
of agency official?				Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the agence		unit. • Use Sec Number of	ction B to identify an individ	ual. • Use Section C to Identi	fy an outside organization.
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	<u></u>		······		
B. Name of Individu: (Last, First)	a)	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
÷			Ceremonial Role	Other	Income
Tafoya, Molly		2	If checking "Ceremonial Role" or "Other" describe below:		
٠.		_	order to maximize	d at a County facility in	
			Ceremonial Role	runna anna	Income
				ial Role" or "Other" describe below;	
		2			
					•
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
				di ta an bahar da ta an ta	
			,		
			······································		ларант Карадалан талан түрүүнүн карада карада карада түрүүнүн карада карада карада карада карада карада карада
I. Verification		L			

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

Steven JonesCentral District Director09.01.2015Print NameTitle(Month, Day, Year)

Comment: .

_			neurass	DISTINUTIONS		A Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Regio	on (If Applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)		40012 kining an an ann an an ann an ann an ann an an			
	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					
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	105/25	
	Event Description Baseball G	ame		Date(s)08	, 09 , 15 ;	08 , 15 , 15	
	•	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	🛛 If no:	Name of Sol	Imp	
	Was ticket distribution made at	the behast		Milev		1100	
	of agency official?	the benest	No 🗖 Yes	If yes: Miley,	Official's Name (L	ast, First)	
2 2	Recipients						
9.	• Use Section A to identify the agency	's department or u	ınit. 🔹 Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)				
		١		·			
	Strangensen in her state and state and states and states and states and states and						
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the followi	ng:	
			Pass(es)	Ceremonial Role	.Other	Income	
	Aritola, Kathy				al Role" or "Other" describe below:	income	
			4	To reward a comm	unity volunteer for thei	r service to the public	
						، مربق می مربق م مربق می مربق می	
				Ceremonial Role		Income	
				I Checking Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organi	zation	Number of			6 - 14	
	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Jenny Lin Foundation-2381	Grove Way,		To reward a nonpro	ofit organization for the	ir contributions to the	
	Castro Valley 94546		. 4	community			
	YOUTH SAFETY AND MUS	IC	,		<u>na na seconda de constructiones de constructiones de construction de construction de cons</u> truction de construction :		
	SCHORLARSHIPS						
4.	Verification		L			1999 MARTIN MARTIN STATE AND	
		is 18944.1 and	18942. I have v	erified that the distribution set f	orth above, is in accordance wit	h the requirements.	
			Anna G	See	Operations Chief	09/1/15	
	Care I among I		Print Nan	ne	Tille	(Month, Day, Year)	
	kathy received 2 i	nfield tix and :	2 box tix				
	Comment:			an an ann an an Allach a' Stabilith ann gan an ann an		FPPC Form 802 (4/12)	

	eremonial Role Events and T				
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form COV2
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		an a		
	Anna Gee				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6694 anna.gee	@acgov.org		Date of Original Filing:	(Month Day Yoar)
2.	Function or Event Information				(Womin, Day, Tear)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	90/25
	Event Description Baseball Game				08 , 21 , 15
	Event Description Provide Title/	Explanation	Date(s)	8 , 19 , 15	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	157 If no:	x ,	
				Name of So	ource
	Was ticket distribution made at the behes	t No 🛛 Yes	If yes: Mile	y, Nate Official's Name	Editabilitati internationale and a successful and a successful definition of the successful definitio
NUMBER	of agency official?			Official's Name	(Last, First)
3.	e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.				
		A HARDE DELLA MARCE AND AND A REAL			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Ticket(s)/	Describe the pu	blic purpose made pursuan	
	B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend	Identify one of the follow	ving: Income [at a County facility in
~	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role	Identify one of the follow	ving: Income [at a County facility in nue from parking and Income [
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Order to maximize Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role	Identify one of the follow	ving: Income [at a County facility in nue from parking and Income [
	B. Name of Individual (Last, First) Cousin, Dwight	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 20 20 20 Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role If checking "Ceremonial Concession sales. Describe the pu To promote health	Identify one of the follow Other Solution Identify one of the follow Other Solution Identify one of the follow Identify one of the follow	ving: Income [at a County facility in nue from parking and Income [t to the agency's policy e expanded opportunities

 Anna Gee
 Operations Chief
 09/1/15

 Print Name
 Title
 (Month, Day, Year)

 Comment:
 Cousin receive 2 infield tix and 18 box tix
 EPD0 5 cm 200 (M10)

A Public Document 1. Agency Name Date Stamp California ß Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Sher Event Description Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no Yes 🗌 No 🗌 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🗌 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To reward a County employee for his or her exemplary service to the public or to encourage staff development Number of Name of Individual B Ticket(s)/ Identify one of the following: (Lass Fust) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name Tille 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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No VDa01 Event Description Date(s Ticket(s)/Pass(es) provided by agency? lf no Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No 🛛 Yes 🗌 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit, • Use Section B to identify an Individual. • Use Section C to Identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First) Pass(os) To promote attendance at a county sponsored come Rob Sorensor 2 event in order to maximize potential county revenue for concesion and parking sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) Pass(es) Verification 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Print Name Title (Month, Day, Year V Comment:

A Public Document 1. Agency Name Date Stamp California 30 Form **Alameda County** For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information てていめ Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No ηoV Date(s) Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No 🗌 Yes 🗌 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Ticket(s)/ Name of Individual Β. Identify one of the following: (Last Furst) Pass(es) To promote attendance at a county sponsored iome & Linda event in order to maximize potential county 1_ revenue for concesion and parking sales. Ceremonial Role Olher Income If checking "Ceremonial Role" or "Other" describe below; Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Varification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Print Name Title (Month. Dav/Year Comment: .

