A Public Document

-						AT ubic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Regi	on (If Applicable,		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Supervi		nt		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of October 1 510 and	
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				7
	Does the agency have a ticke	t policy?	Yes 🚺 No	Face Value o	f Each Ticket/Pass \$ _	100.00
			offics	Date(s)	1,1,16	//
	Ticket(s)/Pass(es) provided by	1	Yes 😰 No		-w	
				 Alar	Name of S Name of S	isor Scott Haggerty, D 1
	Was ticket distribution made a	t the behest	No 🗌 Yes	🖆 If yes	Official's Name	
	of agency official?					
3.	Recipients					
	Use Section A to identify the agency	/'s department or u		ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua (Las: Firsi)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving
				Ceremonial Role If checking "Ceremon	Other     Deter     describe below.	Income
		. <u></u>		Ceremonial Role If checking "Ceremon	Other Differ Other" describe below.	income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	Washington Hosi WHHS - Fremor	ortal	20/4		e at a county sponsored county revenue for con	
	Zoco money Ave Frequent CA 94	1538				
4.	Verifidation					
	1	18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.
١	l l	l	Lee Ann Fer	rgerson	Supervisor's Assistar	t = 2 - 1 - 10
	7		Print Nam	10	Title	(Month, Day, Year)
	Comment Servina 1	Caneda (	ourity_ (	CA Communit	neswith comi	lete hospital
	Comment: <u>Sov vivo</u>		201.81		of	FPPC <sup>I</sup> Form 802 (4/12)

- energinant, Women's childbirth, heart, caucher Toll-Free Helpline: 866/ASK-FPPC (866/275-7772) Joint replacement, surgery & social Services care.

**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)				
	Lee Ann Fergerson, Supervisor's Assistan				
	Area Code/Phone Number E-mail	Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6691 leeann.ferger	son@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(month, eug, rour)
		Yes 💋 🛛 No 🕻	Face Value o	f Each Ticket/Pass \$ _	600.00
		11.11.			
	Event Description War NorS/ Yor+Ww Provide Title/Expla		//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No [	T If no: GSV	N	
		Name of Sc	visor Scott Haggerty, D 1		
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes:		
_	of agency official?			Official's Name (	Last, First)
3.	Recipients		· · · · · · · · · · · · · · · · · · ·		
	Use Section A to identify the agency's department or u	Number of	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Describe the public purpose made pursuant to the agency's policy			
		Pass(es)		· · · · · · · · · · · · · · · · · · ·	
	La 20				
	B. Name of Individual	Number of		Identify one of the follow	
	(Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing.
				Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	
				al Role" or "Other" describe below:	
	<u>.</u>				
	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
	Formant Family Resource	U1	To Reward a school o	or nonprofit organization	for
	Formont Family Resource Center	1/1	Its contributions to the		
	39155 Liberty Street				
	39155 Liberty Street Suite AIID Fremont OA que	538			
		100			

4. Verification

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

(	Lee Ann Fergerson	Supervisor's Assistant	1-28-110
ì	Print Name	Title	(Month, Day, Year)
	comment: The FRC has over 25 State, Countr	1. City and non-G	rofitagencies
	providing a variety of integrated g	CY VEPEGToll-Free Helpline: 866/A	FPPC Form_802 (4/12) SK-FPPC (866/275-7772)

		protributiono		A Public Document
. Agency Name	Date Stamp	California 802		
Alameda County		Form OUZ		
Division, Department, or Region (If Applicable)		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assistan	t		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6691 leeann.ferger	son@acgo	v.org	Date of Original Filing	(Month, Day, Year)
	Yes 🔛 No		f Each Ticket/Pass \$ -	700,00
Event Description DAUAS MAUSRICH Provide Title/Expla	<u>SS/WAN</u> nation	CRUOR Date(s)	127,1(e	
Ticket(s)/Pass(es) provided by agency?	Name of S			
Was ticket distribution made at the behest of agency official?	No 🗋 Yes	Alan If yes:	neda County Superv	visor Scott Haggerty, D 1 (Last, First)
Recipients  • 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 ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
B. Name of Individual	Number of			
Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Allen Davidson	4/1	To promote attenda to maximize potentia parking sales,	nce at a county sponsor al county revenue for co	ed event in order 🧼 א <sup>me</sup> 🗖 Incession and
		Ceremonial Role If checking "Ceremon	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
			đ	94
		· · · · · · · · · · · · · · · · · · ·	···· ·	
	18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	vith the requirements.
			orth above, is in accordance w Supervisor's Assistar	
; 18944.1 and	18942. I have ve ee Ann Fer Print Nam	gerson	-	

	its and ther	cur ass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					T OTHER
Division, Department, or Reg	jion (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	/isor's Assistan				
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation				76 00
Does the agency have a tick	et policy?	Yes 🚺 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ _	59,00
Event Description	NURS	22	Date(s)	,30,10	///
	Provide Title/Expla	națion		-11)	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🚺 🛛 No 🛛	🗌 If no:	Name of Sc	ource
Was ticket distribution made	at the hehest		Alaı	meda County Superv	isor Scott Haggerty, D 1
of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (	Last, First)
3. Recipients					
Use Section A to identify the agend	cy's department or u	nit. 🔹 Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	fina .
(Last First)	2501552	Pass(es)			
Scott Rabenea	M	4		ce at a county sponsore l county revenue for con	
i			Ceremonial Role If checking "Ceremon	Other D	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
<u> </u>				a l	
4. Verification					
T, VGIMUALION	1944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
	Ļ	.ee Ann Fer	gerson	Supervisor's Assistan	t 1-77-16
		Print Nam		Title	(Month, Day, Year)
Comment:					

Ι.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Regio	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
i	Designated Agency Contact (A	lame, Title)				
	Lee Ann Fergerson, Supervis	sor's Assista				
	Area Code/Phone Number E-mail			Amendment (Mus	t provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferg	erson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
	Function or Event Inform	nation	<u> </u>			
	Does the agency have a ticket	policy?	of Each Ticket/Pass \$	550.00		
	Event Description		, 2, 16	350.00		
1	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no:				$\mathcal{M}$	
					Name of 3	
1					rvisor Scott Haggerty, D 2	
	of agency official?				Official's Name	e (Last, First)
	Recipients					
	Use Section A to identify the agency'	s department or	al. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy
ſ	B. Name of Individual		Number of Ticket(s)/		Identify one of the follo	wing:
	Anden Shultz		Pass(es)		ce at a county sponsor l county revenue for co	
				Ceremonial Role If checking "Ceremon	Other I	Income
·	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
4						
-						
-	· · · · · · · · · · · · · · · · · · ·					
-	Verteidetion				2	
-	Varifiantian	944.1 an	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance v	with the requirements.
-	Marifilation	944.1 an				
-	Signature of Agency Testo of Casilinea	344.1 an	d 18942. I have ver Lee Ann Ferg Print Name	gerson	orth above, is in accordance o Supervisor's Assista Title	

## Agency Report of: Ceremonial Role F •

				A Public Document				
1. Agency Name	Date Stamp	California 802						
Alameda County	Alameda County							
Division, Department, or Region (If Applicable	1	For Official Use Only						
Board of Supervisors								
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)							
Lee Ann Fergerson, Supervisor's Assista								
Area Code/Phone Number E-mail		· · · ·	Amendment (Must	provide explanation in Part 3.)				
(510) 272-6691 leeann.ferge	erson@acgo	v.org	Date of Original Filing	:(Month, Day, Year)				
2. Function or Event Information				00.00				
Does the agency have a ticket policy?	Yes 🔁 No	Face Value of	of Each Ticket/Pass \$ .	130.00				
Event Description Warners/Ma	Verick	$\frac{1}{5}$ Date(s) $\frac{3}{2}$	, 25, 16					
Provide Title/Expl	anation		041					
Ticket(s)/Pass(es) provided by agency?	Name of S	20Urao						
		visor Scott Haggerty, D 1						
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes.	Official's Name					
	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 Ticket(s)/	and the state of the second second	blic purpose made pursuar					
A. Name of Agency, Department or Unit	one purpose made pursua	in to the agency's policy						
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing				
Curtis Taylor	4/,	To promote atter to maximize pote parking sales.	ndance at a county spon ential county revenue fo	sored event in order				
		Ceremonial Role If checking "Ceremor	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 pursual	nt to the agency's policy				
	d 18942. I have vi Lee Ann Fe		forth above, is in accordance v Supervisor's Assista	1 71 (1				

Print Name

Comment: \_

(Month, Day, Year)

Title

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail bate of Original Filing: leeann.fergerson@acgov.org (510) 272-6691 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗋 No 🗌 Event Description Date(s) Provide Title/Explanation If no Yes Ticket(s)/Pass(es) provided by agency? No 🛄 Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🗌 Yes 🔯 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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:
Leif McCareg	4	To promote attendance at a county sponsored event in order ome to maximize potential county revenue for concession and parking sales.
		Ceremonial Role Other I 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
<u> </u>		
Verification		

944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson Print Name

Supervisor's Assistant Title

(Month, Day, Year)

Comment:

4

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

Agency Name			Date Stamp	California 000		
Alameda County		Form OUZ				
Division, Department, or Region (If App		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name, Title						
Lee Ann Fergerson, Supervisor's As						
Area Code/Phone Number E-mail	Amendment (Must	provide explanation in Part 3.)				
(510) 272-6691 leeann	.fergerson@acgov	.org	Date of Original Filing	:(Month, Day, Year)		
Function or Event Information				222 80		
Does the agency have a ticket policy?	Yes D No D		of Each Ticket/Pass \$	00000		
Event Description		Date(s)	2,01,15	///		
Ticket(s)/Pass(es) provided by agency	500					
Name of Source						
Was ticket distribution made at the bel of agency official?	nest No 🗌 Yes [	If yes:	Official's Name			
Recipients						
Use Section A to identify the agency's department	nent or unit. • Use Sect	tion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose màde pursua	nt to the agency's policy		
Dectrict 1	. 7	To reward a cour	reward a county employee for his or			
JANJING (	4	- her exemplary service to the public.				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:		
		Ceremonial Role If checking "Ceremo	Other D	Income		
		Ceremonial Role	Other Dother Dother Dother Dother	Income 🗌		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy		
				<del>,</del>		
				<u></u>		
Vérification	14 1 and 18042 1 have up	aified that the distribution and	t forth above is in accordance	with the requirements		
	944.1 and 18942. I have ve Lee Ann Fer		t forth above, is in accordance Supervisor's Assista	ST I		

		and the second	and the second			
١.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		······································		
	Lee Ann Fergerson, Superv	isor's Assista	int		Amendment (Mus	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·		
	(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
	Function or Event Inform	mation				1102
	Does the agency have a ticke	t policy?	Yes 🙋 No	Face Value	e of Each Ticket/Pass \$	1,100
		210(25 Provide Title/Exp	/Lafer	Date(s)	1,14,16	//
	Ticket(s)/Pass(es) provided by	y agęncy?	Yes 🖉 No 🛛	🗆 If no: 🔟	Name of S	Source
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes:	ameda County Supervisor S	Scott Haggerty, District 1
	of agency official?			una ilyes	Official's Name	
	Recipients				······································	
	• Use Section A to identify the agency		unit. • Use Sec	tion B to identify an indiv	idual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s) Pass(es)	Describe the p	ublic purpose made pursua	
	·		1 1	1		
	B. Name of Individua		Number of Tické(\$)/ Pass(es)		Identity one of the follo	
			Ticket(s)/		Identity one of the follo ance at a county sponsore tial county revenue for co	ed event in order ome 🔲
	(Last. fiit)		Ticket(s)/	to maximize poten parking sales. Ceremonial Rol	ance at a county sponsore tial county revenue for co	ed event in order ome
	(Last. fiit)		Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking "Cerer Describe the p	ance at a county sponsore tial county revenue for co e D Other	ed event in order ome
	EMILY ROZ		Ticket(s)/ Pass(es) 4	to maximize poten parking sales. Ceremonial Rol If checking *Cerer	ance at a county sponsore tial county revenue for co e D Other nonial Role" or "Other" describe below	ed event in order ome
	EMILY ROZ		Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking "Cerer Describe the p	ance at a county sponsore tial county revenue for co e D Other nonial Role" or "Other" describe below	ed event in order ome
	C. Name of Outside Organ		Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking "Cerer Describe the p	ance at a county sponsore tial county revenue for co e D Other nonial Role" or "Other" describe below	ed event in order ome
	EMILY ROZ	UL Ization cription	Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking "Cerer Describe the p	ance at a county sponsore tial county revenue for co e D Other nonial Role" or "Other" describe below	ed event in order ome
	C. Name of Outside Organ	UL Ization cription	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking *Cerer Describe the p	ance at a county sponsore tial county revenue for co e D Other D nonial Role" or "Other" describe below ublic purpose made pursua	ed event in order ome come come come come come come come
_	C. Name of Outside Organ	UL Ization cription	Number of Ticket(s)/ Pass(es)	to maximize poten parking sales. Ceremonial Rol If checking "Cerer Describe the p	ance at a county sponsore tial county revenue for co eOther nonial Role" or "Other" describe below ublic purpose made pursua	ed event in order ome come come come come come come come

		Diotributionio		A Fublic Document		
. Agency Name	Date Stamp	California 802				
Alameda County	Alameda County					
Division, Department, or Region (If Applicable)		For Official Use Only				
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's Assistan	Amendment (Must p	rovide explanation in Part 3.)				
Area Code/Phone Number E-mail			Data of Original Filings			
(510) 272-6691 leeann.ferger	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information				55 22		
Does the agency have a ticket policy?	Yes 🗹 🛛 No	Face Value o	of Each Ticket/Pass \$ _	55,00		
Event Description Harlem Glo Provide Title/Expla	betro	other Sate(s) _ L	,23,16	//		
Ticket(s)/Pass(es) provided by agency?	SW					
	Name of So Name of So	sor Scott Haggerty, D 1				
Was ticket distribution made at the behest of agency official?	as ticket distribution made at the benest $N_0 \square$ Yes $\square$ If yes.					
Recipients • Use Section A to identify the agency's department or u	nit a Lleo Sor	tion R to identify an individu	ust a lise Section C to iden	tify an outside organization		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy		
		·····				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
Leif McCareg	4		ce at a county sponsored I county revenue for con-			
		Ceremonial Role If checking "Ceremon.	Other in Other in Other in Other in Other in Other in Other' describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
				······		
<u>^</u>						
Verification				14. 41		
	18942. I have ve	erified that the distribution set f	forth above, is in accordance w	th the requirements.		
18944.1 and	.ee Ann Fei	rgerson	Supervisor's Assistan	t <u>1-19-1</u>		
18944.1 and		<u> </u>	Supervisor's Assistan Title	t (Month, Day, Year)		
18944.1 and	.ee Ann Fei	<u> </u>				

	is and licket/Pas	s Distributions		A Public Documer
Agency Name			Date Stamp	California 802
Alameda County				Form OU2
Division, Department, or Reg Alameda County Supe Board of Supervisors	Commussioner, 1		For Official Use Only	
Designated Agency Contact (	Name, Title)	-		
Lee Ann Fergerson, Superv	isor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must )	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acg	iov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform				11-1
Does the agency have a ticket	t policy? Yes 🗍 N	o 🗍 👘 Face Value	of Each Ticket/Pass \$ _	T1.25
Event Description	Provide Title/Explanation	Date(s)	9,16	//
Ticket(s)/Pass(es) provided by	agency? Yes		Name of So	urce
Was ticket distribution made at of agency official?	t the behest No 🗌 Yes	s 🖉 If yes:	Meda County Supervi Official's Name (	isor Scott Haggerty, D Last, First)
Recipients • Use Section A to identify the agency	's department or unit. • Use Se	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Departmen	Strong Provide Strong		blic purpose made pursuant	
Scott Haggerty 4		To obtain oversight of facilities or events that have received county funding or support		
board of supervis	bors, D-1		anding of support	
B. Name of Individual (Last. Fire)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Other Other Control of "Other" describe below:	Income
		Ceremonial Role	Cther describe below:	Income
C. Name of Outside Organiz (include address and descr	ation Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant t	o the agency's policy
$\land$				
Varification				
	)44.1 and 18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
144.1 and 18942. I have verified that the distribut Lee Ann Fergerson			Supervisor's Assistant	1-8-11.
	the second data and the se	-	apor visor o Assistant	
	Print Name		Tille	(Month, Day, Year)

## Agency Report of: C

	eremonial Role Events and Tick			T			
	Agency Name			Date Stamp	California 802		
	Alameda County				For Official Use Only		
	Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Lee Ann Fergerson, Supervisor's Assistant	Lee App Fergerson, Supervisor's Assistant					
	Area Code/Phone Number E-mail				provide explanation in Part 3.)		
	(510) 272-6691 leeann.ferger	son@acgov	.org	Date of Original Filing	(Month, Day, Year)		
	Function or Event Information				94.00		
	Does the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value	of Each Ticket/Pass \$	-11.00		
	DINE	2,31,15	1 1				
	Event Description Provide Title/Explan	nation					
		Yes 🛄 No	If no: 65	<i>w</i>			
	Ticket(s)/Fass(es) provided by agency :	Name or .	Source visor Scott Haggerty, D 1				
	Was ticket distribution made at the behest	Official's Name					
	of agency official?	Official's Name	e (Last, First)				
3.	Recipients  • Use Section A to identify the agency's department or u	Design of the second	tion B to identify an Individ	ual. • Use Section C to Id	entify an outside organization.		
	A state a durante Department of Light	Number of			아내는 너무 집에서 가지 않는지 않는 것 수요? 이 것 수		
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pu	olic purpose made pursua	int to the agency's policy		
	A. Natie of Agency, Department of onit	Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursua	nt to the agency's policy		
	A. Name of Agency, Department of Onit		Describé the pu	sild purpose made pursue	nt to the agency's policy		
	A. Name of Agency, Department of ont		Describe the pu	olic purpose made purste	nt to the agency's policy.		
	A. Name of Agency, Department of one		Describe the pu	olic purpose made pursue	nt to the agency's policy		
		Pass(es)	Describe the pu				
	B. Name of Individual	Pass(es)	Describe the pu	olic purpose made pursue			
	B. Name of Individual	Pase(es) Number of Ticket(s)/			swing:		
	R Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti	Identify one of the follo	wing: ed event in order some		
	B. Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda	identify one of the folio	wing: ed event in order some		
	B. Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti parking sales.	Identify one of the follon nce at a county sponsor al county revenue for co	owing: ed event in order some [ oncession and		
	B. Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti parking sales. Ceremonial Role	Identify one of the folion nce at a county sponsor al county revenue for co	wwing: ed event in order xome [ procession and income [		
	B. Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti parking sales. Ceremonial Role	Identify one of the follon nce at a county sponsor al county revenue for co	wwing: ed event in order xome [ procession and income [		
	B. Name of Individual	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti parking sales. Ceremonial Role	Identify one of the folion nce at a county sponsor al county revenue for co	wwing: ed event in order xome [ procession and income [		
	B. Name of Individual (Less, Frei) Rever Beardonn	Pase(es) Number of Ticket(s)/	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	wing: ed event in order some for procession and income for w		
	B. Name of Individual	Pass(es) Number of Ticket(s)/ Pass(es)	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	wwing: ed event in order xome [ procession and Income [		
	B. Name of Individual (Lost, First) Rever Beaudoin Rever Beaudoin Name of Outside Organization	Number of Ticket(s)/ Pass(as)	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	wing: ed event in order some for procession and income for w		
	B. Name of Individual (Lost, First) Rever Beaudoin Rever Beaudoin Name of Outside Organization	Number of Ticket(s)/ Pass(as)	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	ed event in order come concession and income come		
	B. Name of Individual (Lost, First) Rever Beardoin Rever Beardoin	Number of Ticket(s)/ Pass(as)	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	wing: ed event in order some for procession and income for w		
	B. Name of Individual (Lost, First) Rever Beardoin Rever Beardoin	Number of Ticket(s)/ Pass(as)	To promote attenda to maximize potenti parking sales. Ceremonial Role <i>if checking "Ceremo</i>	Identify one of the follon nce at a county sponsor al county revenue for co Other nial Role" or "Other" describe belo	wing: ed event in order some for procession and income for w		

Supervisor's Assistant Lee Ann Fergerson

Print Name

6 (Month, Day, Year)

Comment: .

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Title

### Agency Report of: ante and Ticket/Page Distributions

Ceremonial Role Events and The	CKEUPass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicat	nie)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	····		1		
Lee Ann Fergerson, Supervisor's Assist	Lee Ann Fergerson, Supenvisor's Assistant				
Area Code/Phone Number   E-mail			Amendment (Must	provide explanation in Part 3.)	
	erson@acgov	.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information			1		
Does the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value o	of Each Ticket/Pass \$.	222.00	
Event Description Raiders	Event Description Raiders Description 12				
Provide Title/Ex	Provide Title/Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🛃 🛛 No 🗌	] If no:	w		
		Alaı	Name of S Meda County Super	ource visor Scott Haggerty, D 1	
Was ticket distribution made at the behest of agency official?	Was licket distribution made at the benesit No Li Yes Ma IT yes:				
3. Recipients • Use Section A to identify the agency's department of	or unit. • Use Sect	ion B to identify an individu	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 pub	lic purpose made pursuar	It to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
Josh Ollet	2		ance at a county sponso ial county revenue for c		
		Ceremonial Role If checking "Ceremon	Other Other describe below.	Income	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy	
			1		

## 4. Verification

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

Lee Ann Fergerson Print Name

Supervisor's Assistant Title

(Month, Day, Year)

Comment: \_

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Ceremonial Role Events	and Tick	et/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OOL For Official Use Only
Division, Department, or Region	(If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nam	ne,Title)				
Michelle Archuleta					
Area Code/Phone Number E-	mail			Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6692 mi	ichelle.arch	uleta@acgc	ov.org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Informa	tion				00.000
Does the agency have a ticket po	•	Yes 🛛 No [		f Each Ticket/Pass \$	
Event Description Warriors vs. C	Orlando Mag	gic	Date(s) 03	, 07 , 16	///
Pro	ovide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder			n State Warriors		
				Name of Sou	
Was ticket distribution made at th of agency official?	ie behest	No 🗌 Yes [	If yes: Valle,	Richard- Supervisor [ Official's Name (L	ast, First)
. Recipients					
Use Section A to identify the agency's d	lepartment or u		tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department of	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other 🔀	
Jahan, Farbod		4	If checking "Ceremon	ial Role" or "Other" describe below:	
		4	To reward a studer	nt for outstanding scho	lastic achievement
			Ceremonial Role	Other	Income
		4	If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organizat (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
					Sec.

4. Verification

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

Michelle Archuleta

Print Name

Director of Operations

(Month, Day, Year)

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

6

Alameda County       Form OV2         Division, Department, or Region (If Applicable)       For Official Use Only         Board of Supervisors       For Official Use Only         Designated Agency Contact (Name, Title)       Imichelle Archuleta         Area Code/Phone Number       E-mail         (510) 272-6692       michelle.archuleta@acgov.org         2. Function or Event Information       Dest of Original Filing:	1.	Agency Name	0			Date Stamp	California 002	
Division, Department, or Region (if Applicable)         Bestignated Agency Contact (Name 70ke)         Michelle Archuleta         Area Code/Phone Number         Exemption         (510) 272-6692         Imichelle Archuleta         Area Code/Phone Number         E-mail         (510) 272-6692         Imichelle Archuleta         Area Code/Phone Number         E-mail         (510) 272-6692         Imichelle archuleta@gacgov.org         Des the agency have a ticket policy?         Provide TitleE-planter         Des the agency have a ticket policy?         Provide TitleE-planter         Des the agency have a ticket policy?         Yes []       No []         If roc:       Golden State Warriors         Tocket(s)/Pass(es) provided by agency?       Yes []         Name of individual       If rog:         - Use Section A to identify the agency's department or unit.       - Use Section B to identify an outside organization.         A. Name of individual       Number of TitleExempt       Describe the public purpose made pursuant to the agency's policy         Angelito, David       4       To reward a community volunteer for his service to the public.         C. Name of Outside Organization (Intervertion for the distribution set								
Designated Agency Contact (Nom: Title)         Michelle Archuleta         Area Code/Phone Number         [510] 272-6582         Inchelle archuleta@explanation in Part 3.)         Date of Original Filing:         // Momin, Day, Yeary         2. Function or Event Information         Des the agency have a ticket policy?         Yes IS       No         Event Description       Marrinor vs. Los Angeles Lakers         Provide Tabe/paration       Date (s)         Ticket(s)/Paas(es) provided by agency?       Yes IS         Was ticket distribution made at the behest       No         Yes IS       Yes IS         Magency Official?       Tracket(s)/Paas(es) provided by agency?         Yes IS       No			on (If Applicabl		For Official Use Only			
Michelle Archuleta		-						
Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       Date of Original Filling: //Month_Day, Year/         2. Function or Event Information Does the agency have a ticket policy?       Yes ⊠ No □ Provide TimeExplanation       Face Value of Each Ticket/Pass \$/100.00         Event Description       Warriors vs. Los Angeles Lakers Provide TimeExplanation       Date (s) 011 11         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No ⊠       If no: Golden State Warriors         Was ticket distribution made at the behest of agency official?       No ⊠ Yes ⊠       If no: Golden State Warriors         .use Section A to identify the agency's department or unit.       • Use Section C to identify an outside erganization.         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 _sam res/       Number of To reward a community volunteer for his service to the public.       Income [         Angelito, David       4       Corremonial Role		Designated Agency Contact (	Name, Title)					
Area Code/Phone Number (S10) 272-6692       E-mail michelle archuleta@acgov.org       Date of Original Filing:		Michelle Archuleta		Amendment (Must p	rovide explanation in Part 3.)			
C. Name of Outside Organization     Angelito, David     Angel		Area Code/Phone Number			and failed a			
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass S       1,100.00         Event Description       Warriors vs. Los Angeles Lakers       Date(s)       01       14       16       ////////////////////////////////////		(510) 272-6692	michelle.arc	chuleta@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)	
Desc the agency have a tacket policy?       Yes B       No I       Prace value of Each inckeuras s         Event Description       Warriors vs. Los Angeles Lakers Provide TitleE-planation       Date(s)       01       14       16         Ticket(s)/Pass(es) provided by agency?       Yes D       No E       If no:       Golden State Warriors       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No E       If yes.       Valle, Richard- Supervisor District 2       Official's Name (Last, First)         3.       Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Receive?       Identify one of the following: It device?       Income [         Angelito, David       4       Ceremonial Role Other & accide balow.       Income [         If the distribution set forth above, is in accordance with the agency's policy Pass(es)       Income [       Income [         4       Ceremonial Role	2.	Function or Event Inform	nation				1 100 00	
Ticket(s)/Pass(es) provided by agency? Yes No  Ticket(s)/Pass(es) Provided by agency? The provided by agency? The provided by agency? The provided by agency? The provided by agency? Yes Provided Book Provided								
Was ticket distribution made at the behest       No Yes X       If yes: Valle, Richard-Supervisor District 2         Ofdicates Name (Last, First)       Ofdicates Name (Last, First)         3. Recipients       •Use Section A to identify the agency's department or unit.       • Use Section A to identify an outbide organization.         A. Name of Agency, Department or Unit       Number of Telesteries       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (set First)       Number of Telesteries       Describe the public purpose made pursuant to the agency's policy         Angelito, David       4       Ceremonial Role Other X       Income [         If decking "Centronial Role Other X       Income [       Income [         If decking "Centronial Role Other I on the top lobic.       Income [       Income [         If decking "Centronial Role Other I on the service to the public.       Income [       Income [         If decking "Centronial Role Other I on the service to the public.       Income [       Income [         If decking "Centronial Role Other I on the agency's policy Include address and description)       Number of Ticket(s)       Income [         If decking "Centronial Role I other I income I income I include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy Include address and description)         Include address and description) <t< th=""><th></th><th>Event Description Warriors v</th><th>s. Los Angelo Provide Title/Exp</th><th>es Lakers</th><th> Date(s)1</th><th>i <u>,</u> 14 <u>,</u> 16</th><th>///</th></t<>		Event Description Warriors v	s. Los Angelo Provide Title/Exp	es Lakers	Date(s)1	i <u>,</u> 14 <u>,</u> 16	///	
Was ticket distribution made at the behest       No Yes X       If yes: Valle, Richard-Supervisor District 2         Ofdicates Name (Last, First)       Ofdicates Name (Last, First)         3. Recipients       •Use Section A to identify the agency's department or unit.       • Use Section A to identify an outbide organization.         A. Name of Agency, Department or Unit       Number of Telesteries       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (set First)       Number of Telesteries       Describe the public purpose made pursuant to the agency's policy         Angelito, David       4       Ceremonial Role Other X       Income [         If decking "Centronial Role Other X       Income [       Income [         If decking "Centronial Role Other I on the top lobic.       Income [       Income [         If decking "Centronial Role Other I on the service to the public.       Income [       Income [         If decking "Centronial Role Other I on the service to the public.       Income [       Income [         If decking "Centronial Role Other I on the agency's policy Include address and description)       Number of Ticket(s)       Income [         If decking "Centronial Role I other I income I income I include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy Include address and description)         Include address and description) <t< td=""><td></td><td>Ticket(s)/Pass(es) provided by</td><td></td><td>If no: Golde</td><td>n State Warriors</td><td></td></t<>		Ticket(s)/Pass(es) provided by		If no: Golde	n State Warriors			
of agency official?       Umber of taken by the agency's department or unit.       • Use Section A 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         B. Name of Individual (Last, Fred)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Angelito, David       Tumber of Ticket(s)       Identify one of the following:       Income [Agency, Department or Unit.]         Angelito, David       To reward a community volunteer for his service to the public.       Income [Agency of the service to the public].         4       Ceremonial Role I Other I income [Agency of the service to the public].       Income [Agency of the service to the public].         4       Ceremonial Role I Other I income [Agency of the service to the public].       Income [Agency of the service to the public].         4       Ceremonial Role I Other I income [Agency of the service to the public].       Income [Agency of the service].         4       Ceremonial Role I Other I income [Agency of the service].       Income [Agency of the service].         4       Ceremonial Role I Other I income [Agency of the service].       Income [Agency of the service].         4       Ceremonial Role I Other I income [Agency of the service].       Income [Agency of the service].         4       Michelite Agency of the service].       Income [Age						Name of So		
3. Recipients     4. Name of Agency, Department or Unit     Vesses(es)     Angelito, David     Angeli				No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2	
- 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     Tricket(s)     Pass(es)     Describe the public purpose made pursuant to the agency's policy     Pass(es)     Identify one of the following:		of agency official?				Umciai s Name (	Last, First)	
A.       Name of Agency, Department or Unit       Number of Ticket(s)?       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (set First)       Number of Ticket(s)?       Identify one of the following:         Angelito, David       Number of Ticket(s)?       Ceremonial Role       Other       Income         Angelito, David       4       Ceremonial 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         4       Operating Ceremonial Role       Other       Director describe below:         4       Describe the public purpose made pursuant to the agency's policy         4       Describe the public purpose made pursuant to the agency's policy         4       Describe the public purpose made pursuant to the agency's policy         4       Describe the public purpose made pursuant to the agency's policy         6       Michelle Archuleta       Director of Operations       1// 7// // // // // // // // // // // //	3.					····		
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Law free)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Angelito, David       Number of Ticket(s)/ Pass(es)       Ceremonial Role       Other       Income         Angelito, David       4       Ceremonial Role       Other       Income       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Verification       And 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Michelle Archuleta       Director of Operations       I// 7///// / Monn, pay, Year/		Use Section A to identify the agency's department or ur			ction B to identify an individ	ual. • Use Section C to iden	tity an outside organization.	
B.       Name of Individual (Last First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Angelito, David       4       Ceremonial Role Other @ Income [ If checking "Ceremonial Role Other @ scribe below."       Income [ If checking "Ceremonial Role Other @ scribe below."         Angelito, David       4       Ceremonial Role Other @ scribe below."       Income [ If checking "Ceremonial Role" or "Other describe below."         C.       Name of Outside Organization (Include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Vetification       A         B944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Michelle Archuleta       Director of Operations       1/		A. Name of Agency, Department or Unit		Ticket(s)/	Describe the put	iblic purpose made pursuant to the agency's policy		
B.       Name of Individual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Angelito, David       4       Ceremonial Role Other Income If checking "Ceremonial Role" or "Other ' Secret below:       Income         Angelito, David       4       Ceremonial Role Other       Income         4       Ceremonial Role       Other       Income         4       Ceremonial Role       Other								
B.       Name of Individual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Angelito, David       4       Ceremonial Role Other Income If checking "Ceremonial Role" or "Other ' Secret below:       Income         Angelito, David       4       Ceremonial Role Other       Income         4       Ceremonial Role       Other       Income         4       Ceremonial Role       Other							· · · · ·	
Angelito, David       4       Ceremonial Role       Other Image: Ceremonial Role of Other describe below:		B. Name of Individua (Last, First)	al	Ticket(s)/		Identify one of the follow	ing:	
4       To reward a community volunteer for his service to the public.         Ceremonial Role       Other       Income         4       If checking "Ceremonial Role" or "Other" describe below.         6       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       Income       Income         4       Includes 1 parking pass at the value of \$30       Includes 1 parking pass at the value of \$30		Angelito, David					income	
4       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Verification       A         *8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Michelle Archuleta       Director of Operations       1/7/100         V       Print Name       Title       1/7/100				4	To reward a comm	nunity volunteer for his	service to the public.	
A     A     C. Name of Outside Organization     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's policy     A     Verification     A     result and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. <u>Michelle Archuleta</u> Director of Operations <u>I/7/100</u> Print Name     Title     Includes 1 parking pass at the value of \$30							Income	
C. Name of Outside Organization (include address and description)     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy     Pass(es)     description     descrip				4		14. 1		
V Includes 1 parking pass at the value of \$30		C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
V Includes 1 parking pass at the value of \$30								
V Includes 1 parking pass at the value of \$30				+				
Michelle Archuleta Director of Operations 1/7/10/ Print Name Title (Month, Day, Year)	4.	Verification	18011 1 -	nd 18942 ( have ye	erified that the distribution set	forth above is in accordance w		
Includes 1 parking pass at the value of \$30						Director of Operation	1/7/1/0	
Comments Includes 1 parking pass at the value of \$30		v · · · · ·		Print Nar	ne	Title	(Month, Day, Year)	
		Includes 1 parkir	ng pass at the	e value of \$30	0			

	S and no	Neur ass	Distributions		A Public Document
. Agency Name	-		ä	Date Stamp	California 802
Alameda County	Alameda County				
Division, Department, or Regio	on (If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			-	
Michelle Archuleta					
	E-mail			Amendment (Must pr	
(510) 272-6692	michelle.arcl	nuleta@acg	ov.org	Date of Original Filing: .	(Month. Day, Year)
2. Function or Event Inform	nation			I	
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$	500.00
Event Description Warriors vs	. Indiana Pad	cers	Data(a) 01	, 22 , 16	//
Event Description	Provide Title/Expla	anation	Date(s)	//	//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors	
· · · · · ·				Name of Sou	
Was ticket distribution made at of agency official?	t the behest	No 🗋 Yes	If yes: Valle,	, Richard- Supervisor [ Official's Name (L	ast First)
				oniola o Hanio (2	
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agency</li> </ul>	's department or i	unit • Use Ser	tion B to identify an individu	ual  Ise Section C to ident	ify an outside organization.
	220	Number of			
A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
Thompson, Gary			Ceremonial Role	Other 🔀	Income
		2		y employee for his exe	emplary service to the
· · · · · ·			Ceremonial Role		
Bremond, Kevin		2		nial Role" or "Other" describe below: - y employee for his exe	
C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Z					
4. Verification		18942 / have y	erified that the distribution set	forth above, is in accordance wil	th the requirements
	0 <del>014</del> . i dil	Michelle Ar	chuleta	Director of Operations	1/2/1/10
<ul> <li>• • • • •</li> </ul>		Print Nan	ne	Title	(Month, Day, Year)
Comment: Includes 1 parkin	g pass at the	value of \$30	).		

#### 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 35.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Monster Energy Supercross Date(s) \_\_\_\_/\_ 30 16 Provide Title/Explanation If no: Oakland Athletics 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)

3	Ceremonial Role Other A Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary service to the public.
3	Ceremonial Role Other Income Income
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	3 Number of Ticket(s)/

4. Verification

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

Michelle Archuleta

Signature of Agency Head or Designee

/ //

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(Month Dav

A Public Document

Comment: .

**Director of Operations** 

Title

A Public Document

ocromonial Noic El	onto ana no	10011 000	Brothbattonio		A Fublic Document		
1. Agency Name				Date Stamp	California 802		
Alameda County					Form 002		
Division, Department, or	Region (If Applicable	e)		1	For Official Use Only		
Board of Supervisors							
Designated Agency Cont	act (Name, Title)			1			
Michelle Archuleta							
Area Code/Phone Numb	er E-mail			Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6692	michelle.arc	huleta@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event In	formation			·			
Does the agency have a	ticket policy?	Yes 🛛 No	🗂 🛛 Face Value 🛛	of Each Ticket/Pass \$ _	700.00		
Event Description Warrie	ors vs. Atlanta Ha	wks	Date(s) 0	3 , 01 , 16	///		
	Provide Title/Exp	lanation					
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗋 No	If no: Golde	n State Warriors			
				Name of Sc Richard- Supervisor			
Was ticket distribution ma of agency official?	Was ticket distribution made at the behest No Yes If yes: Valle			e, Richard- Supervisor Official's Name (	Last, First)		
		<u></u>					
	• 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, Dep		Number of		blic purpose made pursuan			
A. Name of Agency, Dep		Ticket(s)/ Pass(es)	becombe the pu		to allo ugolicy o policy		
B. Name of Inc		Number of Ticket(s)/		Identify one of the follow	nng:		
Lesi Fir	st)	Pass(es)					
Saiyd, Nazim			Ceremonial Role If checking "Ceremo	Other 🔀 onial Role" or "Other" describe below:	Income		
			To reward a comn	nunity volunteer for his	service to the public.		
				·			
			Ceremonial Role		Income		
			If checking "Ceremo	nial Role" or "Other" describe below:			
C. Name of Outside	Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy		
(include address a	nd description)	Pass(es)	DeachDe the pu	Die purpose made pursuan	t to the agency a policy		
•							
4. Verification							
	8944.1 ar	nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	10111		
		Michelle Ar		Director of Operation			
		Print Nan	ne	Title	(Month, Day, Year)		

Comment: \_\_\_\_\_\_ for the value of \$30.

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 700.00 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Warriors vs. Utah Jazz 09 03 16 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 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. Ticket(s)/ Pass(es) Identify one of the following: (Lasi, First) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Hayward Chamber of Commerce To reward a non-profit organization for its contributions to the 4 22561 Main Street, Hayward, CA 94541 community. Benefits local organizations to support volunteerism Varification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Archuleta **Director of Operations** Signature of Agency Heag of Designee Print Name Title

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

C	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		Form 002		
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta				
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6692 michelle.arch	uleta@acgo	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				(monin, bay, roar)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	600.00
	Event Description Warriors vs. Utah Jazz			3 , 09 , 16	, ,
	Event Description Provide Title/Explan	nation	Date(s)		//
	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 [ Official's Name (L	District 2
				Oniciai s Name (E	
3.	Recipients	nit - Lloo Coa	tion D to identify on individu	ual a Line Spatian C to ident	ifu on quinido organization
	Use Section A to identify the agency's department or un	Number of		3	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	<u> </u>				
	-				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng
	(Lass: First)	Pass(es)			
			Ceremonial Role	Dther describe below:	Income
			Ceremonial Role	Other	
			If checking "Ceremon	ial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		1 435(03)	<b>T</b>		
	St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward,CA94545	4	community.	rofit organization for its	contributions to the
	Raises funds to continue hospital mission of providing quality health care				
_	mission of providing quality health care				

4. Verification

1

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

Signature of Agency Head or Designee

•

Print Name

Michelle Archuleta

1	121	//	0
	(Month	av Ye	ar)

1

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

**Director of Operations** 

Title

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**A** 

1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OOZ For Official Use Only		
	Division, Department, or Region	ı (If Applicable)		For Official Ose Offiy				
	Board of Supervisors							
	Designated Agency Contact (Na	me, Title)						
	Michelle Archuleta							
	Area Code/Phone Number E	-mail				ovide explanation in Part 3.)		
	(510) 272-6692 r	nichelle.arch	nuleta@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform	ation				600.00		
					f Each Ticket/Pass \$			
	Event Description Warriors vs.	Portland Tra	ail Blazers	Date(s)03	, 11 , 16			
	F	Provide Title/Expla						
	Ticket(s)/Pass(es) provided by a	agency?	n State Warriors	ICP				
	Wee tigket distribution mode at the behast and the version Valle							
	of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle, of agency official?			Richard- Supervisor E Official's Name (L	ast, First)		
3.	Recipients							
•••	Use Section A to identify the agency's	department or u	unit. • Use Secti	ion 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 public purpose made pursuant to the agency's policy				
					· · · · · ·			
	·							
	B. Name of Individual (Last, First)				Identify one of the following:			
	· · · · · · · · · · · · · · · · · · ·		Pass(es)	Ceremonial Role	Other			
					ial Role" or "Other" describe below:			
		<u> </u>				· · · · · · · · · · · · · · · · · · ·		
				Ceremonial Role If checking "Ceremon	Other describe below:			
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy		
	Sunol Business Guild		4	To reward a non-pi	ofit organization for its	contributions to the		
	P.O. Box 94, Sunol, CA 9458	6		community.				
	Raises funds for Sunol Glen I School and CERT programs	Elementary						
4.	Verification A		• <u>·</u>					
	I ns 18944.1 and 18942. I have verified that the distribution set for			forth above, is in accordance wit	h the requirements.			
			Michelle Arch		Director of Operations			
	V algumente of Agency-action designed		Print Name		Title	(Month, Day, Year)		
	Comment: Includes 1 parking	pass at the	value of \$30.					
						FPPC Form 802 (4/12		

C	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name	2		Date Stamp	California 802
	Alameda County				T OTTIL
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 michelle.arch	uleta@acoo	ov.ora	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Information				(Wohth, Day, real)
<b>-</b>		of Each Ticket/Pass \$	700.00		
	Merriere un Mechineten	Yes 🛛 No 🛛			
	Event Description	8 <u>29</u> 16	//		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder			n State Warriors	
	Ticket(s)/Pass(es) provided by agency?	Name of So			
	Was ticket distribution made at the behest No Ves If yes: Valle,			Richard-Supervisor	District 2
	of agency official?			Official's Name (	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individu			ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
		Pass(es)			
			· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	
			If checking "Ceremor	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			
	Intero Foundation, East Bay	4		rofit organization for its	s contributions to the
	32145 Alvarado-Niles Rd, Union City CA		community.		
	Raises funds for children's programs in communities they serve				
4.	Verification		·		2
		18942. I have ve	erified that the distribution set	forth above, is in accordance w	th the requirements.
		Michelle Ard	chuleta	Director of Operations	s 1/27/((C
	Vsignature of Agency Head or Designee	Print Narr		Title	Month, Day, Year)
	Comment Includes 1 parking pass at the	value of \$30	).		
	Comment:			·	

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

A Public Document

		ma and m	Sheur abb	Distributions		A Public Document
1.	Agency Name			a prospersion in particular (Alasia) francés	Date Stamp	California 802
	Alameda County					Form 002 For Official Use Only
	Division, Department, or Re	egion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contac	t (Name, Title)				
	Steven Jones					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	steven.jone	es@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info Does the agency have a tic Event Description Basketb	ket policy?	Yes 🗵 No [		of Each Ticket/Pass \$ _ 12716	\$700/\$30parking
	Ticket(s)/Pass(es) provided Was ticket distribution mad of agency official?	planation Yes 🗌 No [ No 🔲 Yes [	If no: Golden State Warriors Name of Source Alamada County Supervisor Wilma Chan			
3.	• Use Section B to identify the agency's department or unit. • Use Section B to identify an individ				dual. • Use Section C to idea	ntify an outside organization.
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy
	B. Name of Indiv (Last, Frst)	iduəl	Number of Ticket(s)/		Identify one of the follow	wing:
	Tam, Judy		Pass(es) 4+1park	To promote attend	Other Other or "Other" describe below dance at an event held potential County reve	at a County facility in
		<u> </u>	4+1park	Ceremonial Role If checking "Cerem	Other D	Income

C.

Name of Outside Organization (include address and description)

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

Number of

Ticket(s)/ Pass(es)

	Steven Jones	Central District Director	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

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

**A Public Document** 

1. Agency Name		and the second		Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Region	(If Applicable)				For Oricial Use Only
Board of Supervisors					
Designated Agency Contact (Nam	ne, Title)				
Steven Jones					
	nail				rovide explanation in Part 3.)
(510) 272-6693 ste	even.jones@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Informat	tion	38.4 <u>2</u> .42.8	10 · · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket po	licy?	res 🛛 No [	Face Value d	of Each Ticket/Pass \$ _	\$350
Event Description Basketball Ga			Date(s)01	, 04 , 16	//
Event Description	vide Title/Explar	nation			
Ticket(s)/Pass(es) provided by ag	encv?	Yes 🗌 No 🕻	র If no: Golder	n State Warriors	
	, <u>,</u> .			Name of So	
Was ticket distribution made at th	e behest	No 🗌 Yes 🛛	If yes: Alam	eda County Supervisor Wilma Chan	
of agency official?				er	
Use Section A to identify the agency's department or un		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, Frist)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremo	Other D	Income
			Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below:	Income [
C. Name of Outside Organiza (include address and description)	tion ption)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Food Shift   2150 Allston Way, Berkeley, CA 94704	Suite 460	2	To promote attend order to maximize	ance at an event held potential County rever	at a County facility in nue from sales.
Works to reduce food waste, for hungry, and build resilient com					1991 - 1971 - 5 B 2 5 5.

#### 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	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document California 1. Agency Name Date Stamp 0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number É-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$350 Face Value of Each Ticket/Pass \$\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Basketball</u> Game Date(s) 01 / 02 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan 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 A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Jackson, Bob	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2	Ceremonial Role Conternation Other Conternation 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

#### 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	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$350 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game Date(s) \_\_\_\_01 16 04 1 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County</u> Supervisor Wilma Chan 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 B. Ticket(s)/ Identify one of the following: (Lost, Fast) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Hirota, Sherry 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

#### 4. Verification

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

(	Steven Jones	Central District Director	02.01.2016
Signature of gency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

Ce	eremonial Role Event	s and Tic	ket/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			1 -	provide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing	(Month Day Year)
2	Function or Event Inform					
۷,	Does the agency have a ticket		Yes 🛛 No 🛛	Face Value (	of Each Ticket/Pass \$ _	\$700
	Event Description Basketball	Provide Title/Exp	lanation	Date(s)		//
	Golder		n State Warriors			
			Name of S			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alam		eda County Supervis	or Wilma Chan		
	of agency official? Official's Name (Last, First)					(Last, First)
3.	• Use Section A to identify the agence • A. Name of Agency, Departme		r unit. • Use Sec Number of Ticket(s)/ Pass(es)		lual. • Use Section C to ide blic purpose made pursua	
	<b>B.</b> Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	D. iLast, First)		Pass(es)		•	
	Oshan Dan			Ceremonial Role	Other Donial Role" or "Other" describe below	Income
	Cohen, Dan		2	To promote attend		d at a County facility in
			2	Ceremonial Role If checking *Ceremo	Other D onial Role" or "Other" describe below	Income
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy

## 4. Verification

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

	Steven Jones	Central District Director	02.01.2016	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

Comment: \_\_\_

A Public Document

			and the second se			
	Agency Name			10111-00-01	Date Stamp	California 802
	Alameda County				đ 0	Form OOZ For Official Use Only
	Division, Department, or Regi	ion (If Applicable	;)			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	······		1	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing	(Month, Day, Year)
-	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$1,100/\$30parking
	Event Description Basketbal			Date(s)	1 , 14 , 16	//
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	-
					Name of S	
	Was ticket distribution made a	at the behest	No 🗌 Yes [	If yes: Alam	eda County Supervis Official's Name	or vviima unan
	of agency official?					
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	lual. • 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 pu	blic purpose made pursua	nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role		Income
	Lam, Marianne		2+1park		onial Role" or "Other" describe below	at a County facility in
				order to maximize	potential County reve	enue from sales.
			2+1park	Ceremonial Role	Other D	Income
	C. Name of Outside Orga	nization	Number of	Describe the pu	iblic purpose made pursua	nt to the agency's policy
			Ticket(s)/			
	(include address and de		Ticket(s)/ Pass(es)			

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.

	<ul> <li>Steven Jones</li> </ul>	Central District Director	02.01.2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: \_\_\_\_\_

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$700/\$30parking Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game Date(s) 01 / 11 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: <u>Alameda County</u> Supervisor Wilma Chan 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)

B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Burrows, Sean	Qu du ante	Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income
	2+1park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2+1park	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

	Steven Jones	Central District Director	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .....

**A Public Document** 

1. /	Agency Name Alameda County				Date Stamp	California 802
ļ						Form
۵	Division, Department, or Regi	on (If Applicable	3)	······································		For Official Use Only
E	Board of Supervisors					
ī	Designated Agency Contact (	Name, Title)				
ę	Steven Jones					The surface for in Rev 2 h
	Area Code/Phone Number E-mail				provide explanation in Part 3.)	
(	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				¢1 100
	Does the agency have a ticke		Yes 🛛 No 🕻	Face Value of	of Each Ticket/Pass \$ .	\$1,100
	Event Description Basketball Game			Date(s) 01	1416	//
C						
٦	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			If no: Golde	n State Warriors Name of S	201100
1	Nas ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🕻	If yes: Alam	eda County Supervis Official's Name	(Last, First)
			NAME OF STOLES. OF STOLE O			ಕ್ರಿ ಗ್ರಾಂಧವಾದ್ ಕಟ್ಟಿಗೆಗೆ ಕ್ರೀಕ್ರ್ ಸ್ಟ್ರಾಮ್
3.	• Use Section A to identify the agenc	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
-	A. Name of Agency, Department or Unit Number of Ticket(s)/				olic purpose made pursua	
			Pass(es)			
-						
			Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the folio	wing:
-				Ceremonial Role	Other	Income
	Cutter, Scott		2		nial Role" or "Other" describe below	
			2	To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.		d at a County facility in
					D Other nial Role" or "Other" describe below	
			2			
·	C. Name of Outside Organ	nization	Number of	Describe the pu	blic purpose made pursua	int to the agency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursue	int to the agency e poney
					100	

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	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$500 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗖 Event Description \_\_\_\_\_Basketball Game 01 , 22 16 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> 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 A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: ilast Fritt Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Lam, Marianne 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

A Public Document

. /	Agency Name				Date Stamp	California 802	
ŀ	Alameda County					Form OOL	
Ē	Division, Department, or Reg	ion (If Applicabl		For Official Use Only			
E	Board of Supervisors						
Ī	Designated Agency Contact	(Name, Title)					
ę	Steven Jones				nuclida aurolanation in Dart 2 )		
7	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
(	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)	
,	Function or Event Infor	mation				¢EQ0 / \$20 perking	
Ľ	Does the agency have a ticke	et policy?	Yes 🗵 No 🛛	Face Value o	of Each Ticket/Pass \$ _	\$500 / \$30 parking	
	Event Description Basketbal	I Game		Date(s) 01	1 <u>, 22 , 16</u>	//	
	Event Description	Provide Title/Exp	planation				
٦	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 🛛 No 🕻	If no: Golde	n State Warriors Name of S	-	
١	Nas ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: Alam	es: Alameda County Supervisor Wilma Chan Official's Name (Last, First)		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
	B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	·····			Ceremonial Role	Other	Income	
	Cravalho, Brian		2+1park	To promote attend	nnial Role" or "Other" describe below: lance at an event held at a County facility potential County revenue from sales.		
			2+1park	Ceremonial Role If checking "Ceremo	Other D	Income [	
	C. Name of Outside Orga (include address and de	inization	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
		.semptiony	Pass(es)				

#### 4. Verification

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

	Steven Jones	Central District Director	02.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

						A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County			_	For Official Use Only	
	Division, Department, or Regi	on (If Applicabl	e)			
	Board of Supervisors			·		
	Designated Agency Contact (/	lame, Title)	1			
	Steven Jones					
		E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				\$35.00
	Does the agency have a ticket	policy?	Yes 🗵 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _	
	Event Description Monster Er	nergy AMA S	Supercross	Date(s)	1 , 30 , 16	
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛙	If no: Golde	en State Warriors	
		U - J -			Name of Sc	
	Was ticket distribution made a	t the behest	No 🗌 Yes [	⊠ Ifyes: Alam	neda County Superviso Official's Name (	
	of agency official?				Unicial's Name (	
			Pass(es)			
	B. Name of Individua (Last, First)	d.	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving
				Ceremonial Role If checking "Ceremo	Other     Other     Other	Income
				Ceremonial Role If checking "Cerem	B Other D nonial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy
	San Lorenzo Jr. Rebels   Po San Lorenzo, CA   94580	4		h, motivate and provide ulations in the County.	e expanded opportunitie	
	San Eorenzo, GA   54000					

	Steven Jones	Central District Director	02/01/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

Agen	Agency Name			Date Stamp	California 802	
Alame	Alameda County				Form 002	
Divisio	on, Department, or Regi	on (If Applicable)				For Official Use Only
Board	Board of Supervisors Designated Agency Contact (Name, Title)					
Desigr						
Steve	en Jones					t provide explanation in Part 3.)
Area C	Area Code/Phone NumberE-mail(510) 272-6693steven.jones@				_	
(510)			@acgov.org		Date of Original Filing	(Month, Day, Year)
. Func	tion or Event Inform	nation				\$55.00
	Does the agency have a ticket policy? Yes 🗵			🗍 🛛 Face Valu	e of Each Ticket/Pass \$	
Event	Description Harlem Glo	obetrotters		Date(s)	01 <u>, 23 , 16</u>	/
Eveni	Event Description Harlem Globetrotters					
Ticket	(s)/Pass(es) provided by	y agency?	Yes 🗌 No [	⊠ lf no: <u>Gol</u>	den State Warriors	
					Name of Supervise	
	icket distribution made a	it the behest	No 🗌 Yes [	If yes: Ala	ameda County Supervis Official's Name	e (Last. First)
or ag	ency official?	-1-1-1-C		0 a n 0		
. Reci	pients			the main interview and	uidual - Line Section C to id	antifu an autrido organization
• Use S	Section A to identify the agency	y's department or u	Number of			entify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the	public purpose made pursua	ant to the agency's policy
						-
			Number of			
В.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
В.		al	Ticket(s)/	Ceremonial R If checking "Cen		Income
В.		al	Ticket(s)/	If checking "Cen Ceremonial R	ole D Other describe belo	Income [
В. С.		nization	Ticket(s)/	If checking "Cen Ceremonial R If checking "Cen	ole D Other c or "Other" describe belo	Income [ w: Income ]
C. Junic	(Last, First) Name of Outside Organ	nization scription) League   250	Ticket(s)/ Pass(es)	If checking "Cen Ceremonial R If checking "Cen Describe the To promote hea	ple Dther purpose made pursua	Income [ Income ] Income ] Income ] Income ] Income ] Income ]
C. Junic Fran Yout	(Last, First) Name of Outside Organ (include address and des or Warriors Basketball	nization scription) League   250 512 s on teamwork	Ticket(s)/ Pass(es)	If checking "Cen Ceremonial R If checking "Cen Describe the To promote hea	De Dother Demonial Role" or "Other" describe belo De Dother Dother Demonial Role" or "Other" describe belo public purpose made pursua Ith, motivate and provid	Income [ Income ] Income ] Income ] Income ] Income ] Income ]
C. Junic Fran Yout and	(Last, First) Name of Outside Organ (include address and det or Warriors Basketball ok H. Ogawa Plaza, 946 th athletics with a focus character development <b>fication</b>	nization scription) League   250 512 on teamwork	Ticket(s)/ Pass(es)	If checking "Cen Ceremonial R If checking "Cen Describe the To promote hea to vulnerable po	Dele       Other	Income [ Income ] Income ] Inc
C. Junic Fran Yout and	(Last, First) Name of Outside Organ (include address and det or Warriors Basketball ok H. Ogawa Plaza, 946 th athletics with a focus character development	nization scription) League   250 512 on teamwork	Ticket(s)/ Pass(es)	If checking "Cen Ceremonial R If checking "Cen Describe the To promote hea to vulnerable po	Dele       Other	Income

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	1			Collifornia
			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (If A	pplicable)			
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				i (a construction in Dent 2.)
				ovide explanation in Part 3.)
(510) 272-6693 steve	n.jones@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Informatio	n N			¢55.00
		Face Value of	of Each Ticket/Pass \$	\$55.00
Fuent Description Harlem Globetro	tters	Data(s) 0'	1 , 16 , 16	
Event Description	Title/Explanation			<u></u>
Ticket(s)/Pass(es) provided by agen	cy? Yes⊟ No.I	If no: Golde	n State Warriors	
	_			
	ehest No 🗌 Yes	If yes: Alam		ast First)
of agency official?				
Use Section A to identify the agency's depa	Number of			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:
	Pass(es)			Income
				Income
		Describe the pu	blic purpose made pursuant	to the agency's policy
Oakland Citywide Girls' Sports   2 Frank H. Ogawa Plaza, 94612	250 4			
Youth athletics with a focus on te and character development	amwork			
	Division, Department, or Region (If A         Board of Supervisors         Designated Agency Contact (Name, T         Steven Jones         Area Code/Phone Number         (510) 272-6693         Function or Event Informatio         Does the agency have a ticket policy         Event Description         Harlem Globetro         Provide         Ticket(s)/Pass(es) provided by agen         Was ticket distribution made at the b         of agency official?         Recipients         • Use Section A to identify the agency's depa         A.         Name of Individual         (Last Fred)	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         Harlem Globetrotters         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes □ No         Vas ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency is department or unit.         • Use Section A to identify the agency is department or unit.         • Use Section A to identify the agency is 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         Itakt Pricti         Oakland Citywide Girls' Sports   250 Frank H. Ogawa Plaza, 94612         Youth athletics with a focus on teamwork	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number       E-mail steven.jones@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes X         Provide Titla/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes X         Nas ticket distribution made at the behest of agency official?       No Yes X         Recipients       Use Section B to identify the agency's department or unit.       • Use Section B to identify an individ Ticket(s)/ Pass(es)         B.       Name of Individual itext first       Number of Ticket(s)/ Pass(es)       Ceremonial Role if checking "Ceremonial Role if checking "Ceremoni	Alameda County         Jivision, Department, or Region (if Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven jones@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes No         Function or Event Information         Does the agency have a ticket policy?       Yes No         Fronted TitleExplanation         Ticket(s)/Pass(es) provided by agency?       Yes         Name of Soc         Alameda County Supervisor         Name of agency official?         Recipients         Lise Section A to identify the agency's department or unit.       * Use Section B to identify an individual.       • Use Section C to identify an individual.       • Use Section C to identify and individual.         Alame of Agency. Department or Unit       Tracket(s)/       Pass(es)       Other I         I add individual       Number of Tracket(s)/       Recemonial Role       Other I         I add individual       Number of Tracket(s)/       Pass(es)       Ceremonial Role       Other I         I coecimp 'Commonial Role       Other I       If creacing 'Commonial Role       Other I       If creacing 'C

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

Comment: \_

Ceremonial Role Events ar	nd Ticket/Pass	Distributions		A Public Document
1. Agency Name	Agency Name			
Alameda County				Form OOL
Division, Department, or Region (#	Applicable)	,		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)		-	
Steven Jones				
Area Code/Phone Number E-ma	il			rovide explanation in Part 3.)
(510) 272-6693 stev	en.jones@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket polic		Face Value	of Each Ticket/Pass \$ _	\$47.25
Event Description Professional Bu			1 , 09 , 16	//
Event Description	le Title/Explanation			//
Ticket(s)/Pass(es) provided by ager		Market If no: Golde	n State Warriors Name of So	
Here (3) ass(c3) provided by age				
Was ticket distribution made at the behest No I Yes If yes: Alar			neda County Superviso Official's Name (i	r Wilma Chan
of agency official? Official's Name (Last, First)				
A. Name of Agency, Department or L	Jnit Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Fass(es)	Ceremonial Role	Other	Income
Torres, Sandra	4	If checking "Ceremo	onial Role" or "Other" describe below: Jance at an event held potential County rever	at a County facility in nue from sales.
	4	Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description	n Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
4. Verification				-01-01-01-01-01-01-01-01-01-01-01-01-01-

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	02/01/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 350.00 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🗋 No 🖾 Event Description Warriors vs. Nuggets 01 02 16 1 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔀 Income Carson, Keith If checking "Ceremonial Role" or "Other" describe below: 4 To obtain oversight of facilities or events that have received County funding or support Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have n Amy Shrago Supervisor's Assistant 02/01/16

				A Public Document	
1. Agency Name	Date Stamp	California 802			
Alameda County					
Division, Department, or Region (If Applicable	)			For Official Use Only	
Board of Supervisors	•				
Designated Agency Contact (Name, Title)					
Amy Shrago	Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6695 amy.shrago(	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			1		
Does the agency have a ticket policy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	350.00	
Event Description Warriors vs. Hornets			, 04 , 16	/	
Event Description Provide Title/Expla	anation	Date(s)1		//	
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				
			Name of So	urce	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
of agency official?			Official's Name (	Last, First)	
3. Recipients				•	
Use Section A to identify the agency's department or it	1	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing	
			Other 🔀	Income	
Mariam, Abigail	2		ial Role" or "Other" describe below:		
			y employee for his or l ourage staff developn	her exemplary service to	
			ial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Pass(es)				
Asian Community Collaborative 300 Lakeside Dr. Oakland, CA 94612	2	To reward a school to the community.	l or nonprofit organiza	tion for its contributions	
4. Verification		1			
	18942. Î have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
	Amy Shr	ago	Supervisor's Assistan	t 02/01/16	

A Public Document

						AT usile Document	
1. Ag	jency Name				Date Stamp	California 802	
Ala	ameda County			Form 002			
Div	ision, Department, or Regio	on (If Applicable)	)			For Official Use Only	
Во	ard of Supervisors						
	signated Agency Contact (A	lame, Title)					
Δm	ny Shrago						
		E-mail	Amendment (Must provide explanation in Part 3.)				
		amy.shrago@acgov.org			Date of Original Filing:(Month, Day, Year)		
<u>`</u>	Inction or Event Inform			(Workin, Day, rear)			
	Does the agency have a ticket policy? Yes $\Box$ No $\boxtimes$			🕅 🛛 Face Value o	f Each Ticket/Pass \$ _	700.00	
	Event Description Warriors vs. Heat			Date(s) 1116/			
Eve	ent Description	Provide Title/Expla	anation	Date(s)	<u> </u>	//	
Tio				If no. Golder	n State Warriors		
TIC	ket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sc	purce	
Wa	s ticket distribution made at	the behest	No 🗌 Yes	If yes: Carso	on, Keith		
of	f agency official?				Official's Name (Last, First)		
3. Re	Recipients						
• U:	se Section A to identify the agency'	s department or u	al. • Use Section C to iden	tify an outside organization.			
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)				
					· · · · · · · · · · · · · · · · · · ·		
В.	R Name of Individual		Number of		Identify and of the following		
D.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other		
					ial Role" or "Other" describe below:		
C.	C Name of Outside Organization		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		t to the agency's policy	
	(include address and description)		Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Pe	Peter Pan Cooperative Nursery School			To reward a school or nonprofit organization for its contributions			
	4618 Allendale Ave., Oakland CA 94619		4	to the community.			
						, <u>.</u> ,	
4. Ve	rification			L	· · · · ·		
l hav		ations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.	
					<b>•</b> • • • • • •		

#### A Public Document 1. Agency Name Date Stamp California Form Alameda Countv For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 1100.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🖾 Event Description Warriors vs. Lakers Date(s) \_\_\_\_\_14 , 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔀 Shrago, Amy If checking "Ceremonial Role" or "Other" describe below: 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification I have is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Amy Shrago Supervisor's Assistant 02/01/16 Print Name 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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 500.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🗋 No 🖾 Event Description Warriors vs. Pacers 01 , 22 16 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 🗌 Yes 🖂 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last First) Pass(es) Other 🔀 Income Ceremonial Role Carson, Keith If checking "Ceremonial Role" or "Other" describe below: 4 To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy Income Ceremonial Role Other

4. Verification

Name of Outside Organization

(include address and description)

l have r

C.

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

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

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

		Amy Shrago	Supervisor's Assistant	02/01/16
Ş	766	Print Name	Title	(Month, Day, Year)

Number of

Ticket(s)/

Pass(es)

Comment: \_

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1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OOL			
	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 p	provide explanation in Part 3.)			
	(510) 272-6695	@acgov.org		Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation	· · · · · · · · · · · · · · · · · · ·				
	Does the agency have a ticke	Yes 🗌 No	🖾 🛛 Face Value o	of Each Ticket/Pass \$700.00			
	Event Description Warriors v		Date(s) 01	1 , 27 , 16 ,			
		Provide Title/Exp		/			
	Ticket(s)/Pass(es) provided b	Yes 🔲 No	If no: Golder	n State Warriors			
			_	- Carso			
	Was ticket distribution made a of agency official?	No 🗌 Yes 🖾 🛛 If yes: Cars		Official's Name (Last, First)			
2			· ·	-			
э.	• 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	Number of		blic purpose made pursuant to the agency's policy			
			Pass(es)				
	<del></del>				· · · · ·		
	_	Number of					
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other 🔀	Income	
	Bates, Tom		4		ial Role" or "Other" describe below:		
				To promote tourism as a form of economic development.			
			-	Ceremonial Role	Other		
					ial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)				Iblic purpose made pursuant to the agency's policy		
	(include address and description)		Pass(es)				
	<u> </u>						
		- · · ·					
4.	Verification	laffarra 19044.4 av	tende a fan de la fan anderen de service	10. 0			
	I have ations 18944.1 and 18942. I have						
		Amy Shra		Supervisor's Assistan			
			r nn nam	C C	nue	(Month, Day, Year)	
	Comment:						

						AT ubic Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Amy Shrago			rovide explanation in Part 3.)				
	Area Code/Phone Number	E-mail						
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation	•					
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value				of Each Ticket/Pass \$ _	47.25		
	Event Description PBR Blue		Deta(a) 01	1 , 09 , 16,				
	Event Description	Provide Title/Exp	/					
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Golden State Warriors				
					Name of Source			
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Carso	If yes: Carson, Keith Official's Name (Last, First)				
_								
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization							
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to the agency's policy				
						<u></u>		
	B. Name of Individual (Last first)		Number of Ticket(s)/ Pass(es)	10	Identify one of the follow	ing		
	Carter, Shomari			Ceremonial Role	Other 🔀	Income		
			4		y employee for his or l courage staff developn	her exemplary service to nent		
					Other			
				If checking "Ceremon	nial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant to the agency's policy			
4.	Verification							
		ilations 18944.1 ar	nd 18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.		
		Amy Shr	ago	Supervisor's Assistan	t 02/01/16 <sup>°</sup>			
	Sig. gneu	ə — —	Print Nam	e	Title	(Month, Day, Year)		

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**A Public Document** 

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1.	Agency Name				Date Stamp	California 802			
	Alameda County			Form 002					
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (	Name, Title)							
	Amy Shrago		Amendment (Must provide explanation in Part 3.)						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)			
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Infor	mation							
	Does the agency have a ticke	Yes 🗌 No	🛛 🛛 Face Value d	of Each Ticket/Pass \$ _	35.00				
	Event Description AMA Supe		Date(s) 01	, 30 , 16	//				
		Provide Title/Exp	//	//					
	Ticket(s)/Pass(es) provided by agency? Yes I No			If no: Golden State Warriors					
				Name of Source					
	Was ticket distribution made at the behest No of agency official?			If yes: Carso	On, Keith Official's Name (Last, First)				
						2007,71100			
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.							
		- 18	Number of						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant to the agency's policy				
	· · · · · · · · · · · · · · · · · · ·		-						
	B. Name of Individua	Number of Ticket(s)/	Identify one of the following						
	(Last First)	Pass(es)		Identify one of the following:					
	Conchor Mino	4	Ceremonial Role		Income				
	Sanchez, Mina			ial Role" or "Other" describe below:					
					ourage staff developm	her exemplary service to nent			
					Other				
					hial Role" or "Other" describe below:				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's policy			
			Pass(es)						
			_						
	Verification	1							
	l have re	lations 18944.1 ar	nd 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.			
			Amy Shr	ago	Supervisor's Assistan	t 02/01/16			
	SK s	38	Print Nam	e	Title	(Month, Day, Year)			

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Comment: \_\_\_\_