A Public Document

. Agency Name		Date Stamp California 802
Alameda County		Form OO2
Division, Department, or Region (If Applicable	e)	For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)		h
Lee Ann Fergerson, Supervisor's Assistar	nt	
Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)
(510) 272-6691 leeann.ferge	rson@acgc	Dv.org Date of Original Filing:
. Function or Event Information		12/2007
Does the agency have a ticket policy?	Yes 🗹 No	Face Value of Each Ticket/Pass \$_126,00
Event Description tustin Bieb	x	Date(s) <u>3, 18, 16</u> /
Provide Title/Expla	anation	
Ticket(s)/Pass(es) provided by agency?	Yes 📳 No	$\Box \qquad \text{If no: } \underline{GSW}$
		Alameda County Supervisor Scott Haggerty, D 2
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes
of agency official?		
Recipients		er an an air air an tach i tach an tach an Castian Castian Castian an antaide annaisstian
Use Section A to identify the agency's department or u	Number of	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	}	
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
B. Name of Individual (Lasi, First)		
B. Name of Individual (Lasi, First) Adia Amador	Ticket(s)/	Identify one of the following:         To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.       ome
	Ticket(s)/	To promote attendance at a county sponsored event in order ome [ to maximize potential county revenue for concession and
(Lasi, First) Robin Amador	Ticket(s)/	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.       Nome         Ceremonial Role       Other       Income
(Lasi, First) Addim Amador	Ticket(s)/ Pass(es)	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.       some         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income

Lee Ann Fergerson

Print Name

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

Supervisor's Assistant

Title

Feb

25,2016

(Month, Day, Year)

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Comment: \_

Signature of Agency Head or Designee

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		5 Distributions		A Public Documer
. Agency Name			Date Stamp	California 802
Alameda County				and a second
Division, Department, or Region (If	f Applicable)	·······	-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	,Title)		-	
Lee Ann Fergerson, Supervisor's	Assistant			
Area Code/Phone Number E-ma		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	provide explanation in Part 3.)
	ann.fergerson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	on			(Month, Day, Tear)
Does the agency have a ticket polic	y? Yes 🖾 No	Face Value o	of Each Ticket/Pass \$ _	30.50
Event Description DISNLY (			24.16	, ,
Event Description	de Title/Explanation	Date(s)		/
Ticket(s)/Pass(es) provided by ager	ncy? Yes'🖽 No		$\mathcal{W}_{-}$	
			Name of So	<sup>urce</sup> sor Scott Haggerty, D 1
Was ticket distribution made at the l	behest No 🗌 Yes	If yes.	Official's Name (	
of agency official?			Omchar's Name (	
Recipients	anter and an unit of the Co		uni - Une Continu C to idea	416
Use Section A to identify the agency's department	Number of	Ker or Account		
A. Name of Agency, Department or U	Init 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	ng
Amanda Parke	en 4		nce at a county sponsore al county revenue for co	
		Ceremonial Role If checking "Ceremoni	Other D	Income
C. Name of Outside Organization (include address and description		Describe the pub	lic purpose made pursuant	to the agency's policy
		· · · · · · · · · · · · · · · · · · ·		
Vhr filestion 5	1			
	8944.1 and 18942. I have ve	erified that the distribution set fo	orth above, is in accordance witi	h the requirements.
(	Lee Ann Fer		Supervisor's Assistant	2/20/1
	Lee Ann Fei	yerson yerson	Suber Moor & Moorord III	
Signature of Agency Head or Designee	Print Nam	e	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) Lee Ann Fergerson, Supervisor's Assistant **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔲 No 🗌 Event Description DISNUT on trozen Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔟 No 🗌 If 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last First) Pass(es) To promote attendance at a county sponsored event in order come

avan

4.

Comment: .

3	1		
·····		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the	e agency's policy
		й. 1	
Verification	.1 and 18942. I have verifie	d that the distribution set forth above, is in accordance with the i	requirements.
	Lee Ann Ferge	rson Supervisor's Assistant	2-24-16
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year) ·

parking sales.

to maximize potential county revenue for concession and

FPPC Form 802 (4/12)

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

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				A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				Form OOZ For Official Use Only
Division, Department, or Region (If Applica	able)			
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Lee Ann Fergerson, Supervisor's Assis	stant			
Area Code/Phone Number E-mail		·······	Amenament (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann.fe	rgerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			· · · · · · · · · · · · · · · · · · ·	5500
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ _	22.20
Event Description	Explanation	en Date(s) 2	of Each Ticket/Pass \$ _ <u>?</u> 15	/
Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	If no:	en l	
		Alan	Name of So Neda County Superv	isor Scott Haggerty, D 1
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes:	Official's Name (	
Recipients • Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individu	al. ● Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
District 1	4		ty employee for his to the public or to t	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other     Other     al Role" or "Other" describe below:	Income
		Ceremonial Role	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
~~				
Auitiantian	and 18942   have you	ified that the distribution set fo	rth above, is in accordance wit	h the requirements
	100 TZ. 1 110VE VEI	med that the distribution set to	abovo, is in accordance wit	n mo requirements.
	Lee Ann Ferg	201000	Supervisor's Assistant	2-10-15

