4	Anonav Mars-		and the second se	North Contraction of the Contrac				blic Documer
1.	Agency Name	>				Date Stamp	Calif	iornia 000
	Alameda County Division, Department, or Reg	Ion /// A			1		Provide and a second	orm 002
		ion (if Applicat	ole)				Fo	r Official Use Only
	Board of Supervisors							
	Designated Agency Contact (
	Lee Ann Fergerson, Superv	isor's Assist	ant					
	Area Code/Phone Number	E-mail			C] Amendment (Mu	isl provide expla	nation in Part 3.)
-	(510) 272-6691	leeann.ferg	erson@acg	ov.org	Di	ite of Original Filln)g:	
	Function or Event Inform		and the second second second second			·	(Month,)	Day, Year)
	Does the agency have a ticker	policy?	/Yes D No	Face V	Value of Ea	ch Ticket/Pass \$. 99	9.00
		Provide Tille/E	Kooh	Date(s	10	20.15	×/_	
	Tickel(s)/Pass(es) provided by	l l	Yes 🗌 No	lf no:_	651	Name of	Causa	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes:	Alameda	County Supervisor Officiel's Nem	Scott Hagger	ty, District 1
	Recipients				and the state of the		- (
ŕ	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an	Individual.	Use Section C to id	ontify an outsid	In allow 1 - 41
•	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/ Pass(es)	Describe	the public p	rpose made pursua	int to the agen	cy's policy

•					NH10700-4 (1110-112-112-112-112-112-112-112-112-112			
•	B. Name of Individual (ast Frail		Number of Ticket(s) Pess(es)		ldēr	tify one of the follo	ŵingi	
· · · · · · · · · · · · · · · · · · ·	B. Name of Individual (car fred) Bob GowCIA		Ticket(s)/	To promote atte to maximize pot parking sales.	endance at a	tify one of the follo a county sponsore ty revenue for cor	ad over the se	der come 🗌
· · · · · ·	B. Name of Individual Rain Previ Bob GowCIA		Ticket(s)/	parking sales.	endance at a tential coun	a county snonsore	ed event in or ncession and	der come
• • • • • •	B. Name of Individual Case First Bob Garcia		Ticket(s)/	parking sales.	endance at a tential coun	a county sponsore ty revenue for cor	ed event in or ncession and	
	Bob Garcia	łłón	Number of	Ceremonial If checking 'C	endance at tential coun	a county sponsore ty revenue for cor Other or "Other" describe below pose made pursuar	ed event in or ncession and	Income
	Bob Gavard	łłón	- Ticket(s)/ Pass(es)	Ceremonial If checking 'C	endance at tential coun	a county sponsore ty revenue for cor Other or "Other" describe below	ed event in or ncession and	Income
	Bob Gavard	łłón	Number of	Ceremonial If checking 'C	endance at tential coun	a county sponsore ty revenue for cor Other or "Other" describe below pose made pursuar	ed event in or ncession and	Income
	East Free Bob Gavarda Name of Outside Organiz Unclude address and descr	ation iption	Number of Tickel(s)/ Pass(es)	Ceremonial If checking 'C	endance at , tential coun	a county sponsore ty revenue for cor Other or 'Other' describe below pose made pursuer	ed event in or ncession and	Income 🗌
	Bob Gavarda Bob Gavarda Name of Outside Organiz Unclude address and descr	atiòn iption) ons 18944.1 and	Number of Ticket(s)/ Pass(es)	Ceremonial If checking 'C Describe th Describe th	endance at tential coun Role Coremonial Role"	a county sponsore ty revenue for cor Other or Other describe below pose made pursuar	ed event in or neession and neession and	Income 🗌
	East Free Bob Gavarda Name of Outside Organiz Unclude address and descr	atiòn iption) ons 18944.1 and	Number of Tickel(s)/ Pass(es)	Ceremonial If checking 'C Describe th Describe th the distributio gerson	endance at tential coun Role Coremonial Role"	a county sponsore ty revenue for cor Other or 'Other' describe below pose made pursuer	ed event in or neession and neession and	Income y's policy

<u> </u>	ciellional Role Even	to and the	neurass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	e)		4	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	******	1999 - Antonio Martino and Antonio Constanti - Constanti - Constanti - Constanti - Constanti - Constanti - Cons		
	Lee Ann Fergerson, Superv	'isor's Assista	nt		Amendment (Must p	milita avalanatian in Dari 21
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
ècécanose	(510) 272-6691	1	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					350 20
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	230:00
	Event Description WAEI	CIURS)	Date(s)	14,14	
	· ·	Provide Title/Exp.	lanation)	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of So	Urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	eda County Supervisor Sc Official's Name (I	ott Haggerty, District 1
3	Recipients					
Ψī	• Use Section A to Identify the agenc	y's department or	Silicity in the second state of the second sta	ction B to identify an individu	ual. • Use Section C to ident	lify an outside organization.
	A. Name of Agency, Departme	ont or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
	Blamedy Count	Ч	41.		ity employee for his	
	- Some Course	es		or her exemplary s	service to the public	
	April Cin	and and				
	B Name of Individu	ai dan tarah sa	Number of	in the second	ana	مى مەركىيى چېرىكى يەردىي يەردى - ئەرمى ئ
	B. Name of Individu		Ticket(s)/		Identify one of the followi	09
				Ceremonial Role	Other	Income
	,			ii checking 'Çelethon	ial Role* or *Other* describe below;	
	, 					
	v			Ceremonial Role	Other	Income 🔲
				If checking *Ceremon	lal Role* or *Other* describe below:	
	,				4	
	C. Name of Outside Organ linclude address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
			2 102062 2 • 1006223	an a	i i i i i i i i i i i i i i i i i i i	en en en fan de service de la service de
	an a	·····				**************************************
4.	Verification					
				· · · · · · · · · · · · · · · · · · ·	orth above, is in accordance wil	101
		Manufacture accesses	Lee Ann Fei Frint Nan		Supervisor's Assistant	10/19/15
			r 3038 (800)	**	-	(region, cop, (vol)
	Comment:					

C	eremonial Role Events and Ticl	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 002
	Alameda County				Form 002
	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistan	t			
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691 leeann.ferger	rson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information			Annonistation and a state of the	1-0
	Does the agency have a licket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$_	450.00
	Event Description WARRIORS Provide Tille/Expla	Nalion	Date(s)	-9.15	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Stu) Name of S	ource
	Was licket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	eda County Supervisor S Official's Name	
3.	Recipients		anna an		
	Use Section A to identify the agency's department or u	Number of	ction B to identify an individu	ial. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	, Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
	1000 (1000 00 1000 00 00 00 00 00 00 00 00 00		· "我们会会是我们的意思。""你们的,你们的。""你们的。" "我们的是我们们的,你就是我们的意思。"		
	for a second	, ,		Hardenball (Honorowany) (Hary July July July July July July July Jul	999 (1999) - 994 Anis Indonesia Indonesia Indonesia Angeles angeles angeles angeles angeles angeles angeles ang
	B. Name of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the folloy	ving:
		226121 D.2.17 M 127 (272)	Ceremonial Role	D Other	
	· · ·		ll chucking *Ceremon.	ial Role" or "Olher" describe below:	
	Laura Winter	2		ce at a county sponsored county revenue for con	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	llo purpose made pursuar	t to the agency's policy
	akan marakan salam yang sang sala yang sang sang sang sang sang sang sang s			engenandersenner antitiskteranses	±
	VI- ORD MI				

4. Verification Unave read and ubderstand 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 Print Name Tille

Comment: .

						A Fublic Document
1.	Agency Name	,			Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		······································		
	Lee Ann Fergerson, Superv	isor's Assistar	nt		m Anna dair a tatair	
	Area Code/Phone Number	E-mail	Directory and a second s			provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@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	f Each Ticket/Pass \$.	250,00
	Event Description	DYS Provide Tille/Expl	analion	Date(s) C	0,15,15	
	The state of the s					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [lf no:	Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	eda County Supervisor S Official's Name	cott Haggerty, District 1 (Last, First)
3.	Recipients					ana na mangana na mang Na mangana na
	• Use Section A to identify the agenc	y's department or		tion B to identify an individu	ial. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ant or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	llo purpose made pursuar	it to the agency's policy
					allen alle ann a la ann ann ann ann ann ann ann an	
	B. Name of Individu	al	Number of		Identify one of the follow	vino:
	(Last, Fusi)		Pass(es)			
					Other al Role" or "Other" describe below	income
				-		
	1			,		
	Alma Am	Azca	4	1 1	ice at a county sponsore I county revenue for co	
	C Name of Outside Organ	nization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuai	it to the agency's policy
		•				
	••••••••••••••••••••••••••••••••••••••				an da fan men gan gan men gan men gan gan gan gan gan gan gan gan gan ga	на и на полити на пол К
Δ	Nerlfication		L.			
ч.	1 * \$1,6115\$\$461\$\$11	an	d 18942. i have ve	enified that the distribution set I	forth above, is in accordance v	vith the requirements.
ł			Lee Ann Fei	rgerson	Supervisor's Assista	nt 10-14-15
			Print Nari	0e	Tille	(Monih, Day, Year)
	Comment:		·		• .	· · · · · · · · · · · · · · · · · · ·

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

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B.				Distributions		A Public Document
1.	Agency Name			, ,	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	· ·	1	For Officiel Use Only	
	Board of Supervisors			٤.		
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista	nt			
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Monlh, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes No	Face Value c	of Each Ticket/Pass \$	50 \$350.00
	Event Description WAR	<u>210125</u>	}	Date(s) 2	-118,15	12,23,15
		Provide Tille/Expl	- 1			
	Ticket(s)/Pass(es) provided by	y agęncy?	Name of Sc	DUICO		
	Was ticket distribution made a	it the behest	No 🗆 Yes	If yes:	eda County Supervisor S	
	of agency official?			(ii yes	Official's Name	Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or		ction B to identify an individu	ual. • Use Section C to ider	tlfy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	12월 전철 14일 전철 12일 전	llc purpose made pursuan	[4] (19) 영습하지 않는 것은 16] 2 16] 영습이 있는 것은 16
		223326 <u>2</u> 29-444	Pass(os)		如此是我们都是可能 <u>的</u> 的。 第二	
						•
	Contraction of the second s econd second s econd second seco					*****
	B, Name of Individua	O RE E	Number of Ticket(s)/		Identify one of the follow	no.
	(Lått, Füst))		Pass(os)			(ing:
				Caramonial Role	U Other U ial Role" or "Other" describe below:	Income
	•		, ,		1991)	
				Ceremonial Role		Incomë
		,		n checking "Ceremon	ial Role" of "Other" describe below:	
	Х					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	llc purpose made pursuan	t to the agency's policy
	BIKEEASTBAY		6/2	To Reward a school o	or nonprofit organization	for
	P.O. Box 1736 Dal	cland CA	94604	Its contributions to t	he community.	
		·····	1-1-1-			A second second
4.	Verification			- <u></u>		
	eer - Er IVI e - caaaaa aa				orth above, is in accordance w	in trilling
			Lee Ann Fe		Supervisor's Assistar	1.0/14/15
		~	Print Nan	ne	Title	(Month, Day, Year)
	Comment: 151Ke Eas	+ Day	Tromo		1154Stainab	le, communitie
	bymaki	ng bicy	cling so	ife, fun	FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772

		LO ANY IL	NEUL 922	LISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOZ		
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					s
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	nt			
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				, ,	250
	Does the agency have a ticke	t policy?	Yes 🗌 No [Face Value c	of Each Ticket/Pass \$ _	200
	Event Description WACK	CIURS	, 6,15			
	ment is a filmer of a start and	Provide Tille/Expl	<1.)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛] If no: <u>5</u>	Name of Sc	DUrce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes [If yes: Alam	eda County Supervisor S Official's Name	
3.	Recipients • Use Section A to Identify the agency	/'s department or :	unit. • Lise Sect	ion B to identify an individ	ual. • Use Section C to Ider	tify an outside organization
	A. Name of Agency, Departme	ist februar karda era	Number of	0.047. Hold & Decoration 5 22	lic purpose made pursuan	
	A structure of Sectory Schulture	10 10 17 14 8 TO 14 50 10 10 10 10	Pass(es)	nearline nie bur	nic pulpose made pulsuan	
			ļ			
		an a	-Number of a	k Marine in the second second second second	ซตร์กษาส์ได้เหตุโดยเกิดเริ่มได้ arr.c	an a
	B. = Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ingi
				Ceremonial Role	Other	Income 🔲
	`			II checking *Ceremon	ial Role* or *Olher* describe below:	
	филикарительную адмурутери и констранций и констранций и констранций и констранций и констранций и констранций			Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" of "Other" describe below:	
		· · ·				
	Name of Outside Organ	1	Number of	et en ser lever and fan die gesek		1997 - Gale Victorian (1997) - Think Charles Charles Construction (1997) (1997) - Charles
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	llo purpose made pursuan	t to the agency's policy
	Pitus Fremont		11.	<u>in an an</u>	annen an	annannannanna de menter er i er
	Senters Night	Out	4			
		······································				5
-					······	
4.	Verification			······································		
					orth above, is in accordance w	
		·····	Lee Ann Ferg		Supervisor's Assistan	(Month, Day, Year)
	2002	ι ι Δ -				v za su su s
	Comment: 3300 Cupir to enjoy a night	tol the	memor	J-UA 44326-	for home be	50000 SCNOVS
	to enjoy a night	um with	. an esco	nt.	FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

juntain				wr 1 w 24 1 M W			A Public Docume
1.	Agency Name					Date Stamp	California 80
	Alameda County	•				•	Form OU
	Division, Department, or Region (If Applicable)						For Official Use Only
	Board of Supervisors					,	
	Designated Agency Contact	(Name, Tille)			····		•
	Lee Ann Fergerson, Superv	risor's Assistar	nt	,			
	Area Code/Phone Number	E-mail	a anna a' ann a' an	angalanta, kantanggan sa			provide explanation in Part 3.)
francis	(510) 272-6691	leeann.ferge	rson@acgo	v.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor						0 < 1 m
	Does the agency have a ticke	It policy?	Yes I No	🗋 . Fa	ace Value o	f Each Ticket/Pass \$ _	250.00
		Provide Tille/Expl	/NUGG	ETS Da	ate(s)	01315	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	ra lfi	no:	5h)	
						Name of Sc	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	□ If :	yes: <u>Alam</u>	eda County Supervisor So Officiel's Name (coll Haggerly, District 1 Last, First)
3.	Recipients						
	• Use Section A to identify the agenc	y's department or I	Construction of the second	the second se	lfy an Individu	al. + Use Section C to iden	lify an outside organization.
	A. Name of Agency, Departm	and the second second second second	Number of Ticket(s)/ Pass(os)	Lies:		lle purpose made pursuant	
	Lander and Lander Lander Construction	in the second	Charles and an a		<u></u>	an a	
							n an
			L				080187555154151511011111111111111111111111111
	B. Name of Individu		Number of Ticket(s)/ Pass(os)	an a		Identify one of the follow	ing:
	But Gorn	an	4/		ze potential	e at a county sponsored county revenue for conc	
	######################################	******	1	Cen	emonial Role		Income
	,			1		al Role" or "Other" describe below:	
,		*					
	A start the second s	a data an	- Number of		an the later	an a	4
	C. Name of Outside Organ (Include address and der		Tickel(s)/ Pass(os)	Des	cribe the pub	llo purpose made purpuán	t to the agency's policy
				1		a su a china an a	
						, en	Mitternenien (en viewegegegegegegenen o <u>n anderen en e</u>
4.	Vefification		•		*****	n ar an	
	estado ter a composition	• • • • • • • • • • • • • • • • • • •	i 16942. i have v	enfied that the d	istribution set fo	orth above, is in accordance wi	ith the requirements.
		-	Lee Ann Fe	rgerson		Supervisor's Assistan	and a second
			Print Nar	ne		Tilie	(Month, Day, Yest)
	Comment:					<i>i</i>	
		9,00000 999,00000 999,00000 999,0000 999,00000 999,0000000	nitetet kinden Banton Solyan Solaan naggyyn aanaa	استان ^{بر} ار مارد پیستندان دان استومی میروز روز استان	1	FPPC Toil-Free Helpline:	FPPG Form 802 (4

Iolpline: 866/ASK-FPPC (866/275-7

	and there as Distributions		A Public Document
1. Agency Name		Date Stamp	California 802
Alameda County			Form 002 For Official Use Only
Division, Department, or Region ((If Applicable)		For Onicial Use Only
Board of Supervisors		· ·	,
Designated Agency Contact (Nam	e,Title)		
Lee Ann Fergerson, Supervisor	's Assistant		
Automation and an Automation and Automation an	nail	Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6691 lee	eann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informat	ion .		
Does the agency have a ticket pol	licy? Yes 🗌 No 🗍 🛛 Face Value	of Each Ticket/Pass \$	50.00
Event Description WARRI	nr<	1715	
Pro	vide Tille/Explanation Date(s)	→→/····≦····/·↓····	and a second sec
Ticket(s)/Pass(es) provided by ag	ency? Yes No I If no:	55W	
		Name of Sour	
Was ticket distribution made at the of agency official?	e behest No 🗌 Yes 🗌 🛛 If yes: <u>Ala</u>	meda County Supervisor Sco Official's Name (La	tt Haggerty, District 1 st. First)
3. Recipients			
• Use Section A to identify the agency's de	epartment or unit. • Use Section B to Identify an Indivi	dual. • Use Section C to identif	y an outside organization,
A. Name of Agency, Department or	金融会社 ものなける ないほう きちんき いたいだい かけい おうしょう ちゃくしゅう かしゃう ひとうしん おうしょうか	ublic purpose made pursuant t	o the agency's policy
	Pass(es)		
		agana haran kata ana ana ana ana ana ana ana ana ana	
R Name of Individual	and a start start with the second start and the second start and the second start start start start start start	เป็นแสดงการเรื่องไปเหตุลาย (การเป็น และได้เราะ เป็น (การเกิด)	San an a
B. Name of Individual	Ticket(b)/ Pass(bs)	Identify one of the followin	
• · · · · · · · · · · · · · · · · · · ·	Ceremonial Role	Other	
•	If checking "Cerem	onial Role" or "Other" describe below; `	
,			۰ ۱
••••••••••••••••••••••••••••••••••••••		/	
Stacy Dise	Ceremonial Role If checking "Ceremi	Onial Role" or "Other" describe below:	Income
- Mise		attendance.	at a coundy
	Ponsoredeve	int to maximize	concession & parkin
C. Name of Outside Organizatio	on Number of	iblic purpose made pursuant to	
(Include address and descript	ion) - Ticket(s)/ Describe the pt + Pass(es)	iniic hathoea (usaa hrisnaiit ii	The agency's poincy
		· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • •			*
4. Verification			
1 thus motor what what menned EDDO Danulation	° 19944.1 and 18942. I have verified that the distribution set	t forth above, is in accordance with	the requirements.
	Lee Ann Fergerson	Supervisor's Assistant	10/12/15
	Print Name	Tille	Month, pay, Year)
		н - Полого Солон (1996) - Полого Солон (1996)	
Comment:			FPPC Form 802 (4/12)

Agency	Repoi	rt of:
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Agency Report of: Ceremonial Role Events and Ticke	et/Pass Distributions	Date Stamp.	A Public Document California 007
. Agency Name		Date Stamp	Form OUZ
Alameda County Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Lee Ann Fergerson, Supervisor's Assistant		Amendment (Musi prov	ide explanation in Part 3.)
Area Code/Phone Number E-mail (510) 272-6691 leeann.ferger	son@acgov.org	Date of Original Filing:	(Monili, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?	Yes 🗌 No 🗍 🛛 Face Valı	ie of Each Ticket/Pass \$ $\frac{1}{6}$	0/500.00
		3,12,16	1,22,16
Event Description Basked Dall		201.)	
Tickel(s)/Pass(es) provided by agency?		Name of South	
Was ticket distribution made at the behest of agency official?		ameda County Supervisor Scott Official's Name (La	
3, Recipients		Hiden A Lice Section C to identify	v an outside prosnization.
3, Recipients • Use Section A to identify the agency's department or u A: Namelof Agency, Department or Unit	Number of	public purpose made pursuant t	o the agency's policy
A: NameorAgency, Departmentor Chiv	(Tiokot(s)) ("Pass(es)		
			•
		na ann a fhé ghrife para an 9 mar an 9 mar ann an 19 m Philippin an a franchair ann a fhé de gan far 19 mar a A	
The second s			
B. Nameo/Individual	Ticket(s)/: Pass(as)	Identify one of the following	
	Ceremonial It checking 'G	Role DOlher D eremonial Role" of "Diher" doscribo bolow;	Incomo
	ll bittenda e		
			Income
	Ceremonial If checking 'G	RoleOther eromonial Role" or "Other" describe belaw:	Hanile 7
	i i		
	Number of	a public purpose made pursuant	to the agency's policy
	Tickét(s)/ Describe (Pass(es)		The second s
C Name of Outside Organization (Include address and description)	the state of the s		
Cursh streat Alchouse	○ / To Reward a scl	nool or nonprofit organization f s to the community.	or
First street Alchouse 2106 First Street, Livermor	○ / To Reward a scl	iool or nonprofit organization f s to the community.	or
Cursh streat Alchouse	○ / To Reward a scl		or
First street Alchouse 2106 First Street, Livermor CA 94550	e 8/4 To Reward a scl Its contribution	s to the community.	and a start of the second s
First street Alchouse 2106 First Street, Livermor CA 94550	○ / To Reward a scl	s to the community.	In the coguirements.

9	eremonial Noic Evenus and Th	uncui 633	DISCHOOLOIIS		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applicab	le)	s		For Official Use Only
	Board of Supervisors			Charles And Andrews	•
	Designated Agency Contact (Name, Title)		, ,		
	Lee Ann Fergerson, Supervisor's Assist	ant		Amondment ////	provide explanation in Part 3.)
	Area Code/Phone Number E-mail	na de la casa de la cas	Benere werden in de stelle en seen de stelle de stelle en seen en de stelle de stelle gester en de plant de ste lle		
		erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	,	<u> </u>		12000
	Does the agency have a ticket policy?	Yes 🗌 No	E Face Value o	of Each Ticket/Pass \$ _	
	Event Description WAEKTOKE	>	Date(s)	124,15	
	Provide Tille/Ex		C	<1.)	
	Ticket(s)/Pass(es) provided by agency?	Yes I No	[] f no: <u>(5</u>	Name of Sc	purce
	Was ticket distribution made at the behest	No 🗌 Yes.	If yes: Alam	eda County Supervisor S	
	of agency official?		C , c , c , c , c , c , c , c , c , c ,	Official's Name	(Last, First)
3.	Recipients		500/1900/1900/1900/1900/1900/1900/1900/1	•	negeneren en eligeneer den kann en gegen synn an an noorden paren kanning in de seker de seker de seker de sek
	Use Section A to Identify the agency's department of the agency's depa	or unit. • Use Sec	and here and a second		
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
		22-19-07 403(08) (8)	784957 " NAME NO STATES - 11		-2010-00-00-00-00-00-00-00-00-00-00-00-00-
		-			HIMIH
					94.000.000.000.000.000.000.000.000.000.0
	B. Name of Individual.	Number of Ticket(s)/		Identify one of the follow	Ving:
		Pass(es)	Ceremonial Role	Other	income
			1	ial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	L Other L ilal Role" or "Other" describe below:	Income L
				· · · · · · · · · · · · · · · · · · ·	
				•	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Dublin Rotary	41	To Reward a school of Its contributions to t	or nonprofit organization	for
				na community.	(attriction of the state of the
	Dublin Ranch Golf Club 5900 Signal Hill Drive				× ,
	DWOLIN CA 94568				
4,	Verification I have read and ubderstand FPPC Regulations 18944.1 #	nd 18942. I have vi	erified that the distribution set i	forth above, is in accordance w	ith the requirements.
		Lee Ann Fei		Supervisor's Assistar	1-1-01-
		Print Nan	and a second	Title	(Month, Day, Year)
	- lacontria Di out-	-101	al post IL	- mol puil	alt. I have
	Comment: VIZAN IIIY & Supportu	iguicas	Divalensy the	porngronmu	FPPC Form 802 (4/12)
	comment: Inspiring & Supportu & Veterans, Being good ster Porthcipating in local & inter	notonal c	Four purper	FPPC Toll-Free Holpline:	866/ASK-FPPC (866/275-7772)
	in a man way we want o when	invitation S	M VIC FIUJEA:	sound Jupker.	·wy

Local charities

	cremental Role Even		Neur ass	DISTINUTIONS		A Public Document
1.	Agency Name		·		Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	ion (II Applicable)	1		For Official Use Only
	Board of Supervisors					4
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistant				Amondmont (Alert	and the second sec
	Area Code/Phone Number	E-mail			Amenament (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2,	Function or Event Inform	· · ·				(LED DD)
	Does the agency have a ticker	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	750.00
	Event Description WARK	<u>ciurs</u>		Date(s)	11,15	/
		Provide Title/Expl	anation	1		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	It the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Sc	cott Haggerty, District 1
	of agency official?				Official's Name (I	Last, First)
3.	Recipients		n (jan da karangan k			,
	• Use Section A to identify the agency	DATE AND	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(os)	「「「「「「「「「「「「「「「「」」」」」」「「「「」」」」」「「「」」」」」」	lic purpose made pursuant	
		nania (in aliantii nintinai qilqaya		aya <u>Tanana ina ayan da ƙasa</u> kana kana da sakara da sa ana aya da	and a second	ากรับกันการของสุดที่สาวมีเมืองสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารสาวอาสารส
	R Name of Individua	(filler) digi se ingg	Number of		and the state of the second	an a
	B. Name of Individua (can Fuin)		Ticket(s)/ Pass(os)		Identify one of the follow	(ng)
				Ceremonial Role	Other describe below.	Income
	·			Ai checking "Cereman	ai Role of Oiner describe below.	
	-					
	Glenner Belchor		<u>u</u>).	To promote att	endance at a county	sponsored no 🗆
	showed beinner				to maximize potentia	
				revenue for cor	ncesion and parking s	sales.
	C Name of Outside Organ	ization	Number of		<u></u>	
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lle purpose made pursuant	. w me agency's policy
	κ.					
					κ	•
	N/ APX //		<u> </u>			
4.	Verification	8944.1 ann	, 18942, Thave vi	Inflied that the distribution set fo	orth above, is in accordance wi	th the requirements.
			Lee Ann Fér		Supervisor's Assistan	
		400-00000-0-0-0-00-00-00-00-00-00-00-00-	Frint Nam		Tille	(Modin, Day, Year)
	Comment:			· · · ·		

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A Public Document

1.	Agency Name				Date Stamp	California Q12
	Alameda County			Form OU2		
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
			i	×		
	Lee Ann Fergerson, Superv		t		Amendment (Mus	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6691	E-mail leeann.ferger	ron@acqou	org	Date of Original Filing	li
			SUNWACGUV	.019		(Month, Day, Year)
2.	Function or Event Infor				of Each Ticket/Pass \$	600
	Does the agency have a licke	et policy?	Yes 🗌 No [
	Event Description Dasked	ball		Date(s) 12,14,15		
	Provide Tille/Explanation				()	
	Ticket(s)/Pass(es) provided by agency? Yes D No D If no:				Name of a	Source
	Was ticket distribution made	at the hehest	No 🗌 Yes [- Kunghan	meder Court	1 Supervisor
	of agency official?		NOL Yes		Official's Name	and an owned and a second s
 ሳ	Destriante	۲		<u>? JLA</u>	T FILMUS TY	TIXISARICE
ა,	• Use Section A to Identify the agent	y's department or u	mit. • Use Sec	tion B to identify an individ	ual. + Use Section C to id	entify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursua	int to the agency's policy
			Pass(es)			
	·					
	<u>.</u>					
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the folic	wing;
	(Lasi, Firsi)		Pass(os)			
				Ceremonial Role	ial Role" or "Other	Income
				li cascking Osierio	mar nove of Onier deputible who	
	•					
				Ceremonial Role	Other 🗌	Income
					nial Role" or "Other" describe belo	
	C, Name of Outside Orga	inization escription)	Number of Ticket(s)/ Pass(os)	Describe the public purpose made pursuant to the agency's policy		
,	(BAWDR) Bay Area	wheren	111	To Reward a school	or nonprofit organizatio	n for
(Against Rape		7/1	Its contributions to t		<u></u>
	470 9.741 St Da	kland		· · · ·	1	
	410 Otto of Valcance			<u> Ч</u>		an a
1.0000 A	Newligentian		Lannan			

4. Verification

. I have read and understand RPPC Regulations 16944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lee Ann Fergerson	Supervisor's Assistant	10/9/15
	Print Name	Title	(Month, Day, Year)
Comment Sexual Assac	ilt counceling for	s rape Victury	
		FPPC Toll-Free Helpline: 866//	FPPC Form 802 (4/12) ASK-FPPC (866/275-7772)

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)		,		•
	Lee Ann Fergerson, Supervisor's Assistan	t		Amendment (Musi pro	ovide explanation in Part 3.)
	Area Code/Phone NumberE-mail(510) 272-6691leeann.ferger		1010	Date of Original Filing:	
	Function or Event Information	son@acyon	v.org		(Month, Day, Year)
2.		Yes 🗌 Nol	Face Value o	of Each Tickel/Pass \$	2 00
	2 - Level V As	1.16.15			
	Event Description Dasket Dall Provide Title/Expla				
	Ticket(s)/Pass(es) provided by agency?	~~			
	Honor(a), access provided by agoing :	Name of Sou			
	Was ticket distribution made at the behest	Meder blevery	SUDERVISON		
p erioana	of agency official?		e cot	+ Hagger typ 1	District
3.	 Recipients Use Section A to identify the agency's department or u 	nif a lise Ser	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
		Number of		olic purpose made pursuant l	tu olara da serie teste se
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant (to the digency a poincy
	·				
					1
		Number of			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other D	Income 🔲
			If checking "Ceremor	nial Role" or "Other" describe below:	
			-		
			Ceremonial Role	Other 🗌	
				nial Role" or "Other" describe below:	
					ik, waari dha ay inaa ay waa dhalkay y waxiya ika ika
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
. ((BAWDR) Bay Area Women			or nonprofit organization fo	or
,	Against Rape		Its contributions to t	he community.	
	470 2741 St. Dakland				
91.	CD 94612		×		
4,	Verification		2000 - 10 10 10 - 10 - 10 - 10 - 10 - 10	louth about to be another with	h tha maultamenta
	I have read and understand EPPC Regulations 18944 1 and				10/01
	¥	Lee Ann Fe Print Nar		Supervisor's Assistant	(Month, Day, Year)
					** · · · · · · · · · · · · · · · · · ·
	Comment: <u>Sexual Assault</u> 144 Durival L	- Counc	eling for rape	2 Victims	FPPC Form 802 (4/12)
	4th Arminal L	atino (rela'	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)

Agency Report of:

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions	s		A Public Document
1.	Agency Name	*****				Date Stamp	California 000
	Alameda County					Form OVZ	
	Division, Department, or Reg	Ion (If Applicable,)	,			For Official Use Only
	Board of Supervisors	÷					
	Designated Agency Contact	(Name, Title)	- <u> </u>			r	
	Lee Ann Fergerson, Superv	isor's Assistar	nt .		}	—	
	Area Code/Phone Number	E-mall				Amendment (Musi	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	.org		Date of Original Filing	(Monih, Day, Year)
2.	Function or Event Infor	mation		<u></u>	elgregatogrammidad	. 1	Proventing to the second second
	Does the agency have a ticke	t policy?	Yes No	Face Val	ueo	f Each Ticket/Pass \$.	60/5000
	Event Description Baske			Date(s)	<u> </u>	12,16	1,22,16
		Provide Tille/Expl	analion		~~	1	
	Tickel(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		27	Name of S	ource
	Was ticket distribution made	al the behest	No 🗌 Yes	Al	lameo	la County Supervisor So	ott Haggerty, District 1
	of agency official?					Official's Name	(Lost, Firsl)
3,	Recipients						ĸĸĸĸĸĸĸĸĸĸĊĸĊĸĸĸŢĊĸĸĸĔĊġĸĸġġġĸġġĸĊġĸĊĊĊŎĸĸĸĊĸĊĊĊĸĸĊĊĊĊĸĊĸĊĊĊĊĸĊĸĊŎŎŎŎŎŎŎŎ
	Use Section A to identify the agond	******				al. • Use Section C to ide	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the	e pub	llo purpose made pursvai	nt to the agency's policy
			Pass(es)		2476		
				·			× .
•							1997/1997/1997/1997/1997/1997/1997/1997
	i						
	B. Name of Individu	al a	Number of Ticket(s)/			Identify one of the follo	wing:
	(Lost, First)		Pass(es)				
		•		Ceremonial, F Il checking *Ce		l Other L Tal Role* or "Other" doscribe below	All a start and a start
	Annin ann an an an ann an Anna						
				Ceremonial F		Other 🔲 Iài Rolà" òr "Othor" describe bolow	Income_
	X			÷		·····	
	Name of Outside Orga (Include address and ide	nization scription)	Number of Ticket(s)/ Pass(es)	Describe th		lic purpose made pursua	
	First Street Alche	use	8/11	Excision (9) (20) and the distribution of example for the second se Second second s	2010-1011212-		
	2106 First Street,	Livermon	0/4				
	CA- 94550					anden generation of the last of the second secon	
4.			****	<u>1 </u>			any any ana amin'ny ami
	Indus road and understand FPPC Ren						intertaint
		• •	Lee Ann Fel			Supervisor's Assista	
		<u> </u>					response source could
	Comment: WWW. For 111 Quedrer	omsoth	ope.org	- to de	.Coy	rate spaces o	FPPC Form 802 (4/12)
•	Ill duedren					FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-7772)

Ceremonial Role	Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name	Agency Name				California 802		
Alameda County					Form CCZ		
Division, Departmen	t, or Region (If Applicable		For Official Use Only				
Board of Superviso		· ·					
Designated Agency	Contact (Name, Title)	,			· · · · · ·		
Lee Ann Fergerson	, Supervisor's Assistar	Amondmont (Must	provide explanation in Part 3.)				
Area Code/Phone Ni	ımber E-mail	640701114		Date of Original Filing:			
(510) 272-6691	(510) 272-6691 leeann.fergerson@acgov.org				(Month, Day, Year)		
2. Function or Ever	*			· · ·	11m		
	Does the agency have a ticket policy? Yes po No □ Face Value of Each Ticket/Pass \$ 1100						
	Event Description Basketball OKC Thunder Date(s) May, 3, 2015						
	Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes□ No□ If no: GSW						
licket(s)/Pass(es) pr	ovided by agency?	Name of S	ource				
Was ticket distributio of agency official?	n made at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor S Official's Name			
3. Recipients • Use Section A to Identify	y the agency's department or	unit. • Use Ser	ction B to identify an individ	ual. • Use Section C to ide	nlify an outside organization.		
	, Department or Unit	Number of Ticket(s)/		olle purpose made pursuar			
		Pass(es)					
				,	· · ·		
	of Individual	Number of Ticket(s)/		Identify one of the follow	ving)		
	ail (Frai)	Pass(es)					
			Ceremonial Role If checking *Ceremon	L Other L nial Role" or "Other" describe below	income L_		
	s.		Ceremonial Role	Other	Income		
			li cheçking "Geremoi	nial Role" or "Other" describe below	:		
			. · ·				
	side Organization iss and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy		
Washington Health car	····	20/4	To Reward a school Its contributions to t	or nonprofit organization the community.	1 for		
2000 Me	wry fore						
Fremont C	A 94538				•		
4. Verification	an der gefallt in dem Staden ander dem seinen anzeiten einer einen seinen einer einen einen einer einen einer e						
				forth above, is in accordance v	antal a		
	Minimayersee	Lee Ann Fe		Supervisor's Assista Title	nt 10/9//5		
	/ ~ .		1 A		(moning Day, radi)		
Comment: Top H	needs of our c meeds of our c meation & resca	29 fund	s that mables	Wash. Hosp. to	Support the		
nearthcare	needs of our c	ommani	rty through me	FPPC Toll-Free Helpline	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772		
services, ea	ucanon & resca	rch.	-				

U (eremonial Role Even	ts and Tick	(et/Pass	Distributions		A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form 002					
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only					
9	Board of Supervisors			,					
	Designated Agency Contact	(Name, Title)							
	Lee Ann Fergerson, Superv	isor's Assistan	ET Amondmont ////						
	Area Code/Phone Number E-mail					provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferger	rson@acgov	v.org	Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Infor	·	and the second	1100					
	Does the agency have a ticke		Yes Do No		of Each Ticket/Pass \$.	1100			
	Event Description Baskel	Provide Title/Expla	<u>-C Thun</u>	dur Date(s)	104, 5, 2013	······			
	Ticket(s)/Pass(es) provided b		SW						
	nokellajn daaleaj provided b	y agency?	Name of S						
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: <u>Alan</u>	neda County Supervisor S Official's Name	Scott Haggerty, District 1 (Last, First)			
3.	Recipients • Use Section A to identify the arrend	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, Departme	New States and States	Number of	state Schladela, Schlad	blic purpose made pursuai				
			Pass(es)	Describe the pu		it to the agency's policy			
	•								
				÷					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:			
	Ale na gana ana ana ana ana ana ana ana ana	*********		Ceremonial Role	Other	Income			
				If checking "Geremo	nial Role" or "Other" describe below	B			
	4.								
	y men en time time time in de men in y la gelande ten inden de generale and and part in de de men de men time t			Ceremonial Role	Other	Income			
		•		Il checking *Ceremo	nial Role" ar "Other" describe below	¢			
s.					· *				
	C, Name of Outside Organ (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy			
	Washington Hospr	tal	70/	<u> BELER EN </u>		<u></u>			
	Healthicare sy	stem	-14						
	2000 Mowny, Fremont cA g	Ave. 4538		ner en	en serveran en				
4.	Verification								
	17	944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.			
			Lee Ann Fei	rgerson	Supervisor's Assista	nt 10/9/15			
	N		Print Nan	ne	Tílie	(Month Day, Year)			
	Comment: Top Hat en	rent rang	29 funds	, that mables	Wash. Hosp. to	, support the			
	Nealth care needs Services, education	of our co	mmani	ty twough m	FPPC foll-Free Heinline	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772			
	Services, education	n & rescal	ch.)					

Agency Report of:

C	eremonial Role Events and Ticket/Pass Distribution	S		A Public Document
1.	Agency Name		Date Stamp	California 000
	Alameda County			Form COZ
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors			
	Designated Agency Contact (Neme, Tille)			
	Lee Ann Fergerson, Supervisor's Assistant			
	Area Code/Phone Number E-mail		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691 leeann.fergerson@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	en e	. i ,	
	Does the agency have a ticket policy? Yes No Face Va	lue o	f Each Ticket/Pass \$	60/500.00
	Event Description Basked ball Date(s).	3	12,16	1,22,16
	Provide Title/Explanation	(_		and an and a second secon
	Tickel(s)/Pass(es) provided by agency? Yes No I If no:	57	Name of Si	Altro
	Was ticket distribution made at the behest No TYes T If yes:	lamed	a County Supervisor Sc	ott Haggerty, District 1
	VVas ticket distribution made at the behest No Yes I If yes: of agency official?	مىرىكى يېرىكى يېرىك يېرىكى يېرىكى يېرىكى يېرى يېرى يېرى يېرى يېرى يېرىكى يې	Olficial's Name	(Last, First)
3.	Recipients			
	• Use Section A to Identify the agency's department or unit. • Use Section B to Identify an in	dividu		
	A. Name of Agency, Department or Unit	e pub	lic purpose made pursuar	
	Pass(bs)	234		2010年1月1日1日1日1日
				۰ ۴.
			<i>,</i>	
	B. Name of Individual			
	B. Name of introduction in Ticket(s)/. (Los Feit) Pass(as)		Identify one of the follow	wing:
	Ceremonial	1.1.6.1.6.1.1	Other D	Incomo 🗖
		eremon	ial Role* of *Ölher* doscribe below	;
	Ceremonial	Role	Other D	Income_
	ll checking "C	erenion	ial Rola" or "Other" describe below	•
	Name of Outside Organization Number of			
	(include address and description) Ticket(s) Describe the Pass(es)	ie pub	IIC purpose made pursuar	nt to the agency's policy.
	First Street Alchouse 8/11			
	2106 trust street, Livermore 17			
	CA 94550			*
4.	Verification.			e and a state of the state of t
	3944.1 and 18942. I have varified that the distribution			i valatar
	Lee Ann Fergerson		Supervisor's Assista	nt 10/9/15
				the second course
	Comment: WWW. rooms of hope.org - to de 111 chuldren	LCOY	rate spaces of	
•	111 duldren		FPPC Toll-Free Helpline	FPPC Form 802 (4/12) : 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) 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 5M | is Event Description _ Date(s) Provid 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Lass Firet) Pass(es) To promote attendance at a county sponsored come avanya Gupta event in order to maximize potential county revenue for concesion and parking sales. Other Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(os) 1 Norification 1944.1 and 18942. I have verified that the distribution sel forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name Title 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 3 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 15 new on **Event Description** Date(s) Provide Tille/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 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) To reward a community volunteer for his or her iA. Sreetapa Biswa> servic e to the public. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (Include address and description) Pass(es) 4. /Verification 14.1 and 18942. I have venified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Print Name Title

Comment: .

			CUI 433	Distributions		A Public Document
1.	Agency Name	·			Date Stamp	California 802
	Alameda County					Bailli
	Division, Department, or Regi	ion (If Applicable)	· ·	For Official Use Only		
	Board of Supervisors	i.				
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Superv	isor's Assistani	į.		r	
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferger	son@acgo\	/.org	Date of Original Filing: .	(Monih, Day, Year)
2.	Function or Event Inform	mation				2715
	Does the agency have a licke	t policy?	Yes 🗌 No l	Face Value o	f Each Ticket/Pass \$	51.45
	Event Description 12151	reiton	ICC .	Date(s) <u>}∂</u>	17,15	
		Provide Tille/Explai	nation		()	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛		Name of Sol	Urce
	Was ticket distribution made a	it the behest	No 🗌 Yes	Alam	eda County Supervisor Sc	
	of agency official?				Official's Name (L	.ast, Firsi)
3,	Recipients	an a			a province in the property of the second	
	• Use Section A to identify the agenc	y's department or u		tion B to identify an individu	ual. • Use Section C to Ident	lfy an outside organization.
	A. Name of Agency, Departme	ont or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	llo purpose made pursuant	to the agency's policy
	in the second		strass(es)			
		:				
	ŧanemazanpananenenenenen utormarten atterzeten ogeneren etterzeten ogeneren etterzeten ogeneren etterzeten ogen				n <mark>ey ya ma</mark> hdhayali esarihanangh iyyu dagi kabahdi Milahashangan sareepan ya sasarayan	<u>n 1991 (1991) 1997 (1997) (19</u>
	B. Name of individual	al <u>second</u>	Number of Ticket(s)/ Pass(es)		Identify one of the followi	
			1	To reward a cor	nmunity volunteer fo	orhisorher 💴 🗆
			14	servic e to the p	DUDIIC.	
	hichael Smith	ų	1	\		
	<u>En sen de la constante de la cons</u>	/		Ceremonial Role	Olher	Income
				ff cheçking "Ceramon	ial Role" or "Other" describe below;	
					* *	
	Name of Outside Organ	ilzation_	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	illo purpose made pursuant	to the agency's policy
						· · · ·
	,					
	`^				<i>i</i> 1	
4	Verification.					,
					forth above, is in accordance wi	سيرد و و
		L	ee Ann Fei		Supervisor's Assistan	t 10/1-15
	\sim v		Print Nan	0 0 -	Title	(mpnin, Day, Year)
	Comment:					

A Public Document

	<u>na katalah sebuah katalah katalah katalah katalah sebuah katalah katalah katalah katalah katalah katalah katal</u>	· · · · · · · · · · · · · · · · · · ·	·			
1.	Agency Name		Date Stamp	California 802		
	Alameda County		For Official Use Only			
	Division, Department, or Region (If Applicable)		t of onnial bac only.			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervisor's Assistant		Cl Amandmont (Mus			
	Area Code/Phone Number E-mail			l provide explanation in Part 3.)		
	(510) 272-6691 leeann.fergerson@acgov.org	· · · · ·	Date of Original Filing	11 (Month, Day, Year)		
2.	Function or Event Information			160.00		
	Does the agency have a ticket policy? Yes I No I	Face Value o	f Each Ticket/Pass \$	100100		
	Event Description	Date(s)	126,15			
	Tickel(s)/Pass(es) provided by agency? Yes 🗌 No 🗌	If no: Ge	Name of S	Source		
	Was ticket distribution made at the behest No 🗌 Yes 🗌	Alame	da County Supervisor S	cott Haggerty, District 1		
	of agency official?	п усэ.	Official's Name	e (Lasl, Firsl)		
3.	Recipients • Use Section A to Identify the agency's department or unit. • Use Section B t	in Montifican Individi	ul. • Use Section C to Id	onlify an outside organization.		
	A Number of			int to the agency's policy		
	A. Name of Agency, Department or Unit Tickei(s)/ Pass(es)		no parpose made pursus			
		*		s		
		,				
	B. Name of Individual (Lost Frati) Pass(os)		Identify one of the folic			
		Ceremonial Role	Other D	incomo 🗖		
	* · · · · · · · · · · · · · · · · · · ·	Ceremonial Role	Other D	income 🗖		
		, Il checking "Catemor	nai Hole. of Qinur unscribe belo	49		
			,			
	C. Name of Outside Organization	Describe the put	alle purpose made pursua	ont to the agency's policy		
	CITY OF FREMONT	Reward a school o	r nonprofit organization	hor		
		contributions to th				
		an ar an ann an deal air a' bha aing a con an		Charles de manderenners anna an tha an th		
4	. Verification.			<u>2222255-59-00-00-00-00-00-00-00-00-00-00-00-00-00</u>		
1	and 18942, I have valided it	tat the distribution set	forth above, is in accordance	with the requirements.		
	Lee Ann Forgerso	on	Supervisor's Assista	ant $\frac{9/25}{15}$		
	1 1 4 100 00 rain Pilin Nome +1	nin the 1	City out Fr	enont-Month/Day, Your)		
	Comment: 3300 CAPITOL	AVE. 1	FREMON	TCA 94536		
•			EBDR Toll From Uninity	FPPC Form 802 (4/12)		
	to help homebound se	eniors	enjey a n	e: 866/ASK-FPPC (866/275-7772)		
	· 3					

Agency Report of:

Ç	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name		-	Date Stamp	California 000
	Alameda County		а.		Form 002
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Tille)	· · · ·			
,	Lee Ann Fergerson, Supervisor's Assistant		•		
	Area Code/Phone Number E-mail	: 		Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691 leeann.fergers	son@acgo	v.ora	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				al Ca
	en e	/es□ Nol	Face Value of	of Each Ticket/Pass \$	76.80
	2 Velle.		100	:2:15	
•	Event Description	alion	Date(s) <u>/ / / / / / / / / / / / / / / / / / /</u>		
	Tickel(s)/Pass(es) provided by agency?	res 🖾 No	ГТ If no;	SAN	
				Name of So da County Supervisor Sco	urce It Hadderty District 1
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	炉 If yes:	Olficial's Name (
inadan Manadan			(chieferente h	
3,	Recipients • Use Section A to Identify the agency's department or un	ilt. a liea Sar	rtion B to Identify an Individ	ual: • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of	In the second second at the second	ollo purpose imade pursuant	PLANER, LANSING MERICAN AND AND AND A
	A. valie of Agency, bepartment of office	Ticket(s)/ Pass(es)		and purpose mode pursuant	to me apency appoincy
			5 2	•	· · · ·
	•				, ¹
		Numberof			
	B, Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	(ng:
	1 Jac INA atta		To promote att	endance at a county	sponsored >mo 🗆
	NUCIVICATION	C		o maximize potentia	•
	Maria Nota	42	revenue for cor	ncesion and parking s	ales.
			Ceremonial Role	Other 🔲	Income_
				nial Role" or "Other" describe below:	
			î.		
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/		blic purpose made pursuan	
		Pass(es)			
	. A				
t				م 	
				,	
1	Verification				•
4,	Verification. 4.1 and	18942. I have v	orified that the distribution set	forth above, is in accordance w	ith the requirements,
	Ĺ	ee Ann Fe	rgerson	Supervisor's Assistan	1 9/30/15
		Print Nar		Titlo	(Month, Doy, Year)
•	Comment:	49 4			FPPC Form 802 (4/12)
				FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

A TICKETS.

	eremonial Role Even	is and no	keurass	DISTINUTIONS	and the second	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors	ð				
	Designated Agency Contact	Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	nt			rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				1
	(510) 272-6691	leeann.ferge	rson@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	· · · · ·	Yes 🗌 No [ر به ۲۰۰۱ ۲۰۱۰ سخ ۲۰۱۰ میرو و پیشر و است.	\$113
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$			
	Event Description	Provide Tille/Expl		Date(s)	18,15	
				- If no: <u>G</u>	East)	
	Tickel(s)/Pass(es) provided b	y agency?	Yes 🗌 No [Name of So eda County Supervisor Sco	urce
	Was ticket distribution made a	at the behest	No 🗍 Yes [If yes:	in the second	
	of agency official?	·			Official's Name (I	.asi, Firsl)
3.	Recipients				n an	Market and the second secon
	Use Section A to Identify the agence	y's department or	unit. • Use Sec	treater threads with the state of the second	The Contract of Sectors in Francisco	HEADER AND
	A. Name of Agency, Departm	(1)(1)(1)(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	Tickat(s)/ Pass(es)	Describe the pu	blic purpose inade pursuant	to the agency's policy
	Transfer Concerns of the Conce	2020020107222003302000	2	AT MARKANI CANADA AND AND AND AND AND AND AND AND AN	a mana di constructiona de la constructione de la constructione de la construction de la construction de la const	286-10 Hits Constitution of the Landscore Constitution
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	<u>د</u>					
	Internetic structure construction is a firm and the	of third at the second	Number of			
	B. Name of Individu		Ticket(s)/: Pass(es)		Identify one of the follow	ing:
	Mario Navar	D	2	1 7	ndance at a county s	
	al D I				o maximize potential	
	Chiris Paxte	Ση.	2	revenue for con	cesion and parking sa	ies.
	Nya mana ya na ana ana any sa ana any sa ana any any ina ana any ina ana any ina ana any ina any ina any ina an			Ceremonial Role	(1) 3. And (1) 4. And (1) 4.	Income_ [
				I/ checking "Ceremo	nial Role* of "Other" describe below:	:
				\$		
,	Name of Outside Orga	nization	Number of			
	(Include address and de		Ticket(s)/ Pass(os)		blic purpose made pursuan	. (O the agency's policy
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						n fer fan it de sterne en sterne
4.	Verification.			an and the first state		the thin secularized-
	n na an tha an tha an tha an ar ar an 	1.1 an			forth above, is in accordance w	sal - h.
			Lee Ann Fe		Supervisor's Assistar	$\frac{1}{(Mainlh, Day) Year)}$
	The second s		Print Nan		100	burning poly and
	Comment:	s				
						FPPC Form 802 (4/1

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

				DIGUIDAUGUID		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County							
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only				
	Board of Supervisors			- -				
	Designated Agency Contact (Name, Title)	9-14-11-14-12-14-1-1					
	Lee Ann Fergerson, Superv	isor's Assistan						
	Area Code/Phone Number	E-mail			Amendment (Must p	Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferger	son@acgov	v.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	f Each Ticket/Pass \$	81.45		
	Event Description Kevn	1 Hart			18,15			
	Event Description <u>DetCVIUL</u> <u>Have</u> Date(s) <u>L</u>							
	Ticket(s)/Pass(es) provided b	y agency?	E-W	20-1				
			Name of So					
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Sc Official's Name (I			
entera A					énera nama t	and a state of the second s		
3.	• Use Section A to Identify the agenc	v's depártment or u	nit. • Lise Ser	tion B to identify an individu	al. ⊸ Use Section C to ident	If an outside organization		
		NAMES AND A CONTRACT OF A C	Number of		Section and Accession	A PERSONAL STREET		
	A. Name of Agency, Departme	ant or Unit	 Ticket(s)/ Pass(es) 	le chine publication de la construction de la const	lic purpose made pursuant	to the agency's policy		
	a kana sa kana			a a fan an a		ininin maritim ta dan da di sang sili yang din paké dan siya di katalak di sang sa		
					yna ferfydd diff an dae'n ny en yn			
				:				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	HABILIZ PRESERVATION		
	loshua Rozul &	Guest	2	To promote atte	endance at a county	sponsored me E		
	Mario Navarro		1		o maximize potentia			
	Chiris Paxton			revenue for con	cesion and parking s	ales.		
	••••••••••••••••••••••••••••••••••••••		`	Ceremonial Role		Income [
				If checking "Geremon	ial Role" or "Olher" describe below;			
	<i>i</i>	i.			11 a			
	De en des pleis freis landeren der strasser			n In de l'house anne an stad werden de stad van de sta	- State - Alter State - State			
	C. Name of Outside Organ (include address and der		Number of Ticket(s)/	Describe the put	IIC purpose made pursuant	to the agency's policy		
			Pass(os)					
	Quarter and an and an 							
	Λ.(L					
4.	Verification	deliane 100 44.1 and	18942. I have vi	enfied that the distribution set (forth above, is in accordance wi	th the requirements.		
			.ee Ann Fe		Supervisor's Assistan			
		196777777777777777777777777777777777777	Print Nan	and a second s	Title	(Month, Day, Yoar)		
	\cup							
	Comment:							

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

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A Public Document California 8 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors **Designated Agency Contact (Name, Title)** 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 🗌 **Event Description** Date(s) Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If 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 Α. 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 Ticket(s)/ Pass(es) Β. Name of Individual Identify one of the following: (Last, First) Ceremonial Role Other Income Il checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income Il 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(os) (include address and description) Verification 4. I have reatt and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Title Print Name (Month

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 222.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗋 06 12 15 Date(s) _ Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 If ves: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "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. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Alameda County Democratic Central To reward a non-profit organization for its contributions to the 4 Committee community P.O. Box 3937, Hayward, CA 94540 To encourage people to volunteer & vote

4. Verification /

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

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

Title

Supervisor's Aide

Print Name

Michelle Archuleta

Ce	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				1.0111	
	Division, Department, or Reg	jion (If Applicable)	<u></u>	-	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.diar	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info					(month, buy, rour)
	Does the agency have a tick		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	450.00
	- Warriors	vs. Memphis G			, 02 , 15	, ,
	Event Description	Provide Title/Expl		Date(s)	geographical processes the fact that it is the set of the set of the sector of the sec	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	In If no: Golde	n State Warriors	4
		, agonoj i			Name of S	
	Was ticket distribution made at the behest No I Yes I If yes: Valle			, Richard- Supervisor Official's Name	District 2	
****	of agency official?			20.3 x 25 x 1/2 x 25 x 1/2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	Official's Name	(Last, First)
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization					
	A. Name of Agency, Departm		Number of		blic purpose made pursuar	
	, 1		Ticket(s)/ Pass(es)			
						· .
	· ·	n an				
	B. Name of Individu	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		eldele dala manya ang gunna na dagang kana dala a sa	······································	Ceremonial Role If checking "Ceremon	Other Die Noter Die Noter Die Delow.	· Income [
				Ceremonial Role	Other D	Income
				i chocking corollar.		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	nt to the agency's policy
	League of Volunteers 8440 Central Ave. Newark, CA 94560		4	To reward a non-pi public.	ofit organization for it	ts contributions to the
	Provides meals to low-inco and seniors	me families				
4.	Verification					
	I	18944.1 and	l 18942. I have ve	erified that the distribution set i	orth above, is in accordance w	vith the requirements.
			Michelle Ard	chuleta	Supervisor's Aide	0/13/15
	- ощиацие и нувноутнеан и резулс		Print Nan	16	Tille	(Month, Day, Year)
	- ·					
	Comment:					

С	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	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		х 	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🗵 No [Face Value o	of Each Ticket/Pass \$	600.00	
	Event Description Warriors	s. Los Angeles			<u>, 24 , 15</u>		
	Event Description	Provide Title/Expla					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golde	n State Warriors		
					Name of Sou		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes: Valle	, Richard- Supervisor [Official's Name (L	ast. First)	
3.	• Use Section A to identify the agence	v's department or i	init. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of	er of			
	A. Name of Agency, Department of Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
						:	
		- I	Number of				
	B. Name of Individu	ai	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other		
				If checking "Ceremon	nial Role" or "Other" describe below:		
				Ceremonial Role			
					ital Role" or "Other" describe below:		
					,		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
	Hayward Arts Council 22394 Foothill Ave. Haywa	rd CA 94541	4	To reward a non-pi public.	rofit organization for its	contributions to the	
	Supports art programs and scholarships	student					
4.	Verification 1						
		18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance wit	h the requirements.	
			Michelle Arc	huleta	Supervisor's Aide	10/13/15	

Tille

(Month, Day Year)

Ceremonial Role Events	and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name	Agency Name				California Form 802
Alameda County	Alameda County				
Division, Department, or Regior	(If Applicable)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)			-	
Michelle Dianda	Michelle Dianda				
Area Code/Phone Number E	-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692 n	nichelle.diar	nda@acgov.	.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information	ation	2000.000 constitution for the second			
Does the agency have a ticket p	olicy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$.	250.00
Event Description Golden State Warriors Pre-Season Date(s)) 13 15	
Ticket(s)/Pass(es) provided by a	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors Name of S	ource
Was ticket distribution made at t	he behest	No 🗌 Yes	IXI If yes. Valle	, Richard- Supervisor Official's Name	District 2
of agency official?				Official's Name	(Last, First)
3. Recipients		and a final section of the section o			
Use Section A to identify the agency's department or unit. Use Section B to identify an individual				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		
			· .		
·					· ·
B. Name of Individual (Last, First)	B. Name of Individual (Last, First)		· · · · · · · · · · · · · · · · · · ·	Identify one of the follow	ving:
Jhita, Jyoti	Jhita, Jyoti		Ceremonial Role	Dther X nial 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.		
Gonzalez, Robert	Gonzalez, Robert		Ceremonial Role	Dther X nial Role" or "Other" describe below	
		4		ance at an event held potential revenue fror	at a County facility in n sales.
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
4. Verification				anna pog sa y si na namon no na Alam Dabada ana Kawa da na madada sa a	na baar ni wa ni adala ni ni na na adala ka na ganga ganga ganga ka ka na
	}44.1 and	1 18942. I have vi Michelle Are		forth above, is in accordance v Supervisor's Aide	vith the requirements.
		Print Nan		Title	(Month, Day Year)
Commont: Includes 1 parking	pass at the	value of \$30	D		
Comment:					

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable))	14979.01		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· ·		
	Michelle Dianda			· · · · · · · · · · · · · · · · · · ·		
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	michelle.dian	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				700.00
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ <mark>` _</mark>	700.00
	Event Description Warriors v	s. Miami Heat		Date(s)01	<u>, 11 , 16</u>	
		anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of So	UICA
	Was ticket distribution made at the behest No			Valle,	Richard- Supervisor	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or ι	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		·		an a		994444-041-04144444444444444444444444444
	New York State					1
			Number of			
	B. Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	<u></u>	9447774405-renge,	1 400(00)	Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Managan ayay yana yana ana da kashi in 2000 (ay managan yana ana ana ana ana ana ana ana ana			Ceremonial Role	Other	Incomo 🗖
					ial Role" or "Other" describe below:	
	Rholodiana sa					1994 - 1996 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	New Haven Schools Found 33377 Western Ave. Union		4	To reward a non-pr community.	ofit organization for its	s contributions to the
	Support schools with extra- activities and scholarships	curricular				
(), anna						

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

	Michelle Archuleta	Supervisor's Aide	10/19/15
	Print Name	Title	(Month, Day, Year)
Comment: Includes 1 parking pass a	at the value of \$30		<i>a</i> , ,

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

~			NGUI 433			A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		,		
	Michelle Dianda			•		
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6692		nda@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	f Each Ticket/Pass \$	450.00		
	Does the agency have a ticket policy? Yes X No Face Value Event Description Warriors vs. Brooklyn Nets Date(s) 1 Provide Title/Explanation Date(s) 1				<u>, 14 , 15</u>	//
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If r				n State Warriors Name of Soc	urce
	Was ticket distribution made	at the behest		Valle,	Richard- Supervisor I	
	Was ticket distribution made at the behest No I Yes X of agency official?			ים ITyes:,	Official's Name (L	₋ast, First)
3.	Recipients				an para se para se a s	
	Use Section A to identify the agen	unit. • Use Sect	ion 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 public purpose made pursuant to the agency's policy		
	Name of the second state of the			•		
	B. Name of Individu (Last, First)	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Ólher" describe below:	
		N.Smith 2014 Annual Course Course and a statistical State		Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
		and a state of the	Number of	a a sta a		•
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Teamsters 856 453 San Mateo Ave, San B	Bruno 94066	4		ance at an event held a potential revenue from	
	Represents members from	over 150		and and an	an a	алтар распортальная солония на области на обл

 Michelle Archuleta
 Supervisor's Aide

 Print Name
 Title

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

• :' • :''

;

2

Ceremonial Role Ever	its and fic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Michelle Dianda		. *		naar janga	den state en med Milles Indonesia en et en 200 au bien state en un bien, en med des statements
Area Code/Phone Number	E-mail		•	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Info					
Does the agency have a tick		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	350.00
Warriors	vs. Charlotte H				1 1
Event Description	Event Description Warriors vs. Charlotte Hornets Provide Title/Explanation				***************************************
Ticket(s)/Pass(es) provided	bv agencv?	Yes 🗌 No [If no: Golder	n State Warriors	
	j - ij - ij - i		<u> </u>	Name of Sou	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor [Official's Name (L	District 2
of agency official?				Oniciai s Name (E	
3. Recipients			Alaa Dia ista Alfa an Individa	un - Line Section C to ident	ite on outside organization
		Number of		ual. • Use Section C to identify an outside organization.	
A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
6				gayan manana mada ing - da da manana ang ang ang ang ang ang ang ang an	in of two weather and the provide the control of the control of the second second second second second second s
·					
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the followi	ng:
(Last, First)		Pass(es)			
McDonald, Eileen	McDonald Fileen		Ceremonial Role	ial Role" or "Other" 🔀	Income
····		4		unity volunteer for her	service to the public.
				· .	
			Ceremonial Role	Other	Income
		4	If checking "Ceremon	ial Role" or "Other" describe below:	
A News of Outside Oce		Number of			
C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		(/			
4. Verification					
- velinearion //	944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
		Michelle Arc	chuleta	Supervisor's Aide	10/2a/F
		Print Nam		Title	(Month, Day, Year)
Comment, Includes 1 park	ing pass at the	value of \$20)		1
Comment:			· ·		

U	eremonial Role Events and Ticl	kevpass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If Applicable))		-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Michelle Dianda					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692 michelle.diar	nda@acgov.e	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information		(month, buy, rour)			
		_ Face Value	of Each Ticket/Pass \$ _	222.00		
	Event Description Raiders vs. San Diego C		2 <u>, 24 , 15</u>	//		
	Ticket(s)/Pass(es) provided by agency?		If no: Oakla	nd Raiders		
		Yes 🗌 No [_	Name of So		
	Was ticket distribution made at the behest	No 🗌 Yes [⊠ lf yes: <u></u>	e, Richard- Supervisor Official's Name (District 2	
	of agency official?	Official's Name (Last, First)			
3.	• Use Section A to identify the agency's department or u	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit Ticket(s) Pass(es		Describe the pu	the public purpose made pursuant to the agency's policy		
		•				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role	Other 🛛		
	Ellis, Lorrin	2	-	nial Role" or "Other" describe below:		
			To reward a comm	nunity volunteer for his	service to the public.	
			Ceremonial Role		Incomo [
				nial Role" or "Other" describe below:		
		2				
				No dealer in a real contract of the second state of the second state of the second state of the second state of		
	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	
		1				

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

	Michelle Archuleta	Supervisor's Aide	10/24/15
-	Print Name	Title	(Month, Day, Year)

Comment: ______ Includes 1 parking pass at the value of \$35.

Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 37.45 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Disney on Ice 10 09 15 Event Description Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? • 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 Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other 🛛 Income 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

If checking "Ceremonial Role" or "Other" describe below:

Describe the public purpose made pursuant to the agency's policy

Supervisor's Aide

Title

Verification

Name of Outside Organization

(include address and description)

1. Agency Name

Michelle Dianda

(510) 272-6692

3. Recipients

А.

Β.

C.

Lara, Daisy

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

Michelle Archuleta

Print Name

4

Number of

Ticket(s)/ Pass(es)

Comment: ...

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

A Public Document

California Form

Date Stamp

Seremonial Role Events and	I TICKEVPass	Distributions		California 802	
. Agency Name	Agency Name				
Alameda County	Alameda County				
Division, Department, or Region (If App	plicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title	e)				
Michelle Dianda			, ,		
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6692 michel	le.dianda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Information	n an				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	37.45	
Event Description One Kapamilya Go	Data(a) 10) , 25 , 15	//		
Provide T					
Ticket(s)/Pass(es) provided by agency	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠			irce	
Was ticket distribution made at the bel of agency official?	hest No⊡ Yes	If yes: Valle	, Richard- Supervisor [Official's Name (L	ast, First)	
 Recipients Use Section A to identify the agency's department 	nentorunit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ifv an outside orαanization.	
	A Number of			to the agency's policy	
A. Name of Agency, Department of Unit	Ticket(s)/ Pass(es)	Describe the put	fild purpose made pursuant	to the agency's policy	
		· · · · · · · · · · · · · · · · · · ·			
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followi	ng:	
	Pass(es)	Coromonial Polo	Other 🛛	Income	
Leocario, Brenda			nial Role" or "Other" describe below:		
	4		ance at an event held a		
			potential revenue from		
		Ceremonial Role			
	4	If checking "Ceremor	nial Role" or "Other" describe below:		
Name of Outside Organization	Number of				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	

 Michelle Archuleta
 Supervisor's Aide
 W/H/IS

 Print Name
 Title
 (Month, Day, Year)

Comment: _

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County		Form 002		
	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			- -	
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	g	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 \$ 🚣	\$35
	Event Description Baseball game		Date(s)	9 , 24 , 15	
	Provide Title/Expla	anation			kannan an a
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's	
				Name of Sou	UFC 0
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Chan</u> of agency official?			Official's Name (L	.ast, First)
2	Recipients				
у.	• Use Section A to identify the agency's department or u	ınit. ● Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant	
		Pass(es)			
	sector and the sector sec	Number of	antation of a post of		ning and a state of the state o
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🗌	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
	۹.				
			Ceremonial Role	Other	
				ial Role" or "Other" describe below:	
	· .				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Alameda County Community Food Bank 7900 Edgewater Dr, Oakland, CA 94621	2+1p		ance at a(n)… event he potential County reven	eld at a County facility in ue
	distributes nutritious food to low income county residents			na mandaka katana dini dini dini dini da ka kata ka mana mana ang panggangganggangganggangganggangganggang	99.499.4
KTUTATO		1	4		

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
 10.06.2015

 Print Name
 Title
 (Month, Day, Year)
Palmer, Sarah It checking "Ceremonial Role" or "Other" describe below: 4+1p To promote attendance at a(n) event held at a County facility order to maximize potential County revenue	C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
Alameda County For Official Use Only Division, Department, or Region (if Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Image: Amounter of Amounter of Supervisors Vestignated Agency Contact (Name, Title) Date of Original Filing:(Month, Day, Yeer) Steven Jones Face Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org Date of Original Filing:(Month, Day, Yeer) Des the agency have a ticket policy? Yes ID No Face Value of Each Ticket/Pass (\$ \$80 ticket/\$20 parking Event Description Baseball game Date(s) 09 / 23 / 15 /	1.	Agency Name				Date Stamp	California 802
Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 Steven Jones@acgov.org Date of Original Filing:		Alameda County			1 SIIII		
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Steven jones@acgov.org Date of Original Filling: (bit 0) 272-6693 Steven jones@acgov.org Destine agency have a licket policy? Yes ID No Function or Event Information Does the agency have a licket policy? Yes ID No Fination: Baseball game Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes ID No Yes 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 Individual Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Palmer, Sarah 4+1p		Division, Department, or Reg	gion (If Applicabl	ө)	and new rest of the second		For Official Use Only
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail (510) 272-6693 Steven Jones@acgov.org Date of Original Filling: (Month, Day, Year) Destine agency have a ticket policy? (Month, Day, Year) Permit Description Baseball game Provide TibleExplanation Ticket(s)/Pass(es) provided by agency? (Month, Day, Year) If no: Oakland A's Name of Source If set is agency official? No [] Yes [] Recipients • Les Section A is dentify the agency's department or unit. (Joint Fille) • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit (Joint Fille) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Joint Fille) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Identify one of the following: Pass(es) Income If checking "Commonial Role" or Uber discribe below: Palmer, Sarah 4+1p Ceremonial Role or Uber (Joint describe below: If checking "Commonial Role" or Water describe below: Income If checking "Commonial Role" or Water describe below: C. Name of Ducite Organization (Include address and description) Number of Tickek(s)/ Pass(es) Describe the		Board of Supervisors					
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filling: 		•	(Name, Title)				
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filling: 		Steven Jones					
(510) 272-6693 steven.jones@acgov.org Date of Original Filing:			E-mail			Amendment (Must)	provide explanation in Part 3,)
2. Function or Event Information				s@acqov.ord	r	Date of Original Filing:	
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ \$80 ticket/\$20 parking Event Description Baseball game Date(s) 09 / 23 / 15 / / / / / / / / / / / / / / / / / / /	2						(Monin, Day, Year)
Event Description Baseball game Date(s) 09 23 15 ////////////////////////////////////					Face Value	of Each Ticket/Pass \$	\$80 ticket/\$20 parking
Provide Title/Explanation Date(s) Mame of Source Ticket(s)//Pass(es) provided by agency? Yes D No IX If no: Oakland A's Name of Source Was ticket distribution made at the behest of agency official? No IYes IX If yes: Chan, Wilma Official's Name (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fred) Identify one of the following: Pass(es) Identify one of the following: Pass(es) Palmer, Sarah 4+1p Ceremonial Role Other describe below: Income 4+1p Ceremonial Role Other describe below: Income 4+1p Ceremonial Role Other describe below: 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 Pass(es) Income If checking "Ceremonial Role" or "Other" describe below: Income							
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland A's Wast icket distribution made at the behest of agency official? No □ Yes ⊠ If yes; Chan, Wilma Official? Official? Official's Name of Source *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 Tecket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (stat, Fast) Number of Tecket(s) Identify one of the following: Pass(es) Ceremonial RoleOtherIncome OtherIncome Income # +1p Ceremonial RoleOtherIncome Income Income # +1p Ceremonial RoleOtherIncome Income Income # +1p Ceremonial RoleOtherIncome Income Income # checking 'Coernonial RoleOtherIncome Income Income Income Ceremonial RoleOther						9 23 15	//
Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma Official's Name (Last, First) Official's Name (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside 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, Freg) Number of Ticket(s)/ Pass(es) Identify one of the following: Income Palmer, Sarah 4+1p Ceremonial Role Organization County facility order to maximize potential County revenue Income 4+1p Ceremonial Role Other I County revenue Income C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy		Ticket(c)/Pase(cs) provided t			Jeno, Oakla	and A's	
Of agency official? Officials Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Palmer, Sarah Caremonial Role		nekel(a)n daalea) provided r	Tickel(s)/Pass(es) provided by agency? Yes No X If no: -			Name of Sc	burce
Of agency official? Officials Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Palmer, Sarah Caremonial Role					If yes: Cha	n, Wilma	
• Use Section A to identify the agency's department or unit • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following: Palmer, Sarah 4+1p Ceremonial Role _ Other _ Income II checking "Coremonial Role" or "Other describe below: Income II checking "Ceremonial Role" or "Other describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy		of agency official?			·	Official's Name (Last, First)
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, Freq) Number of Ticket(s)/Pass(es) Identify one of the following: Palmer, Sarah 4+1p Ceremonial Role Other describe below: Income It 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	3.		cy's department or	unit. • Use Sec	ction B to identify an indivi	dual. • Use Section C to iden	tlfy an outside organization.
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Palmer, Sarah 4+1p Ceremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: Income Variable 4+1p Ceremonial Role Other Income Income Variable Variable of Ticket(s)/ Pass(es) Other Income C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy		A. Name of Agency, Department or Unit		Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
B. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Identify one of the following: B. Identify one of the following: (include address and description) Ticket(s)/ Pass(es) Identify one of the following: Image: Describe the public purpose made pursuant to the agency's policy Income Income Image: Describe the public purpose made pursuant to the agency's policy Income		·					
B. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Identify one of the following: B. Identify one of the following: (include address and description) Ticket(s)/ Pass(es) Identify one of the following: Image: Describe the public purpose made pursuant to the agency's policy Income Income Image: Describe the public purpose made pursuant to the agency's policy Income							
Palmer, Sarah It checking "Ceremonial Role" or "Other" describe below: 4+1p To promote attendance at a(n) event held at a County facility order to maximize potential County revenue 0 Ceremonial Role Other Income 4+1p If checking "Ceremonial Role" or "Other" describe below: Income 0 Ceremonial Role Other Income 0 If checking "Ceremonial Role" or "Other" describe below: Income 0 Ceremonial Role" or "Other" describe below: Income 0 Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy Pass(es) Vertice of the public purpose made pursuant to the agency's policy		B. Name of Individu	ial	Ticket(s)/		Identify one of the follow	ing:
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		Palmer, Sarah		4.4			Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy				4+1p			
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy				4+1p	1		Income
х.		C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
x.			•				
		^					
1 Varification	522/255 6	N 1 1 1 1 1					

4. Verification

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

 Steven Jones
 Central District Director
 10.06.2015

 Print Name
 Title
 (Month, Day, Year)

Ce	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	220-bit Characteristic and a subject of the subject		Date Stamp	California 802	
	Alameda County				101111	
	Division, Department, or Region (If Applicable	э)	212077207 COMPOSITION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	~	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Steven Jones					
	Area Code/Phone Number E-mail	Amendment (Must pi	rovide explanation in Part 3.)			
	(510) 272-6693 steven.jones	s@acqov.ord	,	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information				(Mohin, Day, Tear)	
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$	\$80	
	Event Description Baseball game					
	Event Description Provide Title/Expl	Date(s)9				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's		
	· · · · · · · · · · · · · · · · · · ·		—	Name of Sol	Irce	
	Was ticket distribution made at the behest	If yes: Chan	, Wilma Official's Name (L			
	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 individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit	Number of	The figure of the transfer	lic purpose made pursuant	Part di fan de la di	
		Ticket(s)/ Pass(es)	besonde ine pui		to the agency s poncy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Ceremonial Role		. Income	
	Hernández, Josié	2	-	ial Role" or "Other" describe below:	ald at a County for allity in	
	۹.			potential County reven	eld at a County facility in ue	
	19 11 1971 1971 1971 1971 1971 1971 1971		Ceremonial Role	Other	Income	
		2	If checking "Ceremon	ial Role" or "Olher" describe below:		
		-				
	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	
	(include address and description)	Pass(es)				
4.	Verification					

4

being read and understand EDEC Desculations 400 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	10.06.2015
orgination of Agonoy Front of Doorginoo	Print Name	Tille	(Month, Day, Year)
Comment:			
			EPPC Form 802 (4/12)

~		its and in	shelli ass	DISTINUTIONS		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	le)		-	For Official Use Only
	Board of Supervisors			· .		
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	9	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				(monal, buy, rour)
	Does the agency have a ticket policy? Yes 🛛			Face Value o	of Each Ticket/Pass \$ 🔔	\$32
	Event Description Baseball g	game		Date(s)	9 , 27 , 15	
	Event Description	planation	Date(s)			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
					Name of Sol	Irce
	Was ticket distribution made at the behest No of agency official?			If yes: Chan	i, Wilma	ost Eirst)
usona a						
3.	• Use Section A to identify the agenc	v's department o	runit elles So	tion B to identify an individu	ual a Use Section C to identi	ify an autaida arganization
	A. Name of Agency, Departme	· · · · ·	Number of			
			Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	н - С С С С С С С С.					
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			rass(es)	Ceremonial Role	Other	
					nial Role" or "Other" describe below:	
		200				
•				Ceremonial Role	D Other describe below:	
				I checking coremon		
						`
	C. Name of Outside Organ		Number of			
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	SOS/Meals on Wheels 223			To promote attenda	ance at a(n) event he	eld at a County facility in
	Dr, San Leandro, CA 94577	7	_ 2		potential County reven	
	deliver nutritious, balanced	meals to			Contraction and an and a space and a second state of the second st	an tha an
	homebound seniors					

4. Verification

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

 Steven Jones
 Central District Director
 10.06.2015

 Print Name
 Title
 (Month, Day, Year)

Agency Name 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 □	Date Stamp California 802 Form 802 For Official Use Only Image: California 802 For Official Use Only For Official Use Only Image: California 802 Image: California 802 For Official Use Only 9 If no: Oakland A's Name of Source		
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 2. Function or Event Information	For Official Use Only For Official Use Only For Official Use Only Image: Comparison of the provide explanation in Part 3.) Date of Original Filing:		
Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org 2. Function or Event Information	Image: Constraint of the system of the sy		
Designated Agency Contact (Name, Title) Steven Jones E-mail Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org 2. Function or Event Information	Date of Original Filing:		
Designated Agency Contact (Name, Title) Steven Jones E-mail Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org 2. Function or Event Information	Date of Original Filing:		
Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org 2. Function or Event Information	Date of Original Filing:		
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org 2. Function or Event Information	Date of Original Filing:		
(510) 272-6693 steven.jones@acgov.org 2. Function or Event Information	(Month, Day, Year) Face Value of Each Ticket/Pass \$		
2. Function or Event Information	Face Value of Each Ticket/Pass \$		
	Pace value of Each ficket/Pass \$ Date(s)092315 If no: Oakland A's		
	Date(s) 2315/ If no:Oakland A's		
Event Description Baseball game	If no: Oakland A's		
Event Description Baseball garrie	If no: Oakland A's Name of Source		
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠	Name of Source		
Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			
Was ticket distribution made at the behest No □ Yes ⊠	If yes: <u>Chan, Wilma</u>		
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	o identify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual Number of Ticket(s)/ (Lest, First) Pass(es)	Identify one of the following:		
	Ceremonial Role Other Other I Income		
Bass, Hillary	If checking "Ceremonial Role" or "Other" describe below:		
	promote attendance at a(n) event held at a County facility in ar to maximize potential County revenue		
. 2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization Number of (include address and description) Pass(es)	Describe the public purpose made pursuant to the agency's policy		
· · · · · · · · · · · · · · · · · · ·			

4. Verification

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

Steven Jo	
Print Nam	(Month, Day, Year)

			Shour ass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	gion (If Applicabl	le)	alaranan kanan di generakan di generakan di sana kanan kanan generakan di generakan di sana di generakan di sa		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	IE-mail		- K	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jone	es@acgov.org	1	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info					(workin, Day, rear)	
	Does the agency have a tick		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$32	
	Event Description Baseball						
	Event Description	Janation Date(s)		9 , 26 , 15			
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	IX If no: Oaklar	nd A's		
					Name of Sou	irce	
	Was ticket distribution made	at the behest	No 🗋 Yes	If yes: Chan	, Wilma		
200020	of agency official?				Official's Name (L	ast, First)	
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
			r unit.				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	Name			·····			
				· · · · · · · · · · · · · · · · · · ·	1997-1997-1997-1997-1997-1997-1997-1997	**************************************	
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the followi	nd:	
	(Leist, First)		Pass(es)			.9.	
	Brekke-Meisner, Lukas			Ceremonial Role	•		
	Diotato Molonol, Eulas		2	-	ial Role" or "Other" describe below: ance at a(n)vent be	eld at a County facility in	
					potential County reven		
				Ceremonial Role	Other	Income	
	• •		2		ial Role" or "Other" describe below:	_ ·	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	o the agency's policy	
			Pass(es)				
	(19),						
	*,						

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	10.06.2015	
	Print Name	. Title	(Month, Day, Year)	
		· · · ·		
Comment:				

0		511001 400	Distributiono		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County		10000				
	Division, Department, or Region (If Applicable	le)		-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Steven Jones						
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
		s@acgov.org	r	Date of Original Filing:			
 ጎ		S@acguv.ui	J		(Month, Day, Year)		
2.				of Each Ticket/Pass \$	\$32		
	Does the agency have a ticket policy?	Yes 🛛 No					
	Event Description Baseball game	Date(s)	9 <u>, 25 , 15</u> .	//			
	FIGNUE TREATER	Oakla	nd Ala				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	Name of Sou	rce		
	Was ticket distribution made at the behest		If yes: Chan	ı. Wilma			
	of agency official?	No 🗌 Yes	If yes:	Official's Name (L	ast, First)		
	Recipients						
0.	• 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		blic purpose made pursuant			
		Ticket(s)/ Pass(es)		sile purpose made pursuant	to the agency s policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	ng:		
	(Loon / Had)	Pass(es)					
	Thompson, Kari		Ceremonial Role	ial Role" or "Other" describe below:	Income		
		2			eld at a County facility in		
				potential County reven			
			Ceremonial Role	Other D	Income		
				ial Role" or "Other" describe below:			
		2					
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant l	o the agency's policy		
	(include address and description)	Pass(es)			3		
			L				

4. Verification

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

Steven Jones Central District Director 10.06.2015 Print Name (Month, Day, Year) Title Comment:

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

~			Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		Form		
	Division, Department, or Region (If Applie	-	••••••••••••••••••••••••••••••••••••••	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.jo	nes@acgov.or@	3	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 \$ 🚆	222 ticket/\$35 parking
	Event Description Football Game	<u>)</u> 13 , 15	1		
	Provide Title,				
	Ticket(s)/Pass(es) provided by agency?	nd Raiders			
	.,	Name of So			
	Was ticket distribution made at the behave of agency official?	st No∏ Yes	If yes: Alam	eda County Superviso	or Wilma Chan
				Official's Name (Last, Filst)
3.	• Use Section A to identify the agency's department	ntorunit ellesSor	tion B to identify an individ	ual Allse Section C to iden	tify an outside organization
	A. Name of Agency, Department or Unit	with the state of the state			
	A. Name of Agency, Department of Unit Ticket(s)/ Pass(es)		Describe the put	Nic purpose made pursuant	t to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)	Pass(es)		identity one of the follow	n ig.
	Murphy, Honora		Ceremonial Role	Dther describe below:	
		4+1park	1	ance at an event held	at a County facility in
	۰.			potential County rever	
			Ceremonial Role	Other	Income
		4+1park	If checking "Ceremor	ial Role" or "Other" describe below:	
		, paint			
		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
		r dss(es)			
				999 gan anna 2000 an 199 gan 19	
1	Verification		·		
Υ.		1 and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
		Steven Jo		Central District Directo	
					10.00.2010

С	eremonial Role Events a	nd Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Region (//	Applicable)		• ,	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name	, Title)				· · ·	
	Steven Jones						
	Area Code/Phone Number E-ma	ail			Amendment (Must provide explanation in		
	(510) 272-6693 stev	/en.jones	@acgov.org]	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	on		,			
	Does the agency have a ticket polic	cy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ <mark>`</mark>	222 ticket/\$35 parking	
					9 _ 20 _ 15	///	
	Ticket(s)/Pass(es) provided by age		Yes 🗋 No	Ist If no: Oaklai	nd Raiders		
					Name of Sou		
	Was ticket distribution made at the of agency official?	eda County Superviso 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 individual. Use Section C to identify an outside organization.						
			Init.	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or U	Jnit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		**************************************			sennel and an		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Zhu, Dana		4.4.0.0.0.0	Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income	
			4+1park		ance at an event held a potential County reven		
			4+1park	Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	n,				NATA BUT I SUNDAN BUNNET BU		

4. Verification

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

Steven JonesCentral District Director10.06.2015Print NameTitle(Month, Day, Year)

eremonial Role Events and Lici	ket/Pass		A Public Document	
Agency Name	Date Stamp	California QO2		
Alameda County		Form OUZ		
Division, Department, or Region (If Applicable)	-	For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)		- to a second and the second		
Steven Jones				
	Amendment (Must pr	rovide explanation in Part 3.)		
	@acgov.org	а	Date of Original Filing: .	(Marthe David Marth)
	e98			(Month, Day, Year)
		Face Value o	of Each Ticket/Pass \$	\$109.00
Event DescriptionProvide Title/Expla		//		
Ticket(s)/Pass(es) provided by agency?		If no. Golder	n State Warriors	
here (b)/ abo(bb) provided by agency (c_4	Name of Sou	
Was ticket distribution made at the behest	If yes: Alam	eda County Superviso	r Wilma Chan	
- •			Official's Name (L	.ast, First)
Recipients				
2	1	ction B to identify an individu I	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 030(03)			•
			•	
A Mahadalan da mahaman kana da makana kana kana kana kana kana kana k				99999999999999999999999999999999999999
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na
(Last, First)	Pass(es)			
				Income
		in checking Geremon.		
×.				ć .
		Ceremonial Role	Other .	Income
		lf checking "Ceremon	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
La Clínica de La Raza Inc. P.O. Box	4	To promote attenda	ance at an event held a	at a County facility in
22210, Oakland, CA 94623-2210				
Provides culturally appropriate, high				,
quality, and accessible health care				
	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Event Description Bay Area Latino Fest (Provide Title/Explay) Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to Identify the agency's department or unit B. Name of Agency, Department or Unit B. Name of Outside Organization (include address and description) La Clínica de La Raza Inc. P.O, Box 22210, Oakland, CA 94623-2210 Provides culturally appropriate, high	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 E-wail Function or Event Information Does the agency have a ticket policy? Yes I No Event Description Bay Area Latino Fest Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes I No Yes I No Was ticket distribution made at the behest of agency official? No I Yes A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Ita Clínica de La Raza Inc. P.O. Box 22210, Oakland, CA 94623-2210 4 Provides culturally appropriate, high Provides culturally appropriate, high	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 (510) 272-6693 Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Code/Phone Number Event Description Bay Area Latino Fest Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Golder 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 B to identify an individual A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pub Pass(es) Ceremonial Role If checking "Common Ceremonial Role If checking "Common Cinclude address and description) Number of Ticket(s)/ Describe the pub Pass(es) Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role I	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones

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	10.06.2015
Signature of Mgency Head or Designee	Print Name	Title	(Month, Day, Year)
	•		

						A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County	4	,					
	Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			-			
	Steven Jones		•					
	Area Code/Phone Number	E-mail	<u> </u>	alla de la cara de la cara de la calicada de la dela de la dela dela dela dela	Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693	steven.jone	s@acgov.org	3	Date of Original Filing: .	(Monlh, Day, Year)		
2.	Function or Event Infor	mation				(moning day, real)		
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	\$160.00		
	Event Description Arijit Singh)) _ 26 _ 15			
	Event Description	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🔲 No	If no: Golde	n State Warriors			
				Name of Sou				
	Was ticket distribution made at the behest No I Yes I If yes: Alame			eda County Superviso	Wilma Chan			
-	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 outside organization. 							
			Number of					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followi			
	(Last, First)		Pass(es)		facility one of the following			
	Banerjee, Kinkini			Ceremonial Role				
	banerjee, ranam		4	-	ial Role" or "Other" describe below: ance at an event held a	at a County facility in		
					potential County reven			
	Name			Ceremonial Role	Other	Income		
			4		ial Role" or "Other" describe below:			
	na na kalan da kanadan mana kana mana kana mana kana na		Number of a					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
	n fi Ballan da mar fakada man ka mitani da mar ka mikama ka mata mar ka mara mana mara mara mara mara mara mar							
	×							
	Verification	3044.1 an	d 18012 1 hours	ulliad that the distribution f f	orth choire to in consulance will	the requirement-		
	111	9944. F AN			orth above, is in accordance with			
			Steven Jo	ones (Central District Director	· 10.06.2015		

Comment: ___

	eremonial Role Ever	its and it	sket/Pass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicabl	le)	alaan ku		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		s@acgov.org	a [']	Date of Original Filing:	(Month, Day, Year)
2.						(Mohul, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$148.00
		•				
	Event Description Ricky Mai	Provide Title/Exp	olanation	Date(s)	<u> </u>	
	Ticket(s)/Pass(es) provided b	w adency?		IST If no. Golde	en State Warriors	
		y agonoy i	Yes 🗌 No		Name of So	
	Was ticket distribution made	at the behest	No 🗔 Yes	If yes: Alar	neda County Superviso	r Wilma Chan
100110-00	of agency official?				Official's Name (l	ast, First)
3.	• Use Section A to identify the agend	cy's department or	r unit. 🏾 e Use Sec	ction B to identify an individ	dual. • Use Section C to ident	tify 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	
.'						
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Padilla Johnson, Rose			Ceremonial Role	— , —	Income
			4		nial Role" or "Other" describe below:	at a County facility in
					ndance at an event held at a County facility in a potential County revenue from sales.	
	<u> </u>		4	Ceremonial Role		
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
		Sector				

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

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If Applicable	ə)			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	g	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 \$	\$80 ticket/\$20 parking	
Event Description Baseball game Date(s) Date(s)				/	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklan		ind A's Name of Sc	DURCO		
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (Last, First)	
 Recipients Use Section A to identify the agency's department or 	unit. 🏾 o Use Se	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)			blic purpose made pursuan		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
	Pass(es)	Ceremonial Role	Other	Income	
Pallana, Esperanza		1	nial Role" or "Other" describe below:		
	2+1p		lance at a(n)… event h potential County rever	eld at a County facility in nue	
	2+1p		D Other nial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
×.	· ·				
4. Verification					

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

Steven JonesCentral District Director10.06.2015Print NameTitle(Month, Day, Year)

Comment: _

С	eremonial Role Events a	and Ticl	ket/Pass	Distributions	4	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (lf Applicable,)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	e, Title)			1	
	Steven Jones					
	Area Code/Phone Number E-n	nail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693 ste	ven.jones	@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				
	Does the agency have a ticket pol	icy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 🚊	\$32
	Event Description Baseball game Date(s) 09				9 , 08 , 15	
	Ticket(s)/Pass(es) provided by age	ency?	Yes 🗌 No	If no: Oakla	nd A's Name of So	lirce
	Was ticket distribution made at the	, Wilma				
	of agency official?		No 🗌 Yes		Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency's de	partment or u	ınit. • Use Sea	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		
	<u></u>					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Archuleta, Justin		2	-	ial Role" or "Other" describe below:	Income
	<u>α</u>		_		ance at a(n)… event h potential County rever	eld at a County facility in nue
			2		Other Cher Cher Cher Cher Cher Cher Cher C	Income
	C. Name of Outside Organizatio (include address and descripti		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		55.00000000000000000000000000000000000			an a	
03,644						· · · · · · · · · · · · · · · · · · ·

4. Verification

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

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 10.06.2015

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

C	eremonial Role Even	its and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California
	Alameda County					Form 002
	Division, Department, or Reg	jion (If Applicabl	le)	۲۰۰۰ که ۱۹۹۵ میلی ۱۹۹۵ میلی ۱۹۹۵ میلی ۱۹۹۵ میلی این این این این این این این این این ای	ang ter same	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones				namen million a subsection and a subsection of the	
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(Mohili, Day, Tear)
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	e of Each Ticket/Pass \$_	\$32
	Event Description Baseball	game			09 , 07 , 15	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oak	land A's	24-54-45
					Name of Sc	purce
	Was ticket distribution made a of agency official?				an, Wilma Official's Name ((Loot Elect)
					Oniciai s Name (
3.	• Use Section A to identify the agend	y's department or	∙unit. o Use Sec	tion B to identify an indiv	/idual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/	1	oublic purpose made pursuan	
	Learnin (1999)		Pass(es)	e de la terraria.		
					and the second secon	
	B. Name of Individu	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)	na shekara ta shekara. Markara	Identify one of the follow	ing:
	Ortana Cardra			Ceremonial Rol	- , -	
	Ortega, Sandra		2	-	monial Rola" or "Other" describe below:	
					e potential County rever	eld at a County facility in
			·		e D Other D	
					nonial Role" or "Other" describe below:	
			2			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
			Pass(es)	<u>i en 1945 - Stikija II. (</u> .) 1		<u>A na dalakin bila da k</u> as
	Mildeladown belana fastaasi kana kana kana kana kana kana kana kan	and a subscription of the second s				
	». N 4			•		
6.	Verification					

4

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

Steven Jones **Central District Director** 09.01.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: .

1.	Agency Name				Date Stamp	California
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl		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.jone	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ 🔔	\$80		
	Event DescriptionBaseball g	ame		Date(s)	9 , 23 , 15	1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	Ind A's Name of Sol	
	Was ticket distribution made a	t the behavet		Char		urce
	of agency official?		No 🗌 Yes	If yes: Char	Official's Name (I	Last, First)
3.	Recipients					
•••	 Use Section A to identify the agency 	y's department or	lual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
						99999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999
				·		енин солон интернород (1992) -
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	F D				Other	. Income
	Frasz, Dana		2	-	nial Role" or "Other" describe below:	
				order to maximize	potential County reven	eld at a County facility in ue
	<u></u>			Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	Income
			2		nial Role" or "Other" describe below:	
			2			
			Number of			
	C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			1,400(00)			
	kileden biskelen en e					and a second
4	Verification					

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

	Steven Jones	Central District Director	10.06.2015
Signature of Adency Lean of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

Ceremonial Role Events	and lic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Region	••••	For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Nar	ne, Title)			4	
Steven Jones					
	mail			Amendment (Must	provide explanation in Part 3.)
		s@acgov.org	1	Date of Original Filing:	
2. Function or Event Informa		- Gaogorion)		(Month, Day, Year)
Does the agency have a ticket po		Vee 🔽 Ne		of Each Ticket/Pass \$ '	\$80 ticket/\$20 parking
Descholl gar	•	Yes 🛛 No			Malaka in dalaman manakan manakan menerakan popula sababi kini kara dan sarang sang sasa
	ovide Title/Expl	anation	Date(s)	9 <u>23</u> 15	/
			If no: Oakla	nd A's	
Ticket(s)/Pass(es) provided by a	Jency ?	Yes 🗌 No		Name of Sc	purce
Was ticket distribution made at th	e behest	No 🗌 Yes	If yes: <u>Char</u>	n, Wilma	
of agency official?				Official's Name (Last, First)
B. Recipients • Use Section A to identify the agency's d A. Name of Agency, Department o		unit. • Use Sec Number of Ticket(s)/ Pass(es)	terre a construction de la const	ual. • Use Section C to iden	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Gonzalez, Courtney		4+1p		Other Other nial Role" or "Other" describe below:	Income
			order to maximize	potential County reven	eld at a County facility in nue
		4+1p	Ceremonial Role		Income
C. Name of Outside Organizati (include address and descrip	on tion)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
				an en	
					ann a shi a boor ya gaya gananan ni falfa an a ny gananan ni bashe ay ya ya ya

С	eremonial Role Events	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California QO2
	Alameda County					Form 002
	Division, Department, or Regio	n (If Applicable)	in Miller maan meesta kana sa dan sa mana di sa sa Milanan dara si di sa disi da 1997 (1997).		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	lame, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Va			Face Value of	of Each Ticket/Pass \$'_	\$80 ticket/\$20 parking
	Event Description Baseball ga	me Provide Title/Expla	anation	Date(s)		/
	Ticket(s)/Pass(es) provided by		Yes 🗌 . No	If no: Oaklai	nd A's Name of Se	ource
	Was ticket distribution made at the behest No 🗌 Yes 🖾 🛛 । of agency official?			If yes: Chan		
					onisia e Hanie	
3.	• Use Section A to identify the agency's	s department or r	unit alleo So	ction B to identify an individu	ual Alleo Soction C to ider	tifu on outside executedia.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)	e for the state of	olic purpose made pursuan	
		tanının meğ≱∲enkken eren yorganisme				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ìng:
	×,			Ceremonial Role If checking "Ceremon	Other I iel Role" or "Other" describe below:	Income
		•				
				Ceremonial Role If checking "Ceremon	Other describe below:	
	C Name of Outside Organiz	ation	Number of		••••••••••••••••••••••••••••••••••••••	
	(include address and descr		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Alameda County Community 7900 Edgewater Dr, Oakland	Food Bank , CA 94621	2+1p	To promote attenda order to maximize p	ance at a(n) event h potential County rever	neld at a County facility in nue
	distributes nutritious food to lo county residents	ow income				97 - 201 - 2
www.			I			

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	10.06.2015
· · · · · · · · · · · · · · · · · · ·	Print Name	Title	(Month, Day, Year)
Comment:			

	eremonial Role Events and Tic	1001 033	DISTINUTIONS		A Public Documen
1.	Agency Name	Date Stamp	California 802		
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.ord		Date of Original Filing:	
2.	Function or Event Information	0			(Month, Day, Year)
		Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$32
	Event Description Baseball game Da			9 <u>22 15</u>	·
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	IX If no: Oakla	nd A's	
			Name of So	urce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char		n, Wilma		
	of agency official?			Official's Name (L	_ast, First)
3.	• Use Section A to identify the agency's department or u	init. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	lify an outside organization.
	A. Name of Agency, Department or Unit Number of ' Ticket(s)/ Pass(es)		Describe the put	olic purpose made pursuant	to the agency's policy
	×.		· ·		an a
					ar ny falaith a bann a na ann an an an an an an an an an
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Cayanan, Alvin	2	Ceremonial Role If checking "Ceremor	Other International and the second se	Income
			To promote attend order to maximize	ance at a(n)… event he potential County reven	eld at a County facility in ue
		2		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
	· ·	/			
		· · · · · · · · · · · · · · · · · · ·			General and a second
	۰.				

4. Verification

44.1 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) Comment: .

Alameda County Bioard of Supervisors For Official Use Of Board of Supervisors Board of Supervisors For Official Use Of Designated Agency Contact (Name, Title) Steven Jones Amendment (Most provide explanation in Part 3) Area Code/Phone Number E-mail Date of Original Filling:(Month, Day, Vezr) 2. Function or Event Information Does the agency have a ticket policy? Yes INO I Face Value of Each Ticket/Pass \$	Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document		
Alameda County Event Jones Board of Supervisors Event Jones Area Code/Phone Number E-mail (510) 272-6693 Even Jones@acgov.org Area Code/Phone Number E-mail (510) 272-6693 Steven Jones@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes INO. Face Value of Each Ticket/Pass \$	1. Agency Name		2	Date Stamp	California 802		
Board of Supervisors Besignated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number [610] 272-6693 Event Jones Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes ID Face Value of Each Ticket/Pass \$ Event Description Baseball game Provide Title/Explanation Date (s) Ticket(s)/Pass(es) provided by agency? Yes ID Yes ID No ID Yes Section A to Identify the agency's department or unit. •Use Section B to Identify an individual. •Use Section A to Identify an outside organization A. Name of Agency, Department or Unit Number of Interfely Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Interfely Describe the public purpose made pursuant to the agency's policy Pass(es)	Alameda County						
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing: (Month, Day, Year) Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)					
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing: (Month, Day, Year) Designated Agency Contact (Name, Title)	Board of Supervisors				ч. 1		
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	•			-			
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@acgov.org Date of Original Filing:	Steven lones						
(510) 272-6693 steven.jones@acgov.org Date of Original Filing:				Amendment (Must	provide explanation in Part 3.)		
2. Function or Event Information		@acgov.org	a	Date of Original Filing:			
Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$		e			(Month, Day, Year)		
Event Description Baseball game Date(s) 09 04 15 Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma of agency official? Official's Name (Last, First) Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizatio A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Identify one of the following: Ceremonial Role Other Incon 1 Ceremonial Role Other Incon 2 Ceremonial Role		of Each Ticket/Pass \$	\$32				
Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland A's No I If no: Oakland A's Was ticket distribution made at the behest No I Yes I If yes: Chan, Wilma Official's Name of Source Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. A Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Inco	Deschell come						
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 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 organizatio A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (text, Fing) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) True, Susan 2 Ceremonial RoleOther_describe balow: Incomit to pomote attendance at a(n) event held at a County facil or of the rollowing: Pass(es) 2 2 Ceremonial RoleOther_describe balow: Incomit to be constructed balow:		ination	Date(s)		//		
Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 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 organizatio 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) Letentify one of the following: Pass(es) True, Susan 2 Ceremonial Role Other other describe balow: To promote attendance at a(n) event held at a County facil order to maximize potential County revenue 2 Ceremonial Role Other incominal If checking "Commonial Role" or "Other" describe balow: 2 Ceremonial Role Other							
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 organizatio A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy. B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role Other Incom If checking "Ceremonial Role or "Other" describe below: Z Ceremonial Role Other Incom If checking "Ceremonial Role Other	nexer(s)/r ass(cs) provided by agency?	Name of Sc	Durce				
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 organizatio 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, Fins) Number of Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below: Z Ceremonial Role Other Incom If checking "Ceremonial Role Other" describe below: C. Name of Outside Organization Number of If checking "Ceremonial Role Other" describe below:	Was ticket distribution made at the behest No 🗌 Yes 🗵 If yes: Chan			, Wilma			
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizatio A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Incol If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Identify revenue Ceremonial Role Other Identify revenue Ceremonial Role Other Incol If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facil order to maximize potential County revenue Ceremonial Role Other Incol If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facil order to maximize potential County revenue Ceremonial Role Other Incol If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) Ceremonial Role" or "Other" describe below: To promote attendance at a(n) Ceremonial Role" or "Other" describe below: To promote attendance at a(n) Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Incol If checking "Ceremonial Role" or "Other" describe below: Incol If checking "Ceremonial Role" or "Other" describe below: Incol If checkin	of agency official's Name (Last, First)						
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role Other other Income If checking "Ceremonial Role other 2 2 Ceremonial Role Other Income If checking "Ceremonial Role 2 2 Ceremonial Role Other 2 2 Ceremonial Role Other 2 0 0 Income If checking "Ceremonial Role Other 2 0 0 0 Income If checking "Ceremonial Role Income If checking "Ceremonial Role		T	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.		
B. Name of Nutritional (Last, First) Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role □ Other □ Incomplete Other □ Incomplete Other □ Other □ Incomplete Other	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
B. Name of Multidual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: Incol If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role □ Other □ Incol Order to maximize potential County revenue Incol If checking "Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below:							
B. Name of Multidual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: True, Susan 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: Incol If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role □ Other □ Incol Order to maximize potential County revenue Incol If checking "Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role □ Other □ Incol If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below:							
True, Susan 2 If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n) event held at a County facil order to maximize potential County revenue 2 Ceremonial Role □ Other □ Incounty 2 If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role □ Other □ Incounty 2 If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below:	B. Name of Individual (Last, First)	Ticket(s)/		Identify one of the follow	ing:		
I o promote attendance at a(n) event held at a County facilion or der to maximize potential County revenue Ceremonial Role Other 2 Incomplete Ceremonial Role" or "Other" describe below: 2 Number of Televicity Ceremonial Role Organization Number of Televicity	True, Susan			•	Income		
2 If checking "Ceremonial Role" or "Other" describe below: 2 Number of C. Number of Televice Describe the number of		2					
Tielest(a)		2			Income		
(include address and description) Pass(es)	C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy		
	۰.						

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

5	Steven Jones	Central District Director	10.06.2015
	Print Name	Title	(Month, Day. Year)

Comment: ___

C	eremonial Role Even	its and Tic	ket/Pass	Distributions	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicable	e)			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		s@acgov.or	1	Date of Original Filing:	(Month, Day, Year)
2.						(Mohin, Day, Tear)
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$32
	Event Description Baseball					
	Event Description	Provide Title/Exp	lanation .	Date(s)		
	Ticket(s)/Pass(es) provided b	v agencv?	nd A's			
		, . <u>.</u>	Name of Sc	urce		
	Was ticket*distribution made a	at the behest	If yes: Chan	, Wilma		
0,0,000	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	Number of	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy
	en e	2	1 435(65)			
		•				· .
	*					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	lpa
	(Last, First)		Pass(es)		identity one of the follow	iiiy.
	Diaz, Nick			Ceremonial Role		Income
	Diaz, Mon		2	-	ial Role" or "Other" describe below: ance at a(n) event h	eld at a County facility in
	·				potential County rever	
				Ceremonial Role	Other	Income
			2		ial Role" or "Other" describe below:	
			2			
				· · · ·		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)		un di tribu e te Reche	
					and a second	
Į.	Verification					

1.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Steven Jones Central District Director 09,01,20

U	ciemoniai Noie Lven	is and the	Neurass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Regi	on (If Applicable))			For Official Use Only	
	Board of Supervisors	*					
	Designated Agency Contact (Name, Title)			· · · · ·		
	Anna Gee				, 		
	Area Code/Phone Number	E-mail			Amendment (Must pro	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	t policy?	Yes 🔀 No	Face Value c	f Each Ticket/Pass \$	90/25	
	Event Description Basebal	1 Grame		Date(s)	215	9 , 5 , 15	
		Provide Title/Expla	mation	If no: Oald	. 1 Alblati	<i>s</i> .	
	Ticket(s)/Pass(es) provided by	/ agency?	Name of Sou	irce			
	Was ticket distribution made a	t the behest	, Nate				
	of agency official?		Official's Name (L	ast, First)			
3.	Recipients • Use Section A to identify the agency	's department or u	ınit. ●Use Sec	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy	
	BOS District 4 Staff		4 To reward a County employee for his exemplary service poublic or to encourage staff development				
	B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
		****		Ceremonial Role	Other		
					ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include add ress and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant l	to the agency's policy	
	<u></u>		Pass(es)				
	United Seniors of Oakland & County-7200 Bancroft Ave,		2		motivate and provide e ations in the County su	expanded opportunities uch as the disabled,	
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in foste	er care.	
4.	V			<u></u>			

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

	Anna Gee	Operations Chief	10/20/15
••	Print Name	Title	(Month, Day, Year)
Comment: USOAC received 9/2 game	· ·		*****

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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) 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 80/25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗋 22 Event Description 15 q 15 9 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Miley</u>, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 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 reward a County employee for his exemplary service to the GSA 20 poublic or to encourage staff development Number of Name of Individual Β. Identify one of the following: Ticket(s)/ Hast Firch Pass(es) Other Ceremonial Role Income If checking "Ceremonal Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization С Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include add ress and description) United Seniors of Oakland & Alameda To promote health, motivate and provide expanded opportunities 2 to vulnerable populations in the County such as the disabled, County-7200 Bancroft Ave, Ste 251 Oakland 94605 underprivileged, seniors and youth in foster care. SENIOR ADVOCACY

4. Verification

11

To Descriptions 100 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Anna Gee	Operations Chief	10/20/15
•••	Print Name	Tille	(Month, Day, Year)
Comment: USOAC received 9/22 g	jame		
			EDDO E

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

\sim	cremonial Note Events	and nur	leurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form -		
	Division, Department, or Region	n (If Applicable)				For Official Use Only
	Board of Supervisors	×				
	Designated Agency Contact (Na	ame, Title)				
	Anna Gee			1		
		-mail		· .	Amendment (Must pr	ovide explanation in Part 3.)
		anna.gee@a	cqov.orq		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				<u> </u>	(month, Day, Tear)
	Does the agency have a ticket p		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$. 80/25
	Fuit Aneshall	Gala			, 23 , 15	9 , 24 , 15
	Event Description Case ball	Provide Title/Expla	nation	Date(s)		////
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Dak	land Athlet	1As
					Name of Sou	rce ·
	Was ticket distribution made at t	he behest	, Nate	act Eirch		
	of agency official? Official's Name (Last, First)					
3.	• Use Section A to identify the agency's	department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the age ncy's policy
			Pass(es)			
				'		
			Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
	an ann an ann an ann an ann an ann an an			Ceremonial Role	Other	
					ial Role" or "Other" describe below:	Income
						,
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant l	to the age nov's policy
	(include address and descri	iption)	Pass(es)	Decorpe ine poo	ins halfanda unitan haramatik	
	United Seniors of Oakland & A					expanded opportunities
	County-7200 Bancroft Ave, St	te 251	4	to vulnerable popul	ations in the County su	ich as the disabled,
	Oakland 94605			underprivileged, se	niors and youth in fost	er care.
	SENIOR ADVOCACY				-	
4.	Verification		<u> </u>			

4 1 hi

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

Anna Gee **Operations Chief** 10/20/15 Print Name (Month. Day, Year) Title Comment:

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

	i iickeur ass	DISTINUTIONS		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County				10/11
Division, Department, or Region (If App	plicable)		· · · · · ·	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	e)			
Anna Gee	<i>.</i>			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	ee@acgov.org		Date of Original Filing:	(Month. Day, Year)
2. Function or Event Information				,
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	105
Event Description <u>Base ball</u>	UN-C itle/Explanation	Date(s)	2715	
Ticket(s)/Pass(es) provided by agency	/? Yes□ No	If no:	Name of Sc	urce
Was ticket distribution made at the bel of agency official?	nest No 🗋 Yes	If yes: Miley	, Nate Official's Name (Last, First)
 Recipients Use Section A to identify the agency's department 	nent or unit. 🏾 Use Sec	ction B to identify an individu	al. ● Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
BOS District 4 Staff	4		v employee for their e age staff development	xemplary service to the
	Number of	·		
B. Name of Individual	Ticket(\$)/ Pass(øs)		Identify one of the follow	ing:
Miley, Nate	2		al Role" or "Other" describe below.	Income
	2		ance at an event held otential County revent	ue from parking and
Tangren, Linda	4	Ceremonial Role If checking "Ceremon Concession sales.	Dther X	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

Print Name

Comment: .

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
	, 400(00)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gaitain, Concha		Ceremonial Role D Other Other Income
	2	To promote attendance at6 an event held at a County facility in order to maximize potential County revenue from parking and
Sblendorio, Sblend		Ceremonial Role Conter Conter Income Income
· · · · · · · · · · · · · · · · · · ·	4	concession sales.
Dobbins, Christopher		Ceremonial RoleOther XIncome 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 parking and
		Ceremonial Role Other I Income
		If checking "Ceremonial Role" or "Other" describe below: Concession sales
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
······································		

			Distributions		A Public Documen	
Agency Name				Date Stamp	California Form 802	
Alameda County						
Division, Department, or Region (h		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name	, Title)					
Anna Gee				n 1997 mar 1997 and a star for a star for a star for the star of t		
Area Code/Phone Number E-m	ail			Amendment (Must p	provide explanation in Part 3.)	
(510) 272-6694 ann	na.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Informati	on					
Does the agency have a ticket policy? Yes 🔀 No 🗖 Face Value of			of Each Ticket/Pass \$ _	80/25		
Event Description Baseball Game				3 <u>,</u> 31 <u>,</u> 15	09 , 01 , 15	
				v '		
Ticket(s)/Pass(es) provided by agency? Yes			X If no:	Name of Sc	urce	
Was ticket distribution made at the behest No 🗋 Yes 🛛 If yes: Miley			, Nate			
of agency official?				Official's Name (Last, First)	
Recipients						
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit Board of Supervisor, District 4		Number of Ticket(s)/ Pass(es)	Describe the pul	plic purpose made pursuan	t to the agency's policy	
		2.	To reward a County employee for their exemplary service to the public or to encourage staff development			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
ne de contrata en en la consecta de ser en entre en la consecta de la contrata.			Ceremonial Role	Other 🔀	Income	
Griffin, Justin		2	-	nial Role" or "Other" describe below:		
			order to maximize	ance at an event held potential County rever		
		2	Ceremonial Role If checking "Ceremon Concession sales.	Other Charinal Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
REACH-16335 E. 14th St, San Leandro, 94578		16		ance at an event held potential County rever		
AFTER SCHOOL PROGRAM FO	OR		concession sales			
				na any paositra kaominina mpika kaodiminina mpika paositra na kaodiminina mpika kaodiminina dia kaodiminina kao I		
	8944.1 and	18942. I have v	erified that the distribution set i	forth above, is in accordance wi	ith the requirements.	

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1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail	Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(Mohili, Day, Youry
	Does the agency have a ticke	방법 영상 방법 영상	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	250
	Event Description Warriors				, 13 , 15	10 , 15 , 15
	Event Description	Provide Title/Expla				
	Ticket(s)/Pass(es) provided b	v agency?	den State Name of Se	Warriers		
		, , ,		ource		
	Was ticket distribution made a of agency official?	at the behest	, Nate Official's Name	I not Eirch		
_					Omcial s Name	Last, rirsty
3.	Recipients					
	Use Section A to identify the agence					
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
				-		
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Dunlap, Kamika			Ceremonial Role If checking "Ceremon	Other 🔀 ial Role" or "Other" describe below:	Income
		4			at a County facility in nue from parking and	
				Ceremonial Role	Other 🔀	Income
					ial Role" or "Olher" describe below:	
				concession sales		
	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
	Acts Full Gospel Church-1034 66th Ave, Oakland 94621		4	To reward a nonpro	ofit organization for its	contributions to the
4.	Verification					
-		18944.1 and	18942. I have ve	arified that the distribution set f	orth above, is in accordance w	ith the requirements.
	Anna Gee			ee	Operations Chief	10/1/15
	Signature of Agency Head or Designed	9	Print Nam	e	Title	(Month, Day, Year)
	Comment: Dunlap received	10/13 tix				
	Comment:					FPPC Form 802 (4/12)

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gency Name			Date Stamp	California 802		
lameda County		Form For Official Use Only				
ivision, Department, or Region (If Applicable)		i or ornerar ose only				
oard of Supervisors						
esignated Agency Contact (Name, Title)		******				
nna Gee			Amendment (Must	provide explanation in Part 3.)		
rea Code/Phone Number E-mail				· · ·		
510) 272-6694 anna.gee@ad	Date of Original Filing:	(Month, Day, Year)				
unction or Event Information		222				
oes the agency have a ticket policy?	f Each Ticket/Pass \$					
vent Description Raiders	<u>, 13 , 15</u>	9 , 20 , 15				
Provide Title/Explai						
cket(s)/Pass(es) provided by agency?	<u>ગાલીક પ</u> Name of So					
log ticket distribution made at the behast		urce				
las ticket distribution made at the behest of agency official?	, Nate Official's Name (Last, First)				
lecipients Use Section A to identify the agency's department or u	ual. ⇒ Use Section C to iden	tify an outside organization.				
Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)					
, Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
Chew, Chonita			Other X ial Role" or "Other" describe below:	Income		
new, chonica	2	To promote attenda	at a County facility in nue from parking and			
rrospide, Angelica	2	Ceremonial Role If checking "Ceremon CONCESSION SALES	Other 🛛 ial Role" or "Other" describe below:	Income		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose måde pursuan	t to the agency's policy		
(
Verification	10010 16	orified that the district war and	orth above is in assortant	ith the requirements		
18944.1 and			orth above, is in accordance w			
O'una da ana ana ana ana ana ana ana ana an				10/1/15 (Month, Day, Year)		
Signature dt Agency Head or Designee	Anna G Print Narr	iee	orth above, is in accordance w Operations Chief Title			

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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
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Linton, Donna	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role Other I Income I Income Concession sales.
		Ceremonial Role Other C Income Income Income Income
		Ceremonial Role Cther 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

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22						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					I OIIII
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee				- market and the market market was	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(indian) bay) rody
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	109/148
	Event Description Latino Fes	stival/Ricky Ma			<u>, 12 , 15</u>	
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no:	blen state l	Userris s
		,				purce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (and Eirst
_	of agency official?				Omciai's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agenc	y's department or	unit. • Use Sec Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
			1 450(40)			
					1	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		ving:
	(Leas, reay		Pass(es)			Income
	Ramirez, Coco			Ceremonial Role If checking "Ceremon	D Other nial Role" or "Other" describe below:	
			4	To promote attendance at an event held at a County facility in		
						nue from parking and con
						Income
	Walker, Christina		4	a second a second second second second	hlal Role" or "Other" describe below:	
			5.2	cession sales.		
	C Name of Outside Organ					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	e public purpose made pursuant to the agency's policy	
						1
4	Verification					
Ś	Ver man tan tan	18944.1 and	d 18942. I have ve	arified that the distribution set i	forth above, is in accordance w	ith the requirements.
			Anna G	ee	Operations Chief	10/1/15
	Signature of Agency Head or Designer	0	Print Nam		Title	(Month, Day, Year)
	Ramirez receive	d 0/12 fiv				
	Comment:Ramirez receive					

A Public Document

Does the agency have a taket ploty? Yes (2) No (1) Frace value of Each Taketoplass s						A Public Document
Anameda County Por Official Use Only Board of Supervisors Per Official Use Only Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail Area Code/Phone Number E-mail (510) 272-6594 anna.gee@acgov.org Des the agency have a ticket policy? Yes Ø No Provide TableSystemator Face Value of Each Ticket/Pass \$	Agency Name		Date Stamp	California 802		
Diversion, Uppartment, or Kegion (Ir Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 Email anna.gee@acgov.org Designated Agency Contact (Name, Title) Designated Agency Contact (Name, Title) Desce the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	Alameda County					
Designated Agency Contact (Nume, 786) Anna Gee Area Code/Phone Number (510) 272-6694 B. E-mail anna.gee@@acgov.org Date of Original Filing:	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
Designated Agency Contact (Nume, 786) Anna Gee Area Code/Phone Number (510) 272-6694 B. E-mail anna.gee@@acgov.org Date of Original Filing:	Board of Supervisors					
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filling: (Manh, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes I No I Face Value of Each Ticket/Pass \$		(Name, Title)				
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Date of Original Filling: (Manh, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes I No I Face Value of Each Ticket/Pass \$	Anna Gee					
(510) 272-6694 ana.gee@acgov.org Date of Original Filing:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes IN No I Face Value of Each Ticket/Pass \$	Service and a	E-mail			Amendment (Must p	rovide explanation in Part 3.)
2. Function or Event Information Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$		anna.gee@a	acgov.org		Date of Original Filing:	(Month Day Year)
Does the agency have a ticket policy? Yes IN 0 Face Value of Each Ticket(Pass \$						(Monal, Day, Your)
Event Description Arijit Sinhl /R. Kelly Date(s) 9 26 15 10 2 15 Ticket(s)/Pass(es) provided by agency? Yes I No If no: Mame of Source Was ticket distribution made at the behest of agency official? No Yes I If no: Mame of Source 3. Recipients official? Officials Mame (Last, First) Officials Mame (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. • Use Section A to identify an outside organization. A. Name of Agency, Department or Unit To reward a County employee for his exemplary service to the public BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public Galeena, Ganga 4 Caremonial Role			Yes 🕅 No	Face Value o	f Each Ticket/Pass \$ _	160/96.80
Ticket(s)/Pass(es) provided by agency? Yes No If no:						
Wase ticket distribution made at the behest of agency official? No Yes X If yes: Miley, Nate Official's Name of Source 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 Technology Describe the public purpose made pursuant to the agency's policy BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public B. Name of Individual (ast Fred) Identify one of the following: Income Galeena, Ganga 4 Ceremonial Role Other X Other X Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income Income	Event Description	Provide Title/Expl	anation			
Wase ticket distribution made at the behest of agency official? No Yes X If yes: Miley, Nate Official's Name of Source 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 Technology Describe the public purpose made pursuant to the agency's policy BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public B. Name of Individual (ast Fred) Identify one of the following: Income Galeena, Ganga 4 Ceremonial Role Other X Other X Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income If checking: Caremonial Role Other X other X Income Income Income	Ticket(s)/Pass(es) provided b	v agency?		🔽 lf no: 🕡~	rriors	
of agency official? Officials Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public B. Name of Individual (staf, Find) Number of Ticket(s) Identify one of the following: Galeena, Ganga 4 Ceremonial Role Other IS Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income If checking Ceremonial Role or Other IS Income Income	nonol(o)// doolooy provided b	y agonoy.		hand han been been been been been been been be	Name of So	urce
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 Individual (NetAst(a)) Describe the public purpose made pursuant to the agency's policy pass(es) BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public data free B. Name of Individual (ast free) Number of Ticket(a) Identify one of the following: Galeena, Ganga 4 Ceremonial Role Other (Source other database below: Income To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and order do county describe below: Income C. Name of Outside Organization (include address and description) Number of Ticket(a) Income Income Income Ceremonial Role or 'Giber' describe below: Income C. Name of Outside Organization (include address and description) Number of Ticket(a) Describe the public purpose made pursuant to the agency's policy Pass(es) 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15		at the behest	No 🗌 Yes	If yes: Miley	, Nate	
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(0) Pasa(ea) BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public public Bos District 4 Staff 2 To reward a County employee for his exemplary service to the public gate (as) Bos District 4 Staff 2 To reward a County employee for his exemplary service to the public gate (as) Bos District 4 Staff 2 To reward a County employee for his exemplary service to the public Galeena, Ganga 4 Ceremonial Role Other I county facility in order to maximize potential County revenue from parking and of Ceremonial Role Other I county revenue from parking and of Ceremonial Role Other I county revenue from parking and of Ceremonial Role Ceremonial	of agency official?				Official's Name (I	Last, First)
A. Name of Agency, Department or Unit Number of Tricket(e)/Pass(ea) Describe the public purpose made pursuant to the agency's policy BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public B. Name of Individual (taut, Free) Identify one of the following: Galeena, Ganga 4 Ceremonial Role Other Image: Ceremonial Role or "Other describe below: Galeena, Ganga 4 Ceremonial Role Other Image: Ceremonial Role or "Other describe below: Income C. Name of Outside Organization (include address and description) Number of Ticket(e)/Pass(ea) Describe the public purpose made pursuant to the agency's policy Income 4. Verification Number of Ticket(e)/Pass(ea) Describe the public purpose made pursuant to the agency's policy 4. Verification Number of Ticket(e)/Pass(ea) Describe the public purpose made pursuant to the agency's policy 4. Verification Image: Ceremonial Role or "Other describe balow: Income 4. Verification Number of Ticket(e)/Pass(ea) Describe the public purpose made pursuant to the agency's policy 4. Verification Image: Ceremonial Role or "Other describe balow: Image: Ceremonial Role or "Other describe balow:	그 사람 전통 이 가 같아요. 이 것 같아요. 이 것 같아요.					
A. Name of Agency, Department or Unit Ticket(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy BOS District 4 Staff 2 To reward a County employee for his exemplary service to the public B. Name of Individual (Last, Fierd) Number of Ticket(e)/ Pass(es) Identify one of the following: Galeena, Ganga 4 Caremonial Role		y's department or		tion B to identify an individu I	ial. • Use Section C to iden	tify an outside organization.
2 public B. Name of Individual (text, Fing) Number of Ticket(e)/ Pass(es) Identify one of the following: Galeena, Ganga 4 Ceremonial Role Other 🔯 Income If checking "Ceremonial Role" or "Other 'describe below:" Income Galeena, Ganga 4 Ceremonial Role Other 'describe below:" Income Correnonial Role Other 'describe below:" To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and co if checking "Ceremonial Role	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
B. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Ticket(s)/ Pass(es) Identify one of the following: Galeena, Ganga 4 Ceremonial RoleOther ⊠Income If checking "Coremonial Role" or "Other" describe below: Income To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and or If checking "Ceremonial Role" or "Other" describe below: Income C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15	BOS District 4 Staff 2		2			
(Last, First) Pass(es) Galeena, Ganga 4 Ceremonial RoleOther K_describe below: If checking "Caremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and or If checking "Ceremonial RoleOther" describe below: Ceremonial RoleOther * describe below: cession sales. Income C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15	Number of					
Galeena, Ganga 4 It checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to content to the agency is policy: C. Name of Outside Organization (include address and description) Number of Tecket(s)/ Pass(es) Describe the public purpose made pursuant 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.	B. Name of Individual (Last, First)	a		1.	Identify one of the follow	ing:
4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and or order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential Role or Other I one of the the county facility is the the county facility is the county facility in order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential Role or Other I and the county facility is the county facility in order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and order to county facility in order to maximize potential County revenue from parking and order to county facility in order to maximize potential County revenue from parking and order to county facility is consistent. C. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification Image: Im	Galeena Ganga		-			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 4. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief	carona, canga	4				
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15				Ceremonial Role	Other 🔀	Income
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) A. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15				a second a second s	ial Role" or "Olher" describe below:	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) A. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15						
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15	C. Name of Outside Organization Ticket(s)/			Describe the pub	lic purpose made pursuant	t to the agency's policy
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15						
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Operations Chief 10/1/15	(
Anna Gee Operations Chief 10/1/15	Verification		1 100 40 11	Mad that the states are	ante alcana la laita	the the security ments
		18944.1 and				and a contract of the second second
Sibnature of Agency Head or Designee Print Name Title (Month. Day, Year	Signature of Agency Head or Designed					(Month, Day, Year)
		Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact (Anna Gee Area Code/Phone Number (510) 272-6694 Function or Event Infor Does the agency have a ticke Event Description Arijit Sinh/ Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agenc A. Name of Agency, Departme BOS District 4 Staff B. Name of Individu (Last, First) Galeena, Ganga	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number [510) 272-6694 E-mail anna.gee@a Function or Event Information Does the agency have a ticket policy? Event Description Arijit Sinh/ R. Kelly Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit BOS District 4 Staff Galeena, Ganga C. Name of Outside Organization (include address and description)	Alameda County Division, Department, or Region (II Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number [5-mail anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes 🛛 No Event Description Arijit Sinh/ R. Kelly Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗋 No Was ticket distribution made at the behest No 🗋 Yes of agency official? Recipients • Use Section A to Identify the agency's department or unit. • Use Sec A. Name of Agency, Department or Unit B. Name of Individual (Law, Fiel) Galeena, Ganga 4 Verification Tight and 18942. I have ve Anna G Bignature of Agency Head or Designee Fint Nem Galeena received 9/26 tix	Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail (510) 272-6694 E-mail anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Arijit Sinh / R. Kelly Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Was ticket distribution made at the behest No Yes If yes: Miley of agency official? Recipients • Uas Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency's department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to identify the agency department or unit. • Use Saction A to	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Beard of Supervisors Designated Agency Contact (Name, Trile) Annendment (Marr, Trile) Anna Gee Amendment (Marr, Trile) Area Code/Phone Number E-mail (510) 272-6894 anna.gee@acgov.org Date of Original Filling: Date of Original Filling: Function or Event Information Date(s) Description Arijit Sinh/ R. Kelly Provide Table/Suparation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Name of Supervision No Vias ticket distribution made at the behest No Yes of agency official? Describe the gubilic purpose made pursuan Pase(e) Describe the public purpose made pursuan Pase(e) Ceremonial Role Other B So District 4 Staff 2 To reward a County employee for his exc public Galeena, Ganga 4 Ceremonial Role Other B C. Name of Individual (include address and description) Number of Ticket(c)/ Pase(e) Describe the public purpose made pursuan Pase(e) C. Name of Individual (include addre



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
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Pete, Geoffrey	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and con
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: Cession sales.
		Ceremonial Role Dother Dother Income
		Ceremonial Role Other 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
		· · · · · · · · · · · · · · · · · · ·

Agency Report of: C

1. Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago □ Amendment (Must provide) Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org 2. Function or Event Information Date (s)	
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Board of Supervisors Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 272-6695 Brown Bernet (510) 272-6695 Brown Bernet (510) 272-6695 Provide Title/Explanation Does the agency have a ticket policy? Yes No Stee Value of Each Ticket/Pass \$ Event Description R. Kelley and Ginuwine Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest No Yes If yes: Carson, Keith	California 802
Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Board of Supervisors Date of Original Filing: (Mathematication) Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket/Pass \$ Event Description R. Kelley and Ginuwine Provide Title/Explanation Date(s) 10 02 15 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	Form 50022 For Official Use Only
Designated Agency Contact (Name, Title) Image: Amy Shrago Amy Shrago Image: Amendment (Must provide - Date of Original Filing:	For Official Use Only
Designated Agency Contact (Name, Title) Image: Amy Shrago Amy Shrago Image: Amendment (Must provide - Date of Original Filing:	
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filing:	
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filing:	
2. Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket/Pass \$ Event Description R. Kelley and Ginuwine Date(s)100215 Provide Title/Explanation Date(s)0215 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	
2. Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket/Pass \$ Event Description R. Kelley and Ginuwine Date(s)100215 Provide Title/Explanation Date(s)0215 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	onth, Day, Year)
Event Description R. Kelley and Ginuwine Date(s) 10 02 15 Provide Title/Explanation Date(s) 10 02 15 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest No Yes If yes: Carson, Keith	
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	96.80
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	
Was ticket distribution made at the behest No □ Yes ⊠ If yes: Carson, Keith	
Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: Carson, Keith	
of agoney official? Official's Name (Last F	•
	irst)
 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) Number of Describe the public purpose made pursuant to the	e agency's policy
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
Ceremonial Role 🗌 Other 🔀	Income
Brown, Aisha If checking "Ceremonial Role" or "Other" describe below:	womplan, convice to
To reward a County employee for his or her e the public or to encourage staff development.	
Ceremonial Role D Other	Income
If checking "Ceremonial Role" or "Other" describe below:	
Name of Outside Organization Number of Trive (v)	
(include address and description) Ticket(s)/ Pass(es)	e agency's policy
4. Verification, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the	

10/30/15 Amy Shrago Supervisor's Assistant Print Name Title (Month, Day, Year) Signatule of Agency Head or Designee

A Public Document

						A Fublic Document
1. Ag	ency Name				Date Stamp	California 802
Ala	ameda County					1.5111
Divi	ision, Department, or Regi	on (If Applicabl	e)			For Official Use Only
Boa	ard of Supervisors					
Des	signated Agency Contact (Name, Title)				
Am	ny Shrago					
Are	a Code/Phone Number	E-mail			. C Amendment (Must pr	
(51	0) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Fu	nction or Event Inform	nation				
Doe	es the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value d	f Each Ticket/Pass \$	124.75
Euro	ent Description Gabriel Igl	esias		Data(c) 10	, 23 , 15	
⊏ve		Provide Title/Exp	planation			แรงของรายแรกของรอบรายสายไป ของแองของสองของอองคร ¹ ของระบบทรายกองรายรายสายคว
Ticł	ket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				linud	Name of Sol	Irce
	s ticket distribution made a	it the behest	No 🔲 Yes	If yes: Carso	on, Keith Official's Name (L	ast First)
	agency official?					
	e cipients se Section A to identify the agency	y's department or	runit.	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
\$3500 common						
Β.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	· · · · · · · · · · · · ·				Other 🛛	Income
Va	lentine, Alexander		4		ial Role" or "Olher" describe below:	
					y employee for his or f ourage staff developm	ner exemplary service to nent.
koomooneo				Ceremonial Role	Other	Income
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
		www.www.www.www.www.www.www.www.www.ww				
	rification 🦯		l			

4 ion 🗸

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

	Amy Shrago	Supervisor's Assistant	10/30/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
/			
Comment:			

A Public Document

9	erenionia ivole maen					A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Notice 1	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				25.00
	Does the agency have a ticke		Yes 🗌 No 🛛	🛛 🛛 🛛 Face Value o	of Each Ticket/Pass \$ -	35.00
	Event Description Disney on	Ice: Dare to D)ream	Date(s)0	08,15	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of S	ource
	Was ticket distribution made	at the hehest		If yes: Carso		
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
3	Recipients					
•.	 Use Section A to identify the agend 	cy's department or	unit.	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
					Other 🛛	Income
	Perez, Illiana		4		nial Role" or "Other" describe below	[«] ility in order to maximize
						and concession sales.
				Ceremonial Role	Other	I nc ome
			-	If checking "Ceremor	nial Role" or "Other" describe below	ť.
			Number of			
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
Λ	Verification					
4.		: 18944.1 and	d 18942. I have ve	enfied that the distribution set	forth above, is in accordance	with the requirements.
			Amy Shr	0.06	Supervisor's Assista	nt 10/30/15

	Arriy Shrayo	Supervisor S Assistant	10/30/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			

Agency Report of: ante and Ticket/Dace Distributions

U	eremonial Role Even	is and fic	Revrass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	э)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)		27 - 7 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	á	
	Amy Shrago					
	Area Code/Phone Number	E-mail			. D Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				0
	Does the agency have a ticke		Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	35.00
	Event Description Disney on Ice: Dare to Dream			Date(s)10	09,15	////
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No			⊠ If no: <u>Golder</u>	Irce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	.ast, First)
3.	• Use Section A to identify the agenc	v's department or	unit. ⊚Use Sec	tion B to identify an individu	ual. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Shrago, Amy		4	If checking "Ceremon To reward a Count	Other 🛛 ial Role" or "Other" describe below: y employee for his or h courage staff developm	Income ner exemplary service to nent
					Other Dial Role" or "Other" describe below:	Income

Name of Outside Organization (include address and description)

4. Verification

C.

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

Amy Shrago Supervisor's Assistant 10/30/15 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: .

Number of Ticket(s)/ Pass(es)

Describe the public purpose made pursuant to the agency's policy

A Public Document

1.	Agency Name	Date Stamp	California 802		
	Alameda County				ronn
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			. [_] Amendment (Must	provide explanation in Part 3.)
	(510) 272-6695 amy.shrag	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 of	of Each Ticket/Pass \$.	35.00
	Event Description Disney on Ice: Dare t	o Dream	Date(s) 1() , 10 , 15	
	Provide Title/L	Explanation			construction of a construction
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of S	
		A pressay	Care		ource
	Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Carso	Official's Name	(Last, First)
2	Recipients				
	• Use Section A to identify the agency's department	ual. 🔹 Use Section C to ide	ntify an outside organization.		
			1		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	nt to the agency's policy
	A , Name of Agency, Department or Unit	Ticket(s)/	Describe the put	lic purpose made pursuar	nt to the agency's policy
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the put	lic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Ticket(s)/	Describe the put	lic purpose made pursual	
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	wing:
	B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo Other X ial Role" or "Other" describe below	wing: Income
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda	Identify one of the follo Other X ial Role" or "Other" describe below	wing: Income [
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize	Identify one of the follow	wing: Income [
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor To promote attend order to maximize Ceremonial Role	Identify one of the follow Other I ial Role" or "Other" describe below ance at an event helo potential County reve	wing: Income [a t a County facility in enue from parking Income [
	B. Name of Individual (Last, First) Hopkins, Liz	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor	Identify one of the follow Other S ial Role" or "Other" describe below ance at an event helo potential County rever Other C ial Role" or "Other" describe below	wing: Income [at a County facility in enue from parking Income [
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor	Identify one of the follow □ Other □ Other	wing: Income [at a County facility in enue from parking Income [
	B. Name of Individual (Last, First) Hopkins, Liz	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor	Identify one of the follow Other S ial Role" or "Other" describe below ance at an event helo potential County rever Other C ial Role" or "Other" describe below	wing: Income [at a County facility in enue from parking Income [
	B. Name of Individual (Last, First) Hopkins, Liz	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor	Identify one of the follow Other S ial Role" or "Other" describe below ance at an event helo potential County rever Other C ial Role" or "Other" describe below	wing: Income [at a County facility in enue from parking Income [

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

		Amy Shrago	Supervisor's Assistant	10/30/15
-	SigNatule of Agency Head by Designee	Print Name	Title	(Month, Day, Year)

Comment: ...

A Public Document

Alameda County Form Control Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors For Official Use Only Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filing:	1. Agency Name				Date Stamp	California 802
Division, Department, or Region (# Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Image: Amendment (Must provide explanation in Part 3) Area Code/Phone Number E-mail (f10) 272-6695 amy.shrago@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes Image: No Im	Alameda County					
Designated Agency Contact (Name, Tille) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 Date of Original Filing: (b) 272-6695 Date of Original Filing: (b) 272-6695 Amy shrago@acgov.org Date of Original Filing: (b) 272-6695 State of Original Filing: (b) 272-6695 Event Description Disney on lec: Dare to Dream Provide TitletS-splanation Ticket(s)/Pass(es) provided by agency? Yes I No I Yes I No I Yes I No I Yes Section A to identify the agency's department or unit. • Use Section B to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(ea) Identify one of the following: (b) Ullow, Pam Caremonial Role On the I	Division, Department, or Reg	jion (If Applicable)			, ,	For Official Use Only
Amy Shrago	Board of Supervisors					
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Disney on lce: Dare to Dream Provide TitleExplanation Face Value of Each Ticket/Pass \$ 0 J 11 / 15 / /	•	(Name, Title)		www.www.www.biddledidlogidlogidlogidlogidlogidlogidlogidlo		
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Disney on lce: Dare to Dream Provide TitleExplanation Face Value of Each Ticket/Pass \$ 0 J 11 / 15 / /	Amy Shrago					
(Not 212-0000 (Not 212-0000) (Not 212-0000) (Not 212-0000) 2. Function or Event Information Does the agency have a ticket policy? Yes [] No [2] Face Value of Each Ticket/Pass \$	• •	E-mail	*****		Amendment (Must pro	vide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	(510) 272-6695	amy.shrago@))acgov.org		Date of Original Filing: _	(Month, Day, Year)
Does the agency have a ticket policy? Yes No X Face Value of Each TickeVass \$ Event Description Disney on loc: Dare to Dream Date(s) 10 11 15 / Free Value of Each Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No X If no: Golden State Warriors 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 Willow, Pam 4 Ceremonial Role Other X Other X Income it checking "Currenneid Role" or "Other" describe below. To reward a County employee for his or her exemplary service the public or to encourage staff development Income it checking "Currenneid Role" or "Other" describe below. Income it checking "Currenneid Role" or "Other" describe below. C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	2. Function or Event Infor	mation				
Ticket(s)/Pass(es) provided by agency? Yes \rightarrow No \rightarrow Yes \rightarrow If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No \rightarrow Yes \rightarrow If yes: Carson, Keith Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (stat, First) Number of Ticket(s) Identify one of the following: Pass(es) Willow, Pam 4 Ceremonial Role Other Role of the velocities below: To reward a County employee for his or her exemplary service the public or to encourage staff development C. Name of Outside Organization Number of Ticket(s) Other Other Image of the below: The device of the below: The public or to encourage staff development C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy	Does the agency have a tick	et policy?	Yes 🗌 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$	35.00
Was ticket distribution made at the behest of agency official? No I Yes I fyes: Carson, Keith Official's Name of Source 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(cs) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (tast, First) Number of Ticket(s)/ Pass(cs) Identify one of the following: Income Willow, Pam 4 Ceremonial Role I Other I Is or Other describe below: To reward a County employee for his or her exemplary service the public or "Other describe below: Income C. Name of Outside Organization I colocial or Other I as a mode of the following: I colocial Role I or "Other describe below: Income C. Name of Outside Organization I colocial Role I or "Other I describe below: Income I colocial Role I or Other I Is or Toher describe below: Income I colocial Role I or "Other I describe below: Income I colocial Role I or "Other I describe below: Income I colocial Role I or "Other I describe below: Income	Event Description Disney or	n Ice: Dare to D Provide Title/Expla	ream	Date(s)	, 11 , 15	/
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Use Section B to identify one of the following: Pass(es) Willow, Pam Ceremonial Role Other Isonal Role of the following: To reward a County employee for his or her exemplary service the public or to encourage staff development Ceremonial Role Other Isonal Role Other Isonal Role Isonal Role of the public or "Other" describe below: Income It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Isonal Role Isonal Role Isonal Role Isonal Role Isonal Role" or "Other" describe below: Income It checking "Ceremonial Role" or "Other" describe below:	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No [Laward .	Name of Sou	'Ce
• 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 Pass(es) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy		at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (La	ast, First)
A. Name of Agency, Department or Unit Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Willow, Pam 4 Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service the public or to encourage staff development Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include oddress and describtion) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		cy's department or u	ınit. 🛛 Use Sec	tion B to identify an individu	ual. ● Use Section C to identi	fy an outside organization.
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Willow, Pam 4 Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: 4 4 To reward a County employee for his or her exemplary service the public or to encourage staff development Ceremonial Role □ Other □ Income Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below:	A. Name of Agency, Departm	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Willow, Pam 4 Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: 4 4 To reward a County employee for his or her exemplary service the public or to encourage staff development Ceremonial Role □ Other □ Income Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Coremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below:						
Willow, Pam 4 Ceremonial Role □ Other ⊠ Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service the public or to encourage staff development To reward a County employee for his or her exemplary service the public or to encourage staff development Ceremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: Income C. Name of Outside Organization (inclusion of Ticket(s)) Number of Ticket(s)	B. Name of Individu	Jal	Ticket(s)/		Identify one of the followir	ng:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	Willow, Pam					Income
It checking "Ceremonial Role" or "Other" describe below: C Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy			4			ent
C Name or outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				1		Income
			Ticket(s)/	Describe the put	blic purpose made pursuant f	to the agency's policy
		danna hail hail an				

4. Verification / A

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

	Amy Shrago	Supervisor's Assistant	10/30/15
Signafile of Agency Head or pesignee	Print Name	Tille	(Month, Day, Year)

Comment:

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				- Form
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago			kooma	
	Area Code/Phone Number E-mail			Amendment (Must µ	provide explanation in Part 3.)
	(510) 272-6695 amy.shrago@))acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 🛛 No [Face Value o	of Each Ticket/Pass \$ _	109.05
	Event Description The ONE Kapamilya Go	nation	Date(s)) <u>, 25 , 15</u>	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of So	burce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	on, Keith Official's Name	(Last, First)
3.	RecipientsUse Section A to identify the agency's department or u	ınit. ◎ 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 put	olic purpose made pursuan	it to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Reyes, Liz		Ceremonial Role	Other 🔀	Income
		4	To promote attend	ance at a event held a potential County reve	at a County facility in
			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below.	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
4.	Verification				

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

	Amy Shrago	Supervisor's Assistant	10/30/15
Signeture of Agency Herd or Designee	Print Name	Tille	(Month, Day, Year)
Comment			

Comment:

1

A Public Document

0				BIOGINAGOIIO		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		989/05/06/02/96/02/06/07/02/02/02/92/02/02/02/02/02/02/02/02/02/02/02/02/02		
	Amy Shrago					
	Area Code/Phone Number	E-mail	-	NUMBER OF STREET	Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket		Yes 🗌 No 🛛	Face Value of	f Each Ticket/Pass \$	89.50
	Event Description Hot Winter	⁻ Nights		Date(s) 11		/
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [🛛 If no: Golder	n State Warriors Name of Sour	
	· · · · · · · · · · · · · · · · · · ·					LE
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Carso	Official's Name (La	nst, First)
-						
5.	• Use Section A to identify the agency	y's department or (unit. ● Use Sec	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant to	
			Pass(es)			
	B. Name of Individua	al .	Number of Ticket(s)/		Identify one of the followin	<i>n</i> '
	(Last, First)		Pass(es)		identity one of the followin	ιg.
	Brown, Aisha			Ceremonial Role		Income
	Diowit, Aistia		4	-	al Role" or "Other" describe below:	er exemplary service to
					ourage staff developme	
				ļ ·	Other	Income
					al Role" or "Other" describe below:	
			-			
			Number			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Base(os)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		• *	Pass(es)			
	Varification					
۴.	Verification					

2 1

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

Amy Shrago

Print Name

Signalure of Agency Head of Designee Comment:

11/30/15

(Month, Day, Year)

Supervisor's Assistant

Title

A Public Docume	nt
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9	eremuniar Noie Lven		-NGUI 400	DISTINUTION		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Tom
	Division, Department, or Regi	on (If Applicable	<i>=)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago				Amendment (Must pro	ovide 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				100 50
	Does the agency have a ticke	t policy?	Yes 🗌 🛛 No	Face Value of	of Each Ticket/Pass \$	139.50
	Event Description Wild 94.9	Jingle Ball Provide Title/Exp	lanation	Date(s)	2 03 15	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sou	
		tibo boboot		If yes: Carso		
	Was ticket distribution made a of agency official?	it the benesi	No 🗌 Yes	If yes: Our of	Official's Name (L	ast, First)
	Decinicute					
٥.	• Use Section A to identify the agency	y's department or	unit. o Use Sec	tion B to identify an individ	ual. 🔹 Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	ai	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Mejia, Jason			Ceremonial Role	Other X.	Income
			4	To promote attend	ance at a County facilit evenue from parking an	
				Ceremonial Role	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
10000						

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 12/18/15 Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

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) Amy Shrago **Amendment** (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 114.30 Face Value of Each Ticket/Pass \$ ___ Does the agency have a ticket policy? Yes 🗌 No 🗵 Event Description <u>Not So Silent Night</u> Date(s) <u>12 / 11 /</u> 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 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 Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🗵 Income Simpson, Sam If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below

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

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/18/15
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

A				Data Stamp	
1.	Agency Name			Date Stamp	California Form 802
	Alameda County				For Official Use Only
	Division, Department, or Region (If Applicable)				
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must µ	provide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			I	
	Does the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value o	of Each Ticket/Pass \$ _	75.00
			-novi		//
	Event Description Muse Provide Title/Explain	nation	Date(s)		a
	Ticket(s)/Pass(es) provided by agency?		If no. Golder	n State Warriors	
	nexel(s)/r ass(es) provided by agency :	Yes 🗌 No 🛛		Name of So	burce
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith	
	of agency official?		·	Official's Name ((Last, First)
3.	Recipients				
	• Use Section A to identify the agency's department or u		tion B to identify an individu	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 pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individual	Number of			
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	<i>v</i> ing:
			Ceremonial Role	Other 🛛	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
	·		Ceremonial Role	Other	Income
				L Other L ial Role" or "Other" describe below;	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Pass(es)			
	Peter Pan Coop Nursery School 4618 Allendale Ave., Oakland CA 94619 Non-r	4	To reward a school to the community	l or nonprofit organiza	ition for its contributions
4.	Verification	4 0 0 4 0 1 1		·	
	i 18944.1 and			orth above, is in accordance w	·
		Amy Shra	ago	Supervisor's Assistan	nt 12/18/15

Comment: __

						AT usite bocument
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				Amendment (Must pr	avide evaluation in Rod 2.)
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	rmation				250.00
	Does the agency have a tick		Yes 🗌 🛛 No	Face Value o	of Each Ticket/Pass \$	250.00
	Event Description Warriors	vs. Nuggets Provide Title/Expla	anation	Date(s)) <u>13</u> 15	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗍 No	If no: Golde	n State Warriors Name of Sou	Irce
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			Each TryCO. anatomotor	Official's Name (L	ast, First)
3.	• Use Section A to identify the agen	cy's department or i	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Carter, Shomari				Other 🔀	Income
			3		y employee for his or h courage staff developm	ner exemplary service to nent

4. Verification

C.

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Mariam, Abigail

Name of Outside Organization

(include address and description)

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

Ceremonial Role

Other 🔀

To reward a County employee for his or her exemplary service to

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

the public or to encourage staff development

	Amy Shrago	Supervisor's Assistant	10/30/15
Signature of Agency Head or Docignee	Print Name	Tille	(Month, Day, Year)

3

Number of Ticket(s)/ Pass(es)

Comment: ____

A Public Document

Income

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A Public Document

1.	Agency Name				Date Stamp	California RN 7
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	;)	and a first of a second se		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			E Gana	t provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	g:(Month, Day, Year)
2.	Function or Event Infor	mation				250.00
	Does the agency have a ticke	t policy?	Yes 🗌 No [🗙 🛛 Face Value d	f Each Ticket/Pass \$	250.00
	Event Description Warriors v	s. Rockets		Date(s)10	, <u>15</u> , 15	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of	Sourco
			porrory	- Carso		Source
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name	e (Last, First)
3	Recipients					
9.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. ⊸ Use Section C to id	entify an outside organization.
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	ant to the agency's policy
	A, Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the put	lic purpose made pursua	ant to the agency's policy
	A, Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	ant to the agency's policy
	B. Name of Individu		Ticket(s)/	Describe the put	lic purpose made pursua	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	owing:
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo	owing: Income
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend	Identify one of the follo	owing:
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re	Identify one of the follo	owing: Income [w: cility in order to maximize
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re Ceremonial Role	Identify one of the follo Dother X nial Role" or "Other" describe belo ance at a County fac evenue from parking	owing: Income [w: cility in order to maximize and concession sales Income [
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re Ceremonial Role	Identify one of the follo Other X iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	owing: Income [w: cility in order to maximize and concession sales Income [
	B. Name of Individu	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re Ceremonial Role If checking "Ceremon	Identify one of the follo Other X ial Role" or "Other" describe belo ance at a County fac venue from parking Other X ial Role" or "Other" describe belo	owing: Income [w: cility in order to maximize and concession sales Income [
	B. Name of Individu (Last, First) Mitchell, Vincent C. Name of Outside Orga	al	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re Ceremonial Role If checking "Ceremon	Identify one of the follo Other X ial Role" or "Other" describe belo ance at a County fac venue from parking Other X ial Role" or "Other" describe belo	Diving: Income [iv: cility in order to maximize and concession sales Income [
	B. Name of Individu (Last, First) Mitchell, Vincent C. Name of Outside Orga	al	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend potential County re Ceremonial Role If checking "Ceremon	Identify one of the follo Other X ial Role" or "Other" describe belo ance at a County fac venue from parking Other X ial Role" or "Other" describe belo	Diving: Income [iv: cility in order to maximize and concession sales Income [

	Amy Shrago	Supervisor's Assistant	10/30/15
Signature of Agency Head or designee	Print Name	Tille	(Month, Day, Year)
Comment:			