A Public Document

1. Agency Name Date Stamp Califo	^{rnia} 802
Alemada County	
Alameda County	Difficial Use Only
Division, Department, or Region (If Applicable)	Jindai Use Uniy
Board of Supervisors	•
Designated Agency Contact (Name, Title)	
Lee Ann Fergerson, Supervisor's Assistant	tion in Cont 21
Area Code/Phone Number E-mail	ttion in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing:(Month, Date o	ey, Year)
2. Function or Event Information	\sim
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.0	00
Event Description WARRIORS Date(s)	/
Provide Title/Explanation	
Ticket(s)/Pass(es) provided by agency? Yes de No I If no:	
Was ticket distribution made at the behest No 🗌 Yes 24 If yes: Alameda County Supervisor Scott Haggert	v. District 1
of agency official? Officials where the benefit in	
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	
A. Name of Agency/Oepartment of Units	cy's policy
B. Name of Individual	
B. Name of Individual Tokeus/ / Tokeus/// Identify one of the following:	en de la casa de la ca La casa de la
To promote attendance at a county sponsored event in o	
Victory, Visit Z to maximize potential county revenue for concession an parking sales.	a
Victoria Vsit Z parking sales.	
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe below:	
Number of	· · · · · · · · · · · · · · · · · · ·
C. Name of Outside Organization (include address and description) Rescribe the public purpose made pursuant to the agence	cy's policy
	4
	•
4. Vateration	
1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirem	nents.
Lee Ann Fergerson Supervisor's Assistant	1-6-16
Print Name Title V	(Month, Day, Year)
Comment:	

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

4.

1. Agency Name		ss Distributions		A Public Documer
Alameda County			Date Stamp	California
Division, Department, or Region (If Applic	ablal			Form 802
Board of Supervisors	aule)			For Official Use Only
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assis		(****)Constantine		
	tant			
(E10) 070 000 (Amendment (Must p	provide explanation in Part 3.)
10001111.101	gerson@ac	gov.org	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy? Event Description	Yes P	No Face Value of	f Each Ticket/Pass \$_	222.00
Provide Title/Ex	101173	Date(s) 12	- 6,15	
Ticket(s)/Pass(es) provided by agency?		0	(h)	//
	Yes D N	lo 🛛 If no: 6	Need	
Was ticket distribution made at the behest	No 🗌 Ye	Alam	Name of Sou eda County Suporvis	irce
or agency official?		If yes:	Official's Name (Li	or Scott Haggerty, D 1
Recipients • Use Section A to identify the agency's department of	sunda da e			
Use Section A to identify the agency's department of A. Name of Agency, Department or Unit	Number of	ection B to identify an individual	I. • Use Section C to identif	y an outside organization.
Department or Unit	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	o the agency's policy
	1 433(03)			and agency a policy
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)	lo	dentify one of the following	
Mindy Charles	1 000(03)			
Minay maching	2	To promote attendance a to maximize potential com parking sales.	at a county sponsored ev unty revenue for concess	ent in order come
Pa e las so				
Paul prouse	2	To promote attendance a to maximize potential cou parking sales.	t a county sponsored even unty revenue for concess	ent in order come
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public pu	urpose made pursuant to t	he agency's policy
0			0.000	
Serve and a server of the		and the second se		
1013 10344, 1 and 18	1942. I have verif	ied that the distribution set forth ab	ove, is in accordance with the i	requirements.
Le	e Ann Ferge		ervisor's Assistant	and the second
	Print Name			12.15.15
in a start and a	1940.0500.00272		Title	(Month Day Verst
omment:			Tibe	(Month, Day, Year)

1. Agency Name			Date Stamp	California 802		
Alameda County			Form For Official Use Only			
Division, Department, or Region (If Applicabl	Division, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, Title)			C 1			
Lee Ann Fergerson, Supervisor's Assista	ant			unida austanation in Part 21		
Area Code/Phone Number E-mail			1	provide explanation in Part 3.)		
(510) 272-6691 leeann.ferg	erson@acgov	org	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information		_		100.00		
Does the agency have a ticket policy?	Yes No	Face Value	e of Each Ticket/Pass \$	100.00		
Minui Vect	Basketta	Date(s)	1,1(,16			
Event Description	planation		6 D			
Ticket(s)/Pass(es) provided by agency?	Yes PNo	If no:	Name of	Source		
		Ali	ameda County Supervisor			
Was ticket distribution made at the behest of agency official?	No Ves	If yes:	Official's Nam			
		-				
 Recipients Use Section A to identify the agency's department of 	or unit. • Use Sec	tion B to identify an indi-	vidual. • Use Section C to id	entify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/		public purpose made pursu			
	Pass(es)	· · · · · · · · · · · · · · · · · · ·				
District 1			unty employee for hi	s or her		
VITICI	_	exemplary serv	vice to the public			
	Number of	Report Line Provide	stands and all the fall			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	State of the state of the	Identify one of the foll	owing.		
		Ceremonial Re		Income		
		If checking "Cen	emonial Role" or "Other" describe bei	ow:		
40 K K K K K K K K K K K K K K K K K K K						
	_	Ceremonial R	tole Other D	Income		
			remonial Role" or "Other" describe be	low:		
		·				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy		
(include address and description)	Pass(es)	R SATE AND STREAM OF THE SALE				
				2		
		-				
- 11 (D) 11-11						
4. Verification	1 and 18942. I have	verified that the distribution	n set forth above, is in accordan	ce with the requirements.		
	Lee Ann F	ergerson	Supervisor's Assis	stant 11/10/15		
÷ – :	Print N	and the state of the	Title	(Month, Day, Year)		
Comment:				FPPC Form 802 (4/1		
-			PPC Toll-Free Helpl	ine: 866/ASK-FPPC (866/275-777		

_	erementar Role Even	to and mo	Kebi 455	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only			
	Board of Supervisors					•	
	Designated Agency Contact	(Name, Title)					
	Lee Ann Fergerson, Superv	visor's Assistar	nt		1		
	Area Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				100	
	Does the agency have a ticke	t policy?	Yes No	Face Value	of Each Ticket/Pass \$_	450.00	
	Event Description WAR	ZIORS		Date(s)	1.9.15	1	
	Event Description	Provide Title/Expl		//			
	Ticket(s)/Pass(es) provided b	v agencv?	Sh)				
			Yes No	ALCONTRACTOR AND ALCONT	Name of S		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	meda County Supervisor S Official's Name		
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Departme	CONTRACTOR OF CONTRACTS	Number of Ticket(s)/	BORL HARRINGSON, AND	iblic purpose made pursuan	Experience of the stands and the	
	2444年1月21日1月21日1月21日	922-100 Star - 120	Pass(es)	制度 计公式分析器 化			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:	
			Pass(es)	Start a Subscription of			
	2 3			Ceremonial Role If checking "Ceremo	onial Role" or "Other" describe below:	Income	
				To promote attendar	nce at a county sponsored	event in order come	
	Laura Winter		2	to maximize potentia	al county revenue for cond	cession and	
		а. С		parking sales.			
	C. Name of Outside Organ	lzation	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
	(include address and dea	scription)	Pass(es)	la contra ante		to the agency spondy	
						2	
4	Verification						
-	4	18944.1 and	18942. I have v	erified that the distribution set	t forth above, is in accordance w	ith the requirements.	
	(Lee Ann Fe	rgerson	Supervisor's Assistar	1 10/19/12	
	1	12	Print Nan	ne	Title	(Month, Day, Year)	
	17						

Comment:

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

1. Agency Name	TICKEUPas	e protributions		A Public Docume
Alameda County			Date Stamp	California 80
Division, Department, or Region (If Applie	4	Form OU For Official Use Only		
Board of Supervisors				of the second start of the
Designated Agency Contact (Name, Title)			_	
Lee Ann Fergerson, Supervisor's Assis	stant			
Area Code/Phone Number E-mail	stant		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann.fe	rgerson@acgo	ov.org	Date of Original Filing:	
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes P No	Face Value o	of Each Ticket/Pass \$ _	700
Event Description Warnors	Lawrs	1		
Provide Title/E	Explanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes No	I If no:	ŚW	
Was ticket distribution made at the behesi	C C		Name of Sounda County Supervision	isor Scott Haggerty, D
of agency official?	t No 🗆 Yes	If yes:	Official's Name (L	isor Scott Haggerty, D
Recipients			and the second	
Use Section A to identify the agency's department	or unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	fu an outcide experience
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant i	
Dicharly	4/.	To reward a County employee for his or her		
	1/1	_ exemplary service	to the public or to a	or her
		staff development		incourage
B. Name of Individual	Number of	and the second second second second		
(Last Part)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	
		If checking "Ceremonial	Role" or "Other" describe below:	Income
		Ceremonial Pala		
		Ceremonial Role		Income
			Other Role" or "Other" describe below.	Income
C Name of Outside Orace in th	Number of			Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(ac)	If Checking "Ceremonial	Role" ar "Other" describe below:	
C. Name of Outside Organization (include address and description)		If Checking "Ceremonial		
C. Name of Outside Organization (include address and description)	Ticket(s)/	If Checking "Ceremonial	Role" ar "Other" describe below:	
C. Name of Outside Organization (include address and description)	Ticket(s)/	If Checking "Ceremonial	Role" ar "Other" describe below:	
C. Name of Outside Organization (include address and description)	Ticket(s)/	If Checking "Ceremonial	Role" ar "Other" describe below:	
C. Name of Outside Organization (Include address and description)	Ticket(s)/	If Checking "Ceremonial	Role" ar "Other" describe below:	
(include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremonial Describe the public	Role" or "Other" describe below: purpose made pursuant to	the agency's policy
(Include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremonial Describe the public Describe the public	Role" or "Other" describe below: purpose made pursuant to	the agency's policy
(include address and description)	1 18942. I have verifi	If checking "Ceremonial Describe the public Describe the public	Role" or "Other" describe below: purpose made pursuant to	the agency's policy

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 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Warriors vs. Denver Nuggets Date(s) ____01 02 16 1 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Δ Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Other 🔀 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. Other 🔀 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Baldwin, Shane 2 To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the underprivileged Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 1 144.1 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

A Public Document

Comment: _

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Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicat	ble)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Michelle Archuleta				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692 michelle.ar	rchuleta@acg	ov.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information			I <u><u>,,,,</u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ -	94.00
Event Description POP NYE		Date(s)	2 , 31 , 15	///////
Provide Title/E:	xplanation	Golde	n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Olide	Name of S	ource
Was ticket distribution made at the behest	No 🗌 Yes	X If yes. Valle	, Richard- Supervisor Official's Name	District 2
of agency official?			Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	nt to the agency's policy	
Clerk of the Board	4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	
		Ceremonial Role	Other Other nial Role" or "Other" describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
4. Verification				
i 3 44.1	and 18942. I have v Michelle Ar		forth above, is in accordance Director of Operation	15 linder
	Print Nar	me	Title	(Month, Day Year)
Comment:				

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 75.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Muse Concert Date(s) 12 / 15 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 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Lasi First) Pass(es) Other 🔀 Ceremonial Role Income Valle, Monica If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Other Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Varification

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

Michelle Archuleta

Director of Operations

A Public Document

Comment: -

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ michelle.archuleta@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 114.30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🖾 No 🗋 Event Description <u>Not So Silent Night Concert</u> Date(s) <u>12</u> <u>11</u> , 15 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Valle, Richard-Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last. First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other 🔀 Ceremonial Role Income Dihn, Mike If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Verification

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1 N

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

Michelle Archuleta Print Name

Director of Operations Title

(Month, Day, Year)

Comment: _

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description _____ The Weeknd Concert 12 5 15 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard-Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Lasi, First) Pass(es) Other 🗙 Ceremonial Role Income Escalante, Velter If checking "Ceremonial Role" or "Other" describe below. 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification 944.1 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 Comment: _

1.	Agency Name		-	Date Stamp	California 802	
	Alameda County				Form OOL	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)					
	Michelle Archuleta	Michelle Archuleta				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6692 michelle.arch	uleta@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			<u> </u>	100 50	
	Does the agency have a ticket policy?	Yes 🛛 No [Face Value o	f Each Ticket/Pass \$	139.50	
	Event Description Wild 94.9 Jungle Ball Co	ncert	Date(s)2	3 , 15	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golder	n State Warriors		
				Name of Sou		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor E Official's Name (L	ast, First)	
3.	Recipients • Use Section A to identify the agency's department or use	init. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Gonzalez, Daniel	4	To promote attend	Other D nial Role" or "Other" describe below: ance at an event held a potential revenue from		
		4	Ceremonial Role			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
4.	Verification n 44.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.	

Michelle Archuleta

Print Name

Comment: _

(Month, Day,

Director of Operations

		to una mo		Scribations		A Fublic 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)				
	Michelle Archuleta					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692 michelle.ard		huleta@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				75.00
					f Each Ticket/Pass \$ _	75.00
	Event Description Muse Concert Date(s) 12			, 15 , 15	//	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: <u>Golde</u>	n State Warriors Name of So	
				Valla		
	Was ticket distribution made at the behest No of agency official?		No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor I	
<u> </u>						
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 of the section B to identify an individual. 					
	A. Name of Agency, Departme	Number of		lic purpose made pursuant		
	A. Name of Agency, Departing	ant or onit	Ticket(s)/ Pass(es)	Describe the put	ac purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)		Pass(es)			
	Douglas, Simon			Ceremonial Role	al Role" or "Other" describe below:	Income
				To promote attenda	ance at an event held potential revenue from	
			4	Ceremonial Role	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
A	Verification					
4.		4.1 an	d 18942. I have verifie	ed that the distribution set	orth above, is in accordance wi	th the requirements
		un				1010110
			Michelle Archu Print Name		Director of Operations	(Month Day, Year)
	•					
	Comment:					
						EPPC Form 802 (4/1

A Public Document

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Agency Name					Date Stamp	California 802	
Ala	Alameda County					Form OUL	
Div	vision, Department, or Regi	on (If Applicable		For Official Use Only			
Вç	pard of Supervisors						
De	signated Agency Contact (Name, Title)			-		
Ste	even Jones						
Are	ea Code/Phone Number	E-mail				ovide explanation in Part 3.)	
(5	10) 272-6693	steven.jone:	s@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
Fi	unction or Event Inform	nation					
Do	Does the agency have a ticket policy? Yes X No A Face Value of			of Each Ticket/Pass \$	\$600		
Εv	Event Description Basketball Game Date(s)			2 <u>, 16 , 15</u>	//		
	Provide Title/Explanation						
Tic	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: <u>Golder</u>			n State Warriors Name of Sou	1700		
		10 1 1	_	— Δlam			
	as ticket distribution made a if agency official?	it the behest	No 🗌 Yes	If yes: Alan	eda County Superviso Official's Name (L	Last, First)	
	10 10 0	ত বা বা পা ব	N.S. (M.S. 19 102)		<u>. 54 71 80 8 8 8 8 8 8</u>	(8-5 5 5x) ee	
	ecipients Jse Section A to identify the agency	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
A			Number of				
~	L Name of Agency, Departine	ant or onit	Ticket(s)/ Pass(es)	Describe die pu	blic purpose made pursuant to the agency's policy		
В	Name of Individua	al	Number of Ticket(s)/				
		(Lest. First)			Identify one of the follow	ing	
V	Vella Malia		Pass(es)	Ceremonial Role			
	ella, Malia			Ceremonial Role		Ing:	
	ella, Malia		Pass(es)	If checking "Ceremo To promote attend	Other	Income	
	ella, Malia			If checking "Ceremo To promote attend order to maximize	D Other D nial Role" or "Other" describe below: ance at an event held potential County reven	Income	
	ella, Malia		2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	D Other D nial Role" or "Other" describe below: ance at an event held potential County reven	Income	
	ella, Malia			If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other Other inial Role" or "Other" describe below: ance at an event held potential County reven Other	Income	
			2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other Other inial Role" or "Other" describe below: ance at an event held potential County reven Other	Income	
c	Name of Outside Organ		2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other inial Role" or "Other" describe below: ance at an event held potential County reven Other	Income	
c			2 2 Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Itance at an event held potential County reven Other Other Inial Role" or "Other" describe below:	Income	
C	Name of Outside Organ		2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Itance at an event held potential County reven Other Other Inial Role" or "Other" describe below:	Income	
- - -	Name of Outside Organ		2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Itance at an event held potential County reven Other Other Inial Role" or "Other" describe below:	Income	
- - -	Name of Outside Organ		2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Itance at an event held potential County reven Other Other Inial Role" or "Other" describe below:	Income	
	Name of Outside Organ (include address and dea		2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below: Itance at an event held potential County reven Other Other Inial Role" or "Other" describe below:	Income	
. V	Name of Outside Organ (include address and dev erification	scription)	2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income	
. V	Name of Outside Organ (include address and dea	scription)	2 2 Number of Ticket(s)/ Pass(es) d 18942. I have ve	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income	
. V	Name of Outside Organ (include address and dev erification	scription)	2 2 Number of Ticket(s)/ Pass(es)	It checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu erified that the distribution set	Other	Income	

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					<u>.</u>	
1. A	gency Name				Date Stamp	California 802
A	lameda County					Form OOL
D	ivision, Department, or Regi	on (If Applicable		For Official Use Only		
В	Board of Supervisors					
	esignated Agency Contact (/	Varne, Title)				
S	Steven Jones				· · · · · · · · · · · · · · · · · · ·	·
		E-mail				provide explanation in Part 3.)
(!	510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Inform	nation		<u></u>		
D	oes the agency have a ticket	policy?	of Each Ticket/Pass \$ _	\$139.50		
F	vent Description Jingle Ball			Date(s) 12	2 , 03 , 15	//
L	vent Description	Provide Title/Exp	lanation			
Т	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				n State Warriors Name of Sc	
	Was ticket distribution made at the behest No Yes If yes: Alar of agency official?			eda County Superviso	(Last, First)	
-						
	Recipients Use Section A to identify the agency	's department or	ual. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/		Number of		blic purpose made pursuan	
Ē	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
r	McCormack, Michael		4		nial Role" or "Other" describe below:	
				To promote attendance at an event held at a County for order to maximize potential County revenue from sale		
-	· · · · · · · · · · · · · · · · · · ·		4	Ceremonial Role		income
Ċ	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
-	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	12.22.2015
Sugnature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors For Official Use Only Designated Agency Contact (Nume, Tidu) Image: Contact (Nume, Tidu) Steven Jones Image: Contact (Nume, Tidu) Area Code/Phone Number (510) 272-6693 E-mail steven Jones@acgov.org Image: Contact (Nume, Tidu) 2. Function or Event Information Dees the agency have a ticket policy? Yes IN 0 Face Value of Each Ticket/Pass S \$350 / \$30 parking Event Description Basketball Game Provide TiduExplanation Date (s) 12 28 15	1.	Agency Name	1990 20 N 61	•••••		Date Stamp	California 002	
Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Dissignated Agency Contact (Name, Title) Steven Jones Image: Amage Addition of Event Information (510) 272-6893 E-mail steven.jones@acgov.org Date of Original Filing:					Form OUZ			
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org 2. Function or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes X Provide TBet/Splandton Date (s) Ticket(s)/Pass(es) provide by agency? Yes X Was ticket distribution made at the behest No Yes X If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No Yes X If no: Action A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency. Department or Unit Number of Tecket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) Other Income If checking Ceremonial Role Other Income If checking Ceremonial Role Other Income If checking Pass(es) Identify one of the following: Income If checking Pass(eg) Identify one o		-					For Official Use Only	
Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 steven Jones@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🔄 Face Value of Each Ticket/Pass \$		Roard of Supervisors						
Steven Jones Area Code/Phone Number E-mail Image: Area Code/Phone Number Amendment (Must provide explanation in Part 3) Date of Original Filling: (Must provide explanation of E-writing Steven Jones@acgov.org Date of Original Filling: (Must provide explanation in Part 3) Dees the agency have a ticket policy? Yes ID Face Value of Each Ticket/Pass \$ \$\$350.1 \$30 parking Event Description Basketball Game Date(s) 12 28 / Provide TifletExplanation If no: Golden State Warriors ////////////////////////////////////		,	(Name, Title)			-		
Area Code/Phone Number (510) 272-6693 E-mail steven.jones@ac.gov.org Date of original Filing: 		-	()					
(610) 272-6693 steven.jones@acgov.org Date of Original Filing: (Month. Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No ☐ Face Value of Each Ticket/Pass \$_\$350 / \$30 parking Event Description Basketball Game Provide Title/Explanation Date(s) 12 / 28 / 15 / / / Ticket(s)/Pass(es) provided by agency? Yes ☐ No Ø If no: Golden State Warriors Name of Source If no: Golden State Warriors *Use Section A to identify the agency's department or unit. *Use Section A to identify the agency's department or unit. *Use Section A to identify an 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 				Amendment (Must p	rovide explanation in Part 3.)			
2. Function or Event Information Does the agency have a ticket policy? Yes Ø No Event Description Basketball Game Provide Title#Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Ø No Ø Was ticket distribution made at the behest of agency official? No Ø Yes Ø • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual science Number of Ticket(s)/ Pass(es) Caremonial Role of Other I and event held at a County facility in or the results helder. Hiscox, Elyzabeth 4+1park Caremonial Role Other I are event held at a County facility in ordiner describe below: C. Name of Outside Organization (include address and description) Number of Tecket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)				s@acgov.org	l	Date of Original Filing:	(Month. Day. Year)	
Does the signrey have a lockel policy? Yes ⊠ No ∐ Prace value of Each floke/urass 5 Event Description Basketball Game Date(s) 12 / 28 / 15 /// 28 Provide Title/Explanation If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No ∐ Yes ⊠ If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No ∐ Yes ⊠ If yes: Alameda County Supervisor Wilma Chan 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) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Pass(es) Hiscox, Elyzabeth 4+1park Caremonial Role □ Other □ Income [4+1park Caremonial Role □ Other □ Income [Income [C. Name of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Caremonial Role □ Other □ Income [Micketiog: Cameronial Role □ Other □<	2.	Function or Event Infor	mation		<u>, 1996 6' C. </u>			
Event Description Basketball Game Date(s) 12 28 15		Does the agency have a ticke	et policy?	Yes 🕅 No	Face Value of	of Each Ticket/Pass \$ _	\$350 / \$30 parking	
B. Name of Individual sext. Prist Number of Tracket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual sext. Prist If use if caremonial Role is other is and is other is positive balow. If caremonial Role is other is public purpose made pursuant to the agency's policy Pass(es) If use is other is other is and description If use is other is public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: If use is other is other is public purpose made pursuant to the agency's policy B. Name of Individual sext. Prist Identify one of the following: If use is other is other. Hiscox, Elyzabeth If use is other is other is other is other is other. Income is other is other is other. If use is other is other is other is other is other is other is other. Income is other is other. Income is other is other. If use is other is other is other is other is other is other is other. Income is other is other. Income is other. If use is other is other is other is other is other is other. Income is other is other. Income is other. If is other is other is other is other. Income is other. Income is other. If is other is other is other is other. Income is othere. Income is other.					2 , 28 , 15	, ,		
Was ticket distribution made at the behest of agency official? No □ Yes ☑ If yes: Alameda County Supervisor Wilma Chan Officials Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual isot First Number of Ticket(e)/ Pass(es) Identify one of the following: Pass(es) Hiscox, Elyzabeth 4+1 park Ceremonial Role □ Other □ Income I if theoring Ceremonial Role □		Event Description	Provide Title/Exp	lanation	Date(s)		//	
Was ticket distribution made at the behest of agency official? No □ Yes ☑ If yes: Alameda County Supervisor Wilma Chan Officials Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual isot First Number of Ticket(e)/ Pass(es) Identify one of the following: Pass(es) Hiscox, Elyzabeth 4+1 park Ceremonial Role □ Other □ Income I if theoring Ceremonial Role □		Ticket(s)/Pass(es) provided by agency?			n State Warriors			
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Tracke(p)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Tracke(s) Identify one of the following: Hiscox, Elyzabeth Ceremonial Role Other # thesking "Ceremonial Role" or "Other" describe below: Income [# this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Other Income [# this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Use section and exerce the below: Income [# this cox, Elyzabeth To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income [# this cox, Elyzabeth Income [Income [Income [# this cox, Elyzabeth Elyzabeth Income [Income [If include address and description] Elyzabeth Income [Income [If include address and desc					Name of So			
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 Tracke(p)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Tracke(s) Identify one of the following: Hiscox, Elyzabeth Ceremonial Role Other # thesking "Ceremonial Role" or "Other" describe below: Income [# this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Other Income [# this cox, Elyzabeth Ceremonial Role Other # this cox, Elyzabeth Use section and exerce the below: Income [# this cox, Elyzabeth To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income [# this cox, Elyzabeth Income [Income [Income [# this cox, Elyzabeth Elyzabeth Income [Income [If include address and description] Elyzabeth Income [Income [If include address and desc		Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes:			If yes: Alam	eda County Superviso	r Wilma Chan	
• 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.		of agency official?				Official's Name (Last, First)	
B. Name of individual Loss, First Ticket(s)/ Pass(es) Identify one of the following: Hiscox, Elyzabeth 4+1park Ceremonial Role Other' describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income [If checking "Ceremonial Role Other' describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other		A. Name of Agency, Department or Unit Number of Ticket(s)/						
Load. First Pass(es) Hiscox, Elyzabeth A+1park 4+1park Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Coremonial 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		blome of individu		Number of				
Hiscox, Elyzabeth 4+1park If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Label{eq:constraint} 4+1park 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		Cast First)				Identify one of the follow	ing	
4+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other 4+1park Ceremonial Role Other 4+1park 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							Income	
Image: Construction of province attendence att		HISCOX, Elyzabeth		4+1park	, i i i i i i i i i i i i i i i i i i i		at a County facility in	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy								
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy				4+1park			Income	
				Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy	
4. Verification								
4. Verification								
	4.	Verification				An 1999		

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above,

	Steven Jones	Central District Director	12.22.2015
Signature of gency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region (If Applicable)			4	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		··· ·	-	
	Steven Jones					<u> </u>
	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	et policy?	Yes 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$ _	\$600
	Event Description Basketbal	I Game			2 , 16 , 15	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)	//	//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [M If no: Golde	n State Warriors	
		y agonoy.			Name of Sc	
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	⊠ If yes: <u>Alam</u>	eda County Superviso	or Wilma Chan
_	of agency official?		ana a waa a		Official's Name (Lasi, Firsi)
· · · ·	Recipients					1
3.		uda atawa wiwa a mita a s	unit • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
3.	Use Section A to identify the agence	y's department of				
3.	Use Section A to identify the agence A. Name of Agency, Department		Number of Ticket(s)/		blic purpose made pursuan	t to the agency's policy
3.	· · · · · · · · · · · · · · · · · · ·		Number of		plic purpose made pursuan	t to the agency's policy
3.	· · · · · · · · · · · · · · · · · · ·		Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	t to the agency's policy
3.	· · · · · · · · · · · · · · · · · · ·	ent or Unit	Number of Ticket(s)/		olic purpose made pursuan	
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow	ring:
3.	A. Name of Agency, Departm B. Name of Individu	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow Dther Other	ring:
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attend	Identify one of the follow	ring. Income [at a County facility in
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attend order to maximize	Identify one of the follow	ring: income [at a County facility in nue from sales.
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the put Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	ring: income [at a County facility in nue from sales. Income [
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	ring: income [at a County facility in nue from sales. Income [
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the put Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	ving: income [at a County facility in nue from sales. Income [
3.	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit nal	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the put Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow	ring: income [at a County facility in nue from sales. Income [
3.	A. Name of Agency, Departm B. Name of Individu (Last. First) Spriggs, Barisha	ent or Unit nal	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the put Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: ance at an event held potential County revei Other Inial Role" or "Other" describe below:	ring: income [at a County facility in nue from sales. Income [
3.	A. Name of Agency, Departm B. Name of Individu (Last. First) Spriggs, Barisha	ent or Unit nal	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the put Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: ance at an event held potential County revei Other Inial Role" or "Other" describe below:	ring: income [at a County facility in nue from sales. Income [

Steven Jones Central District Director 12.22.2015 Signature of Agency Heed or Designee Print Name Title (Month, Day, Year)

Comment: ___

1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (#	Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)		-	
Steven Jones				nuide surfaceties is Det 2)
Area Code/Phone Number E-ma	II	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6693 stev	en.jones@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	on			¢E00/¢20portring
Does the agency have a ticket polic	y? Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$500/\$30parking
Event Description Basketball Gam	e	Date(s)	12 <u>18</u> 15	//
Provia	le Title/Explanation			
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No	If no: Gold	en State Warriors	
Was ticket distribution made at the l of agency official?	behest No 🗌 Yes	s 🛛 If yes: <u>Alai</u>	meda County Superviso Official's Name (i	Last, First)
3. Recipients			रे.सह. ली. १४ मी में <u>टि</u>	ан <u>ка</u>
Kecipients Use Section A to identify the agency's depi	artment or unit. • Use S	ection B to identify an indivi	idual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or L	Init Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	t to the agency's policy
B. Name of Individual	Number of		lde sife and she fallow	day.
D. (East. First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing
		Ceremonial Role		income
Waters, Donald	2+1park		nonial Role" or "Other" describe below: dance at an event held	at a County facility in
			e potential County rever	
		Ceremonial Role	e 🗌 Other 🗌	Income
	2+1park	If checking "Ceren	nonial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of		public purpose made pursuan	t to the approve policy
(include address and description		Describe the p	ublic purpose made pursuan	t to the agency's policy
			<u></u>	
4. Verification			at forth above is in accordance	ith the mautremonte
I have read and understand FPPC Regulations	Steven		Central District Directo	

	Steven Jones	Central District Director	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

1.	Agency Name		5 (m)) () () () () () () () () (Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If App	licable)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	,	4	
	Steven Jones				
	Area Code/Phone Number E-mail			_ C Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693 steven.j	jones@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				¢250/¢20porking
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	\$350/\$30parking
	Event Description Basketball Game		Date(s)	2 <u>, 23 , 15</u>	//
	Provide Tit	le/Explanation			
	Ticket(s)/Pass(es) provided by agency	? Yes 🗌 No 🛛	If no: Golde	en State Warriors	lource
			- Alam	neda County Supervis	
	Was ticket distribution made at the beh of agency official?	est No□Yes	If yes: <u>Addit</u>	Official's Name	(Last, First)
(utrain			· · · · · · · · · · · · · · · · · · ·	aesa 26 s	
3.	• Use Section A to identify the agency's departm	ent or unit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
		Pass(es)			··
	B. Name of Individual (cast, farst)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing
	3		Ceremonial Role		
	Litzsey, Derrick	2+1park		onial Role" or "Other" describe below	
				Idance at an event held at a County facility in e potential County revenue from sales.	
			Ceremonial Role		income
		2 departs		onial Role" or "Other" describe belov	ν:
		2+1park			
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
					· · · · · · · · · · · · · · · · · · ·
4	Verification			5 G A	

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	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

1.	Agency Name	an a			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	9)	·	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	E-mail	<u> </u>			provide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				\$350
	Does the agency have a ticke		Yes 🛛 No 🕻		of Each Ticket/Pass \$ _	
	Event Description Basketbal	l Game		Date(s)	2 <u>, 23 , 15</u>	///
	100 100	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		n State Warriors Name of St	
	Was ticket distribution made a	at the behest	No 🗌 Yes [X If yes. Alám	eda County Superviso	or Wilma Chan
	of agency official?			<u></u>	Official's Name	(Last, First)
3.	Recipients		. 8 1897, 1.8		e e e e e e e e e e e e e e e e e e e	
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Describe the put Pass(es)		blic purpose made pursuant to the agency's policy	
			1 400(00)		the second s	· ····
		·····				
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Albert Deter			Ceremonial Role		Income
	Albert, Peter		2		nial Role" or "Other" describe below. ance at an event held	l at a County facility in
					potential County reve	
				Ceremonial Role	Other	Income
			2	If checking "Ceremo	nial Role" or "Other" describe below	:
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
			Fa55(45)			
A	Verification	99.				
4.	Leave read and understand ERPC Rea	ulationa 19044 1 an	d 19042 [house us	rified that the distribution set	forth above is in accordance v	with the requirements

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	12.22.2015
gnature of Head or Designee	Print Name	Title	(Month, Day, Year)
		4	
_			

Agency Report of: 1.772.1. 4/10 -.

Ceremonial Role Events and Tick	(et/Pass	DISTRIBUTIONS		A Public Document
I. Agency Name	ارتباكران التعاصر بالمعر		Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable)		· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Supervisors			Î. A A	
Designated Agency Contact (Name, Title)			-	
Steven Jones Area Code/Phone Number E-mail		· · · · · ·	Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail (510) 272-6693 steven.jones	@acgov.org	ji i i	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		i i fan de fa	فكالوالي والتي والمتحد والمرابع	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$94.00
			2 , 31 , 15	, ,
Event Description POP NYE Provide Title/Expla	anation	Date(s)		/
Ticket(s)/Pass(es) provided by agency?		Golde	n State Warriors	
Tickel(s)(Pass(es) provided by agency?	Yes 🔲 No		Name of Sc	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	or Wilma Chan
of agency official?		_ ,	Official's Name ('Last, First)
3. Recipients • Use Section A to identify the agency's department or u	init • Use Sec	ation B to identify an individ	ual. • Use Section C to iden	tifv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
B. Name of Individual	Number of			
D. (Last_Firef)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role		Income
Baecker, Michael	4	To promote attend	mial Role" or "Other" describe below: lance at an event held potential County reve	at a County facility in
		Ceremonial Role	Other	Income
	4	If checking "Ceremo	onial 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
			<u></u>	
4. Verification I have read and understand FPPC Regulations 18944.1 and	1 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	Steven J	ones	Central District Direct	or 12.22.2015

A Public Document

1.	Agency Name	- 4 - 40-0			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			4	
						· · · · · · · · · · · · · · · · · · ·
	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					
	Does the agency have a ticke		Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ -	\$75
		, ,			2 . 15 . 15	//
	Event Description MUSE	Provide Title/Exp	lanation	Date(s)]
	Ticket(s)/Pass(es) provided by	v adency2		Je If no. Golde	n State Warriors	
	nokel(s)/Pass(es) provided b	y agency:	Yes 🗌 No 🛛		Name of S	
	Was ticket distribution made a	at the behest	No 🗌 Yes [If yes: Alam	eda County Supervis Official's Name	or Wilma Chan
	of agency official?				Official's Name	(Last, First)
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
	B. Name of Individu	al	Number of		1.1	
	U. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing
	Peccorini, Antonio		4	If checking "Ceremon To promote attend	Definition of the control of the con	at a County facility in
			4	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy

	Steven Jones	Central District Director	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1.	Agency Name			<u> </u>	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	<i>э)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)			1	
	Steven Jones					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	2- 1 .1.1.	واعتد اعتواني کو کو افغان کا داد		¢400 ΕΦ
	Does the agency have a ticket	policy?	Yes 🗵 No 🛛		of Each Ticket/Pass \$ _	
	Event Description Jingle Ball			Date(s)2	2 , 03 , 15	////
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛛	If no: Golder	n State Warriors Name of So	ource
	Was ticket distribution made a	t the hehest	No 🗌 Yes	Alam	eda County Superviso	or Wilma Chan
	of agency official?				Official's Name	(Last, First)
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving
	McCormack, Mike				D Other describe below.	
			4		ance at an event held potential County reve	at a County facility in nue from sales.
			4	Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	plic purpose made pursuar	nt to the agency's policy
	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	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1. Agency Name				Date Stamp	California 802	
	Alameda County					Form 002
	Division, Department, or Regio	on (If Applicable)	- II	-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)			-	2.0
	Steven Jones					· · · · · · · · · · · · · · · · · · ·
		E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inforn	nation		والمسترية بالتركية المتحدث والمستري المتحد والمتري المتحد		
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$100.00
	Event Description The Weeke	end featuring Provide Title/Expli	Travi\$ Scott	Date(s)2	2 _ 05 _ 15	//
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Golde	n State Warriors	ource
	Was ticket distribution made at	the hehest	No 🗌 Yes	Alam	eda County Superviso	
	of agency official?	the beliest	NOL Yes	If yes:	Official's Name	(Last, First)
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
					a	
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving
				Ceremonial Role If checking "Ceremo	Other Other Control of the telow:	Income
	3			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below.	Income
	C. Name of Outside Organi (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
	Restorative Justice for Oakla 1203 Preservation Park Way		4	To reward a schoo to the community	l or nonprofit organiza	ation for its contributions
	reduces racial disparities an costs associated with incarc					
4.	Verification					
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	nth the requirements.

Signature of Agenicy Head or Designee Steven Jones Central District Director 12.22.2015 Signature of Agenicy Head or Designee Print Name Title (Month, Dey, Year)

Comment: ____

Ce	remonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Ponii
	Division, Department, or Region (If Applicabl	e)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Steven Jones				
	Area Code/Phone Number E-mail			_ [_] Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693 steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Information	- N	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Does the agency have a ticket policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ _	
	Event Description Not So Silent Night		Date(s)	2 , 11 , 15	//
	Provide Title/Exp	blanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors	ource
	Wee ticket distribution made at the behast		Alam	neda County Supervis	
	Was ticket distribution made at the behest No Yes If yes: <u>Ale</u> of agency official?		X If yes:	Official's Name	(Last, First)
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		blic purpose made pursuar	n to the agency's policy
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing
	Scott, Caitlin	4	To promote attend	onial Role" or "Other" describe below	d at a County facility in
		4	Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below	income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
5	Varification			6.107 A AL	

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	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

A Public Document

_						AT ubile boculitetit
1. Agency Name				Date Stamp	California 802	
	Alameda County					Form OOL
	Division, Department, or Reg	ion (If Applicable	<i>?)</i>	<u>·</u>		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	5 - 5 - 5	2.8.5)		
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$.	\$222 ticket/\$35 parking
	Event Description	Bame			2 , 24 , 15	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)	/	·; ·
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oaklar	nd Raiders Name of S	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervis Official's Name	(Last. First)
		• 0 12 0 0 00 milestration				
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
			Number of			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Pass(es)	Ceremonial Role	Other	Income
	Jackson, Meryl		2+1norte	If checking "Ceremor	hial Role" or "Other" describe below	<i>::</i>
			2+1park		ance at an event held potential County reve	d at a County facility in enue from sales.
			2+1park		Other D	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
	-					
4	Verification		d 19042 Lbox	willing that the distribution set	forth above, is in accordance	with the requirements
	I have read and understand FPPC Reg	uiations 18944.1 an	Stoven la		Central District Direc	

	Steven Jones	Central District Director	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

Agency Name	at g		Date Stamp	California Q02
Alameda County				Form OUZ
•)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				
Area Code/Phone Number E-mail				
(510) 272-6693 steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information		0) 1 (1) 1 (1) 1 (1)		
Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$ 🖁	\$222 ticket/\$35 parking
Fuent Description Football Game		Data(c) 12	2 , 06 , 15	1 1
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No [If no: Oaklar	nd Raiders	
			Name of Sc	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	
	× 11 0	ti D to identific on individu	und a Une Contine C to idea	tife an autoido organization
28				
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	blic purpose made pursuan	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	/īng:
Last inter	Pass(es)	Coromonial Polo	CT Other CT	Income
Camacho, Josie				
	2+1park			
	2+1park			income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
	Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 E-mail steven.jones 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 (Last First) B. Name of Individual (Last First) Camacho, Josie	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 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊡ No [Was ticket distribution made at the behest of agency official? • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Last First) Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or Unit Recipients • Use Section A to identify the agency is department or Unit Camacho, Josie 2+1 park 2+1 park <	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 Even.jones@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Football Game Date(s) Event Description Football Game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Yes No If no: Oaklar Was ticket distribution made at the behest of agency official? No Yes Xif yes: Alam Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Camacho, Josie 2+1 park Ceremonial Role If the order to maximize Camacho, Josie 2+1 park Ceremonial Role If the order to maximize C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the put	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes ID No Function or Event Information Does the agency have a ticket policy? Yes ID No Function or Event Information Does the agency have a ticket policy? Yes ID No Function or Event Information Provide Title/Explanation Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No If no: Oakland Raiders Name of agency official? No Was ticket distribution made at the behest of agency is department or unit. •Use Section A to Identify the agency's department or unit. •Use Section B to Identify an individual. •Use Section C to Identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuan To promote attendance at an event held order to maximize potential County reve Camacho, Josie 2+1 park Ceremonial Role ID Other ID If theeting Veremonial Role ID Other ID If theeting Veremonial

	Steven Jones	Central District Director	12.22.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

Agency Name		н алар нр. н.	Date Stamp	California 000
			Date Stamp	Form 802
Alameda County Division, Department, or Region (If Applicat	hia		-	For Official Use Only
· · ·	010)			
Board of Supervisors			_	
Designated Agency Contact (Name, Title)				
Steven Jones			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail		8		
(510) 272-6693 steven.jon	es@acgov.org	-	Date of Original Filing	(Month, Day, Year)
Function or Event Information				\$222
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$.	
Event Description Football Game		Date(s) 1	2 , 24 , 15	//
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Raiders Name of S	
Was ticket distribution made at the behest	No 🗖 Yes	If yes: Alan	eda County Supervis Official's Name	(Last, First)
of agency official?		a - a - a - a - a - a - a - a - a - a -		
Recipients		dine D 4a identifia en indiais	ual a Use Section C to ide	stify an outside organization
Use Section A to identify the agency's department	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
B. Name of Individual	Number of			
D. (Last first)	Ticket(s)/		Identify one of the follow	wing:
Cravalho, Brian	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		Income
(Last First)	Ticket(s)/	If checking "Ceremo To promote attend	D Other D Other niel Role" or "Other" describe below	Income [// d at a County facility in
(Last First)	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other D niel Role" or "Other" describe below ance at an event helo potential County reve	Income [d at a County facility in enue from sales.
(Last First)	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below ance at an event held potential County rever Other	Income
(Last, First) Cravalho, Brian	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other Inial Role" or "Other" describe below Cance at an event held potential County rever Other Other Other Counts or "Other" describe below	Income
(Last First) Cravalho, Brian C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income
Cravalho, Brian C. Name of Outside Organization (Include address and description) Verification	Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
	Division, Department, or Regior	n (If Applicable)				Tor Onicial Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ime, Title)					
	Anna Gee						
	Area Code/Phone Number E	-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6694 a	inna.gee@ad	cgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	ation				•	
	Does the agency have a ticket p	olicy?	Yes 🔀 🛛 No	Face Value o	f Each Ticket/Pass \$	450	
	Event Description Warriors			Date(s) 11	<u>, 9 , 15</u>	11 , 14 , 15	
	F	rovide Title/Explai	nation				
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Look	n State Was	11013	
	Was ticket distribution made at t	ha hahaat				nce	
	of agency official?	ne benest	No 🗌 Yes	If yes: Miley,	Official's Name (L	.ast, First)	
2	Recipients						
9.	Use Section A to identify the agency's	department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	Social Services Agency		4	To reward a County public	To reward a County employee for their exemplary service to the public		
	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	i ng : Income 🔲	
				Ceremonial Role	Other describe below:	Income	
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	United Seniors of Oakland & County 7200 Bancroft Ave, 2		4	To reward a nonpro	ofit organization for its	contributions to the	
	94605 SENIOR ADVOCACY						
4.	Verification						
		18944.1 and			orth above, is in accordance wit		
	· -		Anna G		Operations Chief	12/1/15	
	Comment: USOTAL VC	inced 1	Print Nan		Title	(Month, Day, Year)	
	Comment: VOVAC	www.				EPPC Form 802 (4/12)	

A Public Document

_					A l'ablic Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Anna Gee				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6694 anna.gee@			Date of Original Filing: _	
_		acyov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information		_ = v.		450
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	
	Event Description Warriors		Date(s)1		11 , 6 , 15
	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	🛛 If no: 🚺	den State W. Name of Sou	21(10:9
		_		NJ-4-	
	Was ticket distribution made at the behest of agency official?	No 🗋 Yes	If yes: Miley	, Nate Official's Name (L	ast First)
3.	• Use Section A to identify the agency's department of	r unit. ● Use Sec	ction B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Number of			
	B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Pete, Geoffrey		Ceremonial Role		Income
	Fele, Geolley	4	-	ial Role" or "Other" describe below: ance at an event held a	at a County facility in
				potential County reven	
				Other 🔀	Income
	Aguillard, Eva	4		ial Role" or "Other" describe below:	
		7	concession sales		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Oakland Community Organizations-7200 Bancroft Ave, #2-Oakland, 94605	4	To reward a nonpro	ofit organization for its	contributions to the
4.	Verification				

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

Anna Gee **Operations Chief** 12/1/15 Print Name Title (Month, Day, Year)

Pete received 11/2 tix Comment:

A				
Agency Name			Date Stamp	California Form 802
Alameda County				For Official Use Only
Division, Department, or Region (If.	Applicable)			
Board of Supervisors				
Designated Agency Contact (Name,	Title)			
Anna Gee				
Area Code/Phone Number E-ma			Amendment (Must	provide explanation in Part 3.)
(510) 272-6694 anna	a.gee@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information	on		L .	(
Does the agency have a ticket polic		Face Value of	of Each Ticket/Pass \$ _	600
			24 15	
Event Description Basketball game	le Title/Explanation	Date(s)		
	,	If no: GSW		
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No 🕻	X 1110.	Name of St	ource
Was ticket distribution made at the	behest No 🗖 Yes	If yes: Miley	, Nate	
of agency official?			Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's dep	artment or unit. • Use Sec Number of			
A. Name of Agency, Department or U	Jnit Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina
(Last First)	Pass(es)			
Wilkinson, Steve		Ceremonial Role		Income
Wikinson, Steve	2		nial Role" or "Other" describe below	l at a County facility in
				nue from parking and
		Ceremonial Role	Other 🔀	Income
Macdonald, Eileen			nial Role" or "Other" describe below	
	A			
	4	concession sales		
	4	concession sales		
C. Name of Outside Organization (include address and description	n Number of		blic purpose made pursual	nt to the agency's policy
United Seniors of Oakland & Ala	m Number of Ticket(s)/ Pass(es) meda	Describe the pu To promote health	, motivate and provide	e expanded opportunities
(include address and descriptio	m Number of Ticket(s)/ Pass(es) meda	Describe the pu To promote health	, motivate and provide	n a station a subtraction and provide a station and
United Seniors of Oakland & Ala	m Number of Ticket(s)/ Pass(es) meda	Describe the pu To promote health to vulnerable popu	, motivate and provide	e expanded opportunities such as the disabled,
United Seniors of Oakland & Ala County-7200 Bancroft Ave, Ste 2 Oakland 94605	m Number of Ticket(s)/ Pass(es) meda	Describe the pu To promote health to vulnerable popu	, motivate and provide lations in the County	e expanded opportunities such as the disabled,

	Anna Gee	Operations Chief	12/22/15
	Print Name	Title	(Month, Day, Year)
Comment: Macdonald received 12/16 tix.			

. Agency Name			Date Stamp	California 000		
•	Alameda County					
Division, Department, or Region (If Applicab						
Board of Supervisors Designated Agency Contact (Name, Title)						
Anna Gee			Amendment (Must p	provide explanation in Part 3.)		
Area Code/Phone Number E-mail			Date of Original Filing:			
	(510) 272-6694 anna.gee@acgov.org					
	Function or Event Information					
Does the agency have a ticket policy?	Yes 🔀 🛛 No		of Each Ticket/Pass \$ _			
Event Description Basketball game	alanation	Date(s)	2 , 18 , 15			
Hovide Hildex		GSW				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: GSW	Name of Source			
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Miley	, Nate			
of agency official?		n yes	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 individu					
A. Name of Agency, Department or Unit	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pub			blic purpose made pursuant to the agency's policy		
	Pass(es)					
	_					
R Name of Individual	Number of					
B. Name of Individual (Lest First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
			Other	Income		
Lowery, Wesley	1		nial Role" or "Other" describe below:			
	4	order to maximize	nce at an event neid	at a County facility in nue from parking and		
<u> </u>		Ceremonial Role				
Parker, Denise			nial Role" or "Other" describe below:			
	2	concession sales				
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuar	nt to the agency's policy		
(include address and description)	Pass(es)					
East Bay Innovations	2	To promote health	, motivate and provide	e expanded opportunities		
		to vulnerable popu	oulations in the County such as the disabled,			
Oakland 94605		underprivileged, se	eniors and youth in for	ster care.		
SENIOR ADVOCACY						
4. Verification						
8944.1	and 18942. I have v	erified that the distribution set	forth above, is in accordance w	vith the requirements.		
<u> </u>	Anna G	See	Operations Chief	12/22/15		
	Print Nar	ne	Title	(Month, Day, Year)		
Lowery received 12/23 tix.						
Comment:				FPPC Form 802 (4/1		

Jency Name	Date Stamp	California 802			
ameda County		Form For Official Use Only			
ision, Department, or Region (If Applical	6	TO ONICIAL OSE ONLY			
ard of Supervisors					
signated Agency Contact (Name, Title)					
na Gee					
ea Code/Phone Number E-mail				provide explanation in Part 3.)	
10) 272-6694 anna.gee@	Dacgov.org		Date of Original Filing:(Month, Day, Year)		
Inction or Event Information	• • • •	050/050			
es the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	650/350	
ent Description Basketball game		Date(s) 12	2 , 25 , 15	12 / 28 / 15	
Provide Title/E	xplanation				
ket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: GSW	Name of S		
				ource	
is ticket distribution made at the behest fagency official?	No 🗌 Yes	If yes: Miley	Official's Name	(Last, First)	
ecipients se Section A to identify the agency's department (or unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol			
pard of Supervisors, District 4 staff	2	To reward a County employee for their exemplary service to the public			
ocial Services Agency	2	To reward a County employee for their exemplary service public			
Name of Individual (Las! First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
the Test		Ceremonial Role		Income	
exander, Toni	6	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
nton, Donna	2		Other 🔀 nial Role" or "Other" describe below	Income	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
		•		· · · · · · · · · · · · · · · · · · ·	
rification.	and 18942. I have v	erified that the distribution set :	forth above, is in accordance v	with the requirements.	
	and 18942. I have vo Anna G Print Nan	ee	Torth above, is in accordance of Operations Chief	vith the requirements. <u>12/22/15</u> (Month, Day, Year)	



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
Board of Supervisors, District 4	1	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
Board of Supervisors, District 2 staff	2	concession sales.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Dones, Alan	2	Ceremonial Role Cother Content income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
Dunlap, Kamika	2	Ceremonial Role Cother Concerning Ceremonial Role" or "Other" describe below: Concession sales.
Walker, Christina	1	Ceremonial Role Other Differ Delow: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held a Count facility in order to maximize potential County
Woody, Charles	4	Cerémonial Role D Other & Income D If checking "Ceremonial Role" or "Other describe below: revenue from parting and concossion sules.
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 Q02
Alameda County			Form OUZ		
Division, Department, or Regi	on (If Applicab			For Official Use Only	
Board of Supervisors					
	esignated Agency Contact (Name, Title)				
Anna Gee					
Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must	provide explanation in Part 3.)
(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information				(monut, buy, teary	
Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	94.00
Event Description Pop NYE	concert			2 , 31 , 15	//
			GSW		
Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: GSW	Name of S	ource
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate	
of agency official?			E 11 y C O.	Official's Name	(Last, First)
Recipients					
Use Section A to identify the agency	y's department o	r unit. • Use Sec	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 public purpose made pursuant to the agency's policy		
County Administrator's Office		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
		concession sales.			
B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role		Income
Baecker, Katy		2	To promote attend	nial Role" or "Other" describe below ance at an event helo potential County reve	[«] d at a County facility in enue from parking and
			Ceremonial Role	Other 🔀	
			If checking "Ceremo	nial Role" or "Other" describe below	<i>I</i> .
			concession sales		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
				- Ma	
(
Varification			erified that the distribution set	forth above, is in accordance	with the requirements.
VARIERATIAN	ns 18944.1 a	ino 18942. I nave v	enneu (nat the usanbuton set		
	ıs 18944.1 a	Anna G		Operations Chief	12/22/15

					1	
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Regio	n (If Applicable)				For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame.Title)				
	Anna Gee				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail					
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing	(Month, Day, Year)
!.	Function or Event Inform	nation		250		
	Does the agency have a ticket	policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$.	350
	Event Description Basketball	game		$D_{abs}(a) = 1$	216	1 , 4 , 16
	Event Description	Provide Title/Expla	nation	Date(s)		//
	Ticket(s)/Pass(as) provided by	aganov2				
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: GSW			Name of S	ource	
	Was ticket distribution made at	the behest	No 🔲 Yes	If yes: Miley	, Nate	
	of agency official?	of agency official?				(Last, First)
2	Recipients			<u>.</u>		
	Use Section A to identify the agency'	s department or u	ınit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	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 policy		
	Sheriff's Office			To reward a County employee for their exemplary service to		
	2		2	public		
	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role		Income
	Kim, Henry		2	To promote attend		a at a County facility in A at a County facility in A and a county facility and
					Other 🔀 nial Role" or "Other" describe below	income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Love Temple Missionary Ba 8401 Birch St, Oakland 9462		2	To reward a nonpr community	ofit organization for it	s contributions to the
4. <	Verification	44.1 and	l 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.
			Anna G	See	Operations Chief	12/22/15
			Print Nar		Title	(Month, Day, Year)
	\rightarrow					
	Comment: Love Temple rece	eived 1/4 tix.				
						EDDC Form 902 (4)

1	Agency Name				Date Stamp	California 202			
	Alameda County				Duc olump	Form 802			
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only					
	Board of Supervisors Designated Agency Contact ((Name Title)							
	Anna Gee Area Code/Phone Number	E-mail	Amendment (Must	provide explanation in Part 3.)					
	(510) 272-6694				Date of Original Filing:				
	Function or Event Information					(Wonth, Day, Year)			
	Does the agency have a ticke		f Each Ticket/Pass \$.	700/1,100					
			, 11 , 16						
	Event Description Basketbal	Provide Title/Explanat							
	Ticket(s)/Pass(es) provided b	y agency? Ye							
		, -3, ie	Name of S	Source					
,	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Miley</u>				, Nate 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 Ticke Pass			Describe the public purpose made pursuant to the agency's policy					
	Sheriff's Office 4			To reward a County employee for their exemplary service to the public					
	Board of Supervisors, District 4 staff			To reward a County employee for their exemplary service to the public					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:			
	Le, Janice			Ceremonial Role	D Other 🔀	Income			
			2			d at a County facility in enue from parking and			
					Other 🔀 ial Role" or "Other" describe below	Income			
				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			
	(
					R.				
4.	Verification	8944.1 and 18	942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.			
	-		Anna G		Operations Chief	12/22/15			
			Print Nar		Title	(Month, Day, Year)			
	Sheriff's office re	eceived 1/11 tix							
	Comment:					5000 F 000 (4/4			
. A	gency Name				Date Stamp	California 802			
-----	-------------------------------------------------------------------------	------------------	-------------------------------------	----------------------------------------	---------------------------------------------------	-----------------------------------			
	lameda County					Form 002 For Official Use Only			
D	ivision, Department, or Reg	ion (If Applicab		For Onicial Use Only					
В	oard of Supervisors								
D	esignated Agency Contact (Name, Title)							
А	nna Gee								
Ā	rea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)			
(!	510) 272-6694	anna.gee@)acgov.org		Date of Original Filing:	(Month, Day, Year)			
. F	unction or Event Infor	mation							
D	oes the agency have a ticke	t policy?	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ _	500/700			
F	vent Description	game		Date(s) 1	, 22 , 16	1 , 27 , 16			
-		Provide Title/Ex	planation			(<u></u>			
т	icket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: GSW	Name of Sc				
					ource				
	/as ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Miley	Official's Name	(Last, First)			
		·· · · ·							
	Recipients Use Section A to identify the agenc	y's department o	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Departme		Number of		blic purpose made pursuan				
1	T. Name of Agency, Departing	she of offic	Ticket(s)/ Pass(es)	Desense are pu	one purpose mose pareaun	r to allo ugeney o policy			
Ē	S. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role		Income			
				If checking "Ceremo	nial Role" or "Other" describe below:				
-			-	Ceremonial Role If checking "Ceremo	Other	Income			
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy				
	Castro Valley/Eden Area Chamber of Commerce-3467 Castro Valley Blvd,		4	To reward a nonpr community	rofit organization for th	eir contributions to the			
	Castro Valley 94546 PROMOTION OF BUSINE	SSES							
. \	Verification	18944.1 8	and 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.			
***			Anna G	iee	Operations Chief	12/22/15			
					oporaciónio erner				

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
B. Name of Individual (Last First)	Number of Ticket(s) Pass(es)	Identify one of the following:
	ra39(89)	Ceremonial Role D Other C Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dther I Income
		Ceremonial Role Cother Contraction Income Income Income
		Ceremonial Role D Other D Income Income 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
League of Women Voters of the Eden Area-PO Box 2234, Castro Valley 94546	4	To reward a nonprofit organization for its contributions to the community
AWARENESS TO COMMUNITY ABOUT CURRENT LEGISLATIVE ISSUES		

eremonial Role Events and	a licket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County		Form 002		
Division, Department, or Region (# A	oplicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Til				
Anna Gee				
Area Code/Phone Number E-mail	· · ·			provide explanation in Part 3.)
(510) 272-6694 anna.	gee@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information	1			
Does the agency have a ticket policy'	? Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	700/600
Event Description Basketball game		Date(s) 3	, 1 , 16	3 , 12 , 16
Provide	Title/Explanation	Date(3)		
Ticket(s)/Pass(es) provided by agend	y? Yes□ No	If no: GSW	Name of Sc	
		— Milev		burce
Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes: Miley	Official's Name ((Last, First)
Desirients				
• Use Section A to identify the agency's depart	ment or unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department or Un	it Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
San Leandro Recreation and Hurr Services	nan 2	To promote attendance at an event held at a County facility order to maximize potential County revenue from parking a		
		concession sales.		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		identify one of the follow	ving:
Johanna Dee		Ceremonial Role		Income
Johnson, Dee	4		nial Role" or "Other" describe below: lance at an event held	
			potential County reve	
<u> </u>		Ceremonial Role	Other	income
		If checking "Ceremo	nial Role" or "Other" describe below:	
		concession sales		
O Nome of Outside Outside Departmetion	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
en e				
`				
Verification				
Verification_	1944.1 and 18942. I have v	erified that the distribution set	forth above, is in accordance w	vith the requirements.
	1944.1 and 18942. I have v Anna G		forth above, is in accordance w Operations Chief	vith the requirements. 12/22/15

• 1	Agency Name		Date Stamp	California 802		
	Alameda County					
ī	Division, Department, or Regi	on (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Anna Gee					
_	Anna Gee Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month Day Year)
	Function or Event Information					(Monun, Day, rear)
	Does the agency have a ticke		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	1,100
I	Event Description Basketball game Date(s) 3					//
				If no: GSW		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: USW				Name of St	purce
1	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Miley				, Nate	
	of agency official?			ii yes	Official's Name	(Last, First)
	Recipients					·····
	Use Section A to identify the agency	y's department o	al. • Use Section C to ider	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 agen		t to the agency's policy
	B. Name of Individua (Last First)	al	Number of			
			Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other 🔀	Income
	Dunlap, Kamika			If checking "Ceremon	Other Other Other ial Role" or "Other" describe below:	Income
			Pass(es)	If checking "Ceremon To promote attend	Other IN ial Role" or "Other" describe below: ance at an event held	Income
			Pass(es)	If checking "Ceremon To promote attend order to maximize	Other Other Other Action of the second below: ance at an event held potential County reve	Income [at a County facility in nue from parking and
			Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other IN ial Role" or "Other" describe below: ance at an event held	Income [at a County facility in nue from parking and Income [
			Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Solution of the second s	Income [at a County facility in nue from parking and Income [
	Dunlap, Kamika		Pass(es) 4 Number of	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales	Other O	Income at a County facility in nue from parking and
	Dunlap, Kamika		4	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales	Other Solution of the second s	Income [at a County facility in nue from parking and Income [
	Dunlap, Kamika		Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales	Other O	Income [at a County facility in nue from parking and Income [
	Dunlap, Kamika		Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales	Other O	Income [at a County facility in nue from parking and Income [
	Dunlap, Kamika		Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales	Other O	Income at a County facility in nue from parking and
1.	Dunlap, Kamika C. Name of Outside Organ (include address and dea Verification	scription)	Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales Describe the put	Other O	Income [at a County facility in nue from parking and Income [
	Dunlap, Kamika C. Name of Outside Organ (include address and dea Verification	scription)	Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales Describe the put	Other S Ital Role" or "Other" describe below: Conce at an event held potential County rever Other	Income [at a County facility in nue from parking and Income [

A Public Document

					A Fublic Documer
1. Agency Name		Date Stamp	California 802		
Alameda County					Form UU2
Division, Department, or Reg	ion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Amy Shrago					
Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Infor	mation	· · · · · · · · · · · · · · · · · · ·	000.00		
Does the agency have a ticke	et policy?	Yes 🗌 No	🗙 Face Value o	f Each Ticket/Pass \$ _	600.00
Event Description Warriors	/s. Suns		Date(s)12	, 16 <u>,</u> 15	//
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golde			n State Warriors Name of Sol	urce	
Was ticket distribution made at the behest No I Yes I If yes: Ca					
Was ticket distribution made at the behest No ☐ Yes ⊠ of agency official?			If yes:	Official's Name (I	Last, First)
2 Decisionte					
 Recipients Use Section A to identify the agend 	y's department or	ual. • Use Section C to ident	tify an outside organization.		
A. Name of Agency, Departm	ment or Unit Number of Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of individu	ial	Number of Ticket(s)/ Pass(es)	4	Identify one of the follow	ing:
			Ceremonial Role	Other 🔀	Income
Perez, Iliana		4		ial Role" or "Other" describe below:	
			To promote attendance at a County facility in order to maxim potential County revenue from parking and concession sales		
			Ceremonial Role	Other 🛛	Income
			If checking "Ceremor	ial Role" or "Other" describe below:	
	C Name of Outside Organization		Describe the put	blic purpose made pursuant	to the agency's policy
(include address and de	scription)	Ticket(s)/ Pass(es)			
				•	
4. Verification					

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

Amy ShragoSupervisor's Assistant12/18/15Print NameTitle(Month, Day, Year)

A Public Document

		is and no	NGUI 433	Distributions		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)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	àmy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			• • • •	
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	500.00		
	Event Description Warriors vs. Bucks Date(s) Date(s)			2 , 18 , 15	1 1	
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder				n State Warriors	
	1 A			- Care	Name of Sou	irce
	Was ticket distribution made at the behest No Yes If yes: Carso of agency official?			Official's Name (L	ast, First)	
				······		
J.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit Number of Tickat(s)/ Describe the pul			lic purpose made pursuant	to the agency's policy	
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)					
			Number of			
	B. Name of Individua (Last First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ng
					Other 🔀	income
	Wantatah, Nathan		4		ial Role" or "Other" describe below:	h in order to movimize
					evenue from parking ar	ty in order to maximize
					Other 🛛	
					hial Role" or "Other" describe below:	
				-		
				2		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
					,	
_	N. 10 (1 /			l		
4.		18011 1 an	d 18942 have ve	rified that the distribution set	forth above, is in accordance wit	h the requirements
	,	1 10044.7 un	a 10042. 1 marc ve	anica that the distribution set	oran above, is in accordance wit	in the regarements.

Amy Shrago Supervisor's Assistant

12/18/15 Print Name Title (Month, Day, Year) 1'

Comment: .

				2.01.12410110		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOZ		
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Amy Shrago		Amendment (Must pro	L		
	Area Code/Phone Number	E-mail] —	,
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				050.00
	Does the agency have a ticket policy? Yes DNo X Face Value of			🛛 🛛 Face Value d	of Each Ticket/Pass \$	350.00
	Event Description Warriors vs. Jazz Date(s)			Date(s) 12	2 , 23 , 15	1 1
	Provide Title/Explanation Date(S)					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sour	ce	
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes	If yes: Carso	Official's Name (La	st First)
_						
3.	• Use Section A to identify the agence	we department a	runit a Llea Sou	tion B to identify an individu	ual a Lieo Soction C to identif	u an outeido organization
		52	Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to	o the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/	Identify one of the following:		g:
			Pass(es)	Ceremonial Role	Other 🛛	
	Platt, Larry				nial Role" or "Other" describe below:	
			4		unity volunteer for his o	r her service to the
				public		
				Ceremonial Role		Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
	Name of Outside Organ	nization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's policy
	· · · ·					
A	Varification					
4.		8944.1 ar	nd 18942. I have v	erified that the distribution set i	forth above, is in accordance with	the requirements.
			Amy Shr		Supervisor's Assistant	12/18/15
			Print Nan		Title	(Month, Day, Year)
	11					
	Comment:					

-		001 000	Biotribations		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				1 Oim
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				-
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail		*	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				250.00
	Does the agency have a ticket policy? Yes □ No ⊠ Face Y			f Each Ticket/Pass \$	350.00
	Event Description Warriors vs. Kings		Date(s)12	28 , 15	//
	Provide Title/Explain	nation			
	Ticket(s)/Pass(es) provided by agency?	If no: Golder	n State Warriors Name of Sou		
	Wee ticket distribution made at the behast		If yes: Carso		ii ce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Ourse	Official's Name (L	ast, First)
$\frac{1}{2}$	Recipients		· · · · · · · · · · · · · · · · · · ·	· · · ·	
э.	Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
			Describe the pub	lic purpose made pursuant	to the agency's policy
		Ticket(s)/ Pass(es)			to the ugency a policy
					5.
		Number of			
	B. Name of Individual (Last First)	Ticket(s)/		Identify one of the followi	ng:
		Pass(es)	Ceremonial Role	Other 🔀	
				ial Role" or "Other" describe below:	
	<u>s</u>		Ceremonial Role	ial Role" or "Other" describe below:	Income
			" checking Gereinion	armole of other describe below.	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			to the agency's policy
	Urban Habitat 1212 Broadway, Suite 500	2	To reward a school	l or nonprofit organizat	ion for its contributions
	Oakland, CA 94612 non-profit	2	to the community		
	Filipino Advocates for Justice 310 8th		To reward a school	or nonprofit organizat	ion for its contributions
	Street, Suite 308 Oakland CA 94607 non	2	to the community		
4.	Verification				- ·
	1t. 44.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
		Amy Shra	ago	Supervisor's Assistant	12/18/15

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

_						A Public Document
1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County C	oliseum Auth		Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Nate Miley, Commissioner					
	Designated Agency Contact ((Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					(Monul, Day, Tear)
	Does the agency have a ticke		f Each Ticket/Pass \$ _			
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Face Value of The sector of the sect				<u>, 24 , 15 </u>	, ,
	Event Description Warriors	Provide Title/Exp		//		
	Ticket(s)/Pass(es) provided b	v agency?	din State	Warrisco		
		y agonoy .	Name of S	ource		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name	(1 4 First)
	of agency official?				Omciai's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	Number of	tion B to identify an individu	ual. • Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuar	it to the agency's policy
			Pass(es)			
				9		
	B. Name of Individual Number of Ticket(s)/			Identify one of the following:		
	U. (Last First)		Ticket(s)/ Pass(es)		identity one of the follow	wing:
				Ceremonial Role		Income
	Murrell, Virtual		4		ial Role" or "Other" describe below.	
					maximize revenues	se by the general public
			-		Other	
				1	al Role" or "Other" describe below.	
			4	χ		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		nt to the agency's policy
	(include address and de	scription)	Pass(es)			······
	C					
	(
4	Verification					
Ÿ		44.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance v	vith the requirements.
			Anna G	ee	Operations Chief	12/1/15
			Print Nam	ne	Title	(Month, Day, Year)
	0					
	Comment:					

١.							
	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicab	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact ((Name,Title)					
	Anna Gee					rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6694	anna.gee@)acgov.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	mation				600	
	Does the agency have a ticke	et policy?	Yes 🔀 🛛 No		of Each Ticket/Pass \$		
	Event Description Warriors			Date(s)1	, 24 , 15	///	
	Event Description Varriors Date(s) 11 Provide Title/Explanation				Non SILL (. 9	
	Ticket(s)/Pass(es) provided by agency? Yes D No 🛛 If no:			Name of So	Wox ting		
	Was ticket distribution made at the behest No I Yes I If yes: Miley						
	of agency official?			i yes	Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department o	or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.	
	A. Name of Agency, Departme	gency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	R Name of Individu	Number of Ticket(s)/					
	D. (Last First)						
			Pass(es)		Identify one of the follow		
	Wilkinson, Steve		Pass(es)		Other Annual Role" or "Other" describe below:		
	Wilkinson, Steve		Pass(es) 4	If checking "Ceremon To promote attend	Other 🔀	Income [at a County facility in	
	Wilkinson, Steve			If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Other of "Other" describe below: ance at an event held potential County rever	Income [at a County facility in	
	Wilkinson, Steve			If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Other of Other of Other of Other of Other of Other describe below: ance at an event held potential County reven	Income [at a County facility in nue from parking and	
	CName of Outside Orga		4 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Other Other of "Other" describe below: ance at an event held potential County rever	Income [at a County facility in nue from parking and Income [
			4 Number of	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Other Other Other describe below: ance at an event held potential County rever Other Other Analytication ial Role" or "Other" describe below:	Income [at a County facility in nue from parking and Income [
	C. Name of Outside Orga (include address and de		4 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales.	Other Other Other describe below: ance at an event held potential County rever Other Other Analytication ial Role" or "Other" describe below:	Income [at a County facility in nue from parking and Income [
.	CName of Outside Orga	scription)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put	Other Other Other describe below: ance at an event held potential County rever Other Other Anial Role" or "Other" describe below: blic purpose made pursuant	Income [at a County facility in nue from parking and Income [t to the agency's policy	
	C. Name of Outside Orga (include address and de	scription)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Concession sales. Describe the put	Other S ital Role" or "Other" describe below: ance at an event held potential County rever Other S ital Role" or "Other" describe below: blic purpose made pursuant forth above, is in accordance with the second	Income	
1.	C. Name of Outside Orga (include address and de	scription)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put	Other Other Other describe below: ance at an event held potential County rever Other Other Anial Role" or "Other" describe below: blic purpose made pursuant	Income at a County facility in nue from parking and Income	

A Public Document

1.	Agency Name			Date Stamp	California 802
	Alameda County		Form OOL		
	Division, Department, or Region (If Applicable)	1.	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	4			
	Anna Gee Area Code/Phone Number E-mail	Amendment (Must p	rovide explanation in Part 3.)		
				Date of Original Filing:	
_	(510) 272-6694 anna.gee@a				(Month, Day, Year)
2.	Function or Event Information				450/800
		Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Warriors Date(s)			17,15	
	Provide Title/Expla	Mar GIN C	a di soci		
	Ticket(s)/Pass(es) provided by agency?	Iden State U Name of Sc			
	101- si-l-s distribution mode of the helpoot				
	Was ticket distribution made at the behest No I Yes I If of agency official?			7, Nate Official's Name (Last, First)
_					
3.	• Use Section A to identify the agency's department or u	unit e Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tifv an outside organization.
		Number of	Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			
	BOS District 4-staff		To reward a Count	y employee for their e	xemplary service to the
		2	public		
	BOS District 4 Supervisor		To promote attendance at an even		at a County facility in
		2			nue from parking and sals
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina:
	(Last First)	Pass(es)		tooning one of the follow	
	Kana aka Jamaa		Ceremonial Role		Income
	Kennedy, James	2		nial Role" or "Other" describe below: ance at an event held	
				potential County reve	
	· · · · · · · · · · · · · · · · · · ·			Other 🔀	
	Dunlap, Kamika			nial Role" or "Other" describe below:	
		2	concession sales.		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
	(include address and description)	Pass(es)			
	United Seniors of Oakland & Alameda		To reward a nonpr	ofit organization for its	contributions to the
	County-7200 Bancroft Ave, 251, Oakland	4	community	-	
	94605				
	SENIOR ADVOCACY				

4. Verification

1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna GeeOperations Chief12/1/15Print NameTitle(Month, Day, Year)



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
Social Services Agency	2	To reward a County employee for their exemplary service to the public
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Arun, Jonathan	2	Ceremonial Role Other I Income I Income I If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
Arun, Julie	2	Ceremonial Role Concession sales.
		Ceremonial Role Other Income Income
		Ceremonial Role Conter
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