	no anu m	NEUF ass	Distributions	. 4	A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					AND DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF
Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super-	/isor's Assista				
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation				FCC (D)
Does the agency have a ticke	t policy?	Yes 🚺 No	Face Value of	of Each Ticket/Pass \$ _	55.50
Event Description	Provide Title/Expl	rozen	Date(s)	-,27,16	//
Ticket(a)/Dasa(aa) provided b		4	-	TSW	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🚺 No		Name of So	urce
Was ticket distribution made a	at the behest	No 🗋 Yes	Alai		isor Scott Haggerty, D 1
of agency official?				Official's Name (L	Last, First)
. Recipients					
Use Section A to identify the agence     A. Name of Agency, Department		Number of Ticket(s)/		lic purpose made pursuant	Index International Action
		Pass(es)			
	· · · · · · · · · · · · · · · · · · ·				
B. Name of Individua (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Jennifer Lille	rd	4	To promote attenda to maximize potenti parking sales.	nce at a county sponsore al county revenue for con	d event in order 🛛 🖮 🗖 Incession and
3			Ceremonial Role [ If checking "Ceremonia	Other Other Hole" or "Other" describe below:	Income
C. Name of Outside Organi (Include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy
·	•				
				~	
Verification		<u>.                                    </u>	· · · ·	<u> </u>	
17	18944.1 and	18942. I have ver	ified that the distribution set fo	th above, is in accordance with	the requirements.
_	L	ee Ann Ferg		Supervisor's Assistant	61-8-10
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
Comment:					

				52	A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv		nt			
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	reon@acqu		Date of Original Filing: _	
2. Function or Event Infor		- son@acg			(Month, Day, Year)
					5550
Does the agency have a ticke	t policy?	Ware .		f Each Ticket/Pass \$	00.00
Event Description	<u>100100-</u>	-+1028	M Date(s)		/
	Provide Title/Expl	anațion	0	Girl	
Ticket(s)/Pass(es) provided by	y agency?	Yes 💹 No	If no:	Name of Sour	200
Was ticket distribution made a	t the behast		Alar	neda County Supervis	sor Scott Haggerty, D 1
of agency official?	t the beliest	No 🗌 Yes	If yes:	Official's Name (La	
3. Recipients					
Vse Section A to identify the agency	's department or u	unit.   ● Use Se	ction B to identify an individu	al ellse Section C to identif	v an outrido organization
		Number of			
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	_	Identify one of the following	Income
Sonja Rinde	rman	4	To promote attendance	I Role" or "Other" describe below: at a county sponsored ev ounty revenue for concess	
C. Name of Outside Organia (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
				······	
. Verification			5		
(	3 18944.1 and 1	8942. I have ve	rified that the distribution set for	h above, is in accordance with th	ne requirements.
-	Le	ee Ann Ferg	gerson S	upervisor's Assistant	2-8-16
Signature of Agency Head or Designee		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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ No 🗖 Yes 🚺 mms Event Description \_ Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔊 No Name of Source Alameda County Supervisor Scott Haggerty, 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 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 B. Name of Individual Ticket(s)/ Identify one of the following: (Last First) Pass(es) VancesH To promote attendance at a county sponsored event in order come to maximize potential county revenue for concession and parking sales. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Vérification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Print Name Title (Month Comment:

A Public Document

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**A Public Document** 

							Jocument
1.	Agency Name		1		Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	ion (If Applicable)			For Officia	Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)		······	-		
	Lee Ann Fergerson, Superv	/isor's Assistant					
	Area Code/Phone Number	E-mail	Amendment (Must	provide explanation i	n Part 3.)		
	(510) 272-6691	leeann.fergers	son@acgo	v.org	Date of Original Filing	:(Month, Day, Ye	
2.	Function or Event Infor	mation			L	1	
	Does the agency have a ticke		res 🙆 No	Face Value o	of Each Ticket/Pass \$ .	600.00	2
	- WAR	210RS		- H	516		
	Event Description WAL	Provide Title/Explan	ation	Date(s)	<u></u>		_/
	Ticket(s)/Pass(es) provided b	v agency2	A	I lf no:	$\leq 1$		
		y ugçiley: Y	/es 💋 No		Name of S	lource	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor S Official's Name	Scott Haggerty, Di (Last, First)	strict 1
3.	Recipients					3	
	Use Section A to identify the agence	STATISTICS AND AND	Number of	ction B to identify an Individu	ual. • Use Section C to ide	ntify an outside org	anization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursual	nt to the agency's p	olicy
	R Name of Individua	11-12-02-02-02-02-02-02-02-02-02-02-02-02-02	Number of				
	B. Name of Individua (Last First)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	Tom Illingw	orth	4	To reward a comm servic e to the pub	nunity volunteer for llic.	his or her	ncome
	2			Ceremonial Role	Other     Other     Inter      Other     Other		Income
		a			2 °		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	it to the agency's p	olicy
			Pass(es)				
							•
4.	Verification		0				
				erified that the distribution set fo	orth above, is in accordance w	rith the requirements.	
			e Ann Fer		Supervisor's Assistar	nt <u>Z-</u>	19-14
	Signature of Agency Healt or Designee		Print Narr	ne	Title	(Mon	h, Day, Year)