1. Agency Name		o pionibulions		A Public Documer
			Date Stamp	California 800
Alameda County				Form 002
Division, Department, or Region (If Applicab	ile)	-		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assista				
Area Code/Phone Number E-mail	311()	Amendment (Must p	muide explanation in Part 2 1
	· · · · ·	•		iovide explatiation in Fail 5.7
	erson@acg	ov.org	Date of Original Filing:	(Month, Dey, Year)
2. Function or Event Information				2007
Does the agency have a ticket policy?	Yes D No	□ Face Value o	f Each Ticket/Pass \$_	Setill
Event Description _ Suslball	(₁	Date(s)	, 22, 16	
Provide Tille/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yest		kland Dr. Nome of Sou	thetics
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alar	neda County Supervisor S	colt Hagnerty District 1
of agency official?		(Official's Name (L	est; First)
. Recipients				
• Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	ht an outside executenties
A. Name of Agency, Department or Unit	Number of	御代し だいれん ちょうかいがく しょうしん	a the state of the	A CONTRACTOR OF
	Ticket(s)/ Pass(es)		ic purpose made pursuant t	o the agency's policy
			1. Sec. 1981	an an an an the state of the st
·		N N N		
• •				
B. Name of Individual	Number of Ticket(s)/ Pass(es)	****	Identify one of the following	i an
		To reward a comm	nunity volunteer for h	nis or her
A states		servic e to the pub		
ANO YSIT	Contraction	•		
				anno anna anna anna anna anna anna anna
ł		Ceremonial Role		Income
		ll checking *Ceremonial	Role* or "Other" describe below:	- · · · · · · · · · · · · · · · · · · ·
		τ.		
C. Name of Dutside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
		5		4
		enanginan <u>e a set ang pang pang pang pang pang pang pang </u>		
Verification		#451m3864700041162721010110101000000000000000000000000		

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

		Lee Ann Fergerson	Supervisor's Assistant	9/14/15
		Print Name	Title	(Month, Day, Year)
Comment:	\bigcirc \bigcirc			

Λ

. Agency Name			Stributions	Date Stamp	California 802
Alameda County					Form 802
Division, Department,	or Region (If Applicabl	9)	1 		For Official Use Only
Board of Supervisor	5				
Designated Agency C	ontact (Name, Tille)	······································			
Lee Ann Fergerson,	Supervisor's Assista	nt		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Nu			<u> Hillo norșe a constante e cons</u>	÷	
(510) 272-6691	_	erson@acgov.ol	rg	Date of Original Filing	(Month, Day, Year)
. Function or Even				, · · ·	155 C 18/2
Does the agency have	e a ticket policy?	Yes 🗌 No 🗌	Face Value o	f Each Ticket/Pass \$ -	$\frac{10}{20}$
Event Description A	Provide Tille/Exp	1 anation	_ Date(s)	1,25,5	32. for 2 seat
Ticket(s)/Pass(es) pro	vided by agency?	Yes 🗌 No 🗌	lf no:	Name of S	0///29
Was ticket distribution	made at the behant		I. Alam	eda County Supervisor S	
of agency official?		No 🗌 Yes 🗌	If yes:	Official's Name	(Last, First)
Recipients Use Section A to identify	the agency's department o	unit. • Use Section	a B to Identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
SuperAso	r Scott Have	Certer	To obtain over	sight of facilities or	events that have
الم المراجع الم المراجع المراجع	· [] · [y funding or suppor	
		18/4			
B. Name o	(Individual et Føst)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role	Other	
			I checking "Geremor	val Role" cr "Other" describe below	м • У
40000000000000000000000000000000000000			Ceremonial Role	Other	Income
			If checking "Ceremoi	nial Role" or "Other" describe below	
۰.		v			
	lde Organization s and description)	+ Number of Ticket(s)/ Pass(os)	Describe the pul	llc purpose made pursual	nt to the agency's policy
					<u>a an an</u>
	· · · · · · · · · · · · · · · · · · ·				
			anna an tao ang	, <u>egy (egy (egy (egy (egy (egy (egy (egy (</u>	ĸĸĸĸĸĸĸĸĸĸĸĸĸŦŎĊĊŎĊĊĊŢŎĊĊŢŎĸĊŢŎĸĸŢŎŎĸŎŎŎŎŎŎŎŎŎŎ
. Vérification		, .	<u> </u>		
Lindus road and understand	PPC Regulations 18044 1 g	nd 18942. I have verifie	ed that the distribution set	forth above, is in accordance v	with the requirements.
		Lee Ann Ferge	erson	Supervisor's Assista	
		Print Name		Tille	(Month, Day, Year)
Comment:				· .	

1. Agency Name		· DIBUIDUUUUUS		A Public Docume
Alameda County	-		Date Starnp	California 80
Division, Department, or Region (II A)	unlicables		4	Form For Official Use Only
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Board of Supervisors Designated Agency Contact (Name, Tit		Annue		
			2 2 2	¢
Lee Ann Fergerson, Supervisor's A	ssistant	a r	[7] Amandana	
Area Code/Phone Number E-mail	a an far an	n an		provide explanation in Part 3.)
	.fergerson@acgo	ov.org	Date of Original Filing	(Month, Day, Your)
2. Function or Event Information			κ α το προσφαρία το προσφαρίο το προ σφαρίο το προσφαρίο το προσφαρίο το προσφαρίο το προσφαρίο το προσφαρίο το π Γ	20.00
Does the agency have a ticket policy?	Yes D No	Face Value o	of Each Ticket/Pass \$_	3.1.0U ·
Event Description	LL (ille/Explanation	Dale(s)	124, 15	
Ticket(s)/Pass(es) provided by agency	5		beland Dr. Norma of sc	thetics_
Was ticket distribution made at the bel of agency official?	nest No □. Yes	If yes: <u>Ala</u>	meda Counly Supervisor : Official's Name (Scoll Haggerty, District 1
3. Recipients				
• Use Section A to identify the apency's departm	ent or unit. + Use Se	ction B to identify an individu	al Use Section C to iden	lify an outsido proprization
A. Name of Agency, Department or Unit		Describe the pub	lle purpese mede pursuant	to the approvation pelloy
		i i i i i i i i i i i i i i i i i i i		
		 	nform to <u>a classification of the second second</u>	Secure 9 50 - US est terror models sold from the Mildow of State (State State)
B. Name of Individual	Number of Tickel(e)/ Pass(as)	A (1) 2) 2) 4 4 4	Identify one of the followi	o ģi ti
			idance at a county s	
Katle Watkins	2		maximize potential	county
		revenue for conc	esion and parking sa	les,
n early a first and a second a second and a second		Autorita T	7	
		Coremonial Role Uchecking 'Coremonia	Other	income
t.				÷
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Poss(as)	Describe the public	o purpose made pursuant tr	"the agency's policy
		3		
 998-996		×		-
Verification	<u> </u>			
 A No. 10 Control of the second se second second sec	id 18942. I have vari	fied that the distribution set forti	h above, is in accordance with li	he requirements.
	Lee Ann Ferg		upervisor's Assistant	9/2/15
	Print Name		Title	(Manih, Doy, Year)

Comment:

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

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1. Agency Name Date Stamp Callot Alameda County Date Stamp Callot Division, Department, or Region (#Applicable) Board of Supervisors For of Board of Supervisors Date Stamp Callot Designated Agency Contact (Name, 70%) Lee Ann Fergerson, Supervisor's Assistant Implement (Mate provise explane) Area CodoPhone Number E-mail Implement (Mate provise explane) Date of Ortginal Filing: (510) 272-8691 Ieeann, fergerson@acgov.org Date of Ortginal Filing: Mate over the explane) Does the agency have a taket policy? Yes (P) No Implement Face Value of Each Ticket/Pass \$	c Docum
Division, Department, or Region (// Applicable) For of Board of Supervisors Designated Agency Contact (Neme, 70%) Lee Ann Fergerson, Supervisor's Assistant □ Amondmont (Mat provide explanal (510) 272-6691 Ice ann fergerson, Supervisor's Assistant □ Amondmont (Mat provide explanal (510) 272-6691 Function or Event Information Pende TileAcKplanation Does the agency have a ticket policy? Yes to P No □ Fract Code/Phone Number Frandil Levent Description Build of tileAcKplanation Provide TileAcKplanation Date(s) Provide TileAcKplanation To act and the provide tileAcKplanation Ticket(s)/Pass(es) provided by agency? Yes to No □ Free Code TileAcKplanation If yes: Alameda County Supervisor Scott Haggarty of agency official? No □ A. Name of Agency, Department or Unit TileAct of the full/dual A. Name of Agency, Department or Unit TileAct of the full/dual Manne of Individual Exercises Number of Toperonote attendance at a county sponsored event in order to maximize potential points B. Name of Individual Exercises Number of Toperonote attendance at a county sponsored event in order to maximize potential potential acounty revenue for concesion and parking sales.	nia 80
Board of Supervisors Designated Agency Contact (Name, Tile) Lee Ann Fargerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Provide TubAcRylamilion Tickel(s)/Pass(es) provided by agency? Yest Provide TubAcRylamilion Tickel(s)/Pass(es) provided by agency? Yest Was ticket distribution made at the behest No □. Yest If yes: Alameda County Superviser Scott Haggory of agency official? Obtails? Name of Agency, Department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section C A gency, Department or unit. * Use Section C A gency, Department or unit. * Use Section C A gency, Department or unit. * Use Section C A gency, Department or unit. * Use Section C A gency, Department or unit.	ficial Use Only
Designated Agency Contact (Name, Tilly) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-8691 Ieenan. fergerson@acgov.org 2. Function or Event Information Does the agency have a taket policy? Yes (C) No Provide Taket/Planehon Tickel(s)/Pass(es) provided by agency? Yes (C) No Provide Taket/Planehon Tickel(s)/Pass(es) provided by agency? Yes (C) No If no: Outed taket policy? Yes (C) No If no: Outed taket policy? Yes (C) No If no: Outed taket policy? Yes (C) No If yes: Alameda County Supervisor Socit Haggery Official? Was ticket distribution made at the behest No Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Agency, Department or Unit Number of netwold Paale(a) B. Name of Individual Association B to identify an individual, even of the following: Taket of Paaled B. <td< td=""><td></td></td<>	
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [610] 272-6691 Lee ann.fergerson@acgov.org Date of Original Filing:	
Area CodelPhone Number (510) 272-6691 E-mail leeann.fergerson@acgov.org Date of Original Filing: Date of Original Filing:	٠
(510) 272-6691 leeann.fargerson@acgov.org Date of Original Filling:	an in Did 31
2. Function or Event Information	mmran ə.j
Does the agency have a ticket policy? Yes (D) No [] Face Value of Each Ticket/Pass \$ Event Description	Year)
Event Description Build Build Date(s)	22.
Detection Date(s)	
Ticket(s)/Pass(es) provided by agency? Yest No If no: Calanda Additional Addited Additina Additina Additional Additional Additional Additional	
Was ticket distribution made at the behest of agency official? No	<u>1CS</u>
Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Vae Section C to identify an actibility of the agency's department or unit. Name of Agency, Department or Unit Number of Recipients Name of Individual Number of Recipients Identify one of the fallowing: Describe the public purpose made purposer action of the fallowing: Describe the public purpose made purposer action of the fallowing: Describe the public purpose made purposer action of the fallowing: Describe the public purpose made purposer action of the fallowing: Describe the public purpose made purpose purp	, District 1
Use Section A to Identify the agency's department or unit. Use Section B to Identify an Individual. Outs deputy an activity of the agency's department or unit. Name of Agency, Dopartment or Unit. Trefered Describe the public purpose made purpount to the agency's of the following: Describe the public or the following: Describe the public or other describe balance C. Name of Outside Orgenization Number of Include address and description Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following: Describe the public purpose made pursuant to the agency's of the following to the agency's of the following to the public purpose made pursuant to the agency's of the following to the public purpose made pursuant to the agency's of the following to the public purpose made pursuant to the agency's of the following to the public purpose made pursuant to the agency's of the public purpose made pursuant to the agency's of the following to the public purpose made pursuant to the agency's of the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public	
A. Name of Agency, Department or Unit With before Tripleting, Panalday, Purpose made, Purpusant to the agency of Panalday, Pa	
B. Name of Individual new, ring Number of Ticket(e) Pass(ee) Identify one of the following: Bob Kridelev 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. C. Name of Outside Organization (Include address and description) Number of Ticket(e) Pass(e)	policy
Describe Identify one of the following: Padates) Padates) Padates) To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Coremonial Role Other Uchecking "Coremonial Role Other Uchecking "Coremonial Role Other Uchecking "Coremonial Role Other Uchecking "Coremonial Role Other	
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Law, Fig Tickle(b)/ Paia(se) Identify one of the following: Bob Krider Z To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Coremonial Role Other Uchecking "Coremonial Role Other	
bob Krieder 2 event in order to maximize potential county revenue for concesion and parking sales. Coremonial Role Other If checking "Ceremonial Role" or "Other" describe balow: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pase(co) Describe the public purpose made pursuant to the agency's pase(co)	ئىيە ئۇر قەر م ئەرر يەري
C. Name of Outside Organization (Include address and description) Number of Paes(es) Paes(es)	me [
C. Name of Outside Organization (Include address and description) Number of Tickst(s)/ Paes(es) Describe the public purpose made pursuant to the agency's paes(es)	
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 p	· · · ·
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(cc) Describe the public purpose made pursuant to the agency's p	Income
(Include address and description) Ticks((s)/ Paes(ec) Describe the public purpose made pursuant to the agency's r	
(Include address and description) Ticket(6)/ Describe the public purpose made pursuant to the agency's pass(ee)	
Verification	
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144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	
Lee Ann Fergerson Supervisor's Assistant 9/1	1,5
), Day, Year)

gency Name lameda County ivision, Department, or Region (If Applicable)	Date Stamp	California Form 802		
		Entro A / A		
		For Official Use Only		
oard of Supervisors				
esignated Agency Contact (Name, Title)				
1ichelle Dianda		nonga ana ang ana ang ang ang ang ang ang		
rea Code/Phone Number E-mail	Amendment (Mustip	ovide explanation in Part 3.)		
510) 272-6692 michelle.dianda@acgov.org	Date of Original Filing: .	(Month, Day, Year)		
unction or Event Information		25.00		
	f Each Ticket/Pass \$	25.00		
vent Description <u>Oakland A's vs. Texas Rangers</u> Date(s) <u>09</u> Provide Title/Explanation	, 24 , 15	//,		
icket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklan	Name of Sou			
/as ticket distribution made at the behestNo □_ Yes ⊠If yes:Valle,	Richard- Supervisor [District 2		
of agency official?	Official's Name (L	.ast, First)		
Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individua	al. • Use Section C to ident	ify an outside organization.		
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Name of Individual Number of Ticket(s)/ (Last, First) Pass(es)	Identify one of the followi	ng:		
	Other iai Role" or "Ólher" describe below:	Income		
Ceremonial Role [If checking "Ceremonia	Other Dia Role" or "Other" describe below:			
Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	lic purpose made pursuant	to the agency's policy		
Hayward Demos 27287 Patrick Ave. Hayward CA 94544 2 To reward a non-pro- community.	ofit organization for its	contribution to the		
To encourage people and volunteers to get out to vote				
/efification				
Michelle Archuleta	orth above, is in accordance wit Supervisor's Aide	th the requirements. $a/7.11$		
Print Name	Title	(Month, Day, Year)		

1. Agency Name Date Stamp Callifornia Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. Texas Rangers 15 09 22 15 09 23 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. 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 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🗍 Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Hayward Demos To reward a non-profit organization for its contribution to the 2 27287 Patrick Ave. Hayward CA 94544 community. To encourage people and volunteers to get out to vote Verification

I EPPC Regulations 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

Comment: .

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Cere	emonial Role Ever	nts and Tic	ket/Pass	Distributions	·	A Public Document
1. Ag	gency Name				Date Stamp	California 802
Al	ameda County					
Div	vision, Department, or Reg	gion (If Applicable	9)	······································		For Official Use Only
В	pard of Supervisors					
	signated Agency Contact	(Name, Title)	9 - 78		-	
м	ichelle Dianda					
	ea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	10) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	:(Month, Day, Year)
2. Fi	unction or Event Info	rmation				
Do	es the agency have a tick	et policy?	of Each Ticket/Pass \$	25.00		
F	Oakland	A's vs. Seattle	Yes⊠ No Mariners	Date(s)	9 , 04 , 15	1 1
EV	ent Description	Provide Title/Expi		Date(s)		
Tic	cket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakla	nd A's	· · · · · · · · · · · · · · · · · · ·
					Name of S	
	as ticket distribution made f agency official?	at the behest	No 🗌 Yes	If yes: Valle	e, Richard- Superviso Official's Name	
						(
	ecipients lse Section A to identify the agen	cv's department or	unit allsa Sa	ction B to identify an individ	lual e Use Section C to ide	entify an outside organization
A	Use Section A to identify the agency's department or A . Name of Agency, Department or Unit		Number of		public purpose made pursuant to the agency's policy	
			·			
		Number of				
В	Name of Individe (Last, First)	ual	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
S	Sum, Jason		. 2	-	nial Role" or "Other" describe below	Income [s service to the public.
40×700-00		ананалария				
			2	Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below	v:
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	and a second	an a				
4. Vo	en/ification					
		144.1 an			forth above, is in accordance	with the requirements.
			Michelle Ar	Note	Supervisor's Aide	(Month, Day, Year)
~						¥
C	omment:					EBBC Form 802 (4/1

				Distributions		A Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			- 1	25.00	
	Does the agency have a ticke	• •	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	23.00	
	Event Description Oakland A	A's vs. Seattle	Mariners	Date(s)	<u>, 05 , 15</u>	090615	
	•	FIGNUE HIELAPI	anation	If no: Oaklar			
	Ticket(s)/Pass(es) provided b	y agency?	Name of So	ource			
	Was ticket distribution made a	at the behest	Xi If yes. Valle,	Richard- Supervisor	District 2		
	of agency official?		No 🗌 Yes	E 11 yes	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or		tion B to identify an individu	al. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
				- - -			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Tamas Daaraan			Ceremonial Role		Income	
	Torres, Roseann		2	_	ial Role" or "Other" describe below:	r service to the public.	
				TO reward a comm			
				Ceremonial Role	Other 🛛	Income	
	Riener, Eileen		2		ial Role" or "Other" describe below:		
			_	To reward a comm	unity volunteer for he	r service to the public.	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
		Aly - Lever ganger and a stranger shaded					
		WAXWALL LEBOL BALL BALL BALL BALL BALL BALL BALL B					
Mappar							
A	Verification						

Comment: _

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eremonial Role Events	s and ther	leurass	Distributions		A Public Document	
. Agency Name				Date Stamp	California Form 802	
Alameda County						
Division, Department, or Regio	n (If Applicable)				For Official Use Only	
Board of Supervisors						
Designated Agency Contact (A	lame, Title)				· · · ·	
Michelle Dianda					and a second	
	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month. Day. Year)	
. Function or Event Inform						
Does the agency have a ticket		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	109.00	
'), 12, 15	//	
Event Description Bay Area L	Provide Title/Expla	nation	Date(s)	and a second	Construction of the second	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Golder	n State Warriors		
				Name of So		
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor Official's Name (District 2	
of agency official?				Onicial's Name (
. Recipients	-		tion D to identify on individu	ual a Use Section C to iden	tife an outside organization	
Use Section A to identify the agency		Number of	a da anna ann an ann an an an ann an ann an a			
A. Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy	
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		X				
			an gan ann an An An An Ann			
·						
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	/ing:	
(Last, First)	Charles and a finite for the second	Pass(es)			Income	
Garcia, Susie	•		Ceremonial Role D Other I Incom			
		4		ance at an event held	at a County facility in	
			order to maximize	potential revenue from	ו sales.	
				Other	Income	
		4	If checking "Ceremor	nial Role" or "Other" describe below:		
C Name of Outside Organi	zotion	Number of	· · · · · · · · · · · · · · · · · · ·	·	an a	
C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
and the second					алин на	
				<u>ar y na g</u> ang kandalan kanang kana	genore a constant a general a constant a cons	
. Venification						
I have read and understand FFPC Regul	ations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements	
		Michelle Ard		Supervisor's Aide	9/10/19	
		Print Nam		Tille	(Mpinth, Day, Year)	
					· · · · · · · · · · · · · · · · · · ·	
Comment:				ويوني ويوني المراجعة		

Ceremonial Role Eve				A Public Document			
1. Agency Name		Date Stamp	California 802				
Alameda County			Form 002				
Division, Department, or Re	gion (If Applicable	ə)		•••	For Official Use Only		
Board of Supervisors							
Designated Agency Contac	t (Name, Title)		· · · · · · · · · · · · · · · · · · ·	-			
Michelle Dianda							
Area Code/Phone Number	E-mail	Amendment (Must	provide explanation in Part 3.)				
(510) 272-6692	michelle.dia	nda@acgov	.org	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Info					(Month, Day, Year)		
Does the agency have a ticl		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$. 222.00		
Ookland	Raiders Game		includ		11 , 15 , 15		
Event Description	Provide Title/Exp		Date(s)				
Ticket(s)/Pass(es) provided	by agency?	nd Raiders					
	by agonoy?	Name of S					
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2		
of agency official?				Omciai's Name	(Last, First)		
3. Recipients							
Use Section A to identify the age		unit. • Use Se					
A. Name of Agency, Depart	A. Name of Agency, Department or Unit Board of Supervisors- District 2			Describe the public purpose made pursuant to the agency's p			
Board of Supervisors- Dis				employees for their e	xemplary service to the		
•	6	public.					
					· ·		
		Number of			1711-17-192-17-20-12-20-20-20-20-20-20-20-20-20-20-20-20-20		
B. Name of Individ	lual	Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
		<u>, , , , , , , , , , , , , , , , , </u>	Ceremonial Role	Other	Income		
			If checking "Ceremon	nial Role" or "Other" describe below	• •		
			Ceremonial Role	Other	Income		
				nial Role" or "Other" describe below			
C. Name of Outside Org		olic purpose made pursuar	nt to the agency's policy				
			an a				
		1000 - 101-101-100-100-100-100-100-100-1	·	20-19,500 million and a second s			
สมขาสองค์ได้ระบบส่วนสายแหน่ง เป็นเป็นสาย และครามสาย และครามสายสายสายสายสายสายสายสายสาย สายสายสายสายสายสายสายสายสายสายสายสายสายส							
I. Verification	8011 1	d 18012 1 hours	erified that the distribution set	forth above is in accordance.	with the requirements		
	0344. I AN		•		AIN THE REQUIREMENTS.		
	•••••	Michelle Ar		Supervisor's Aide	Month Hav Vest		
					friendin, gay, real)		
Comment: Includes 2 park	ing passes at t	ne value of S	\$35 each.	nn - Anna Anna an Anna a' Anna Anna Anna Ann	an a		

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County					
	Division, Department, or Region (If Applicable)		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda					
	Area Code/Phone Number E-mail		provide explanation in Part 3.)			
	(510) 272-6692 michelle.dian	nda@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information		000.00			
		Yes 🛛 No		of Each Ticket/Pass \$ ['] -	222.00	
	Event Description Oakland Raiders vs. Bal	timore Rave	ens Date(s) 09	9 _ 20 _ 15	///	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Raiders Name of So	ource	
	Was ticket distribution made at the behest No \square Yes \boxtimes If yes: Valle,			, Richard- Supervisor	District 2	
	of agency official?			Official's Name	(Last, First)	
	Recipients • Use Section A to identify the agency's department or u	unit. • Use Se	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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Behavioral Health Care Services	2	To reward a County employee for his exemplary service to th public.			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			Ceremonial Role If checking "Ceremor	. Other		
	·		Ceremonial Role If checking "Ceremor	Other Inter Other Other Other Delow:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuar	t to the agency's policy	
4.	Verification	118010 16-0	orified that the distribution and	forth above, is in accordance w	ill the requirements	
		Michelle Ar		Supervisor's Aide	<u>9/10/15</u>	
		Print Nar	ne	Title	(Month, Day, Year)	
	Comment: Includes 1 parking pass at the	value of \$3	5 each.			

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document			
1. Agency Name			Date Stamp	California 802			
Alameda County							
Division, Department, or Region (If Applicab		For Official Use Only					
Board of Supervisors	Board of Supervisors						
Designated Agency Contact (Name, Title)	•						
Michelle Dianda	Michelle Dianda						
Area Code/Phone Number E-mail	Amendment (Must pl	rovide explanation in Part 3.)					
(510) 272-6692 michelle.di	anda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)			
2. Function or Event Information			L.	222.00			
Does the agency have a ticket policy?							
Event Description <u>Oakland Raiders vs. N</u>	ew York Jets	Date(s) <u>11</u>	0115	/			
Provide Title/Ex							
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	If no: Oaklar	nd Raiders Name of Sou				
Wee ticket distribution made at the behast	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle						
of agency official?		If yes:	Richard- Supervisor [Official's Name (L	_ast, First)			
3. Recipients							
• Use Section A to identify the agency's department of	or unit. 🔹 Use Sec	ction B to identify an individu	ıal. ● Use Section C to ident	lify 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			
D News of Individual	Number of		annan a sanaanna karanna karanna sanaanna karanna bisa				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	· · ·	Identify one of the followi	ing:			
	1	Ceremonial Role D. Other X In					
O'Laughlin, Jim	2	-	ial Role" or "Other" describe below:	convice to the nublic			
		To reward a comm	unity volunteer for his	service to the public.			
		Ceremonial Role	Other	Income			
Kaminski, Barry	2	-	ial Role" or "Other" describe below:				
	<i>L</i> .	To reward a comm	unity volunteer for his	service to the public.			
	Number of		99990-9999-9999-9999-9999-9999-9999-99				
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			
	ner ner en sen en s		an a	*****			
			•				
	o Staatik (na kunana ana aya na yang yang ang sang ang sang sang sang sang san	n		анаанаан алаан			
1							
4. Verification							
1 Lala la de cara de la contra de têno De contra 10011.1 e	and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.			
	Michelle Arc	himmen and himme	Supervisor's Aide				
	Print Nam	ne	Tille	(Month, Day Year)			
Comment: Includes 1 parking pass at th	e value of \$35	5		· .			

Ceremonial Role Ev	ket/Pass	Distributions		A Public Documen	
1. Agency Name		Date Stamp	California 802		
Alameda County		•			Form 002
Division, Department, or	Region (If Applicable	-	For Official Use Only		
Board of Supervisors		e de la construcción de la constru			
Designated Agency Cont	act (Name,Title)		- Martin - 1 Martin		
Michelle Dianda		Amondmont (Must	provide explanation in Part 3.)		
Area Code/Phone Numbe	er E-mail				provide explanation in Part 3.)
(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event In	formation				
Does the agency have a	icket policy?	of Each Ticket/Pass \$ [`] _	148.00		
Event Description Ricky	Martin Concert	9 <u>, 17 , 15</u>	1 1		
	Provide Title/Expl				
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
			Name of So		
Was ticket distribution made at the behest No □ Yes ⊠ If yes: Valle, of agency official?			, Richard- Supervisor Official's Name	(Last First)	
			()		
 Recipients Use Section A to identify the a 	gency's department or	unit e i lse Ser	tion B to identify an individu	ual. • Use Section C to ider	tify an outside organization
-		Number of			GHINE MAGNE - 444 - 44
A. Name of Agency, Department or Unit Ticket(s)/ Describe the pu Pass(es)			blic purpose made pursuan	t to the agency's policy	
·	۰. ۲				
				-	
B. Name of Ind		Number of Ticket(s)/		ving:	
		Pass(es)	Ceremonial Role	Other 🔀	Income
Gonzalez, Daniel				nial Role" or "Other" describe below:	
		4			at a County facility in
	мп у нучну за са	-		potential revenue from	n sales.
•			Ceremonial Role	Other Other or "Other" describe below:	Income
		4	i checking Celemon		
	C. Name of Outside Organization (include address and description)		Describe the pub	blic purpose made pursuan	t to the agency's policy
		Pass(es)			
	1999 Barrowski and a star a				
I. Verification				a a se a constante a const La constante a c	
11 Ann	78944.1 and	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	ith the requirements.
		Michelle Arc	chuleta	Supervisor's Aide	9/1(e/1
	**************************************	Print Nam	10	Title	(Nonth, Day, Year)

Comment: _

~	eremonial Role Events and T	ICNEUT 855	DISTINUTIONS		A Public Documen		
1.	Agency Name	Date Stamp	California 802				
	Alameda County		Form 002				
	Division, Department, or Region (If Applic		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·		1 .			
	Michelle Dianda		1				
	Area Code/Phone Number E-mail			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			ander of the second			
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$`_	25.00		
	Event Description Oakland A's vs. San Provide Title/	Francisco Gian	ts Date(s)	9 <u>, 25 , 15</u>			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of So	ource		
	Was ticket distribution made at the behas of agency official?	, Richard- Supervisor Official's Name	District 2 (Last, First)				
).	• Use Section A to identify the agency's departmen	t or unit. • Use Sec	tion B to identify an individ	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 pul	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ving:		
	Corbett, Ellen	Pass(es)	Ceremonial Role	Dther X nial Role" or "Other" describe below;			
		2			r service to the public.		
	Della Dora, Delmo	2	-	Other M nial Role" or "Other" describe below: nunity volunteer for his			
	C. Name of Outside Organization	Number of Ticket(s)/		blic purpose made pursuan			
	(include address and description)	Pass(es)					
		·					
			•				
.	Ver/fication		n an han an a	and a second	an nan susan di kana kana kana kana kana kana kana kan		
I .		and 18942. I have ve Michelle Arc		forth above, is in accordance w Supervisor's Aide	ith the requirements. QDDVIE		

Comment: _

1	Agency Name				Date Stamp	California 000
••	Alameda County				Duto otamp	Form 802
	Division, Department, or Regi	on (If Applicable	-	For Official Use Only		
		(,				
	Board of Supervisors				-	
	Designated Agency Contact (/	Vame, Title)				
	Michelle Dianda		Amendment (Must	provide explanation in Part 3.)		
		E-mail				
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation	·			25.00
	Does the agency have a ticket	policy?	Yes 🛛 No		of Each Ticket/Pass \$'-	23.00
	Event Description Oakland A	s vs. San Fra Provide Title/Expl) <u>,</u> 27 <u>,</u> 15	//		
	Ticket(s)/Pass(es) provided by	agency?	nd A's Name of S			
	Was ticket distribution made a	t the behest	, Richard- Supervisor	District 2		
	of agency official?		No 🗌 Yes		Official's Name	(Last, First)
3.	Recipients				na pome na na sel s obra processantelo e i na seconda na obra na branca na de processo i na pomento da defe	
	Use Section A to identify the agency	's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
					gggrup grup mennen som elder at det bliktet sok står sok til foldet helde til sindet om konsen konsen men menn	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
						anna a faith a faith a faith a faith a faith a fan an an ann ann ann ann an ann an ann an a
				,		
	B. Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Sanchez, Melesio		Ceremonial Role If checking "Ceremon	D Other X nial Role" or "Other" describe below	Income 🔲	
			2	To reward a comm	unity volunteer for his	s service to the public.
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Olher" describe below	. –
			2			
·						
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
						、
		-				
1.	Ver/fication					
•••	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance v	vith the requirements
			Michelle Arc	chuleta	Supervisor's Aide	91201E
			Print Nam		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) 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 124.75 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Gabriel Iglesias</u> 03 10 15 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🕅 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other 🗵 Income Garcia, Susie If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for her service to the public. Ceremonial Role Other Income Ramirez, Rudy If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Archuleta Supervisor's Aide Print Name Title

Cer	emonial Role Ever	nts and Ti	cket/Pass	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
А	ameda County						
Di	vision, Department, or Reg	gion (If Applicab	le)			For Official Use Only	
В	oard of Supervisors						
	esignated Agency Contact	(Name, Title)		<u></u>	-		
N/	ichelle Dianda						
	ea Code/Phone Number	E-mail	**************************************		Amendment (Must	provide explanation in Part 3.)	
	510) 272-6692		anda@acgov.	org	Date of Original Filing	:(Month, Day, Year)	
2. F	unction or Event Info	1				(Monai, Day, Tear)	
	bes the agency have a tick		Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$.	96.80	
					0 , 02 , 15		
E١	Event Description R. Kelly Concert Date(s)				,		
Ti	cket(s)/Pass(es) provided t	ov agency?		If no: Golde	en State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠				Name of Source		
	as ticket distribution made	at the behest	No 🗌 Yes	⊠ If yes: <u>Vall</u> e	e, Richard- Supervisor Official's Name	r District 2	
(of agency official?				Official's Name	e (LaSI, FIISI)	
	ecipients				dual a list for the first		
-	Use Section A to identify the agency's department or unit. Use Sectio Number of			[
A	Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy	
			1 435(65)				
	<u></u>				1		
B	Name of Individu	Jal	Number of Ticket(s)/		Identify one of the follo	wina	
	• (Last, First)	and the second state of the second	Pass(es)				
Į,	ackson, James			Ceremonial Role	onial Role" or "Other 🔀	Income	
J	aonoon, uanneo		4	Ť		s service to the public.	
					the management of the	· · · ·	
				Ceremonial Role	Other	Income	
			4	If checking "Cerem	onial Role" or "Olher" describe below		
			Number of			San Malaka San Jawa S	
С	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	ublic purpose made pursua	nt to the agency's policy	
			Pass(es)			9999 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 11 	
1.1.1.1.1.			· · · · · · · · · · · · · · · · · · ·				
				na a succession a la concession de la conce	ระการสาราชการที่มีวิธีการสาราวิจารีการสาราชการที่สาราวที่สุดภาราวิจารสาราสาราชการที่สาราชการการการ	alinaa sa dabaa waxaa maxaa ka ku ku ku yayaa yayaayaa ya ana ku ku ku maa maa ku ku ya ahaa ku ya daba ya daba	
4. V	enification	· · · · · · · · · · · · · · · · · · ·	nd 18012 1 hour	prified that the distribution on	t forth above is in accordance :	with the requirements	
)944. I a			set forth above, is in accordance with the requirements. $\frac{16}{116}$		
			Michelle Arc		Supervisor's Aide	(Mghth, @ay, Year)	
			r un Ndli		1100	(Marin, yay, 1881)	
с	omment:						

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0	eremonial Role Lven	ts and nu	Neurass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County				, <i>·</i>		
	Division, Department, or Reg	ion (If Applicable)	······································	-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Michelle Dianda						
	Area Code/Phone Number	E-mail	3	<u></u>	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.	.org	Date of Original Filing:	(Month. Day. Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	222.00	
	Event Description	Raiders vs. De	nver Bronco	os Dete(a) 10), 11, 15	///	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No [If no: Oakland Raiders			
					Name of Source		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (Last. First)	
0							
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		Management (1997)	
		anna ann an Aonaichtean an Aonaichtean an Aonaichtean an Aonaichtean an Aonaichtean an Aonaichtean an Aonaichte				аннай 6 бил бил бил бил со со со со со уууууу ундаа таата со	
	·						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	Identify one of the follow	ing:	
	Boca, Natalie		3		Other 🔀 ial Role" or "Other" describe below:	· Income	
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
			3	Ceremonial Role If checking "Ceremon	Other describe below:		
	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		
	1						
4.	Verification						
		8944.1 and			orth above, is in accordance wi	th the requirements. $1 / 1 / 1 / 1$	
			Michelle Are		Supervisor's Aide	(Mobile Data Vacat	
					nue	(Month, Day, Year)	
	Comment: Includes 1 parkir	ng pass at the	value of \$3	5			

A Public Document

1. Agency Name			Date Stamp	California 802	
Alameda County				Form	
Division, Department, or Region (If Ap	plicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Tit	le)	n an an an an air an Arland California (an ann an an an an Arland Caro), a sa an an			
	• • • • •				
Steven Jones Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	n.jones@acgov.org	Y	Date of Original Filing: .		
· ·				(Month, Day, Year)	
2. Function or Event Information			f Each Ticket/Page ¢ \$	222 ticket/\$35 parking	
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ \$222 ticker Event Description Football Game Date(s) 12 / 20 / 15 Provide Title/Explanation Date(s) 12 / 20 / 15					
			//		
Provide	I Itle/Explanation				
Ticket(s)/Pass(es) provided by agenc	y? Yes 🗌 No	If no: Oaklar	Name of Sol	UICO	
Westisket distribution mode at the behast			eda County Superviso		
Was ticket distribution made at the be of agency official?	hest No 🗌 Yes	It yes:	Official's Name (L	₋ast, First)	
3. Recipients • Use Section A to identify the agency's departuments	ment or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to Ident	ify an outside organization.	
A. Name of Agency, Department or Uni	t Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
	Pass(es)	Ceremonial Role	Other	Income	
Summers, Jim		,	ial Role" or "Other" describe below:		
	3+1park		ance at an event held a potential County reven		
	3+1park	Ceremonial Role If checking "Ceremon	Other D	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	
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	09.01.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _