1.	Agency Name		Date Stamp California		
	Alameda County				Form OOL
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only	
	Board of Supervisors	5AC			
	Designated Agency Contact	(Name, Title)			
	Lee Ann Fergerson, Superv		Amendment (Must pr	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			
	(510) 272-6691	leeann.fergerson@acgov.org		Date of Original Filing:(Month, Day, Year)	
2.	Function or Event Infor		an period and a second s	1301 57)	
	Does the agency have a ticke	Face Value o	f Each Ticket/Pass \$	13-11.50	
	Event Description Wild	Date(s) 17	<u>-,3,15</u> .	///	
	Ticket(s)/Pass(es) provided b	If no:	SW Name of Sou		
	Was ticket distribution made a of agency official?	If yes:	Official's Name (L	isor Scott Haggerty, D 1 .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 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:
Julie Wilson	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
second		

4. Verification

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

A Public Document

V Signature of Agency Head of Designee

Print Name

Lee Ann Fergerson

Supervisor's Assistant Title

(Month, Day, Year)

Comment: .

A Public Document

-	cromentar recite Eren	to and no	Neur acc	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)				8	
		2010/00/2010/2010/2010/2010	120			5	
	Lee Ann Fergerson, Superv		nt	in the second	Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing: -	15	
-	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of original rining.	(Month, Day, Year)	
2.	Function or Event Inform		A			450 DD	
	Does the agency have a ticker	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	1.50100	
	Event Description WACK	Provide Title/Expla	anation	Date(s)	<u>, 14, 15</u> .	/	
	Ticket(s)/Pass(es) provided by	/ agęncy?	Yes 🗌 No		Stu Name of Sou	rce	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes:	eda County Supervisor Sco Official's Name (L		
3.	Recipients					initial and a second scalar and a second scalar in the second scalar in	
	• 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	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	$\hat{U}_{i_1,i_2,\dots,i_n}$	Number of Ticket(s)/ Pass(es)		Identify one of the following	ig:	
	а	ŕ		Ceremonial Role	Other	Income	
	ж с	(#)		Ceremonial Role		Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
					585 12		
	C. Name of Outside Organ (include address and des	Ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
8	Teamsters Local	856	4	To Reward a school o	r nonprofit organization f	or	
				Its contributions to th	ie community.		
	453 San Mateo Ave San Bruno, GA 9	162/0/0					
	2001 12:00 - 101 1	4000				2	
4	Verification						
ŧ.	Voi incation	8944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
			Lee Ann Fer	aerson	Supervisor's Assistant	11/2/15	
	Signature of Agency Healt or Designee		Print Nam		Title	(Month, Day, Year)	
			CoC.L	the Lake Con	at free T	and the cor	
	Comment: To help H	a victin	17 05 T	he LakeCou	VIIYTIE) - P	FPPC Form 802 (4/12)	
	Solidarit	y rund	raffle	· · · · ·	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name	Date Stamp	California 802		
Alameda County				Form OOZ
Division, Department, or Region (If Applicat	ble)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assist	ant		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6691 leeann.ferg	gerson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				350 0
Does the agency have a ticket policy?	Yes Vo		of Each Ticket/Pass \$.	1.00
Event Description Basketball	2/ Kings	Date(s)	1,28,15	//
Provide Title/E.	xp/anation }	(al	AL	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of S	Source
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	neda County Supervi	sor Scott Haggerty, D 1
of agency official?			Official's Name	(Last, First)
3. Recipients				
• Use Section A to identify the agency's department	The second s	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	F 835(63)	Manifesting Ind. Block and a supply of the later	and the second state of th	RUCE, control of all writes/Longing to provide the Source Statistics of the
		*3		
				ц
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
MALH MAUNA	41	to maximize potenti	nce at a county sponsore al county revenue for co	
matt Lillard	× YI	parking sales.		
- They without	<u> </u>	Ceremonial Role	Other	Income
			onial Role" or "Other" describe below	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Pass(es)			and the second
4. Verification			ويجاويهما والمحادثين والمتلاط والمتلاط والمتحاد	a far her som
4. Venification 944.1	and 18942. I have v	verified that the distribution set	t forth above, is in accordance	with the requirements.
	Lee Ann Fe	ergerson	Supervisor's Assista	ant 11/24/15
Signature of Agency Head of Designee	Print Na		Title	(Month, Day, Year)
UV laft	out 6VI	ent descrip	tion on Dr	evidus
Comment:	00-1-01			EBBC Form 802 (4/1

Distributions . . .

Agency Name			Date Stamp	California Form 802
Alameda County			3	For Official Use Only
Division, Department, or Region (If Applicable)				
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assistant		1	Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail		ro.	Date of Original Filing	(Month, Day, Year)
(510) 272-6691 leeann.fergers	son@acgov.or	9 <u> </u>	×	700 20
Function or Event Information	Yes 🙋 No 🗌	Face Value of	Each Ticket/Pass \$	100,00
Does the agency have a ticket policy?	The azi		, 7,16	//
Event Description		Date(s)		
		If no:	Name of S	Source
TICKEI(S)/Fass(CS) provided a) = 5	5	Alam	eda County Super	visor Scott Haggerty, D 1
Was ticket distribution made at the behest	No Ves	If yes:	Official's Name	e (Last, First)
of agency official?				
• Use Section A to identify the agency's department or u	unit. • Use Sectio	on B to identify an individu	al. • Use Section C to id	entify an outside organization.
	Number of	Describe the pub	ic purpose made pursu	ant to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			
n na sea anna anna anna anna anna anna a				
	Number of		Identify one of the fol	lowing:
B. Name of Individual (Last, First)	Ticket(s)/		In one of the second se	iowing.
	Pass(es)			te de la la construir de la const
Become Could Be 2010 Become of the second		Ceremonial Role	Other D	Income
		Ceremonial Role	Dother D	Income
		Ceremonial Role If checking "Ceremon		Income Iow:
		If checking "Ceremon	nial Role" or "Other" describe be	Income Iow:
		If checking "Ceremon	nial Role" or "Other" describe be	Income Iow:
		If checking "Ceremon	nial Role" or "Other" describe be	Income Iow:
е стал такирали солони соло	Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe be	Income Iow: Income
C. Name of Outside Organization	Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe be	Income Iow:
(include address and description)	Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu	anial Role" or "Other" describe be	Income Iow: Income Income
Fremont Chamber	Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu	Conter Conter describe be Conter or "Other" describe be Conter Conter describe be Conter describe be Conter describe be Conter conter describe be Conter co	Income Iow: Income Income
Fremont Chamber	Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremo Describe the pu	Conter Conter describe be Conter or "Other" describe be Conter Conter describe be Conter describe be Conter describe be Conter conter describe be Conter co	Income Iow: Income Income
Fremont Chamber	Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremo Describe the pu	Conter Conter describe be Conter or "Other" describe be Conter Conter describe be Conter describe be Conter describe be Conter conter describe be Conter co	Income Iow: Income Income
(include address and description) Fremont Chamber of Conmerce 39488 Stevenson Place suite 100 Fremont, cA 940	Pass(es) Number of Ticket(s)/ Pass(es) 4 4 2 3 3 9	If checking "Ceremon Ceremonial Role If checking "Ceremo Describe the pu To Reward a school Its contributions to	Dial Role" or "Other" describe be Dother Dial Role" or "Other" describe be of the community.	Income Iow: Income Income Income
(include address and description) Fremont Chamber of Conmerce 39488 Stevenson Place suite 100 Fremont, cA 940	Pass(es) Number of Ticket(s)/ Pass(es) 4 4 2 3 3 9	If checking "Ceremon Ceremonial Role If checking "Ceremo Describe the pu	Other describe be Other or "Other" describe be Other or "Other" describe be blic purpose made purs or nonprofit organizat the community.	Income Iow: Income Income Income Income Income Income
(include address and description) Fremont Chamber of Conmerce 39488 Stevenson Place suite 100 Fremont, cA 940	Pass(es) Number of Ticket(s)/ Pass(es) 4 4 2 3 3 9	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To Reward a school Its contributions to erified that the distribution se	Conter describe be Conter descr	Income In
(include address and description) Fremont Chamber of Conmerce 39488 Stevenson Place suite 100 Fremont, cA 940	Pass(es) Number of Ticket(s)/ Pass(es) 4/(If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To Reward a school Its contributions to erified that the distribution set rgerson	Other describe be Other or "Other" describe be Other or "Other" describe be blic purpose made purs or nonprofit organizat the community.	Income Income Income Income Income Income Income

Agency Name A Public Docutions Alameda County Date Stamp California 8 Form 8 Division, Department, or Region (// Applicable) Date Stamp California 8 Form 8 Board of Supervisors Designated Agency Contact (Name, Title) Image: Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Name, Title) Image: Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Name, Title) Image: Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Name, Title) Image: Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Name, Title) Image: Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Name, Title) Image: Contact (Name, Title) Does the agency have a ticket policy? Yes Information Image: Contact (Name, Title) Image: Contact (Name, Title) Does the agency have a ticket policy? Yes Information Image: Contact (Name, Title) Image: Contact (Name, Title) Levent Description Intellexplanation If no: Image: Contact (Name, Title) Image: Contact (Name, Title) Was ticket distribution made at the behest of agency official? No Interescription (Les (First)) If n
Board of Supervisors For Official Use On Designated Agency Contact (Name, Title)
Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3, 1610) 272-6691 Beann.fergerson@acgov.org Date of Original Filling:(Month, Day, Year) Function or Event Information Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? Yes No Frowide Title/Explanation Date(s) Date(s) Image of Source Was ticket distribution made at the behest No Yes No Vas ticket distribution made at the behest No Yes No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) Official's Name (Last, First) Official's name (Last, First)
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [510] 272-6691 Beann.fergerson@acgov.org Date of Original Filing: (510) 272-6691 Beann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ (Month, Day, Year) Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ (Month, Day, Year) Date(s) (Month Case) (Month Case)
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 Ieeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Sticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) Provide Title Agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.
Area Code/Phone Number (510) 272-6691 E-mail leeann.fergerson@acgov.org Amendment (Must provide explanation in Part 3, Date of Original Filing:
(510) 272-6691 Ieeann.fergerson@acgov.org Date of Original Filing:
Image: Construction or Event Information Date of Original Filing:
Function or Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes No Event Description WARRIORS Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Value of Each Ticket/Pass \$ Name of Source If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) Official's Name (Last, First) A. Name of Agency
Event Description WARCIORS Interfer full Interfer full Provide Title/Explanation Date(s)
Event Description WARLORS Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest of agency official? No Was ticket distribution made at the behest of agency official? No Recipients If yes: • 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.
Provide Title/Explanation Date(s) Date(s)Date(s)Date(s)Date(s)Date(s)Date(s)Date(s)Date(s)Date(s)Date(s)Da
Was ticket distribution made at the behest No Yes P If yes: <u>Alameda County Supervisor Scott Haggerty, District 1</u> <i>Recipients</i> • 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.
Was ticket distribution made at the behest No Yes P If yes: <u>Alameda County Supervisor Scott Haggerty, District 1</u> <i>Recipients</i> • 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.
Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
Official's Name (Lest, First) Official's Name (Lest, First) Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Level
• 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.
• 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: Ticket(s) Pass(es)
A. Name of Agency, Department or Unit: Number of . Ticket(s) Pass(es) Number of . Describe the public purpose made pursuant to the agency's policy
Describe the public purpose made pursuant to the agency's policy Pass(es)
Pass(es)
3. Name of Individual Number of
(Last First) // Ticket(s)// Identify one of the following:
To obtain oversight of a
received a county Supervisor received as the facilities or events that have *
204 Haggerty 11/
coff Haggerty 4/
cott thaggerty 1/1
Ceremonial Role Other
Ceremonial Role Other
Ceremonial Role Other
Name of Outside Organization Number of
Watter Manual Market
Mame of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Mame of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency's policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose made pursuant to the agency is policy Image: Comparize the public purpose the public purpose the public purpose the public purpose made pursuant to the agency is policy Image: Comparize the public purpose the public purpos
AMTMANY Market and the problem of the public purpose made pursuant to the agency's policy Name of Quitside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
(Last First) (Last First) (Last First) (Last First) (Last First) To obtain oversight of facilities

1. Agency Name	and nekeura	ss Distributions		A Public Docum
Alameda County	а		Date Stamp	California
Division, Department, or Region (If Applicable)		4	Form OU
Board of Supervisors				For Official Use Only
Designated Agency Contact (Name	e Title)			
Lee Ann Fergerson, Supervisor's				
Area Code/Phone Number E-m				provide explanation in Part 3.)
(E10) 070 0001	ann.fergerson@ac	any ora		
. Function or Event Informati	on	gov.org	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket polic		lo 🗌 🛛 Face Value o	(=	222.00
Event Description Kayder		11	φ_	000.00
Provid	de Title/Explanation	Date(s)(, 15, 15	////////
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 N	o If no: 65	W	
			Name of Sou	urce
Was ticket distribution made at the t of agency official?	oehest No 🗌 Ye	s 🗌 If yes	eda County Supervis	or Scott Haggerty, D
Recipients			Official's Name (L	ast, First)
Use Section A to identify the agency's depa	rtment or unit elles S	action D to it.		
Use Section A to identify the agency's department or Use A. Name of Agency, Department or Use Agency, Department or U		ection B to identify an individua	I. • Use Section C to identi	fy an outside organization.
	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	to the agency's policy
B. Name of Individual (Last. First) Gooth Haggert Augudu Co Superio	Number of Ticket(s)/ Pass(es)	To obtain oversight or received county function	dentify one of the following of facilities or events ding or support	
riterio a cu. ogar	ISUL /			
2		Ceremonial Role	Other Differ of "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	urpose made pursuant to	the agency's policy
Arification		A REAL PROPERTY OF THE REAT PROPERTY OF THE REAL PR	And the second	
Grification s 1894	4.1 and 18942. I have verif	fied that the distribution set forth at		requirements.
	4.1 and 18942. I have verif Lee Ann Fergo Print Name		ervisor's Assistant	requirements. /13/15
s 1894.	Lee Ann Ferge			requirements. (Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	Carlotter Constrained		Date Stamp	California 802	
Alameda County			18	Form OUZ	
Division, Department, or Region (If Applicabl	e)		-	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's Assista	nt				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6691 leeann.ferge	erson@acgov	/.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information	nevit bei nevite en som post			75.	
Does the agency have a ticket policy?	Yes 🗭 No [Face Value of	of Each Ticket/Pass \$.	75.00	
Event Description Concert - M	use	Date(s)	2, 1515	1 1	
Provide Title/Exp	lanation		~)	·	
Ticket(s)/Pass(es) provided by agency?	Yes 💋 No [If no:	SW		
			Name of S	^{ource} visor Scott Haggerty, D 1	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes:	Official's Name	the second s	
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Dist 1 4		To reward a Cou	s or her		
			e to the public or to	encourage	
		staff development			
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
	Pass(es)	Ceremonial Role	Other	Income	
		If checking "Ceremor	nial Role" or "Other" describe below		
		Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
(include address and description)	Pass(es)				
			÷		
4. Verification			erent der son an ander son ander		
	d 18942. I have vei	rified that the distribution set f	forth above, is in accordance w	vith the requirements.	
	Lee Ann Fer	gerson	Supervisor's Assistar	nt 12-1-15	
<u> </u>	Print Name		Title	(Month, Day, Year)	
\sim					
Comment:			and a second		

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		a la ser a la construction de la construcción de la construcción de la construcción de la construcción de la co		Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Lee Ann Fergerson, Superv	visor's Assistar	nt			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				1.00
	Does the agency have a ticke	et policy?	Yes 🗌 No [Face Value of	of Each Ticket/Pass \$.	600
	Event Description Basket	ball		Date(s)	2,16,15	1 1
	Event Description	Provide Title/Expl	anation	Duic(3))	
	Ticket(s)/Pass(es) provided b	y agency?	Yes No[If no:	Name of S	2000
				Nea	Name or s	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes:	Official's Name	Last First
				Scot	+ Haggerty	District
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual • Use Section C to ide	entify 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		
	A					
	B. Name of Individual		Number of Ticket(s)/			
	(Last, First)	Self- Galeran	Pass(es)			-
				Ceremonial Role	Diher Diher Dinial Role" or "Other" describe below	Income
				in choosing Concern		
				Ceremonial Role	Other	Income
				If checking "Ceremo	onial Role" or "Other" describe below	V.
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
		when		To Beward a school	or nonprofit organizatio	n for
(District) + (.	Luuren	4/	Its contributions to t		n for
	Against Rape	0.0			anta de la casa da casa de marco de casa en entre	
	470 27th St. Oa	kland				
-	CD 94612					
4.	Verification		d 180/2 / hours	arified that the distribution sol	t forth above, is in accordance	with the requirements
	0	44.1 an				10/0/
	N. Cimplum of Annual final and Protocol	to 1	Lee Ann Fer		Supervisor's Assista	(Month. Day. Year)
	Signature of Agency Head or Design		ernnt Nan		1	(month, bay, roal)
	Comment: Sexual	Assault	r counc	eling for rap	e Victims	Contraction Care and Contraction
		minal L	atino G	ala	FPPC Toll-Free Helpline	FPPC Form 802 (4/1 e: 866/ASK-FPPC (866/275-777

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) 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 11 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description War 1015 15 Orlando Ma Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No D If no: Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No Yes If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(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)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) To Reward a school or nonprofit organization for Tri. Valley Conservancy Its contributions to the community. Livermore, St. in 94 Verification 8944.1 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 Title of Agency habitat Comment: FPPC Form 802 (4/12)

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

Comment: _

C	eremonial Role Events and Tic	ket/Pass I	Distributions		A Public Document				
1.	Agency Name	Date Stamp	California 802						
	Alameda County				Form OOZ				
	Division, Department, or Region (If Applicable	e)	1.		For Official Use Only				
	Board of Supervisors								
	Designated Agency Contact (Name, Title)			-					
	Lee Ann Fergerson, Supervisor's Assista	nt							
	Area Code/Phone Number E-mail	in.		Amendment (Must	provide explanation in Part 3.)				
		erson@acgov	org	Date of Original Filing	:(Month, Day, Year)				
2.	Function or Event Information				202 02				
	Does the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value o	of Each Ticket/Pass \$.	202.00				
	Pudar /	rte		1.15					
	Event Description	lanation	Date(s)		/				
	Ticket(s)/Pass(es) provided by agency?	Yes No	⊐ If no:	SW					
	nexer(s)/r ass(es) provided by agency.			Name of S					
	Was ticket distribution made at the behest	No 🗌 Yes	If yes:	eda County Supervisor S Official's Name	Scott Haggerty, District 1				
_	of agency official?		(Official s Name	(Last, First)				
3.	Recipients	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		And the second second second second					
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy				
		1//		· · · · · · · · · · · · · · · · · · ·					
	DISTRICT 7/1			nty employee for his e to the public or to					
		01	staff developmer	3	encourage				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:					
				Other	Income				
			If checking "Ceremo	nial Role" or "Other" describe belov	V.				
		-	Ceremonial Role	Other	Income				
				nial Role" or "Other" describe below	S				
				**					
		· · · · .			10				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	int to the agency's policy				
	(include address and description)	Pass(es)	and an	The second second second					
	<u>A</u>	مر المحدث المحدث المحدث المحدث							
4	. Verification	18942 Lhove vo	nified that the distribution set	forth above, is in accordance	with the requirements.				
	944. I ar								
	Signature of Agency Head or Designee	Lee Ann Fer		Supervisor's Assista	(Month, Day, Year)				
					I				

C	eremonial Role Events and Tick	et/Pass I	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County		· ·		Form OUZ
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				N
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistan	t	9		
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691 leeann.ferger	son@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		Can		
	Does the agency have a ticket policy?	f Each Ticket/Pass \$ _	01,50		
	Event Description	17.15	//		
	Ticket(s)/Pass(es) provided by agency?] If no:	Mame of So		
	Was ticket distribution made at the behest	No 🗌 Yes	Alar	neda County Supervisor S	Scott Haggerty, District 1
	of agency official?		1 yes	Official's Name (Last, First)
3.	Recipients				
	• Use Section A to identify the agency's department or u	1	ion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
				unty employee for his y service to the public	
	2		or to encourage	staff development	12
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other D nial Role" or "Other" describe below:	Income
	1		Ceremonial Role	Other D	Income
				18	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuan	t to the agency's policy
					s Transfer ga web from an
4	Verification	119012 1 hours us	rified that the distribution set	forth above, is in accordance w	ith the requirements

Lee Ann Fergerson Print Name

Supervisor's Assistant Title

Month, Day, Ye

Comment:

Signature of Agency Head or Designee

A Public Document

-						AT ablie Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OOZ			
	Division, Department, or Reg	ion (If Applicable)	i:	1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-				
	Lee Ann Fergerson, Superv	isor's Assistar	nt				
	Area Code/Phone Number	E-mail			Amendment (Musi	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				100 010	
	Does the agency have a ticke	t policy?	Yes No I	Face Value o	of Each Ticket/Pass \$	100.00	
		Provide Title/Expl	Suskeft	Date(s)	, 11, 16	//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes PNo		DW .		
		,			Name of S		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes:	eda County Supervisor S Official's Name	Scott Haggerty, District 1	
	of agency official?			L	Onicial's Name	(Last, Prist)	
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 Number of					New Second Country Protocol	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)			nt to the agency's policy	
	Protrict 1		To reward a county employee for his or her exemplary service to the public				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the folic	wing:	
	a a a a a a a a a a a a a a a a a a a		1	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	Income	
				Ceremonial Role	Other D nial Role" or "Other" describe below	Income	
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy	
		-					
					л	n	
4.	Verification	na ana ana ana ana ana ana ana ana ana					
		44.1 an		erified that the distribution set		1 1	
			Lee Ann Fei		Supervisor's Assista		
	 Signature of Agency Head or Wesigne 	5	Print Nan	ile.	me	(Month, Day, Year)	
	Comment:				9 6 5		

A Public Document

				Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Regi	on (If Applicable)	a for the second s		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	nt			
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgov	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation	strative Provention Contraction Address	an an a' tha an an an an Anna a	a ann an an an ann ann an ann an ann an	
	Does the agency have a ticke	t policy?	Yes 🖸 No [Face Value of	of Each Ticket/Pass \$ _	222.00
	Event Description Raide	rs .	P	Date(s)	1,15,15	1 1
		Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [If no:	n	
			Name of S			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes:	eda County Supervisor S Official's Name	
2	Recipients			ana ana amin'ny faritr'i Angelana amin'ny faritr'i Angelana	a a a state da a construir a construir de la c	
	Use Section A to identify the agency	y's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200		1 433(63)			
	ي. 					
				5		
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	I. Braham		4/		nce at a county sponsore al county revenue for co	
			-	Ceremonial Role	Other	
					nial Role" or "Other" describe below.	
	2 Z			2	581 540	i. (*)
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
			Pass(es)		· 1997年代的1893年代日本1	
						•
	7			с. Л		
4		1993 - 1994 - 1994 - 1994 - 1995 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -		And the state of the		
4.	Verification	1944.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance v	with the requirements.
1			Lee Ann Fer		Supervisor's Assista	
	Signature or Agency Head or Designed	9	Print Nam		Title	(Month, Day, Year)
						ar 1996 Anno 26
	Comment:				2 AS	

Ce	remonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1	Agency Name	Date Stamp	California 802			
	Alameda County				romin	
ī	Division, Department, or Region (If Applicable		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Tille)			-		
	Michelle Archuleta					
- 12	Area Code/Phone Number E-mail	Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6692 michelle.arcl	nuleta@aco	ov ora	Date of Original Filing:		
_	Function or Event Information	iarota@aog	01.019		(Month, Day, Year)	
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	89.50			
		Yes⊠ No +				
E	Event Description Hot Winter Night Concer		//			
6.34	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder			n State Warriors		
	nexet(s)/Fass(es) provided by agency ?	Yes 🗌 No		Name of Se		
١	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?			Official's Name	(Last, First)	
	Recipients					
4	Use Section A to identify the agency's department or unit. Use Section B to identify an individ			ual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
1		Pass(es)				
2			·			
Ĩ	B, Name of Individual	Number of Ticket(s)/ Ide		Identify one of the follow	Identify one of the following:	
	(Last, First)	Pass(es)				
	Maxie, Mike		Ceremonial Role	Other S	Income	
		4	1	If checking "Ceremonial Role" or "Other" describe below: promote attendance at an event held at a County facility in		
		25		potential revenue from		
			Ceremonial Role	Other	Income	
		4	If checking "Ceremo	If checking "Ceremonial Role" or "Other" describe below:		
		× .				
		Number of Outside Organization Number of				
(C. Name of Outside Organization Ticket(s)/ (include address and description) Pass(es)		Describe the pul	blic purpose made pursuan	t to the agency's policy	
-		1 400(00)				
	0					
A	Verification //					
		18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
		Michelle Ard		Director of Operation	116115	
	✓ Signature or Agency riead or Designee	Print Nan		Title	(Month, Day, Year)	
(Comment:					

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County	Date Stamp	California 802		
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta				
	Area Code/Phone Number E-mail	. C Amendment (Must p.	rovide explanation in Part 3.)		
	(510) 272-6692 michelle.arc	huleta@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				600.00
	Does the agency have a ticket policy?	of Each Ticket/Pass \$			
	Event Description Warriors vs. Phoenix Su		//		
	Ticket(s)/Pass(es) provided by agency?	n State Warriors Name of So	urce		
	Was ticket distribution made at the behest No Ves If ves: Valle			Richard- Supervisor I	District 2
	of agency official?			Official's Name (I	Last, First)
3.	Recipients	107 - MT - MT - M			NT: XTER VE VE
	• Use Section A to identify the agency's department or	unit. • Use Sec			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	2 1 1 2010 - 10 2010 - 10	Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other Dia Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy	
	Newark Rotary Club P.O. Box 105, Newark CA 94560	4	To reward a non-pr community.	ofit organization for its	s contributions to the
	Provides support to local non-profits organizations and humanitarian efforts		×		
1.	Verification /	118040 1 1		adh abaua <i>la la</i> la	16 16
	1h 18944.1 and			orth above, is in accordance wi	in the requirements.
	Signature of Agency Head or Designee	Michelle Arc		Supervisor's Aide	(Month, Day, Year)
	V Signature of Agency Head of Designee	enna ivanna		nue	wionin, Lay, rear)

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

Ceremonial Role Ev	ents and Tic	ket/Pass D	istributions		A Public Document		
Agency Name				Date Stamp	California 802		
Alameda County		÷					
Division, Department, or I	Region (If Applicable		For Official Use Only				
Board of Supervisors							
Designated Agency Conta	act (Name, Title)			-			
Michelle Archuleta							
Area Code/Phone Numbe	r E-mail	. 🗌 Amendment (Must	provide explanation in Part 3.)				
(510) 272-6692		huleta@acgov	.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event In					(Month, Day, Tear)		
Does the agency have a t		Yes 🛛 No 🗆	Face Value o	of Each Ticket/Pass \$ _	350.00		
[19] 영상 20일 - 20일 (2019) - 20일 (2019) 20일 (2019) 2019 (2019) 2019 (2019)				2 . 23 . 15			
Event Description	Provide Interexplanation				///		
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No 🗵	If no: Golder	n State Warriors			
				Name of Se			
Was ticket distribution ma	de at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name	District 2		
of agency official?		Unicial s Name	(Last, Pirst)				
e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A Number of Development						
A. Name of Agency, Depa	irtment or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy		
B. Name of Indi		Number of Ticket(s)/	÷.	Identify one of the follow	ving:		
(Last, First)		Pass(es)	455 V 4476 //				
				Other Other or "Other" describe below:	Income		
				Te			
			Ceremonial Role		Income		
			If checking "Ceremon	aial Role" or "Other" describe below.			
C. Name of Outside C		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy		
(include address and	description)	Pass(es)					
Friends of Chabot Colle		4	To reward a schoo	I for its contributions t	o the community.		
25555 Hesperian Blvd,	Hayward 94545						
Supports students by fu programs and scholarsh							
4. Verification /							
1	18944.1 an			forth above, is in accordance w	ith the requirements.		
3		Michelle Arch	uleta	Supervisor's Aide	145		
V Signature of Agency Head or De	signee	Print Name		Title	(Month, Day, Year)		

Ceremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County						
Division, Department, or I	Region (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Conta	act (Name, Title)	-				
Michelle Archuleta						
Area Code/Phone Numbe	r E-mail	Amendment (Must)	provide explanation in Part 3.)			
(510) 272-6692	michelle.arc	huleta@aco	ov.ora	Date of Original Filing:	Advette Dev Vered	
2. Function or Event In					(Month, Day, Year)	
Does the agency have a ti		of Each Ticket/Pass \$ _	450.00			
Event Description	Provide Title/Expl	lanation	Date(s)	1 <u>06</u> 15	/	
Tickot(c)/Pass(oc) provide			If no. Golde	en State Warriors		
nekel(a)/Fass(es) provide					ource	
Was ticket distribution made at the behest No D Yes M If yes: Valle,			e, Richard- Supervisor	District 2		
of agency official?	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 indivi- Number of			dual. • Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		1		0		
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
(Last. First)	đ	Pass(es)		-		
Singh, Manisha			Ceremonial Role	Dilat Role" or "Other" describe below:	Income	
anight, mainana		4		endance at an event held at a County facility in		
				potential revenue from		
			Ceremonial Role	Other 🗌	Income	
		4	If checking "Ceremo	onial Role" or "Other" describe below:		
O Nama of Outside O	reastas	Number of				
C. Name of Outside O (include address and		Ticket(s)/ Pass(es)			t to the agency's policy	
					6	
11 m						
4. Verification		1				
··· ···	8944.1 and	d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	ith the requirements.	
		Michelle Ard	chuleta	Director of Operation	s 11/5/15	
└ Signature of Agency Head of Des	signee	Print Nan	· · ·	Title	(Month, Day, Year)	
	rking pass at the	value of \$20		1999-1999 (1999-1999)	And the second sec	
Comment:	inting pass at the	value of \$50				

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 michelle.archuleta@acgov.org (Month, Day, Year) 2. Function or Event Information 450.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No 11 09 15 Date(s) -Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Alameda County Sheriff's Office To reward a County employee for his exemplary service to the 4 public Number of В. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 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) Verification 4. 0 ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Archuleta **Director of Operations** Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Includes 1 parking pass at the value of \$30. Comment:

A Public Document

Ce	remonial Role Events and Tick	et/Pass	Distributions		A Public Document
1. /	Agency Name			Date Stamp	California 802
	Alameda County				1 Cillin
ĩ	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta				
	Area Code/Phone Number E-mail	. Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692 michelle.arch	uleta@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information			1	
	있는 이가 위험 방법에서 가장 가지도 가지 않는 것이다. 이가 있는 것이 있는 것이다. 같은 것이가 위험 방법에서 가장 가지도 가지 않는 것이다. 이가 있는 것이 같은 것이다.	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	350.00
	Event Description Warriors vs. Sacramento		//		
ł	Event Description Provide Title/Explan	nation	Date(s)		//
8	Ticket(s)/Pass(es) provided by agency?	n State Warriors			
		Name of So			
١	Was ticket distribution made at the behest No I Yes I If yes: Valle,			Richard- Supervisor Official's Name (I	District 2
Long to the local division of the local divi	of agency official?			Unicial s Name (I	-aa, may
	Recipients • Use Section A to identify the agency's department or u	nit. a Usa Sac	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization
	A Number of Department on Helt				
1	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
9					
1	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:	
	1700-1910/17278	Pass(es)	Ceremonial Role	Other D	Income
			20.01 0.01 0.01	ial Role" or "Other" describe below:	income
2					
	i.		Ceremonial Role	Other describe below:	Income
			n checking "Geremon	na rivie ur Other Geschbe below.	
-	C. Name of Outside Organization	Number of	Departing the put	lla purposo modo pursuent	to the agencyle nation
- 2	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
8	League of Women Voters- Eden Area	4	To reward a non-profit organization fo		s contributions to the
	P.O. Box 2234, Castro Valley, CA 94546	4	community.		
	Informs and encourages active participation in government by citizens				
4.	Verification				
1	1, 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
p	1	Aichelle Arc	chuleta	Director of Operations	s 11/17/15
10	V Signature of Agency Head or Designee	Print Nam	θ	Title	(Month, Day, Year)
10	Comments Includes 1 parking pass at the v	alue of \$30).		
1	Comment:	american ann an fhair	591		

Agency Report of:

ŝ

Ceremonial F	Role Eve	nts and	Ticket/Pass	Distributions
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0	eremonial Role Lven	is and no	Neur ass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Archuleta		Amondmont (Musta	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	michelle.arc	huleta@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	4			250.00
	Does the agency have a ticke		of Each Ticket/Pass \$ _	350.00		
	Event Description Warriors v	s. Sacrament	1 <u>, 28 , 15</u>			
					n State Warriors Name of So	
	Was ticket distribution made at the behest No Yes If yes: Valle			, Richard- Supervisor	District 2	
	of agency official?				Official's Name (Last, First)
3.	• Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	I Describe the public purpose made pursuant to the age		t to the agency's policy
	B. Name of Individu	Number of		Identify one of the follow	ing	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	nng:
	Balderas, Ruben		4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To evaluate the ability of a local sports team to attract business		
	·			and contribute to the	he local economy	
	Chui- Valle, Rebecca			Ceremonial Role		Income
	Chui- valle, Rebecca		4	If checking "Ceremonial Role" or "Other" describe below: To evaluate the ability of a local sports team to attract busines and contribute to the local economy		
	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
	<u>.</u>			e.		
A	Verification //					
-F.		8944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	Signature of Agency Head or Designe		Michelle Are		Director of Operations	s 11/23/15 Month, Day, Year)
	Includes 2 parkir					
	Comment:	ig passes at t	ne value of a	poo eaun		

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 Archuleta Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 michelle.archuleta@acgov.org (Month, Day, Year) 2. Function or Event Information 350.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Warriors vs. Sacramento Kings Date(s) _____/ 28 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income Parco, Dereck If checking "Ceremonial Role" or "Other" describe below: 3 To evaluate the ability of a local sports team to attract business and contribute to the local economy Ceremonial Role Other X Income Collett, Cheryl If checking "Ceremonial Role" or "Other" describe below: 3 To evaluate the ability of a local sports team to attract business and contribute to the local economy Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification Δ 4. 11 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Archuleta **Director of Operations** Print Name Title ie or Agency nead or Designed

Comment: Includes 2 parking passes at the value of \$30 each

Cer	emonial Role Even	ts and fic	ket/Pass	Distributions		A Public Document
1. A	gency Name		Date Stamp	California 802		
A	lameda County					
Di	ivision, Department, or Reg	ion (If Applicable)			For Official Use Only
В	oard of Supervisors				8	
D	esignated Agency Contact	(Name, Title)				
N	lichelle Archuleta					
A	Area Code/Phone Number E-mail				. C Amendment (Must pi	a da versionen de la calendaria de la calendaria.
(5	510) 272-6692	michelle.arc	huleta@acgo	ov.org	Date of Original Filing: .	(Month, Day, Year)
2. F	unction or Event Infor	mation				
D	oes the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	350.00
	ne ne na presidente esta de la constructione de la construction de				, 28 , 15	//
E	vent Description	Provide Title/Expl	//	//		
Ti	cket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Golder	n State Warriors	
	2 .5 E 1 EE EC 65		Name of So			
	as ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2
	of agency official?				Official s Name (asi, rirsi)
	lecipients		unit - Han Con	dine D to identify on individu	ust in the Section C to ident	ifu en eutelde executention
-	Use Section A to identify the agency's department or unit. Use Section B to identify an individ			94 14 14	e 197 - 19 - 198	
ß			Ticket(s)/ Pass(es)	Describe the pub	iblic purpose made pursuant to the agency's policy	
_			1			
B	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
_	(Last, First)		Pass(es)	And Stranger Contra		
V	alle, Richard			Ceremonial Role	ial Role" or "Other" describe below:	Income
		1			am to attract business	
				and contribute to the	ne local economy	
				Ceremonial Role	Other 🛛	Income
Α	lexander, Rosemary		1	and a company of the second second	ial Role" or "Other" describe below:	
				To evaluate the ability of a local sports team to attract business and contribute to the local economy		
-	and the second area and the		Number of			
C	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-			1.000(00)			
-						
4 1	Verification					
4. V	ennication ///	ns 18944.1 an	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	th the requirements.
			Michelle Are		Director of Operations	11/22/10
-	Signature of Agency Head or Designe	θ	Print Nan		Title	(Nonth, Day, Year)
C	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) Michelle Archuleta Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 michelle.archuleta@acgov.org (Month, Day, Year) 2. Function or Event Information 350.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Event Description Warriors vs. Denver Nuggets 01 , 02 16 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Yes X If ves: of agency official? Official's Name (Last, First) 3. Recipients . Use Section B to identify an individual. . Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other X Ceremonial Role Income Baldridge, Shane If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Other X Ceremonial Role Income Dong, Jeanette If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for her service to the public. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4 s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

V signature our gency near or Designee Print Name Director of Operations III/23/13

Comment: ..

2

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$222 ticket/\$35 parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Football Game 01 15 11 1 Date(s) Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If ves: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, Firs) Pass(es) Ceremonial Role Other Income Cravalho, Brian If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

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

	Steven Jones	Central District Director	11.25.2015
Usignature oMagency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
*			FPPC Form 802 (4/12)

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

eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document		
Agency Name		Date Stamp	California 802				
Alameda County			T OTTI				
Division, Department, or Reg	gion (If Applicable)			For Official Use Only		
Board of Supervisors							
	(Name, Title)			-			
	E-mail	Amendment (Must)	provide explanation in Part 3.)				
	a respectively w	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
A CARLES AND A CARLES A		Geogeneig					
		Vac 🔽 No	Eace Value of	of Each Ticket/Pass \$	\$222 ticket/\$35 parking		
Event Description	Provide Title/Expl		//				
		nd Raiders					
Ticket(s)/Pass(es) provided i	by agency?	Name of S					
	at the behest	eda County Supervis	or Wilma Chan				
of agency official?		Official's Name	(Last, First)				
Recipients							
• Use Section A to identify the agen	cy's department or		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
A. Name of Agency, Department or Unit Ticket(s)/ De			Describe the put	lic purpose made pursuar	it to the agency's policy		
		Pass(es)					
D Name of Individu	ual	Number of			14/19/0-01		
Last, First)	aar	Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
			Ceremonial Role	Other	Income		
Franz, Jim		2+1park					
		The second second	To reward a comm	To reward a community volunteer for his service to the public			
			Communial Pale		Income		
		100000000000000000000000000000000000000					
		2+1park					
		Number of Ticket(s)/	Describe the pul	olic purpose made pursuar	it to the agency's policy		
(include address and do	escription)	Pass(es)					
й Ж							
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Info Does the agency have a tick Event Description Football O Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individue (Last, Final) Franz, Jim C.	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-wenil Function or Event Information Does the agency have a ticket policy? Event Description Football Game Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit Eranz, Jim C. Name of Outside Organization (include address and description)	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Football Game Event Description Football Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Sector A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Franz, Jim 2+1park C. Name of Outside Organization (include address and description)	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-mail Does the agency have a ticket policy? Yes 🖾 No 🗆 Face Value of Event Description Football Game Date(s) 11 Provide Title/Explanation Date(s) 11 Ticket(s)/Pass(es) provided by agency? Yes 🗀 No 🖾 If no: Oaklat Was ticket distribution made at the behest of agency official? No 🗆 Yes 🖾 If yes: Alam of agency, official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual Ticket(s)/ Pass(es) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Franz, Jim 2+1park Ceremonial Role if checking "Coremon To reward a comm Ceremonial Role if checking "Coremon C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the put Pass(es)	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Image: Area Code/Phone Number Image: Area Code/Phone Number Area Code/Phone Number E-mail Date of Original Filing: Steven Jones Image: Area Code/Phone Number E-mail Steven Jones Image: Area Code/Phone Number Face Value of Each Ticket/Pass \$ Event Description Football Game Date(s) 11 15 Vas ticket distribution made at the behest of agency official? No Yes No Yes: Alameda County Supervise A name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuar B. Name of Individual (sust Rem Yes Caremonial Role (Image:		

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.

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 11.25.2015

 Print Name
 Title
 (Month, Day, Year)

С	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp California 8			
	Alameda County				4	
	Division, Department, or Reg	jion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones	Q ()				
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6693	(Second Second S	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Info	and the second	-899			(Monun, Day, Year)
Ka I	Does the agency have a tick		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$89.50
	Event Description Hot Winter Nights Date(s) 11 Provide Title/Explanation					//
	Colder				n State Warriors	
	Ticket(s)/Pass(es) provided t	by agency r	Name of So			
	Was ticket distribution made	at the behest	eda County Supervisc	or Wilma Chan		
	of agency official?	Official's Name (Last, First)			
3.	• Use Section A to identify the agen	oute department or	unit a llea Sac	tion R to identify an individ	ual a Use Section C to iden	tify an outside organization
	4		Number of			
	A. Name of Agency, Department or Unit Ticket(s)/ Descr Pass(es)		Describe the put	blic purpose made pursuant	t to the agency's policy	
	-					
			¥.			
	B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the follow	ling
	(Last, Faxt)		Pass(es)		identity one of the follow	ing.
	Marile Transmission			a second s	Other	Income
	Wilson, Trevor		4		nial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential County rever	
				Ceremonial Role	Other	Income
			4	If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Orga	anization	Number of	Describe the suit	tta mumana mada musuna	t to the exercise policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
-	1957 - 1957 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 -					

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.

C	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form			
	Division, Department, or Reg	jion (If Applicable)		¥	For Official Use Only	
	Board of Supervisors	7					
	Designated Agency Contact	(Name Title)					
		(ridana) (rida)					
		Steven Jones				rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail steven.jones	Contra and		Date of Original Filing:		
_	(510) 272-6693	Viene and a star star and a star and a	@acgov.org			(Month, Day, Year)	
2.	Function or Event Info		Yes 🛛 No [f Each Ticket/Dece @	\$112.38	
	Does the agency have a tick		f Each Ticket/Pass \$ _				
	Event Description Family Bridges 2015 Benefit Concert Date(s) 11					//	
		Provide Title/Expl	anation		a State Warriers		
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of So	urce	
	Was ticket distribution made	at the behest		Alam	eda County Supervisc	or Wilma Chan	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alameda Co of agency official?				Official's Name (Last, First)	
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or	unit. 🔹 Use Sec	tion B to identify an individe	ual. • Use Section C to Iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
	Chan, Carl		4	To promote attend	^{iial Role" or "Other" describe below:} ance at an event held potential County rever		
			4		Other Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy	
						е. с. Ф	

4. Verification

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

A Public Document

Selemonial Ron		There are been a				
I. Agency Name	Agency Name				California 802	
Alameda County			5) 1)		Form For Official Use Only	
Division, Departme	it, or Region (If App	licable)		1	For Official Use Only	
Board of Supervise	ors					
Designated Agency)				
in an				The second s		
Steven Jones Area Code/Phone N	umber E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693		jones@acgov.org		Date of Original Filing:	(Month Day Year)	
		jones@acgov.org			(workin, Day, reary	
2. Function or Eve			The Face Value /	of Each Ticket/Pass \$ _	\$450	
Does the agency ha		Yes 🔀 No [
Event Description	asketball Game		Date(s)	1 / 06 / 15	//	
	Provide Ti	tle/Explanation	Calda	n State Warriors		
Ticket(s)/Pass(es)	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _				ource	
	Was ticket distribution made at the behest No Yes X			If yes: <u>Alameda County Supervisor Wilma Chan</u> Official's Name (Last, First)		
of agency official?					an a	
3. Recipients		i llas Cas	tion P to identify an induir	lual. • Use Section C to ider	atify an outside organization.	
 Use Section A to ident 	fy the agency's departm	Number of				
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the pu	blic purpose made pursuan	It to the agency's policy	
B. Namo	of Individual	Number of Ticket(s)/		Identify one of the follow	ving:	
	(Last, First)	Pass(es)				
A REAL PROPERTY AND A REAL			Ceremonial Role	Donial Role" or "Other" describe below	Income L	
Akella, Arjun		2				
			order to maximize	idance at an event held at a County facility in e potential County revenue from sales.		
-		2	Ceremonial Role		Income	
	utside Organization ress and description)	Number of Ticket(s)/ Pass(es)	Describe the p	iblic purpose made pursua	nt to the agency's policy	
-						

4. Verification

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

1.	Agency Name Alameda County				Date Stamp California 80		
						Form 002	
	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 provide explanation in Part 3.)		
	(510) 272-6693		s@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value			of Each Ticket/Pass \$	\$450		
	Event Description Basketball Game Date(s) 1			1 <u>, 02 , 15</u>	1 1		
	Event Description	Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors			
		,,			Name of Sou		
	Was ticket distribution made at the behest No D Yes			If yes: Alam	If yes: <u>Alameda County Supervisor Wilma Chan</u> Official's Name (Last, First)		
_	of agency official?				Oniciar's Name (c		
3.	 Recipients Use Section A to identify the agend 	cy's department o	r unit. « Use Sec	tion B to identify an individ	ual use Section C to ident	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		to the agency's policy	
				4			
				X			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Calvan Candon			Ceremonial Role	a Section of the State of the S	Income	
	Galvan, Gordon		2	It checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility		at a County facility in	
				order to maximize potential County revenue from sales.			
					Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
					н		

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. 1

	Steven Jones	Central District Director	11.25.2015
Signature of Agency Head or Designee	Priat Name	Title	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

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

A Public Document

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$450/\$30parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Basketball Game Date(s) 11 / 17 , 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Other Ceremonial Role Chang, Emily If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

	Steven Jones	Central District Director	11.25.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			EBBQ F
			FPPC Form 802 (4/12)

A Public Document

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1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicable))		X	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	A REPORT OF A	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	A CONTRACTOR OF STREET	. <u>e</u>			(Mohin, Day, Tear)
G.	Does the agency have a tick		Yes 🖾 No [T Face Value of	of Each Ticket/Pass \$	\$600/\$30parking
	Event Description Basketball Game Date(s) Date(s)				1 <u>, 24 , 15</u>	//
			Golde	n State Warriors		
					Name of Sou	
	Was ticket distribution made at the behest No 🗌 Yes 🗵			X If yes: Alam	eda County Superviso	r Wilma Chan
	of agency official?				Official's Name (L	.ast, First)
3.	• Use Section A to identify the agen A. Name of Agency, Departm		unit. • Use Sec Number of Ticket(s)/		lual. • Use Section C to ident blic purpose made pursuant	
			Pass(es)			
			÷			
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Consideration of the Constant of the second statement of the second second second second second second second s	Income
	Schaff, Bill		2+1park	To promote attend	nlal Role" or "Other" describe below: lance at an event held potential County reven	
			2+1park	Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy

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.

C	eremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones				-		
	Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke		Yes 🗵 No [Face Value of	of Each Ticket/Pass \$ _	\$450	
				1 , 06 , 15	I I		
	Provide Title/Explanation					//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors		
					Name of Se		
	Was ticket distribution made at the behest No I Yes I If yes: Alame			eda County Superviso Official's Name	(Last. First)		
-	of agency official?						
3.	Recipients Use Section A to identify the agend	and descent as	unit allea Sae	tion B to identify an individ	ual a Use Section C to ider	ntify 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 p		it to the agency's policy	
			-				
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	ving:	
	Loo, rusy		Pass(es)	Ceremoniai Role Other Income			
	Chan, Carl				nial Role" or "Other" describe below.	Christian China - Ann	
			2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
					Other		
			2	If checking "Geremo	onial Role" or "Other" describe below		
	C. Name of Outside Orga	nization	Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	

4. Verification

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

1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form For Official Use Only				
	Division, Department, or Reg	ion (If Applicable	•	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Steven Japan	5 8				,		
	Steven Jones Area Code/Phone Number E-mail				Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693	amena amen	s@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
0	Function or Event Infor	And the second second	Sterrogov.org			(Mohin, Day, Year)		
ha.			of Each Ticket/Pass \$	\$450/\$30parking				
	Does the agency have a tick		Yes 🛛 No [
	Event Description Basketba	II Game		Date(s)1	i <u>,</u> 09 <u>,</u> 15 <u> </u>	//		
		r tornao, tino erg	n State Warriors					
	Ticket(s)/Pass(es) provided I	by agency?	n State Warriors Name of Sol	Urce				
	Was ticket distribution made	at the hehest	eda County Superviso	r Wilma Chan				
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: _ of agency official?				Official's Name (Last, First)			
2								
э.	 Recipients Use Section A to identify the agen 	ual. • Use Section C to iden	tify an outside organization.					
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy				
	-				11			
				0				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	<u>u</u>	Identify one of the following:			
	Doutherd, Clarissa			Ceremonial Role If checking "Ceremo	Other nial Role" or "Olher" describe below:	Income 🗌		
	Doumerd, oranosa		2+1park	To promote attend	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
			2+1park		Ceremonial Role Other I 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 pu	blic purpose made pursuan	t to the agency's policy		
					е Эс			

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.

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 11.25.2015

 Orment:
 Print Name
 Title
 (Month, Day, Year)

A Public Document

C	eremonial Role Even	ts and Tick	et/Pass I	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones					fini or ar a second	
	Area Code/Phone Number E-mail				. 🗌 Amendment (Must j	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke		f Each Ticket/Pass \$ _	\$450			
				, 14 , 15	/		
	Provide Title/Explanation					/	
	Ticket(s)/Pass(es) provided b	ov agency?	Yes 🗌 🛛 No 🕻	ম If no: Golder	n State Warriors		
		, -3,			Name of S		
	Was ticket distribution made at the behest No I Yes I If yes: Alam			eda County Supervise Official's Name	(Last. First)		
	of agency official?						
3.	 Recipients Use Section A to identify the agend 	evis department or u	nit a Use Sect	tion B to identify an individu	ual 🔹 Use Section C to ide	ntify an outside organization.	
		Contraction of the second s	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 Individu	Jal			Identify one of the follow	dentify one of the following:	
	Trast Least		Pass(es)	Ceremonial Role	Other D	Income	
					nial Role" or "Other" describe below		
				Ceremonial Role		Income	
				If checking "Ceremoi	nial Role" or "Other" describe below		
	C Name of Outside Orga	anization	Number of				
	C. Name of Outside Orga (include address and do		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy	
	Deputy Sheriffs' Activities	League		To promote attend	To promote attendance at an event held at a County facility in		
	(DSAL) 16335 E 14th St,		2	order to maximize	potential County reve	enue from sales.	
	Provides recreational/ edu	cational oppor-					
	tunities for children in Unir	corp. AlCo					

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.

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 11.06.20415

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

Ceremonial Role Events a	and Ticket/Pass	Distributions		A Public Document
1. Agency Name Alameda County		Date Stamp	California Form 802	
Division, Department, or Region (Board of Supervisors Designated Agency Contact (Nam				
, nou obtain none interest	Area Code/Phone Number E-mail			
2. Function or Event Information Does the agency have a ticket po Event Description Basketball Ga Pro Ticket(s)/Pass(es) provided by ag Was ticket distribution made at th of agency official?	licy? Yes ⊠ No me vide Title/Explanation ency? Yes □ No	Date(s) <u>1</u> Date(s) <u>1</u> If no: <u>Golde</u>	of Each Ticket/Pass \$ _ 1 24 15 en State Warriors Name of S neda County Supervis Official's Name	ource or Wilma Chan
3. Recipients • Use Section A to identify the agency's d A. Name of Agency, Department o	Number of		lual. • Use Section C to ide blic purpose made pursua	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
Ong, Jennifer	2	To promote attend	onial Role Other Other Inc. ng "Ceremonial Role" or "Other" describe below: attendance at an event held at a County facility aximize potential County revenue from sales.	
n I K B	2	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe b		
C. Name of Outside Organizat (include address and descrip	ion Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy

4. Verification

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

11.25.2015 **Central District Director** Steven Jones (Month, Day, Year) Signalure of Agency Head or Designee Title Print Name

Comment: _

eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
Agency Name				Date Stamp	California 802	
Alameda County						
Division, Department, or Regi	on (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Contact (Name, Title)					
Steven Jones						
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6693	1800-0800000 G	@acgov.org		Date of Original Filing	:(Month, Day, Year)	
Function or Event Infor	and a straight for a	0 0 0			(month, edg) ready	
Does the agency have a ticke		Yes 🛛 No [Face Value c	f Each Ticket/Pass \$.	\$450/\$30parking	
Pasketball		105 [2] 110 [0215		
Event Description	Provide Title/Expl	lanation	Date(s)			
Ticket(s)/Pass(es) provided b	v agency?	Vec 🗖 Nel	If no. Golder	h State Warriors		
Ticket(s)(Fass(es) provided b	y agency?			Name of Source		
Was ticket distribution made a	at the behest			neda County Supervisor Wilma Chan Official's Name (Last, First)		
of agency official?				Official s Name	(Last, Pirst)	
• Use Section A to identify the agence		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ide		
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
Cluver, Andreas		2+1park	To promote attend	nial Role" or "Olher" describe below	d at a County facility in	
		2+1park		Other C	Income .	
C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	int to the agency's policy	

4. Verification

1.

2.

3.

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

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 11.25.2015

 Print Name
 Title
 (Month, Day. Year)
C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Alameda County		Date Stamp	California Form 802		
	Division, Department, or Reg	jion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones			provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				* ×
	(510) 272-6693	steven.jone:	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				\$450
	Does the agency have a tick		of Each Ticket/Pass \$ _			
	Event Description Basketba	II Game Provide Title/Exp				
	Ticket(s)/Pass(es) provided I	by agency?	n State Warriors _{Name of Se}			
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: <u>Alameda County</u> of agency official?					or Wilma Chan (Last, First)
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	B. Name of Individe	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Kakishiba, David		2		Other Other other	
			6	To promote attendance at an event held at a Coun order to maximize potential County revenue from s		nue from sales.
			2	Ceremonial Role If checking "Ceremon	Other Dinar Control of the second sec	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
					8	

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.

 Signature of Agency Head or Designee
 Steven Jones
 Central District Director
 11.25.2015

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

	Division, Department, or Reg Board of Supervisors	ion (If Applicable			Date Stamp	California Form 802	
	Division, Department, or Reg Board of Supervisors	jion (If Applicable				Form	
E D S A	Board of Supervisors	jion (If Applicable	Alameda County Division, Department, or Region (If Applicable)				
	·/·						
	·/·						
SA	Designated Agency Contact	(Name, Title)	-				
Ā							
	Steven Jones	E-mail		Amendment (Must p	rovide explanation in Part 3.)		
1	Area Code/Phone Number (510) 272-6693	Support Contract, American Street	@acgov.org		Date of Original Filing:		
	2.0 and a second s		s@acgov.org			(Month, Day, Year)	
	Function or Event Infor		Yes 🗵 No	Toos Volue	of Each Ticket/Pass \$ _	\$450	
	Does the agency have a tick						
E	Event Description	ll Game		Date(s)	<u>11715</u>	//	
		Provide Title/Expl	lanation	Golde	n State Warriors		
Т	Ficket(s)/Pass(es) provided b	Yes 🗌 No 🛛	If no: Oolde	n State Warriors Name of So	urce		
V	Was ticket distribution made		Alam	eda County Superviso	or Wilma Chan		
	Was ticket distribution made at the behest No I Yes I If yes of agency official?				Official's Name (Last, First)	
	• Use Section A to identify the agen A. Name of Agency, Departm	n 985395	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan		
E	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role		Income	
	Taylor, Debbie		2	2011년 - 전화동 2011년 2011년 - 2011년	nial Role" or "Other" describe below:	at a County facility in	
					To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
-			2		Other Dinal Role" or "Other" describe below:	Income	
(C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
				ÿ			
						ð	

Steven Jones Central District Director 11.25.2015

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

ction or Event Information	es@acgov.org		Date Stamp	California Form 802 For Official Use Only		
ion, Department, or Region (If Applicable of of Supervisors gnated Agency Contact (Name, Title) en Jones Code/Phone Number) 272-6693 ction or Event Information the agency have a ticket policy? at Description Basketball Game	es@acgov.org			For Official Use Only For Official Use Only rovide explanation in Part 3.)		
rd of Supervisors gnated Agency Contact (Name, Title) en Jones Code/Phone Number) 272-6693 Etion or Event Information the agency have a ticket policy?	es@acgov.org			rovide explanation in Part 3.)		
en Jones Code/Phone Number) 272-6693 Ction or Event Information the agency have a ticket policy? at Description Basketball Game						
en Jones Code/Phone Number) 272-6693 Ction or Event Information the agency have a ticket policy? at Description Basketball Game						
Code/Phone Number E-mail) 272-6693 steven.jone ction or Event Information the agency have a ticket policy? at Description						
Code/Phone Number E-mail) 272-6693 steven.jone ction or Event Information the agency have a ticket policy? at Description						
) 272-6693 steven.jone ction or Event Information the agency have a ticket policy? t Description Basketball Game			Date of Original Filing:			
ction or Event Information the agency have a ticket policy?				(Month, Day, Year)		
the agency have a ticket policy? t Description Basketball Game	Yes 🛛 No [(wonin, buy, roury		
t Description Basketball Game	105 KA NOL	Does the agency have a ticket policy? Yes ⊠ No □ Face Value				
Provide Title/Ex	Event Description Basketball Game Date(s) _					
et(s)/Pass(es) provided by agency?	If no: Golde	en State Warriors Name of So	urce			
tistict distribution made at the babast	a Alan	neda County Superviso	or Wilma Chan			
ticket distribution made at the behest gency official?	If yes: Alan	Official's Name (Last, First)			
Recipients Use Section A to identify the agency's department or the Agency, Department or Unit			dual. • Use Section C to iden	. Designed and the second second second second second		
	Ticket(s)/ Pass(es)					
Name of Individual	Number of		biontífico en contribution	dage -		
(Last, First)	Ticket(s)/ Pass(es)		identity one of the following.			
illa Johnson, Rose	2+1park	If checking "Cerem	onial Role" or "Other" describe below;			
	ZHIPAK	order to maximize	e potential County rever	nue from sales.		
	2+1park			Income		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		Describe the p	ublic purpose made pursuan	it to the agency's policy		
	lilla Johnson, Rose Name of Outside Organization	Name of Individual (Last, First) Ticket(s)/ Pass(es) lilla Johnson, Rose 2+1park 2+1park 2+1park Name of Outside Organization (institute address and depariation) Number of Ticket(s)/	Name of Individual (Last, First) Ticket(s)/ Pass(es) Iilla Johnson, Rose 2+1park 2+1park To promote attent order to maximize 2+1park Ceremonial Role (If checking "Ceremonial Role Name of Outside Organization (Institute of checking and description) Number of Ticket(s)/	Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the follow Iilla Johnson, Rose 2+1park Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held order to maximize potential County rever 2+1park Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ Name of Outside Organization (institute orbitare and denomination) Number of Ticket(s)/ Describe the public purpose made pursuan		

 Steven Jones
 Central District Director
 11.25.2015

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

Comment: _

A					
Agency Name				Date Stamp	California 802
Alameda County				Form GOZZ	
Division, Department, or Region (If Applicable)				For Onicial Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)				-	
Anna Gee					
Area Code/Phone Number	E-mail		·	Amendment (Must	t provide explanation in Part 3.)
(510) 272-6694	anna.gee@ad	cgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$.	222
			Record Road		
Event Description Raiders	Provide Title/Explar	nation		<u>, 20 , 15</u>	
Ticket(s)/Pass(es) provided by			🕅 lf no:	Sidles Name of S	
nerer(s)/r ass(cs) provided by	agency	Yes 🗌 No	K 1110.	Name of S	Source
Was ticket distribution made at	t 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 u		ction B to identify an individu	al. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
Social Services Agency		2	To reward a County public	employee for their o	exemplary service to the
B. Name of Individual	I	Number of Ticket(s)/		Identify one of the follo	wîng:
(Last, First)	l		Ceremonial Role	nama kamat	wing:
B. Name of Individual (Last, First) Dones, Alan	I	Ticket(s)/	If checking "Ceremon To promote attenda	Dother 🛛 ial Role" or "Other" describe below ance at an event held	Income
(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Dother 🛛 ial Role" or "Other" describe below ance at an event held	Income or d at a County facility in enue from parking and Income
(Last, First) Dones, Alan	zation	Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales	Other X ance at an event hele potential County reve Other X	Income w d at a County facility in enue from parking and Income
(Last, First) Dones, Alan Hunt, Clarence C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales	Conter Conte	Income w d at a County facility in enue from parking and Income
(Last, First) Dones, Alan Hunt, Clarence C. Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales	Conter Conte	Income w d at a County facility in enue from parking and Income
(Last, First) Dones, Alan Hunt, Clarence C. Name of Outside Organi	zation cription)	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales	Conter Conte	Income (v: d at a County facility in enue from parking and Income (v: nt to the agency's policy
(Last, First) Dones, Alan Hunt, Clarence C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales Describe the pub	Conter Conte	Income (v: d at a County facility in enue from parking and Income (v: nt to the agency's policy

						A Public Document		
1.	Agency Name				Date Stamp	California Form 802		
	Alameda County							
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only		
	Board of Supervisors Designated Agency Contact (/	Name Title)						
		vanio, niloj						
	Anna Gee	pra	Amendment (Must	provide explanation in Part 3.)				
	Area Code/Phone Number (510) 272-6694	E-mail			Date of Original Filing			
		anna.gee@	acgov.org		Sato of original filing	(Month, Day, Year)		
Ζ.	Function or Event Inform		Yes 🛛 No			222		
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$ _					
	Event Description Raiders			11 1 15				
		Provide Title/Exp						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: $(1)^{10}$	Name of S	'ourre		
	Was ticket distribution made at the behest No I Yes I If yes: Miley							
	of agency official?	t the benest	No 🗌 Yes	If yes: If yes:	Official's Name	(Last, First)		
<u>ም</u>	-							
ა.	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)/							
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Pete, Geoffrey		4	If checking "Ceremon	Other 🛛 Other All Other 🖾	Income 🔲		
						nue from parking and		
	Gee, Patricia		4		Other 🔀 ial Role" or "Other" describe below	Income		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy		
	(
4.	Verification							
		18944.1 an		erified that the distribution set f				
	Windowsky, and Statement		Anna G		Operations Chief	11/2/15		
	Signature of Agency Heed or Designee		Print Nan	ne	Tille	(Month, Day, Year)		
	Comment: Pete received 10/	/11 tix						

			2 IO II IO OI IO IIO		A Public Document		
Agency Name				Date Stamp	California 802		
Alameda County							
Division, Department, or Regi	on (If Applicable)		For Official Use Only				
Board of Supervisors							
Designated Agency Contact (Name,Title)						
Anna Gee	· •						
Arrea Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)		
(510) 272-6694	anna.gee@a	caov ora		Date of Original Filing:			
2. Function or Event Inform		ogov.org			(Month, Day, Year)		
Does the agency have a ticket		f Each Ticket/Pass \$	222				
÷ -	t policy?						
Event Description Raiders	Provide Title/Expla		615				
Ticket(s)/Pass(es) provided by	y agency?	Name of So	urce				
Was ticket distribution made a	it the behest	Nate					
of agency official?		No 🗌 Yes	Ш Пусз	Official's Name (I	ast, First)		
3. Recipients							
	Section A to identify the agency's department or unit. I 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 (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
Brooks, Patricia			Ceremonial Role		Income		
DIOUNS, Fallicia		2	-	al Role" or "Other" describe below:	at a County facility in		
			To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and				
			Ceremonial Role	Other 🗙	Income		
Williams, Mark		2		al Role" or "Other" describe below:			
		2	concession sales				
		Number of					
C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
		Pass(es)					
St. Mary's Center - 925 Broo St,Oakland, 94608	ckhurst	4		ofit organization for th	eir contributions to the		
St, Odkidnu, 94000			community.				
FEEDING HOMELESS SEN	NIORS						
1. Verification							
4	18944.1 and 18942. I have ver			orth above, is in accordance wi	h the requirements.		
		Anna G	ee	Operations Chief	11/2/15		
Signature of Agency Head or Designee				Tille	(Month, Day, Year)		
Comment, St. Mary's received 12/6 tix							
Comment:					EPPC Form 802 (4/12)		

1.	Agency Name Alameda County		Date Stamp	California 802			
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Anna Gee	nanan (sinikalisina) (sin					
	Area Code/Phone Number	E-mail			. 🔲 Amendment (Must p	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				124.75/109.05	
	Does the agency have a ticke	지하는 것은 이 가지 않는 것이다.	f Each Ticket/Pass \$ _	124.75/109.05			
	Event DescriptionGabriel Ig	lesias/One Ka Provide Title/Expl	pamilya anation	Date(s)10	<u> </u>		
	Ticket(s)/Pass(es) provided b		If no:	Iden State W	erciors		
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Miley				
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 Number						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	County Administrator's Office		4	To reward a County employee for their exemplary service to the public			
	Information Technology Department		2	To reward a County employee for their exemplary service to the public			
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
					Other describe below:	Income	
				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 pursuan	t to the agency's policy	
						а 	
4.	Verification			• 		m marian anti-	
-	I have read and understand FPPC Real	ilalions 18944.1 and					
	Signature of Agency Head or Designed		Anna G		Operations Chief	(Month, Day, Year)	
			r-nni ivam	194.	nue	(month, Day, Tear)	
	Comment: CAO received 10	JI26 tix.				EDBC Form 000 (4/40)	
						FPPC Form 802 (4/12)	

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



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS District 4 staff	2	To reward a County employee for their exemplary service to the public
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother
		Ceremonial Role Other I Income I Income I Income I
		Ceremonial Role Other I Income I Income I 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

. Agency Name				
			Date Stamp	California 802
Alameda County				Form GOUZ
Division, Department, or Region (If Appli		for onicial one only		
Board of Supervisors				
Designated Agency Contact (Name, Title)			20	
Anna Gee			P ^{eee} A	
Area Code/Phone Number E-mail			Amenament (Must	provide explanation in Part 3.)
(510) 272-6694 anna.ge	e@acgov.org		Date of Original Filing	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	37.45
Event Description Disney on Ice		Date(s)	0,8,15	10 , 8 , 15
Provide Title	e/Explanation			energy and a second
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no:	orden Storte U Name of S	Just (13 Cr.,
Was ticket distribution made at the behe of agency official?	est No 🗍 Yes	If yes: <u>Miley</u>	v, Nate Official's Name	(Last, First)
 Recipients Use Section A to identify the agency's departme 	ual. • Use Section C to ide	ntify an outside organization.		
A. Name of Agency, Department or Unit	Number of		olic purpose made pursuar	
	Ticket(s)/ Pass(es)			
	Number of			
B., Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				동안은 이번 것은 것이 있는 것을 것을 것을 것을 했다.
		Ceremonial Role If checking "Ceremo	Other Inter Dther	Income [
		If checking "Ceremo	nial Role" or "Other" describe below.	:
		If checking "Ceremo Ceremonial Role	nial Role" or "Other" describe below.	: Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo	ial Role" or "Other" describe below.	: Income [
	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	nial Role" or "Other" describe below.	Income Income
(include address and description) United Seniors of Oakland & Alameda	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health to vulnerable popu	Dilic purpose made pursuar	nt to the agency's policy e expanded opportunities such as the disabled,
(include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251 Oakland 94605 SENIOR ADVOCACY	a 8	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health to vulnerable popu underprivileged, se	Dilic purpose made pursuar , motivate and provide lations in the County seniors and youth in for	nt to the agency's policy e expanded opportunities such as the disabled, ster care.
(include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251 Oakland 94605 SENIOR ADVOCACY	Ticket(s)/ Pass(es) a 8 .1 and 18942. I have ve	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health to vulnerable popu underprivileged, se	Dilc purpose made pursuar , motivate and provide lations in the County seniors and youth in for	Income [
(include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251 Oakland 94605 SENIOR ADVOCACY	a 8	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote health to vulnerable popu underprivileged, se	Dilic purpose made pursuar , motivate and provide lations in the County seniors and youth in for	nt to the agency's policy e expanded opportunities such as the disabled, ster care.

-			11001101000	Discribertiono		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 002			
	Division, Department, or Reg	jion (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must p	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					
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$ _	37.45			
	Does the agency have a ticket policy? Yes X No Face Value of Comparison Event Description Disney on Ice Date(s) 10 Provide Title/Evaluation Date(s) 10			0 <u>, 9 , 15</u>	10 , 10 , 15		
	TOTAG THEFEADAUGUT						
	Ticket(s)/Pass(es) provided by agency? Yes No ⊠ If no:				olden State U	bullions	
					Name of Sc	ource	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Miley	/, Nate Official's Name (I and Elman	
					Uniciar's Name (Last, riist)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Number of						
	A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
					ě.		
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremo	Other D nnial 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			
	United Seniors of Oakland County-7200 Bancroft Ave	Carl 1 Control of the carl and	8		, motivate and provide Ilations in the County s	expanded opportunities such as the disabled,	
	Oakland 94605 SENOR ADVOCACY			underprivileged, se	eniors and youth in fos	ter care.	
4.	Verification					annar Succession	
		18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
			Anna G	ee	Operations Chief	11/2/15	
	Signature of Agency Head or Designe	0	Print Nam	18	Title	(Month, Day, Year)	

and the Physics

4 A						
1. Agency Name				Date Stamp	California Form 802	
Alameda County	adda farwyn dwy y farwyn y cyf y cyfraf y cyfra		For Official Use Only			
Division, Department, or Regi	on (If Applicable,					
Board of Supervisors						
Designated Agency Contact (/	Name, Title)					
Anna Gee						
Area Code/Phone Number	E-mail			Amendment (Must pro	wide explanation in Part 3.)	
(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inform					(Monal, Day, Year)	
Does the agency have a ticket		f Each Ticket/Pass \$	37.45/99			
Event Description Disney on Ice/Julion Alvarez Date(s) 10					10 , 23 , 15	
Ticket(a)/Deca(ca) provided by			If no: UN	in State Was	(LOP-	
Ticket(s)/Pass(es) provided by	/ agency /	Yes 🗌 No	Name of Source			
Was ticket distribution made a	No 🗌 Yes	If yes: Miley, Nate				
of agency official?				Official's Name (La	ast, First)	
3. Recipients						
 Use Section A to identify the agency 	r's department or u	al. ● Use Section C to identi	fy an outside organization.			
A. Name of Agency, Department or Unit		Number of Describe the put		olic purpose made pursuant to the agency's policy		
		Pass(es)		P		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followir	g:	
Ramirez, Joceyln		1 435(65)	Ceremonial Role	Other 🔀	Income	
		4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
			concession sales			
		Number of				
	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant t	o the agency's policy	
		Pass(es)				
<u>_</u>						
(
4. Verification						
······································	18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.	
-		Anna G	ee	Operations Chief	11/2/15	
Signature of Agency Head of Designee	perspérion de la comme de la	Print Nam		Title	(Month, Day, Year)	
*						
Comment:				NOTION AND AND AND AND AND AND AND AND AND AN		

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Anna Gee						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month Day Year)	
2.	Function or Event Infor	mation				(Monur, Day, Tear)	
					f Each Ticket/Pass \$ _	89.50/139.50	
	Event Description Hot Winter				<u> </u>		
	Event Description	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by agency? Yes \Box No \boxtimes If no: $\underline{(\mathcal{M})}$				den Grate		
						purce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Miley,	, Nate Official's Name ((Last First)	
3.	Recipients	v's department or i	unit e Lleo Sor	tion B to identify an individu	al a Use Section C to iden	tifu an outsido organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an i						
	A. Name of Agency, Departme	ent or Unit	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			Ceremonial Role	Other 🔀	Income	
			4	To promote attenda	ance at an event held	at a County facility in nue from parking and	
	Malapaie, Sara				Other X	Income	
	Malapaic, Jara		4	concession sales	ial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
		nne un en un en de la					
	\bigcap						
	Verification	; 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	ith the requirements.	
			Anna G		Operations Chief	11/2/15	
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
	BA_I ' '	40/045					
	Comment: Malapaie receive	0 12/3 tix.					

						A Fublic Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form 002					
	Division, Department, or Regio	Division, Department, or Region (If Applicable)				For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (A	lame, Title)							
	Anna Gee								
		E-mail			Amendment (Must p	provide explanation in Part 3.)			
		anna.gee@a			Date of Original Filing:				
<u>ዓ</u>	Function or Event Inform		logov.org			(Month, Day, Year)			
6.	Does the agency have a ticket			f Each Ticket/Pass \$ _	100/114.30				
	• •		Yes 🛛 No						
	Event Description	end/Silent Nig	ht	Date(s)	<u> </u>				
		Provide Title/Explanation			Jua Grada di	V-Clara			
	Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: 1000	Name of Sc);;((::::::::::::::::::::::::::::::::::				
	Was ticket distribution made at	No 🗌 Yes	If yes: Miley	. Nate					
	of agency official?	The Deneot	NOLI YES	If yes:	Official's Name (Last, First)			
Ŷ	Paciniante								
Ο.	•	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		blic purpose made pursuant to the agency's policy				
			Pass(es)						
	R Name of Individual		Number of						
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:			
	O			Ceremonial Role		Income			
	Seary, Charyce		4	-	ial Role" or "Other" describe below:				
					ance at an event heid potential County rever	at a County facility in			
					Other 🔀	· ·			
	Garchar, Randy				ial Role" or "Other" describe below:				
			4	concession sales					
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy			
	(include address and desc	ription)	Pass(es)	 					
					10011001101100100000000000000000000000				
	price.								
4.	Verification								
****				erified that the distribution set f	orth above, is in accordance wi	ith the requirements.			
			Anna G	ee	Operations Chief	11/2/15			
	Signature of Agency Head or Designee	• • • • • • • • • • • • • • • • • • • •	Print Narr	10	Title	(Month, Day, Year)			
	, Garchar received	12/11 tiv							
	Comment:								

pro-								
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form CO2				
	Division, Department, or Regio	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (A	lame, Title)						
	Anna Gee							
		E-mail				provide explanation in Part 3.)		
		anna.gee@a	acgov.org		Date of Original Filing	(Month Day Year)		
2.	Function or Event Inform	nation						
	Does the agency have a ticket	policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$.	75		
	Event Description Muse				2 , 15 , 15			
		Provide Title/Expt	anation	anatomous Date(s) contraction				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	凤 If no: _ () o	din State	Wall wrs		
						ource		
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name	(Last First)		
kunselaa	- ·				Oniciai's Name			
3.	Recipients	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.						
			ual. • Use Section C to ide	ntiry an outside organization.				
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	e public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	s)/ Identify one of the following:		Wing:		
				Ceremonial Role	Other 🛛	Income		
	Slyma, Andrew				nial Role" or "Other" describe below			
				To promote attendance at an event held at a County facility order to maximize potential County revenue from parking a				
				Ceremonial Role	Other	Income		
					nial Role" or "Other" describe below	ç		
				concession sales				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy		
4.	Verification	(00.11.1						
					t forth above, is in accordance with the requirements.			
	· · · · · · · · · · · · · · · · · · ·		Anna G		Operations Chief	11/2/15		
	Signature of Agency Head or Designee		Print Nan	ne	Tille	(Month, Day, Year)		
	Comment:							
		9 7 7 7 7 7 7 7	999-949-949-949-949-949-949-949-949-949			FPPC Form 802 (4/12		

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6	eremonial Role Even	is and the	neurass	DISTIDUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		942393444492444494449444444444444444444		
	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 Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🗌 🛛 No	🗙 Face Value d	of Each Ticket/Pass \$	450.00
	Event Description Warriors v	s. Grizzlies		$D_{retrain}$ 11	0215	1 1
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of Sou	Irce
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Carso	ON, KEIIN Official's Name (L	ast First)
6322553						
3.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ifv an outside organization.
	A		Number of		blic purpose made pursuant to the agency's policy	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	to the agency's poncy	
'n						
			Number of			
	B. Name of Individua (Last, First)	31	Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role	Other 🛛	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other 🛛	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	The Praxis Project 1001 42 105 Oakland, CA 94605 nd		4	To reward a school to the community	l or nonprofit organizat	ion for its contributions

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	11/30/15
Signature of Agency Head or Dysignee	Print Name	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			Tom		
	Division, Department, or Reg	ion (If Applicable)	29994		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	<u>an an a</u>			
	Amy Shrago					
	Area Code/Phone Number	E-mail		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				1 100 00
	Does the agency have a ticke		f Each Ticket/Pass \$ _	1,100.00		
	Event Description Warriors vs. Clippers Date(s) 11				0415	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	J If no. Golder	n State Warriors	
	Tickel(s)/Fass(es) provided b	y agency :	res 门 No I	ind.	Name of Sc	DUICe
	Was ticket distribution made at the behest No I Yes I If yes:			on, Keith		
	of agency official?				Official's Name ((Last, First)
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					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 Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Carson, Keith				Other X ial Role" or "Other" describe below:	Income
	Carson, Neum		2	-	n as a form of econom	nic development
	Brooks, Rodney		_		ial Role" or "Other" describe below:	Income
			2		y employee for his or ourage staff developr	her exemplary service to nent
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
2000000						

4. Verification

1

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

Amy Shrago

Print Name

Signaldre of Agency Head or Designee Comment: .

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

11/30/15

(Month, Day, Year)

Supervisor's Assistant

Title

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
	Number of	
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
Sanchez, Mina	4	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
	. 4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
Brown, Aisha		Ceremonial Role Other I Income I Income I Income II
	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
Shrago, Amy		Ceremonial Role Dother Income Income If checking "Ceremonial Role" or "Other" describe below:
	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
Brown, Elaine		Ceremonial Role Other I Income I Income I Income I
	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
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 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	Identify one of the following:
(Last, First)	Ticket(s)/ Pass(es)	
Carter, Shomari		Ceremonial Role Other I Income I Income I Income II
	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
Mariam, Abigail		Ceremonial Role Other Income Income Income
Manan, Abigan	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
		Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco
		Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		· · · ·

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amenament (Must pro	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				
	Does the agency have a ticke		Yes 🗌 No	🛛 🛛 Face Value o	f Each Ticket/Pass \$	450.00
	Event Description Warriors v	s. Nets				1 1
	Event Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	X If no: Golder	n State Warriors Name of Sou	700
				– Carso		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)
6	- ·					
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
	Carson, Keith	Carson, Keith		To review the abilit	^{iial Role" or "Other" describe below: y of a facility or its ope on goals or job training}	rator to participate in the programs
					Other X nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy

4. Verification,

i.

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

	Amy Shrago	Supervisor's Assistant	11/30/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment			

A Public Document

901	I GITIOTIIAI I VOIE PAGIT		1.991 899			A Fublic Document
1. /	Agency Name				Date Stamp	California 802
ļ	Alameda County					1 onn
D	Division, Department, or Reg	on (If Applicable	?)			For Official Use Only
E	Board of Supervisors					
Ē	Designated Agency Contact (Name, Title)				
ļ	Amy Shrago					
Ā	Area Code/Phone Number	E-mail			. Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6695	amy.shrago	@acgov.org	•	Date of Original Filing: _	(Month, Day, Year)
2. F	Function or Event Inform	mation				450.00
Ľ	Does the agency have a ticke	t policy?	Yes 🗌 No	🔀 🛛 Face Value d	of Each Ticket/Pass \$	450.00
E	Event Description <u>Warriors</u> v	s. Raptors Provide Title/Expl	lanation	Date(s)1	<u>, 17 , 15</u>	
י ד	icket(s)/Pass(es) provided b			Market If no. Golde	n State Warriors	
, I	ickel(s)/Fass(es) provided b	y agency :	Yes 🗍 No		Name of Sou	rce
	Vas ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			·	Official's Name (La	ast, First)
8	 Becipients Use Section A to identify the agency's department or up 			1		
-	A. Name of Agency, Departme	ent of Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
	Baranco, Lauren			Ceremonial Role	Dther X	Income
I			2	To reward a Count		er exemplary service to ent
-	Rodriguez, Danny				Dther X	Income
			2		y employee for his or h ourage staff developm	er exemplary service to ent
Ċ	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
-						

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	11/30/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

California 1. Agency Name Date Stamp C Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 600.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🛛 Event Description <u>Warriors</u> vs. Lakers Date(s) ______ 24 15 1 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Carson, 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.

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:	
Brown, Elaine	4	Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to	
		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 (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.

	Amy Shrago	Supervisor's Assistant	11/30/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			