Comment: \_\_

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	s and no	Neur ass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regio	on (If Applicable	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (A	lame, Title)	1			
Lee Ann Fergerson, Supervis	sor's Assista				
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	rson@acgo\	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				2000
Does the agency have a ticket	policy?	Yes 🔯 No 🛛	🗋 📜 Face Value c	of Each Ticket/Pass \$	50.00
Event Description	er Iruck	Lam	Date(s)	,20,10	///
	Provide Title/Expla		Ge	S(1)	
Ticket(s)/Pass(es) provided by	agency?	YesW/No[		Name of Sou	
Was ticket distribution made at	the behest	No 🗌 Yes 🕻	Alaı M Ifyes:	and the second	isor Scott Haggerty, D 1
of agency official?				Official's Name (L	.ast, First)
3. Recipients					
Use Section A to identify the agency's	s department or ı	Number of	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	t or Unit	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 following	
Guillermo M	olina	Ч	To promote attend to maximize poten parking sales.	lance at a county sponsor tial county revenue for co	red event in order 3 [] oncession and
			Ceremonial Role	Other describe below:	Income
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy
. <u></u>				2	
Verification					
, variation	'8944.1 and	18942. I have veri	ified that the distribution set fo	rth above, is in accordance with	the requirements.
	L	ee Ann Ferg	jerson S	Supervisor's Assistant	2-17-16
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)

**A Public Document** 

. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Regi	on (If Applicable	<del>)</del> )			For Official Use Offig
Board of Supervisors					
Designated Agency Contact (/	vame, i itie)				
Lee Ann Fergerson, Supervi	sor's Assista	nt		Amendment (Must p	rovide explanation in Part 3.)
	E-mail				
(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				75 M)
Does the agency have a ticket	policy?	Yes 🔯 🛛 No	Face Value o	f Each Ticket/Pass \$	10,00
Event Description	S OF L	-, 14, (6	//		
Ticket(s)/Pass(es) provided by	agency?	Name of Sou	ICA		
Was ticket distribution made at	the behast		or Scott Haggerty, D 1		
of agency official?	the benest	No 🗌 Yes	If yes.	Official's Name (L	ast, First)
Recipients					
• Use Section A to identify the agency	s department or		tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
District 5	4	we could along to	not use t another o	-hem-passe office	
Alameda Cou Keith Cars	nty su	pervisor			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Other describe below:	ncome
			Ceremonial Role	Other	Income 🗌
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Verification					
h	14.1 and	18942. l have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.
		Lee Ann Ferg	gerson S	Supervisor's Assistant	Feb 10. 2.01
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
Comment:					

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

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A Public Document

1. Agency Name				Date Stamp	California 802		
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Lee Ann Fergerson, Superv	isor's Assista	nt		Amendment (Must prov	vide explenation in Part 31	
	Area Code/Phone Number	E-mail				Nuc explanation in Fart 5.)	
	(510) 272-6691	leeann.ferge	erson@acgov.org	g	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 😡 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	,200	
	Event Description			_ Date(s)	Date(s) 4 7 1 6		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔁 No 🗆	If no:	Name of Source		
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🖓	Alam If yes:	neda County Superviso Official's Name (Las	and the second se	
<ul> <li>B. Recipients</li> <li>• Use Section A to identify the agency's department or unit.</li> <li>• Use Section B to</li> </ul>				B to identify an individu	al. • Use Section C to identify	an outside organization.	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the publ	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.
		Ceremonial Role Other I Income
		Ceremonial Role Other Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Livermore Valley	294	To Reward a school or nonprofit organization for Its contributions to the community.
1900 1st St. Livermore	CAP	4530

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

	Lee Ann Fergerson	Supe	ervisor's Assistant	
Signature of Agency Head or Designee	Print Name	1.62	Title	(Month, Day, Year)
Commenta Non Profit ova	1 that operates in 3	spaces	s. A Vibranti	utteral
Arts commun				FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

A Public Document

Ceremonial Kole Even					A Public Document
1. Agency Name			Date Stamp	California 802	
Alameda County					Form OOL
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors			18 A.		
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	/isor's Assista	Amondmont (Must av	nuide evelopeties is Doct 2.)		
Area Code/Phone Number E-mail				ovide explanation in Part 3.)	
(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Infor	mation				~ E m
Does the agency have a ticke	t policy?	Yes 📴 No		f Each Ticket/Pass \$ 🕇	75,00
Event Description La Ar	Provide Title/Expl	on a lanation	Date(s) 2	13,16.	//
Ticket(s)/Pass(es) provided b	y agency?	Name of Sou	irce		
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	Alan If yes:	neda County Supervis Official's Name (L	sor Scott Haggerty, D 1 ast, First)
3. Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Clerk of the 1	zourd	4		ty employee for his c to the public or to e t	
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Other	Income
			Ceremonial Role	Other	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
				5	
A Verification					
4. ······	44.1 ano	l 18942. I have ve	rified that the distribution set fo	with above, is in accordance with	the requirements.
		Lee Ann Fer	gerson	Supervisor's Assistant	2-5-110
	\	Print Name	<u> </u>	Title	(Month, Day, Year)
Comment:					

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

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) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 55.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description \_\_\_\_\_ 02 25 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 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, Fust) Other 🔀 Ceremonial Role Income Ascunciones, Logan If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Nancy Sa Supervisor's Assistant Print Name Title

Comment: \_

1. Agency Name

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 55.50 Does the agency have a ticket policy? Yes 🗵 No 🗌 Face Value of Each Ticket/Pass \$ Event Description Disney on Ice 02 28 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 🖾 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 А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Other 🛛 Income Nieves, Lucinda If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Nancy Sa Supervisor's Assistant

Signature of Agency Head or Designee

Print Name

Title

A Public Document

California

Date Stamp

Comment: .

4

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) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6692 Date of Original Filing: nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 1,100 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗋 Event Description <u>Warriors vs. Knicks</u> 03 16 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 🕅 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)/ Pass(es) Identify one of the following: (Last, First) Other 🔀 Ceremonial Role Income Saiyd, Nazim If checking "Ceremonial Role" or "Other" describe below. 4 To reward a community volunteer for his service to the public. Ceremonial Role Other Income 📋 If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 1 ' 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Includes 1 parking pass at the value of \$30

Server mode of Debigner

Comment:

Nancy Sa

Print Name

Supervisor's Assistant

Title

Ceremonial Role Events an	d Ticket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If A	pplicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, The Contact (Name,	tle)		4	
Nancy Sa				
Area Code/Phone Number E-mail	<u> </u>		Amendment (Must pr	ovide explanation in Part 3.)
	.sa@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information	<u>ו</u>			(workh, Day, rear)
Does the agency have a ticket policy	? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	700
Merriero ve Merri				
	Title/Explanation	Date(s)	, 25 , 16	/
		- Golder	n State Warriors	
Ticket(s)/Pass(es) provided by agend	y? Yes⊡ No		Name of Sou	irce
Was ticket distribution made at the be	ehest No⊡Yes	Valle,	Richard- Supervisor D	District 2
of agency official?		I yes.	Richard- Supervisor D	ast, First)
A. Name of Agency, Department or Uni	t 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)/			
(Ləsi First)	Pass(es)		Identify one of the followin	ig:
Pott Toro		Ceremonial Role		Income
Bott, Tara	4		al Role" or "Other" describe below: Inity volunteer for his s	ervice to the public.
	4	Ceremonial Role	Other	Income
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant to	o the agency's policy
				2
Verification	ind 18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
/	_ Nancy S	Sa S	Supervisor's Assistant	2/25/16

Print Name

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

Signature of Agency Head of Designee

Title

(Month, Day, Yea.

1. Agency Name       Alameda County       Date Stamp       California 80         Division, Department, or Region (If Applicable)       Board of Supervisors       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)       Image: Amendment (Must provide explanation in Part 3.)         Michelle Archuleta       Image: Amendment (Must provide explanation in Part 3.)       Date of Original Filing:       (Month, Day, Year)         2. Function or Event Information       Does the agency have a ticket policy? Yes No I       Face Value of Each Ticket/Pass \$
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number         (510) 272-6692         Email         michelle.archuleta@acgov.org         Date of Original Filing:         (Month, Day, Year)         2. Function or Event Information         Does the agency have a ticket policy?         Yes No       Face Value of Each Ticket/Pass \$         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes       No         Yes       No         If no:       Golden State Warriors         Name of Source       Name of Source         Was ticket distribution made at the behest of agency official?       No         Yes       No         Yes       Yes         Yes       Valle, Richard- Supervisor District 2         Official's Name (Last, First)       Official's Name (Last, First)         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.
Board of Supervisors         Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number         (510) 272-6692         E-mail         michelle.archuleta@acgov.org         Date of Original Filing:         (Month, Day, Year)         2. Function or Event Information         Does the agency have a ticket policy?         Yes X       No         Face Value of Each Ticket/Pass \$         9         Event Description         Disney on Ice         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X         No X         If no:         Golden State Warriors         Name of Source         Was ticket distribution made at the behest         No X       If yes:         Valle, Richard- Supervisor District 2         of agency official?         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section
Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number (510) 272-6692         E-mail michelle.archuleta@acgov.org         Date of Original Filing:(Month, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Yes INO I         Face Value of Each Ticket/Pass \$
Michelle Archuleta       Imail       Imail </td
Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       I Amendment (Must provide explanation in Part 3.) <b>2. Function or Event Information</b> Does the agency have a ticket policy? Yes INO       Face Value of Each Ticket/Pass \$
Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       I Amendment (Must provide explanation in Part 3.) <b>2. Function or Event Information</b> Does the agency have a ticket policy? Yes INO       Face Value of Each Ticket/Pass \$
(510) 272-6692       michelle.archuleta@acgov.org       Date of Original Filing:
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$
Does the agency have a ticket policy?       Yes X       No I       Face Value of Each Ticket/Pass \$
Event Description       Disney on Ice       Date(s)       02       24       16
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 yes:       Valle, Richard- Supervisor District 2         Official's Name (Last, First)       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 individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
Name of Source         Was ticket distribution made at the behest of agency official?       No Yes X       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 individual.       • Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
Name of Source         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Valle, Richard- Supervisor District 2         Official's Name (Last, First)       Official's Name (Last, First)         3. Recipients       Use Section A to identify the agency's department or unit.       Use Section B to identify an individual.       Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Use Section C to identify an outside organization.     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
B. Name of Individual Number of Ticket(s)/
D.     Name of individual     Ticket(s)/     Identify one of the following:       (Last, First)     Pass(es)
Ceremonial Role D Other 🛛 Income
Gonzalez, Ivy If checking "Ceremonial Role" or "Other" describe below: 4
To promote attendance at a County facility in order to maximize potential revenue from sales.
Ceremonial Role     Other     Income
If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
(include address and description) Pass(es)
1. Varification
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Michelle Archuleta Director of Operations 2/(1/
Print Name Title (Mohth, Day Year)
Comment

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 michelle.archuleta@acgov.org (Month, Day, Year) 2. Function or Event Information 125.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗋 Event Description La Arrolladora Banda El Limon 02 , 13 16 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following Ticket(s)/ (Last First) Pass(es) Other 🗵 Ceremonial Role Income Ramos, Carmen If checking "Ceremonial Role" or "Other" describe below; 4 To promote attendance at an event held at a County facility in order to maximize potential revenue. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification X Δ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Michelle Archuleta Director of Operations Signature of Agency Head or Designee Print Name Title

Comment: \_

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

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		Revrass	Distributions		A Public Document	
I. Agency Name				Date Stamp	California 802	
Alameda County	8				Form 002	
Division, Department, or Regio	on (If Applicable	e)			For Official Use Only	
Board of Supervisors						
Designated Agency Contact (/	Vame, Title)			1		
Michelle Archuleta				×		
	E-mail			Amendment (Must )	provide explanation in Part 3.)	
	michelle.arc	huleta@acg	jov.org	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Inform	nation				(Mohar, Day, rear)	
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	55.50	
Event Description Disney on I	• •			2 , 26 , 16		
Event Description	Provide Title/Expl	lanation	Date(s)			
Ticket(s)/Pass(es) provided by	agency?		Golder	en State Warriors		
	ugonoy.	Yes 🗌 No		Name of Sc		
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor Official's Name (	District 2	
of agency official?				Official's Name (	(Last, First)	
. Recipients						
Use Section A to identify the agency'	s department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's poli			
		Fass(es)				
				····	8	
· · · · · · · · · · · · · · · · · · ·						
B. Name of Individual (Last First)		Number of Ticket(s)/		Identify one of the follow	ing:	
		Pass(es)	Ceremonial Role	Other 🔀		
Camacho, Soledad				ial Role" or "Other" describe below:	income	
		4	To promote attenda	ance at an event held	at a County facility in	
			order to maximize p	potential revenue from		
A ( · · · ·	•		Ceremonial Role			
Austria, Mangee		4		al Role" or "Other" describe below:		
			To promote attendance at an event held at a County facility in order to maximize potential revenue from sales			
	Number of					
C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		1 400(00)				
	. •					
	t					
Verification	18011 1 and	10012 16010 10	rified that the distribution set fo			
			rified that the distribution set fo		Chille	
		Michelle Arc		Director of Operations		
- orginature of Agency mean of Designee		rant Nam	C		(Month, Day, Year)	
Comment:						

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1.	Agency Name			Date Stamp	California 000
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	le)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Nancy Sa				
	Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(wonth, Day, Year)
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	30
	Event Description Monster Jam		_	2 , 20 , 16	
	Provide Title/Exp	Date(s)		/	
	Ticket(s)/Pass(es) provided by agency?	If no: Oaklar	nd Athletics		
		Yes 🗌 No		Name of So	
	Was ticket distribution made at the behest	No 🗌 Yes			
_	of agency official?	Official's Name (	Last, First)		
3.	Recipients	unit - Une Co	etien Dite identifican individu		
	Use Section A to identify the agency's department or	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Describe the pul Pass(es)		blic purpose made pursuant to the agency's policy	
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:		na:
		Pass(es)			
	Gonzalez, Robert		Ceremonial Role	A Other X other al Role" or "Other" describe below:	Income
		3	-	unity volunteer for his	service to the public
				,	
			Ceremonial Role	Other	Income
		3	If checking "Ceremonia	al Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	olic purpose made pursuant to the agency's policy	
				2	
		f		S	
Λ	Verification				
ч.		18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
1	-	Nancy S		Supervisor's Assistant	2120111
	- Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				

Ceremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			0	
Nancy Sa					
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	600
Event Description Warriors vs	. Suns		Date(s) 03	, 12 , 16	//
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	State Warriors	
				Name of Source	
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: <u>valle</u> ,	Richard- Supervisor D Official's Name (L	Ast First)
• Use Section A to identify the agency?	s denartment or	unit e lleo Soc	tion B to identify an individu	al a Use Section C to identi	fr an autoide arranization
		Number of			
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the followir	ig:
		Pass(es)		7 [7]	
Flores, Carla			Ceremonial Role	Other L al Role" or "Other" describe below:	
		4	To reward a commu	inity volunteer for his s	ervice to the public.
				,	
			Ceremonial Role	Other	Income
		4	If checking "Ceremonia	al Role" or "Other" describé below:	
C Name of Outside Organiz	ation	Number of			
C. Name of Outside Organiz (include address and descr	iption)	Ticket(s)/ Pass(es)	Describe the public	ic purpose made pursuant t	o the agency's policy
Manifiantian		1 1			
	14.1 and	18942. I have ver	ified that the distribution set for	rth above, is in accordance with	the requirements.
	14.1 and	18942. I have ver		th above, is in accordance with Supervisor's Assistant	the requirements. 2/23/11.0

Comment: \_

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Ceremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name	×			Date Stamp	California 802
Alameda County				Form 002	
Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	4			
Michelle Archuleta					
Area Code/Phone Number	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	michelle.arc	huleta@acg	iov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation	- R			
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	1,300
Event Description Warriors v	s. Clippers		Date(c) 03	<u> </u>	1 1
	Provide Title/Exp	lanation		/	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	4
				Name of So	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2
3. Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organi</li> </ul>					ify an outside organization
A. Name of Agency, Department or Unit		Number of		olic purpose made pursuant	
		Ticket(s)/ Pass(es)	to the agency's policy		
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng.
			Ceremonial Role	Other 🔀	
Aro-Valle, Barbara				ial Role" or "Other" describe below:	income 🗖
				ility of a facility to participate in the County's j	
			creation goals.		
			Ceremonial Role		
		2	If checking "Ceremon	ial Role" or "Other" describe below:	*
C. Name of Outside Organization (include address and description)		Number of			
		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
·····				· •• •• •• •• •• •• •• •• •• •• •• •• ••	
		1		·····	
Verification	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
11	1 and	l 18942. I have ve	erified that the distribution set for	orth above, is in accordance with	the requirements.
		Michelle Arc		Director of Operations	2/11/10
Mighterate or vigo war read of poorditoo		Print Nam		Title	(Mohth, Day Year)
<b>v</b>					
Comment:	·				

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For Official Us         Division, Department, or Region (# Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number (510) 272-6692         Event Description         Warriors vs. Clippers         Date of Original Filing:         Provide Title/Explanation         Division, Department, or Region (# Applicable)         Section At bidentify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit. <td< th=""><th></th><th></th><th></th><th></th><th></th><th>A Public Documer</th></td<>						A Public Documer	
Private of Cutty       For Official Us         Division, Department, or Region (If Applicable)       Event (Mare, Title)         Michelle Archuleta       Image: Amendment (Must provide explanation in Period (10) 272-6692         Area Code/Phone Number (510) 272-6692       imichelle.archuleta@acgov.org       Date of Original Filing:(Month, Day, Yeer; (Month, Day, Yeer;         2. Function or Event Information Does the agency have a ticket policy?       Yes IN 0       Face Value of Each Ticket/Pass \$	1. Agency Name				Date Stamp	California 802	
Board of Supervisors         Designated Agency Contact (Name, Title)         Michelle Archuleta         Arrae Code/Phone Number         [510] 272-6692         Designated Agency Contact (Name, Title)         Date of Original Filing:         (510) 272-6692         2. Function or Event Information         Does the agency have a ticket policy?         Yes [X] No []         Face Value of Each Ticket/Pass \$							
Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       Image: Amendment (Must provide explanation in Period Date of Original Filling: 	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only			
Designated Agency Contact (Name, Title)         Michelle Archuleta         Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       Image: Amendment (Must provide explanation in Period Date of Original Filling: 	Board of Supervisors						
Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       Date of Original Filing: (Month, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description Warriors vs. Clippers Event Description Warriors vs. Clippers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       Face Value of Each Ticket/Pass \$		Name, Title)			1		
Area Code/Phone Number (510) 272-6692       E-mail michelle.archuleta@acgov.org       Date of Original Filing: (Month, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description Warriors vs. Clippers Event Description Marrier vs. Clippers Provide Title/Explanation       Face Value of Each Ticket/Pass \$	Michelle Archuleta						
2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket/Pass \$		E-mail			Amendment (Must p	provide explanation in Part 3.)	
2. Function or Event Information       Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	(510) 272-6692	michelle.arc	huleta@acg	jov.org	Date of Original Filing:	(Marth Day Vers)	
Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$						(Month, Day, Year)	
Event Description       Warriors vs. Clippers Provide TitleExplanation       Date(s)       03       23       16         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 yes:       Valle, Richard- Supervisor District 2         Officiel'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 organiz         •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 organiz         •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 organiz         •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 organiz         •Use Section A to identify the agency's department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's polic         Health Care Services Agency       2       To reward a County employee for her exemplary service to public.         B.       Name of Individual (Last Find)       Number of Ticket(s)       Identify one of the following:			Yes 🕅 No	Face Value o	of Each Ticket/Pass \$ _	1,300	
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 yes:       Valle, Richard- Supervisor District 2         Official?       Official?       Official? Name (Last, First)         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to Identify an outside organization         A.       Name of Agency, Department or Unit       Number of Treket(s)       Describe the public purpose made pursuant to the agency's polic         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B.       Name of Individual (Last First)       Receining Ceremonial Role or Other & Service to the public.         Cutter, Clayton       2       Ceremonial Role or Other' describe below:         To reward a community volunteer for his service to the public the public?       In the ching "Ceremonial Role" or "Other" describe below:         Devine, Rick       2       Ceremonial Role or "Other" describe below:       In the ching "Ceremonial Role" or "Other" describe below:         To reward a community volunteer for his service to the public ching "Ceremonial Role" or "Other		• •					
Was ticket distribution made at the behest of agency official?       No I Yes I       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 individual.       • Use Section C to identify an outside organize of agency. Department or Unit       • Use Section B to identify an individual.       • Use Section C to identify an outside organize of agency. Department or Unit         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic public.         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Cutter, Clayton       2       Ceremonial Role I other I accumunity volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul i	Event Description	Provide Title/Exp	lanation	Date(s)	<u> </u>	/	
Was ticket distribution made at the behest of agency official?       No I Yes I       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 individual.       • Use Section C to identify an outside organize of agency. Department or Unit       • Use Section B to identify an individual.       • Use Section C to identify an outside organize of agency. Department or Unit         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic public.         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Cutter, Clayton       2       Ceremonial Role I other I accumunity volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul if checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pul i	Ticket(s)/Pass(es) provided b	vagenov2		Golder	n State Warriors		
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 organizz         A. Name of Agency, Department or Unit       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B. Name of Individual (Last Area)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role Other Mathematication for exemplar describe below:       To reward a community volunteer for his service to the public for or Other describe below:         Devine, Rick       2       Ceremonial Role Other Mathematication for exemplar describe below:       In the or of Outside Organization for the following or or Other describe below:         C. Name of Outside Organization (include of address and description)       Number of Tricket(s)/       Describe the public purpose made pursuant to the agency's polic		y agency:	Yes 📋 No		Name of Source		
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 organizz         A. Name of Agency, Department or Unit       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B. Name of Individual (Last Area)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role Other Mathematication for exemplar describe below:       To reward a community volunteer for his service to the public for or Other describe below:         Devine, Rick       2       Ceremonial Role Other Mathematication for exemplar describe below:       In the or of Outside Organization for the following or or Other describe below:         C. Name of Outside Organization (include of address and description)       Number of Tricket(s)/       Describe the public purpose made pursuant to the agency's polic		t the behest	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     Number of     Trcket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's polic     Describe the public purpose made pursuant to the agency's polic     To reward a County employee for her exemplary service to     public.     Health Care Services Agency     3     To reward a County employee for her exemplary service to     public.     Health Care Services Agency     3     To reward a County employee for her exemplary service to     public.     B. Name of Individual     (Leat First)     Cutter, Clayton     2     Ceremonial Role      Cother &      Ceremonial Role      Cother &      Ceremonial Role      Ceremonial Role      Ceremonial Role      Ceremonial Role      Cother &      Ceremonial Role      Ceremonial Role      Ceremonial Role      Cother &      Ceremonial Role      Cother &      Ceremonial Role      Ceremonial Role      Ceremonial Role      Cother &      Ceremonial Role      Ceremonial Role      Ceremonial Role      Ceremonial Role      Ceremonial Role      Ceremonial Role      Cother      Ceremonial Role      Ceremonial Role      Cother      Cerem	of agency official?				Official's Name (Last, First)		
A.       Name of Agency, Department or Unit       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B.       Name of Individual (Last Frat)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role I Other I is service to the public If checking 'Ceremonial Role I Other I is service to the public         Devine, Rick       2       Ceremonial Role I Other I is service to the public         C.       Name of Outside Organization (Include address and description)       Number of Tricket(s)/	-						
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's polic         Social Services Agency       2       To reward a County employee for her exemplary service to public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B.       Name of Individual (Last First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial RoleOther idescribe below:       In         Devine, Rick       2       Ceremonial RoleOther idescribe below:       In         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's polic	Use Section A to identify the agency		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
2       public.         Health Care Services Agency       3       To reward a County employee for her exemplary service to public.         B.       Name of Individual (Last First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below:       Image: Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below:         Devine, Rick       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role □ or "Other" describe below:       Image: Ceremonial Role □ Other ⊠ If checking "Ceremonial Role □ or "Other" describe below:         Devine, Rick       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role □ or "Other" describe below:         To reward a community volunteer for his service to the public purpose made pursuant to the agency's polic         C.       Name of Outside Organization Ticket(s)/         Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's polic	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
3       public.         B.       Name of Individual (Lest First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below:       Image: Ceremonial Role □ Other ⊠ To reward a community volunteer for his service to the public If checking "Ceremonial Role □ Other ⊠         Devine, Rick       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role □ Other ⊠       Image: Ceremonial Role □ Other ⊠         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's polic	Social Services Agency		2		/ employee for her exe	emplary service to the	
B.       Name of individual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Cutter, Clayton       2       Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below:       If         Cutter, Clayton       2       To reward a community volunteer for his service to the pull         Devine, Rick       2       Ceremonial Role □ Other ⊠       If         Coremonial Role □ Other       Other ⊠       If         Coremonial Role □ Other       Other ⊠       If         Devine, Rick       2       Ceremonial Role □ Other ⊠       If         Coremonial Role □ Other       To reward a community volunteer for his service to the pull       If         Coremonial Role □ Other       To reward a community volunteer for his service to the pull         Coremonial Role □ Other       To reward a community volunteer for his service to the pull         Coremonial Role □ Other       To reward a community volunteer for his service to the pull         Coremonial Role □ Other       Describe the public purpose made pursuant to the agency's polic	Health Care Services Agend	су	3		y employee for her exe	emplary service to the	
Cutter, Clayton       2       If checking "Ceremonial Role" or "Other" describe below:         2       To reward a community volunteer for his service to the pull         Devine, Rick       2       Ceremonial Role □ Other ☑ of "Other" describe below:         2       Ceremonial Role □ Other ☑       In         Devine, Rick       2       Ceremonial Role" or "Other" describe below:         To reward a community volunteer for his service to the pull       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/         Describe the public purpose made pursuant to the agency's polic       Describe the public purpose made pursuant to the agency's polic	B. Name of Individua (Last First)	d	Ticket(s)/		Identify one of the follow	ing	
Devine, Rick     2     If checking "Ceremonial Role" or "Other" describe below:       C.     Name of Outside Organization (include address and description)     Number of Ticket(s)/   Describe the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency's policities of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the public purpose public public purpose public pu	Cutter, Clayton		2	If checking "Ceremon	ial Role" or "Other" describe below:	Income C	
2     To reward a community volunteer for his service to the pull       C.     Name of Outside Organization (include address and description)     Number of Ticket(s)/   Describe the public purpose made pursuant to the agency's polic	Devine, Rick					Income	
C. Include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's polic			2			service to the public.	
			Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
					lic purpose made pursuant	to the agency's policy	
	1						
4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements,		4.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements,	
Michelle Archuleta Director of Operations 2///			Michelle Arc	chuleta I	Director of Operations	2/11/110	
	<ul> <li>Signature of Agency Head or Designee</li> </ul>					(Month, Day, Year)	

U	eremonial Role Even	is and the	leurass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable)		<u> </u>		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)	<del></del>	<u></u>			
	Anna Gee						
	Area Code/Phone Number	E-mail	Amendment (Must p	provide explanation in Part 3.)			
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	1100.00			
	Event Description	game	, 25 , 16				
		Provide Title/Expla	nation	Date(s)1		· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by	y agency?		ana ang ang ang ang ang ang ang ang ang			
	AAA				Name of So	burce	
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Miley	Official's Name (	Last, First)	
) )							
3.	• Use Section A to identify the agency	v's department or L	ınit. ⊚Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit				lic purpose made pursuan		
	BOS district 4 staff 2			To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
		π-πλαβλήγια	0 diversion	concession sales	un feige (φ. β.	n en	
	B. Name of Individual (Last, First) Alexander, Toni Pete, Geoffrey		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			1	To promote attenda	Ir Other I Ir In In It If It I I I I I I I I I I I I I I I		
			2	Ceremonial Role Other K If checking "Ceremonial Role" or "Other" des concession sales.			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
					· .		
					· ·		
	Verification						
		lations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	ith the requirements.	
	_		Anna G	ee	Operations Chief	Fib 1, 2014	
	e		Print Nam	10	Title	(Month, Day, Year)	
		<b>.</b> * j					
	Comment:	· · · · · · · · · · · · · · · · · · ·	· · ·		nammann ainm an an air an ann an an air an Stanta Gaell Star Bailt San San San Sa	FPPC Form 802 (4/12)	



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
· · ·		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Marquardt Norris, Judi	4	Ceremonial Role Cother Conternation Income Income Content in the checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
Washington, Tanya	2	Ceremonial Role Other Other Income Income Income Ceremonial Role" or "Other" describe below: Concession sales.
Mey, Nate	1	Ceremonial Role Conter K Income Income Income If checking "Ceremonial Role" or "Other" describe below:
	-	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy