4.

1. Agency Name				A Public Documer
Alameda County			Date Stamp	California 800
Division, Department, or Region (	(Applicable)			Form 002
	, ppicebiej			For Official Use Only
Board of Supervisors Designated Agency Contact (Name				
			N	
Lee Ann Fergerson, Supervisor's				
Area Code/Phone Number E-ma				provide explanation in Part 3.)
(510) 272-6691 leea	nn.fergerson@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Informatic				
Does the agency have a ticket polic Event Description	all (	No⊡ Face Value o —— Date(s)	f Each Tickel/Pass \$	35.00
Ticket(s)/Pass(es) provided by agen	e Title/Explanation	(m	kland D	thetics
Was ticket distribution made at the b of agency official?	ehest No 🗋. Ye	es If yes: Alar	Name of So neda County Supervisor S Official's Name (L	coft Haggerty, District 1
Recipients				
Use Section A to identify the agency's depart	tment or unit. • Use S	lection B to identify an Individua	al, • Use Section C to Identi	ty an outside prospiration
A. Name of Agency, Department or Un	lt Nimber g Tičket(s)/ Pass(es)	Describe the publi	c purpose made pursuant i	o the agency's palicy.
District 1	17	To reward a coun	ty employee for his a	or her
		exemplary service	e to the public	
				······································
B, Name of Individual	Number of			
	Ticket(s)/ Pass(es)		Identify one of the following	jî.
•			nna sana an tana an tangan sa tangan sa	
				ıme
		Coremonial Role	Other []] Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public (	purpose made pursuant to i	he agency's policy
		1. A.		
erification				
944	.1 and 18942. I have ver	ified (hat the distribution set forth a	above, is in accordance with the	(ED)/rements
	Lee Ann Ferg		ervisor's Assistant	2 20 11A
Signature of Agenty Head or Designee	Print Name		Tille	(Month, Day, Year)
mment:			· .	(
CONTROLL				
		FPPC	Toll-Free Holeling, and	FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-7772)

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1. Agency Name		event 49	s Distributions		A Public Documer
Alameda County		3		Date Stamp	California 802
Division, Department, or Regio	n /ll Annlicohi				Form 002
	o (o Appicabi	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (N					
Lee Ann Fergerson, Supervis		nt			
1	-mail				rovide explanation in Part 3.)
	eeann.ferge	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Informa		<i>t</i> , <i>a</i>			100 00
Does the agency have a ticket p $\frac{12}{12}$	olicy?	Yes P No	□ Face Value o	f Each Ticket/Pass \$	400,00
Event Description	sall	open	14 DayDate(s) Y	<u>,4,6</u>	
	ovide Title/Expl	enetion			PO L C
Ticket(s)/Pass(es) provided by a	gency?	Yes DNo	) If no: La	Name of Sou	uletics_
Was ticket distribution made at th	ie behest	No 🗋. Yes	If yes:Alan	neda County Supervisor So	
of agency official?			( · · · · · · · · · · · · · · · · · · ·	Official's Name (La	st, First)
Recipients					
<ul> <li>Use Section A to identify the agency's c</li> </ul>	lepartment or u	init. • Use Se	ction B to Identify an Individua	l. • Use Section C to Identify	y an outside organization.
A. Name of Agency, Department c		Number di Ticket(s)/ Pass(es)		c purpose made pursuant to	
					and the second state of th
			(8)		
8. Name of Individual		Number of			
(Lest; First)		Ticket(s)/ Pass(es)		identify one of the following	
Tom Illingswor	41.	11.		dance at a county spo	
rone iningswor	Th	T		naximize potential co	ounty
			revenue for conce	sion and parking sale	5.
			Ceremonial Role	Other	
				Other [] Role" or "Other" describe below;	Income
			·······		
Name of Outside Organizatio (include address and descripti	n	Number of Ticket(s)/	Describe the public	purpose made pursuant to L	te agency's policy
		Pass(es)			David a bound
					•
			6		
arification	18944 1	049 J hour	Fod that the distant		
			fied that the distribution set forth		requirements.
	Lee	e Ann Ferg	erson Sur	pervisor's Assistant	5-50-14
00		r-aan menne		The	(Month, Day, Year)
omment:				·.	

Planalion in Part 3.) The Day, Year) 5.00 1.0
For Official Use Only planation in Purt 3.) th. Day, Year) 5.00 J ott Haggerty, D 1
planalion in Part 3.) (h, Day, Year) (5.00) (
1h. Day, Year) 5.00 JJ ott Haggerty, D 1
15.00 // ott Haggerty, D 1
15.00 //
lside organization.
ency's policy
Income
Income
ency's policy
rements.
rements. 3-24-16
rements. 3-24-16 (Manili, Day: Yeor)

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A Public Document

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7 /					10	states of the second
	gency Name				Date Stamp	California 802
	lameda County					Form OU2 For Official Use Only
Di	ivision, Department, or Regi	on (If Applicabl	e)			i or onicial ose only
Bo	oard of Supervisors					
De	esignated Agency Contact (/	Vame, Title)		······································	- ·	
Le	ee Ann Fergerson, Supervi	sor's Assista	nt			
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
		leeann.ferge	erson@aco	ov.ora	Date of Original Filing: _	
	unction or Event Inform					(Month, Day, Year)
	bes the agency have a ticket		Yes 🙋 No	Face Value o	f Each Ticket/Pass \$ 二	35000
			res 🕎 🛛 No			
Eve	ent Description	Provide Title/Expl	anation	Date(s)		//
<b></b>		,		Ge	siù	
I IC.	ket(s)/Pass(es) provided by	agency?	Yes 🔟 No	If no:	Name of Sou	rce
Wa	as ticket distribution made at	the behest	No 🗌 Yes	Alam If yes:	eda County Supervis	or Scott Haggerty, D
of	f agency official?			1 yes.	Official's Name (La	and the second
. Re	ecipients					
	se Section A to identify the agency's	s department or u	unit. • Use Se	ction B to identify an individua	al. • Use Section C to identif	y an outside organization.
Α.	Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
A	Victor al-1	· · · · · · · · · · · · · · · · · · ·	11	To reward a County employee for his or her		
Ŧ	DISTRICT I		T		ce to the public or to	
				staff developme	nt	
В.	Name of Individual (Lest, First)	14	Number of Ticket(s)/ Pass(es)		Identify one of the following	9
				Ceremonial Role	Other Role" or "Other" describe below:	Income
<del></del>	ng ng			Ceremonial Role	Other	Income
	· · · · · · · · · · · · · · · · · · ·		Number of	Describe the nublic	purpose made pursuant to	
C.	Name of Outside Organiza (include address and descrip		Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
C.						the agency's policy
C.						the agency's policy
C.	(include address and descri				purpose made pursuant to	the agency's policy
C. Veri		ption)	Pass(es)			
C. Veri	(include address and descri	ption) 8944.1 and 1	Pass(es) 8942. I have ven	ified that the distribution set forth	n above, is in accordance with th	
	(include address and descrip	ption) 8944.1 and 1	Pass(es) 8942. I have ven	ified that the distribution set forth	e above, is in accordance with th ipervisor's Assistant	e requirements.
	(include address and descri	ption) 8944.1 and 1	Pass(es) 8942. I have ven	ified that the distribution set forth	n above, is in accordance with th	

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

country.

Ceremonial Noie Events and The	LNEUF ass	Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
Alameda County				Form OUZ		
Division, Department, or Region (if Applicable	le)		1	For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Lee Ann Fergerson, Supervisor's Assista	ant			<u> </u>		
Area Code/Phone Number   E-mail			Amendment (Must	provide explanation in Part 3.)		
(510) 272-6691 leeann.ferge	erson@acgc	v.org	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information			1	(		
Does the agency have a ticket policy?	Yes 菌 No	Face Value of	of Each Ticket/Pass \$ _	158.00		
Event Description Bruce San	nastee	A Deta(a) Z	12,10			
Provide Title/Exp	lanation	Date(s)		//		
Ticket(s)/Pass(es) provided by agency?	Yes 🔣 No	□ If no: <u></u>	SW			
		Ala	Name of So Meda County Superv	ource /isor Scott Haggerty, D 1		
Was ticket distribution made at the behest of agency official?	No 🛄 Yes	If yes:	Official's Name			
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	unit. • Use Ser	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 pursuan	t to the agency's policy		
C-Hlancoden	11	To obtain oversig	ht of facilities or eve			
Stoll Paulokite	17	received county f	unding or support	ants that have		
B. Name of Individual (Las: First)	Number of Ticket(s)/		Identify one of the follow	ing		
	Pass(es)	Ceremonial Role	Other			
			al Role" or "Other" describe below:			
		Ceremonial Role	Other al Role" or "Other" describe below:	Income		
		in Chacking Ceremonia	a Role of Other describe below.			
C. Name of Outside Organization	Number of	Depending the mobil				
(Include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
			4) 4)			
Verification	· /	2				
s 18944.1 and	18942. I have ver	ified that the distribution set for	rth above, is in accordance with	h the requirements.		
L	.ee Ann Ferg	gerson S	Supervisor's Assistant	3-17-16		
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)		

Print Name

Comment: \_

				A Public Documer
1. Agency Name Alameda County	1	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	Date Stamp	California 802
Division, Department, or Region (If Applicat		4	For Official Use Only	
Board of Supervisors Designated Agency Contact (Name, Title)		9		
Lee Ann Fergerson, Supervisor's Assista Area Code/Phone Number [E-mail	Amendment (Must	provide explanation in Part 3.)		
(510) 272-6691 leeann.ferg	Date of Original Filing			
2. Function or Event Information	Jerson@acg	59.01g		(Month. Day, Year)
Does the agency have a ticket policy?			f Each Ticket/Pass \$ .	1,200
LILPRIND		Face Value o	T IL	
Event Description		Date(s)		//
Ticket(s)/Pass(es) provided by agency?			$\leq 1$	
	Yes 🕅 No		Name of S	ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	eda County Supervisor S Official's Name	
8. Recipients		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Use Section A to identify the agency's department or				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuan	t to the agency's policy
	Pass(es)			
B. Name of Individual	Number of			
D. Name of marviorial	Ticket(s)/ Pass(es).		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
et 1		If checking "Ceremonia	I Role" or "Other" describe below:	
		Ceremonial Role	Other	·····
			I Role" or "Other" describe below:	Income
1				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant	to the agency's policy
Livermore Performing Arts	14/4		ol or non-profit or	
		it's contributions	to the community	
all to I to with ( 1 )		<u> </u>	•	
2400 First St., Ervermore CA 94550				
2400 First St., Livermore CA 94550	-			
	18942.   have ve	rified that the distribution set for	th above, is in accordance wit	
8944.1 and	1 18942. I have ve Lee Ann Fer	rified that the distribution set for	th above, is in accordance wit	h the requirements.
8944.1 and		rified that the distribution set for gersonS		h the requirements.
8944.1 and	Lee Ann Fer	rified that the distribution set for gersonS	upervisor's Assistant	h the requirements. 3 - 14 - 1

4.

Ceremonial Role Events and	Ticket/Pas	s Distributions	÷.	A Public Documen
I. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Appl	licable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	)		-	
Lee Ann Fergerson, Supervisor's Ass	sistant			
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
.(510) 272-6691 leeann.f	ergerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				,
Does the agency have a ticket policy?	Yes 🖾 No	o 🔲 👘 👘 Face Value d	of Each Ticket/Pass \$_	700.00
Event Description Warners /	Celtics	Date(s)	(1)	
Provide Title	/Explanațion	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 뒚 🛛 No	If no:	<u>SW</u>	
Nos tisket distribution mode at the table		Alar	Name of So neda County Superv	visor Scott Haggerty, D
Was ticket distribution made at the behe of agency official?	st No⊡ Yes	s 🕼 🛛 If yes:	Official's Name (I	
Recipients				·····
Use Section A to identify the agency's department	it or unit. • Use Se	ection B to identify an individu	al. • Use Section C to ident	ify an outside organization
A. Name of Agency, Department or Unit	Number of		ic purpose made pursuant	
	Ticket(s)/ Pass(es)	Describe the publ	ie purpose made poisuant	to the agency's policy
B. Name of Individual	Number of			
(Lasi First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremonia	l Role" or "Other" describe below:	
	·	Ceremonial Role	Other	
			Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	purpose made pursuant to	o the agency's policy
	Pass(es)	5		
pashington Hospital	20/	to reward a	e non profit	- organization
teluth Care Bystem	/7	for its contra	butions to -	the
Fremont of 94538		Communel	y	
erification		10		
£	nd 18942. I have ven	ified that the distribution set forth	above, is in accordance with t	the requirements.
	Lee Ann Ferg		pervisor's Assistant	0-10-6
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				

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Alameda County       Form Over         Division, Department, or Region ((#Applicable))       Board of Supervisors       For Other Use Collider Colider Collider Collider Collider Collider Collider Colider Collider	1	Agency Name	· · · · ·			Date Stamp	California OO	
Board of Supervisors Beard of Supervisors Contact (Name Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number Fernall Lee Ann Fergerson @acgov.org Date of Original Filing: Contact Name Contact Information Beard of Supervisors Beard of Supervi		Alameda County		And an other states of the state of the stat				
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number (510) 272-6691         Dete of Original Filling:         Obes the agency have a ticket policy?         Yes       No         Dete do Original Filling:       (Month, Day, Year)         Prode TimeExplanation       Date of Original Filling:         Dete to Original Filling:       (Month, Day, Year)         Event Description       Prode TimeExplanation         Ticket(s)/Pass(es) provided timeExplanation       Date (s)         Was ticket distribution made at the behest       No         Yes       No         Vasiticket distribution made at the behest       No         Yes       No         Alameda County Supervisor Scott Haggerty, I         Official?       Official?         Aname of Agency, official?       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Department or Unit       Number of Ticketgy       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Department or Unit       Number of Ticketgy       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Market Organization       Number of Ticketgy       Other is accordance with the requirements         C.       <		Division, Department, or Regio		For Official Use Only				
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number (510) 272-6691         Dete of Original Filling:         Obes the agency have a ticket policy?         Yes       No         Dete do Original Filling:       (Month, Day, Year)         Prode TimeExplanation       Date of Original Filling:         Dete to Original Filling:       (Month, Day, Year)         Event Description       Prode TimeExplanation         Ticket(s)/Pass(es) provided timeExplanation       Date (s)         Was ticket distribution made at the behest       No         Yes       No         Vasiticket distribution made at the behest       No         Yes       No         Alameda County Supervisor Scott Haggerty, I         Official?       Official?         Aname of Agency, official?       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Department or Unit       Number of Ticketgy       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Department or Unit       Number of Ticketgy       Describe the public purpose made pursuant to the agency's policy         Marked Agency, Market Organization       Number of Ticketgy       Other is accordance with the requirements         C.       <		Board of Supervisors						
Area Code/Phone Number (510) 272-6691       E-mail leeann.fergerson@acgov.org       Date of Original Filing: (Mont, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description       No       Face Value of Each Ticket/Pass \$ (DO) O Date(s)         2. Function or Event Information Does the agency have a ticket policy? Event Description       Provide TibleExplanation         Ticket(s)/Pass(es) provided by agency? d agency official?       No       If no: Monte of Source         Was ticket distribution made at the behest of agency official?       No       Yes       No         • 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 C to identify an outside organization.       Number of To cobtain oversight of facilities or events that have received County funding or support         B.       Name of Agency, Department or Unit B.       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy Pass(es)       Income         Variable address and description)       Number of Ticket(g)       Identify one of the following. Pass(es)       Income         Variable address and description)       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Num		•	ame, Title)			-		
Area Code/Phone Number (510) 272-6691       E-mail leeann.fergerson@acgov.org       Date of Original Filing: (Mont, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description       No       Face Value of Each Ticket/Pass \$ (DO) O Date(s)         2. Function or Event Information Does the agency have a ticket policy? Event Description       Provide TibleExplanation         Ticket(s)/Pass(es) provided by agency? d agency official?       No       If no: Monte of Source         Was ticket distribution made at the behest of agency official?       No       Yes       No         • 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 C to identify an outside organization.       Number of To cobtain oversight of facilities or events that have received County funding or support         B.       Name of Agency, Department or Unit B.       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy Pass(es)       Income         Variable address and description)       Number of Ticket(g)       Identify one of the following. Pass(es)       Income         Variable address and description)       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Number of Ticket(g)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Num		Lee Ann Fergerson, Supervise	or's Assista	ant				
Circuit or Event Information		· · · ·	Amendment (Must pi	rovide explanation in Part 3.)				
2. Function or Event Information Does the agency have a ticket policy? Yes No Event Description Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es) Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es) Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es) Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es) Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es) Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Hr no: Pass(es)		(510) 272-6691	eeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month Day Year)	
Event Description       Provide TribuExplanation       Date(s)       J	2.	Function or Event Information			/			
Provide TitleExplanation         Ticket(s)/Pass(es) provided by agency?       Yes II       No       If no:       Mame of Source         Was ticket distribution made at the behest of agency official?       No       Yes III       If yes.       Alameda County Supervisor Scott Haggerty, I         Official?       Official?       Official?       Official?       Official?         It yes.       Official?       Official?       Official?         Recipients       No       Yes Section B to identify an individual.       Use Section C to identify an outside organization.         It was added to be added to be agency's department or unit.       • Use Section B to identify an individual individual and the agency's policy Pess(es)       Describe the public purpose made pursuant to the agency's policy Pess(es)         Mam.UM       Mumber of Teckets[i]       Describe the following:       Income         If checking 'Caremonial Role		Does the agency have a ticket p	olicy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	<u>£00,00</u>	
Provide TitleExplanation         Ticket(s)/Pass(es) provided by agency?       Yes II       No       If no:       Mame of Source         Was ticket distribution made at the behest of agency official?       No       Yes III       If yes.       Alameda County Supervisor Scott Haggerty, I         Official?       Official?       Official?       Official?       Official?         It yes.       Official?       Official?       Official?         Recipients       No       Yes Section B to identify an individual.       Use Section C to identify an outside organization.         It was added to be added to be agency's department or unit.       • Use Section B to identify an individual individual and the agency's policy Pess(es)       Describe the public purpose made pursuant to the agency's policy Pess(es)         Mam.UM       Mumber of Teckets[i]       Describe the following:       Income         If checking 'Caremonial Role		Event Description	l.		Data(a)	$\gamma + \gamma = $		
Wase ticket distribution made at the behest of agency official?       No I Yes I       Alameda County Supervisor Scott Haggerty, I Official's Name (Last, First)         • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.       • Use Section A to Identify the agency's policy         • Use Section A to Identify the agency's department or Unit. • Use Section A to Identify an individual. • Use Section A to Identify an outside organization.       • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         A. Name of Agency, Department or Unit. • Use Section A to Identify the agency's policy MumMu MumMu Mum Mum			rovide Title/Exp	lanation			//	
Was ticket distribution made at the behest of agency official?       No Ves W       If yes.       Alameda County Supervisor Scott Haggerty, f Official's Name (Last, First)         Ites 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 Tecke(s)       Describe the public purpose made pursuant to the agency's policy         Mumber of Tecke(s)       Describe the public purpose made pursuant to the agency's policy       To obtain oversight of facilities or events that have received county funding or support         B.       Name of Individual gaint Ray       Number of Tecke(s)       Identify one of the following: Pass(es)       Income         C.       Name of Outside Organization (include address and description)       Number of Tecke(s)       Other I       Income         Varific stions       1       1.1 and 18942. There verified that the distribution set forth above, is in accordance with the requirements.         .       Lee Ann Fergerson       Supervisor's Assistant       3.4.4.4.         .       Justice or Degree       The Mame       The Commonial Role or Other Sistant       3.4.4.4.		Ticket(s)/Pass(es) provided by a	gency?	Yes 🔟 No	If no:	NU		
of agency official?       Not resident in yes.       Official's Name (Last, First)         3. Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Womber of Teketify</li> <li>Describe the public purpose made pursuant to the agency's policy</li> <li>Pass(es)</li> <li>Ceremonial Role</li></ul>		Maa ticket distribution made at th	a hahaat		Alam			
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     Techelay     Describe the public purpose made pursuant to the agency's policy     Pass(es)     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     B. Name of Individual     Number of     Ticket(b)     Reserved     Ceremonial Role Other I Income     // Income			ne benest	No 📋 Yes	If yes.	the second se	and the second	
Juse Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Use Section A to identify an individual.     Name of Agency, Department or Unit     To because the public purpose made pursuant to the agency's policy     Pass(s)     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     To obtain oversight of facilities or events that have     received county funding or support     received county funding or support     To obtain oversight of facilities or events     received county funding or ot	2					·		
A.       Name of Agency, Department or Unit       Number of Pass(es)       Describe the public purpose made pursuant to the agency's policy         MumMU       MumMurgangenee       To obtain oversight of facilities or events that have received county funding or support         B.       Name of Individual (said freq)       Number of Tocket(s)/ Pass(es)       Identify one of the following.         B.       Name of Individual (said freq)       Number of Tocket(s)/ Pass(es)       Identify one of the following.         Ceremonial Role       Other       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         C.       Name of Outside Organization (include address and description)       Number of Tocket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Varification       11       4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         U       Lee Ann Fergerson       Supervisor's Assistant       3	•		department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.	
A start Hang And		A. Name of Agency, Department or Unit Number of Ticket(s)/		Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy		
B.       Name of Individual (seet Fiel)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         B.       Name of Individual (seet Fiel)       Income         Ceremonial Role       Other       Income         If checking "Ceremonial Role       Income <td></td> <td>Mameda Jounty 5</td> <td colspan="2">Mameda Minty Supervis</td> <td></td> <td></td> <td>ts that have</td>		Mameda Jounty 5	Mameda Minty Supervis				ts that have	
B.       Name of individual (seef Perit)       Ticket(s)/ Pass(es)       Identify one of the following:         Income       If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Other ]       Income         If checking "Ceremonial Role ]       Income       Income         If and 18942, I have verified that the distribution set forth above,				Number of				
If checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or		B. Name of Individual (Last. First)	: 	Ticket(s)/		Identify one of the following	9	
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         Varification       11       4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       3-9-1         signature of Agency Head or Designee       Print Name       Title       (Month, Day, Year)							Income	
Variation (include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Variation       I       Image: Signature of Agency Head or Designee       Imagency Head or Designee       Imagency Head or Designee <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Income</td>	-						Income	
Verification         11       4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         -       Lee Ann Fergerson       Supervisor's Assistant         -       Supervisor's Assistant       3-9-1         -       Print Name       Title         Comment:	(			Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy	
11       4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         -       Lee Ann Fergerson       Supervisor's Assistant       3-9- (Month, Day, Year         Comment:	-	(include address and descript		Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy	
Lee Ann Fergerson     Supervisor's Assistant     3-9-1       Signature of Agency Head or Designee     Print Name     Title     (Month, Day, Year)       Comment:	<b>\</b> 	noritication	1.1 and 1	18942. I have ver	ified that the distribution set fort	h above, is in accordance with th	ne requirements	
Signature of Agency Head of Designee Print Name Title (Month, Day, Year) Comment:							Z G II	
	-	Signature of Agency Head of Designee	<u>L</u>			· · · · · · · · · · · · · · · · · · ·	(Month, Day, Year)	
	С	comment:					EPPC Form 802 (4/12)	

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

1.	Agency Name				Date Stamp	California 000	
	Alameda County				· ·	Form OUZ	
	Division, Department, or Region (If Applicable)					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@a	acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation			•	405	
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	105	
	Event Description Andre Wa	ırd vs. Sullivar	n Barrera	Date(s) <u>3</u>	<u>, 26 , 16</u>	///	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors Name of S	ource			
	Was ticket distribution made	at the hebest					
	of agency official?	at the benest	Richard- Supervisor	(Last, First)			
3.	Recipients						
	Use Section A to identify the agend	cy's department or	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			lic purpose made pursuan	t to the agency's policy		
					_		
	B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role		Income	
	Farjado, Carlos		4	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the			
				To reward a comm	unity volunteer for his	s service to the public.	
				Ceremonial Role	Other		
			4		ial Role" or "Other" describe below:		
			· ·				
	Name of Outside Organ	nization	Number of				
	C. Name of Outside Organ (include address and dea		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
4.	Verification						

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

### Nancy Sa Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_

G	eremonial Role Events and Lic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	1	For Official Use Only		
	Board of Supervisors		-		
	Designated Agency Contact (Name, Title)		······.	-	
	Nancy Sa				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	acdov ord		Date of Original Filing: .	
2	Function or Event Information				(Month, Day, Year)
2.				of Each Ticket/Pass \$	126
		Yes 🛛 No	—		
	Event Description Justin Bieber Provide Title/Expl	Date(s) <u>3</u>		//	
				n State Warriors	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sou	Irce
	Was ticket distribution made at the behest	No 🗌 Yes	Valle,	Richard- Supervisor E	District 2
	of agency official?			Official's Name (Last, First)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other 🔀	
	Gonzalez, Robert	4	If checking "Ceremon	ial Role" or "Other" describe below:	
			To reward a comm	unity volunteer for his s	service to the public.
		4	Ceremonial Role	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Verification				

#### 4.

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

	<u> </u>	Nancy Sa	Sup	pervisor's Assistant	3/24/14
Signature of Agency Head or Designee		Print Name	10 C	Title	(Month, Day, Year)
Comment:					

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County			17	ronn
Division, Department, or Region (If Applicabl	e)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			- ·	
Nancy Sa				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692 nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			•	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	350
Event Description Warriors vs. 76ers		Data(s) 3	, 27 , 16	1 1
Provide Title/Exp	lanation			//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
			Name of Sol	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor [ Official's Name (L	ast First)
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization
A. Name of Agency, Department or Unit	Number of		8	
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
R Name of Individual	Number of			
B. Name of Individual (Las( First)	Ticket(s)/ Pass(es)		Identify one of the following	ng
		Ceremonial Role	Other 🔀	Income
Marinez, Enrique	4		al Role" or "Other" describe below:	
		I o reward a commu	unity volunteer for his s	service to the public.
····		Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	
	4			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	Pass(es)			
. Verification				
1 have and and and and a copp Development 1944.1 and				the requirements.
	Nancy S		Supervisor's Assistant	<u>03124114</u>
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)

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

Ceremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or	Region (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Con	act (Name, Title)				
Nancy Sa					
Area Code/Phone Numbe	er E-mail	12		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Ir	formation				
Does the agency have a	ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ 🗖	600
Event Description Prince	•		Date(s)3	3 , 04 , 16	1 1
Event Description	Provide Title/Exp	lanation	Date(s)	/	//
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
				Name of So	
Was ticket distribution ma	ide at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2
of agency official?				Official's Name (	Last, First)
3. Recipients			sion D to identify on individ	und a line Section Official	
Use Section A to identify the a		Number of			
A. Name of Agency, Dep	artment or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
B. Name of Ind		Number of Ticket(s)/		Identify one of the follow	ing:
(Last, First		Pass(es)			
Baca, Natalie				ial Role" or "Other" describe below:	Income
Data, Matane		4	_	unity volunteer for her	service to the public.
			Ceremonial Role	Other	
		4		ial Role" or "Other" describe below:	
C. Name of Outside C		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
4. Verification	44.1 anc	1 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	
6		Nancy S	Sa	Supervisor's Assistant	03/10/14

Print Name

Comment: \_

Signature of Agency Head or Designee

(Month, Day, Year)

Title

Ceremonial Role Events a	nd Ticket/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)		-	
Nancy Sa				
Area Code/Phone Number E-ma	ail		Amendment (Must pl	rovide explanation in Part 3.)
	cy.sa@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket polic	-	Face Value o	of Each Ticket/Pass \$	158
		-		
Event Description Bruce Springste	le Title/Explanation	Date(s)	3 <u>,</u> 13 <u>,</u> 16	//
Ticket(s)/Pass(es) provided by ager		Golder	n State Warriors	
Ticker(3)/1 ass(es) provided by ager	ncy? Yes 🗌 No	-	Name of Sou	
Was ticket distribution made at the	behest 🛛 No 🗌 Yes	If yes: Valle,	, Richard- Supervisor [ Official's Name (L	District 2
of agency official?			Official's Name (L	.ast, First)
3. Recipients				
Use Section A to identify the agency's departure		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or U	inonoqu).	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	
(Last First)	Pass(es)		Identify one of the following	ng:
Malla Disk and		Ceremonial Role		
Valle, Richard	2		ial Role" or "Other" describe below:	at a County facility in
			ance at an event held a potential revenue from	
		· · · · · · · · · · · · · · · · · · ·	Other 🔀	
Mott, Yvonne			ial Role" or "Other" describe below:	
	2		ance at an event held a	
		order to maximize p	potential revenue from	sales.
C. Name of Outside Organization		Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and description	n) Pass(es)			
. Verification	I	· · · ·		
	1944.1 and 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
1	Nancy	Sa	Supervisor's Assistant	03/16/110
. Signature of Agency nead of Designee	Print Nam		Title	(Month, Day, Year)
Comment:				
				FPPC Form 802 (4/12)

		skeur ass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)			1	
Nancy Sa				· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
Function or Event Infor	mation		······································	<u>.</u>	(
Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	800
Event Description Warriors v	s. Pelicans		Date(s)03	<u> </u>	
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No	If no: Golder		
Was ticket distribution made a	at the hehest		valle.		
of agency official?		NO LI YES	If yes:	Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individua (Lasi, First)	al de la companya de	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Income
Gutierrez, Sammy		2			
			To reward a commi	unity volunteer for his s	service to the public
			Ceremonial Role	Other	
		2	If checking "Ceremoni	al Role" or "Other" describe below:	
C Name of Outside Organ	zation	Number of			
(include address and des		Pass(es)	Describe the pub	lic purpose made pursuant i	o the agency's policy
	Agency Name         Alameda County         Division, Department, or Reg         Board of Supervisors         Designated Agency Contact         Nancy Sa         Area Code/Phone Number         (510) 272-6692         Function or Event Infor         Does the agency have a ticked         Event Description         Warriors v         Ticket(s)/Pass(es) provided b         Was ticket distribution made a of agency official?         Recipients         • Use Section A to identify the agency         A.         Name of Agency, Department         Gutierrez, Sammy	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Event Description Warriors vs. Pelicans Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Lae, First) Gutierrez, Sammy	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No         Event Description         Warriors vs. Pelicans         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes □ No         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         B.       Name of Individual (Last, Frat)         B.       Name of Individual (Last, Frat)         Quitierrez, Sammy       2         2       2	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number       E-mail         (510) 272-6692       nancy.sa@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes 🖾 No 🗆 Face Value of         Event Description       Warriors vs. Pelicans       Date(s)         Provide Title/Explanation       Date(s)       03         Ticket(s)/Pass(es) provided by agency?       Yes 🗆 No 🖾 If no: Golde       04         Was ticket distribution made at the behest of agency official?       No 🗆 Yes 🖾 If yes: Valle;       04         • Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individe       04         B.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pub         B.       Name of Individual (Latt; Fred)       Ceremonial Role (Lattering Ceremon)       To reward a commit         Quitierrez, Sammy       2       Ceremonial Role (Lattering Ceremon)       Ceremonial Role (Lattering Ceremon)         Q       Ceremonial Role (Lattering Ceremon)       Ceremonial Role (Lattering Ceremon)       Ceremonial Role (Lattering Ceremon)	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (// Applicable)         Board of Supervisors

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

 Nancy Sa
 Supervisor's Assistant

 Organization of Agency Freed of Designed
 Print Name

Comment: \_

eremonial Role Events					A Public Docume
Agency Name				Date Stamp	California 802
Alameda County			"		Form OU2 For Official Use Only
Division, Department, or Regio	on (If Applicable	<del>)</del> )			For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (N	lame, Title)			1	
Nancy Sa					
Area Code/Phone Number	E-mail	· · · · · ·		Amendment (Must	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket p	policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	800
Event Description Warriors vs.	. Pelicans			3 <u>, 14 , 16</u>	
Event Description	Provide Title/Expl	anation	Date(s)	//	
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	IS If no: Golde	n State Warriors	
				Name of So	
Was ticket distribution made at t of agency official?	the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2
				, Omciai s ivame (	Last, FIIST)
Recipients	donautoret	unit			
Use Section A to identify the agency's		Number of			
A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
				14	
, B. Name of Individual		Number of TickoteV			
, B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
, B. Name of Individual (Last. First)		Ticket(s)/	Ceremonial Role	Other	ing:
B. Name of Individual		Ticket(s)/			
, B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		Other	
B. Name of Individual (Last First)		Ticket(s)/ Pass(es)	If checking "Ceremon	Other  Other  ial Role" or "Other" describe below:	Income
B. Name of Individual (Last First) Mott, Gilbert		Ticket(s)/ Pass(es) 3	If checking "Ceremon	Other  Other  ial Role" or "Other" describe below:	Income
(Last First)		Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  Other  ial Role" or "Other" describe below:  Other  Other	Income
(Last, First)		Ticket(s)/ Pass(es) 3	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  Other  Cother  Other  Other	Income
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter describe below:  Unity volunteer for his	Income
(Last First) Mott, Gilbert		Ticket(s)/ Pass(es) 3	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Cother  Other  Other	Income [ Income [ service to the public.
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter describe below:  Unity volunteer for his	Income [ Income [ service to the public.
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter describe below:  Unity volunteer for his	Income [ Income [ service to the public.
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter describe below:  Unity volunteer for his	Income [ Income [ service to the public.
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter" describe below:  Inity volunteer for his	Income [ Income [ service to the public.
Lest First; Mott, Gilbert C. Name of Outside Organiza		Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter" describe below:  Inity volunteer for his	Income [ Income [ service to the public.
(Last First) Mott, Gilbert C. Name of Outside Organizat (include address and descrij	ption)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu Describe the pub	Other  Other  Indef or "Other" describe below:  Other  Other  Other  Conter" describe below:  Inity volunteer for his	Income [ Income [ Service to the public. to the agency's policy
(Last First) Mott, Gilbert C. Name of Outside Organizat (include address and descrij	ption)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a commu Describe the pub	Other  Ial Role" or "Other" describe below:  Other  Other  Other  Inity volunteer for his  Ic purpose made pursuant	Income [ Income [ service to the public. to the agency's policy

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	e)			
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Nancy Sa				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				800
	Does the agency have a ticke		Yes 🗵 No		f Each Ticket/Pass \$	000
	Event Description Warriors v	s. Pelicans		Date(s)3	, 14 , 16	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	State Warriors	1709
		4 4 ha habart		File Valle		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Vanc,	Richard- Supervisor D	ast, First)
				,, _,		
3.	• Use Section A to identify the agence	y's department or	runit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
	÷-					
	B. Name of Individua (Last First)	al	Number of Ticket(s)/		Identify one of the follow	ng:
			Pass(es)	Ceremonial Role	Other 🔀	
	Aro-Valle, Barbara				ial Role" or "Other" describe below:	
			2	To review the ability creation goals.	y of a facility to particip	oate in the County's job
			-	Ceremonial Role	Other	
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	scription)	Pass(es)			
4.	Verification	10014 1 or	nd 18942 I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
		רז. / מו				DIDIL.
	Cignolium of Amonou Hood on Designed		Nancy		Supervisor's Assistant	(Month Day Year)
	Signature of Agency Head or Designee	1	run Nan	10	1100	(monut, Day, real)

Comment: \_\_

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	_		· · · · · · · · · · · · · · · · · · ·		A Public Documer
Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Board of Supervisors				(ar)	
<b>Designated Agency Contact</b>	(Name, Title)	· · · · · _ · _ ·		-	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				(Month, Day, Year)
Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	93
Event Description Bay Area	Festival of La				
Event Description	Provide Title/Exp	lanation	Date(s)	0 / 00 / 10	//
Ticket(s)/Pass(es) provided b	v agency2		Golde	en State Warriors	
		Yes 🗌 No		Name of Sou	
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor [ Official's Name (L	District 2
of agency official?			,	Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	/'s department or		ction B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
					•
					-
					- -
B. Name of Individua (Last First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng
(Last First)		Ticket(s)/	Ceremonial Role	Other 🔀	ig Income
	1	Ticket(s)/	If checking "Ceremor	Other 🛛	Income
(Last First)	1	Ticket(s)/ Pass(es)	If checking "Ceremor	Other 🔀	Income
(Last First)	1	Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm	Other X ial Role" or "Other" describe below: unity volunteer for his s	Income
(Last First)	1	Ticket(s)/ Pass(es) 4	If checking "Ceremor To reward a comm Ceremonial Role	Other X ial Role" or "Other" describe below: unity volunteer for his s	Income
(Last First)		Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role	Other  O	Income
(Last First) Stiger, Angel		Ticket(s)/ Pass(es) 4 4	If checking "Ceremor To reward a comm Ceremonial Role	Other  O	Income
(Last First)	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  O	Income
(Last First) Stiger, Angel C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi	zation :ription)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon Describe the pub	Conter  Conte	Income C
(Last First) Stiger, Angel C. Name of Outside Organi (include address and desc	zation :ription)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremon Describe the pub	Other  o	Income
(Last First) Stiger, Angel C. Name of Outside Organi (include address and desc	zation :ription)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon Describe the pub	Conter  Conte	Income

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

9

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicabl	e)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Nancy Sa				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692 nancy.sa@a	acaov.ora		Date of Original Filing:	
2. Function or Event Information	auguriorg			(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🛛 No	Eace Value o	f Each Ticket/Pass \$ _	800
Event Description Warriors vs. Pelicans Provide Title/Exp	lanation	Date(s)		//
		Golder	n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of So	urce
Was ticket distribution made at the behest	No 🗖 Yes	X If yes. Valle,	Richard- Supervisor I Official's Name (I	District 2
of agency official?			Official's Name (I	Last, First)
. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				···
B. Name of Individual	Number of			
(Less First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Mary München		Ceremonial Role		Income
Mou, Winston	2		al Role" or "Other" describe below:	
		To reward a commu	unity volunteer for his	service to the public
		Ceremonial Role	Other	Income
Nawabi, Eshaq	2		al Role" or "Other" describe below:	
		To reward a commu	inity volunteer for his s	service to the public.
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	, 100(00)			
		-		
Varification				
Verification	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
······································				010.11.
Signature of Agency Head or Designee	Print Name		Supervisor's Assistant	
				(Month, Day, Year)
Comment: Includes 2 parking passes at the	e value of \$	30 each.		

9

eremonial Role					
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department,	or Region (If Appl	icable)		1	For Official Use Only
Board of Supervisors	6				
Designated Agency C		)		8	
Nancy Sa					
Area Code/Phone Nur	nber E-mail	· · · ·		Amendment (Mus	t provide explanation in Part 3.)
(510) 272-6692		a@acgov.org		Date of Original Filing	g:(Month, Day, Year)
Function or Even					(WORKI, Day, Tear)
Does the agency have		Yes 🗵 No	Face Value	of Each Ticket/Pass \$	800
10/0	rriors vs. Pelicar			3 <u>14 16</u>	
Event Description		e/Explanation	Date(s)	, , , , , , , , , , , , , , , , , , , ,	//
Ticket(s)/Pass(es) pro	vided by agency?		Golde	n State Warriors	
	vided by agency:	Yes 🗌 No		Name of	
Was ticket distribution	made at the behe	est No 🗖 Yes	If yes: Valle	, Richard- Superviso Official's Name	r District 2
of agency official?				Official's Name	ə (Last, First)
		Number of			
A. Name of Agency, I	Department or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	int to the agency's policy
		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	Int to the agency's policy
B. Name of	Department or Unit	Ticket(s)/	Describe the put	lic purpose made pursua	
B. Name of	Individual	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	wing:
B. Name of	Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo	wing: Income
B. Name of	Individual	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo	wing:
B. Name of	Individual	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the folio Other ial Role" or "Other" describe below unity volunteer for hi	wing: Income [ s service to the public
B. Name of	Individual	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       2	Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role	Identify one of the folio Other ial Role" or "Other" describe below unity volunteer for hi	wing: Income [ v: s service to the public Income [
B. Name of (Last Nate, Glenn	Individual	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Identify one of the follo         Other         Other         ial Role" or "Other" describe below         unity volunteer for hi         Other         Other         Other         Other         Image: State of the following of the foll	wing: Income [ v: s service to the public Income [
B. Name of (Last Nate, Glenn Galang, Joemar C. Name of Outsid	Individual First)	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       2	Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the follo         Other         Other         ial Role" or "Other" describe below         unity volunteer for hi         Other         Other         Other         Other         Image: State of the following of the foll	wing: Income [ s service to the public Income [ s service to the public.
B. Name of (Last Nate, Glenn Galang, Joemar C. Name of Outsid	Individual First)	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       2       2       1       2       1       1       1       2       1       1       1       1       1       2       1       1       1       1       1       2       1 </td <td>Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To reward a comm</td> <td>Identify one of the follo</td> <td>wing: income [ s service to the public Income [ s service to the public.</td>	Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the follo	wing: income [ s service to the public Income [ s service to the public.
B. Name of (Last Nate, Glenn Galang, Joemar C. Name of Outsid	Individual First)	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       2       2       1       2       1       1       1       2       1       1       1       1       1       2       1       1       1       1       1       2       1 </td <td>Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To reward a comm</td> <td>Identify one of the follo</td> <td>wing: income [ s service to the public Income [ s service to the public.</td>	Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the follo	wing: income [ s service to the public Income [ s service to the public.

Nancy Sa Supervisor's Assistant Print Name

Title

3 (Month, Day, Year)

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

Signature of Agency Head or Designee

	emonial Role Event	o unu m	- 1 - 1	subbuildins	i i i i i i i i i i i i i i i i i i i	A Public Documen
	gency Name				Date Stamp	California 802
	ameda County					Form UUZ
DI	vision, Department, or Regio	on (If Applicabl	e)			For Official Use Only
	pard of Supervisors					
De	signated Agency Contact (A	lame, Title)			1	
Ste	even Jones				<u> </u>	
Are	ea Code/Phone Number	E-mail	······		Amendment (Must pr	ovide explanation in Part 3.)
(51	10) 272-6693	steven.jone:	@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. Fu	Inction or Event Inform	ation	1	\-1=1 -1-	ł	T THE LET T
Do	es the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$125
Eve	ent Description La Arrollado	ora Banda E	Limón	Date(s)02	2 <u>13</u> 16	
Ticl	, ket(s)/Pass(es) provided by	Provide Title/Expl		Golda	n State Warriors	
ΠÇI	nerrain ageras highing by	ауенсу?	Yes 🗌 No		Name of Sou	rce
	s ticket distribution made at	the behest	No 🔲 Yes	If ves. Alam	eda County Supervisor	Wilma Chan
of	agency official?				Official's Name (La	ast, First)
	cipients					
	se Section A to identify the agency's			ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A.	Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
B.	Name of Individual iter imp		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other describe below:	Income
				Ceremonial Role	Other	Income
C.	Name of Outside Organiza (include address and descri	tion ption)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	Clinica de la Raza   1450 F e   Oakland, CA   94601	ruitvale	4	To promote attenda order to maximize p	nce at an event held at otential County revenue	a County facility in e from sales.
	ivers health care services t ulation in Alameda County			To reward a non community	profit organization for i	s contributions to the
Veri	ification			nt, shiki se satuk		
11		ns 18944.1 and 1	8942. I have ver	ified that the distribution set for	th above, is in accordance with t	he requirements.
	Signature of Agency Head or Designee		Steven Jo	nes C	entral District Director	03.02.2016

1. Agency Name					
Alameda County				Date Stamp	California Form 802
Division, Department, or Regi	on (If Applicat			-	For Official Use Only
		,			
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.or	9	Date of Original Filing: _	(Month, Day, Year)
. Function or Event inform	nation	I -1 - 1	FE CONTRACTOR	1 **=*:	(Month, Day, Teat)
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$30.50
Event Description Disney On	Ice presents				
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Golder	State Warriors	······································
Was ticket distribution made at	the behavet	_		Name of Sour	
of agency official?	the benest	No 🗋 Yes	If yes: Alame	eda County Supervisor Official's Name (La	Wilma Chan
	- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Te Zo		Unicial S Name (La	st, Filst)
• Use Section A to identify the agency'	s department or	unit. 🔹 Use See	ction B to identify an individu	al. • Use Section C to identif	V an outside organization
A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	1:
Robinson, Da'Monica		4	Ceremonial Role	Other I Role" or "Other" describe below:	Income
8		4	To promote attendar order to maximize p	nce at an event held at otential County revenue	a County facility in e from sales.
		4	Ceremonial Role	Other Role" or "Other" describe below:	Income
C. Name of Outside Organiza (include address and descri	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
	<u> </u>				
Verification	·····	1	1	5	or 2.4. in 1-5.8
I have read and understand EPPC Regulation	ons 18944.1 and	18942. I have veri	ified that the distribution set fort	h above, is in accordance with th	e requirements
		Steven Jor			
Signature of Agency Head or Designee		Print Name		entral District Director	03.02.2016
•		, including		Title	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? \$55.50 Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Disney On Ice presents FROZEN Date(s) \_\_\_\_02 25 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest If ves: Alameda County Supervisor Wilma Chan 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 Δ 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: 1-201 11.54) Pass(es) Ceremonial Role Other Income Mitchell, Alexa 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 County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 4 Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 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. ł Steven Jones Central District Director 03.02.2016 Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

4

4.

Ceremonial Role Even	is and H	CKet/Pass	s Distributions		A Public Documer
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi	i <b>on</b> (It Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation	1 1 0	Z-Tolly a light of the part of the light		
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$55.50
Event Description Disney On	Ice presents				
	Provide Title/Exp	lanation	Date(s)02		//
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?	the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	r Wilma Chan
				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency		unit. • Use See	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department	it or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followir	ığ.
		rass(es)	Ceremonial Role		
Hernandez, AnaMaria				al Role" or "Other" describe below:	Income
		4	To promote attenda	nce at an event held a	t a County facility in
			order to maximize p	otential County revenu	le from sales.
			Ceremonial Role	Other	Income
		4	If checking "Ceremonia	l Role" or "Other" describe below:	
C. Name of Outside Organiza		Number of			
(include address and descr	iption)	Ticket(s)/ Pass(es)	Describe the publi	s purpose made pursuant to	the agency's policy
		1 465(26)			
*					
			al and the second	- M	
Verification	ne 18044 4	18042 1			
	13 10944.1 and			th above, is in accordance with t	he requirements.
Signature of Agency Head or Designee		Steven Jor		entral District Director	03.02.2016
Signature of Agency Field of Designee		Print Name		Title	(Month, Day, Year)
					(monin, Day, rear)

1. Agency Name				
Alameda County			Date Stamp	Form 802
Division, Department, or Region (If Applic	able)		-	For Official Use Only
Board of Supervisors	,			
Designated Agency Contact (Name, Title)				
				~
Steven Jones Area Code/Phone Number E-mail			Amendment (Must p	rovide evolution in Dart 2.1
2. Function or Event Information	nes@acgov.o	rg =	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy?				¢EE 50
	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$55.50
Event Description Disney On Ice preser		Date(s)	2 <u>, 27 , 16</u>	///
	xpianation	Goldo	n State Manie	
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No		n State Warriors Name of Sol	1709
Was ticket distribution made at the behes	t No 🗌 Yes	Kan Ifyaa, Alam	eda County Superviso	
of agency official?		1 i yes	Official's Name (L	ast, First)
Recipients				<u></u>
Use Section A to identify the agency's department	or unit. 🛛 Use Se	ction B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant t	
	Pass(es)			
B. Name of Individual	Number of			
	Ticket(s)/ Pass(es)		Identify one of the followin	ia:
				.9.
		Ceremonial Role		
Ireland, Lavelle		Ceremonial Role If checking "Ceremoni		
Ireland, Lavelle	4	If checking "Ceremoni To promote attenda	Other al Role" or "Other" describe below: ance at an event held a	Income
Ireland, Lavelle		If checking "Ceremoni To promote attenda order to maximize p	Other al Role" or "Other" describe below: Ince at an event held a potential County revenu	Income
Ireland, Lavelle		If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other al Role" or "Other" describe below: ance at an event held a potential County revenu	Income [ t a County facility in te from sales.
Ireland, Lavelle		If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other al Role" or "Other" describe below: Ince at an event held a potential County revenu	Income [ t a County facility in te from sales.
Ireland, Lavelle	4	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other al Role" or "Other" describe below: ance at an event held a potential County revenu	Income [ t a County facility in te from sales.
C Name of Outside Organization	4 4 Number of	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Arole" or "Other" describe below:  Cotential County revenue  Other  Other  Arole" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
	4	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below: ance at an event held a potential County revenu	Income [ t a County facility in le from sales. Income [
C Name of Outside Organization	4 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Arole" or "Other" describe below:  Cotential County revenue  Other  Other  Arole" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
C Name of Outside Organization	4 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Arole" or "Other" describe below:  Cotential County revenue  Other  Other  Arole" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
C Name of Outside Organization	4 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Arole" or "Other" describe below:  Cotential County revenue  Other  Other  Arole" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
C Name of Outside Organization	4 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Al Role" or "Other" describe below:  Cotential County revenue  Other  Other  Al Role" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
C. Name of Outside Organization (include address and description)	4 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Al Role" or "Other" describe below:  Cotential County revenue  Other  Other  Al Role" or "Other" describe below:	Income [ t a County facility in le from sales. Income [
C. Name of Outside Organization (include address and description)	4 A Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the publ	Other  Arole" or "Other" describe below:  Dotential County revenu  Other  Arole" or "Other" describe below:  Doter  County revenu  County re	Income [ t a County facility in te from sales. Income [
C. Name of Outside Organization (include address and description)	4 A Number of Ticket(s)/ Pass(es) d 18942. I have very	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the publ	Conter  Conter describe below: Conter describe below: Contential County revenue Conter  Conter  Conter  Conter  Conter Conter describe below: Conter Conter describe below: Conter Conter describe below: Conter Co	Income
C Name of Outside Organization	4 A Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the public ified that the distribution set for nes C.	Other  Arole" or "Other" describe below:  Dotential County revenu  Other  Arole" or "Other" describe below:  Doter  County revenu  County re	Income

	Agency Name				D.L.O.	
	Alameda County				Date Stamp	California 802
	Division, Department, or Regi	ion (If Applical	ole)		4	For Official Use Only
		( <i>ppnoa</i> x				
	Board of Supervisors Designated Agency Contact (	Al			1993 1993	
		Name, I itle)				
	Steven Jones					
		E-mail				rovide explanation in Part 3.)
	(510) 272-6693		es@acgov.or	9	Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inform					a which the Lock of States in Frank 1 to 1 a st
1	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$55.50
E	Event Description Disney On	Ice presents	s FROZEN		2 , 28 , 16	, ,
		Provide Title/Ex	planation		/	/
Ī	Ficket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	
,	Noe ticket dietrikutien mederet	and the second		_	Name of Sou	
۱. ۱	Vas ticket distribution made at of agency official?	i ine behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	Wilma Chan
		18.L		tin R. Alexandra Marco	Official's Name (L	ast, First)
	Recipients	e department e				
Ţ	Use Section A to identify the agency'		Number of	ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization.
2	Name of Agency. Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
-					<u></u>	
_						
6	Name of Individual		Number of Ticket(s)/		Identify one of the followin	a:
ſ					Identify one of the followin	g:
_		0	Ticket(s)/	Ceremonial Role [ If checking "Ceremoni	Other	g: Income
_	(Lest First)		Ticket(s)/	If checking "Ceremonia	Other al Role" or "Other" describe below:	
_	(Lest First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda	Other	Income
_	(Lest First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda	Other     Other     other     other     other     describe below:     nce at an event held at     otential County revenue	Income I t a County facility in te from sales.
_	(Lest First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other Other Other describe below: nce at an event held at otential County revenue	Income I t a County facility in te from sales.
_	(Lest First)		Ticket(s)/ Pass(es) 4	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other  o	Income I t a County facility in te from sales.
_	iLest Firsti		Ticket(s)/ Pass(es) 4 4	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other  o	Income I t a County facility in te from sales.
_	iLest First) Frown, Siena Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Other  Al Role" or "Other" describe below:  nce at an event held al  otential County revenu  Other  I Role" or "Other" describe below:	Income In
_	iLest Firsti	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  o	Income In
_	iLest First) Frown, Siena Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Other  Al Role" or "Other" describe below:  nce at an event held al  otential County revenu  Other  I Role" or "Other" describe below:	Income In
_	iLest First) Frown, Siena Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Other  Al Role" or "Other" describe below:  nce at an event held al  otential County revenu  Other  I Role" or "Other" describe below:	Income In
_	iLest First) Frown, Siena Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Other  Al Role" or "Other" describe below:  nce at an event held al  otential County revenu  Other  I Role" or "Other" describe below:	Income In
_	iLest First) Frown, Siena Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other  Other  Al Role" or "Other" describe below:  nce at an event held al  otential County revenu  Other  I Role" or "Other" describe below:	Income In
	itest First Frown, Siena Name of Outside Organiza (include address and descri	iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia Describe the public	Conter Conter describe below: Conter describe below: Conter an event held all County revenue Conter Conter Conter Conter describe below: Conter Conter and pursuant to Conter Co	Income
	itest First Frown, Siena Name of Outside Organiza (include address and descri	iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia Describe the public	Conter Conter describe below: Conter describe below: Conter an event held all County revenue Conter Conter Conter Conter describe below: Conter Conter and pursuant to Conter Co	Income In
	itest First Frown, Siena Name of Outside Organiza (include address and descri	iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the public fied that the distribution set for	Conter Conter describe below: Conter describe below: Conter an event held all County revenue Conter Conter Conter Conter describe below: Conter Conter and pursuant to Conter Co	Income In

Ar:						
	gency Name				Date Stamp	California 802
	ameda County			Form 002		
Divi	vision, Department, or Regi	ion (If Applical		For Official Use Only		
Boa	ard of Supervisors					
Des	signated Agency Contact (	Name, Title)	1			
Ste	even Jones					
Āre	a Code/Phone Number	E-mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)
	10) 272-6693		es@acgov.or	a	Date of Original Filing:	
	Inction or Event Inform					(Month, Day, Year)
	es the agency have a ticket		Yes 🗵 No		f Each Ticket/Pass \$	\$75.00
		· •				
Ever	ent Description Legends of	Provide Title/Ex	nlanation	Date(s)		//
Tick	(ot/o)/Dogo(oc) provide the			Golder	State Marriera	
HCK	<pre>ket(s)/Pass(es) provided by</pre>	agency?	Yes 🗌 No		Name of Sou	urce
	s ticket distribution made at	t the behest	No 🔲 Yes	Alame	eda County Supervisor	
of a	agency official?			1 yes	Official's Name (L	
Rec	cipients		5 <u>37</u> 6 6 5	<u></u>	#* \$ . A \$	
• Use	e Section A to identify the agency'	's department or	unit. 🔍 Use Se	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
Α.	Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	
B.	Name of Individual		Number of Ticket(s)/		Identify one of the followin	
B.	Name of Individual (Lost Free)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
			Ticket(s)/	Ceremonial Role	Other	ng: Income 🔲
	(Lan, Fust)		Ticket(s)/	If checking "Ceremonia	Other  Other  / Role" or "Other" describe below:	Income
	(Lan, Fust)		Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda	] Other Role" or "Other" describe below: nce at an event held a	Income
	(Lan, Fust)		Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p	Other □ I Role" or "Other" describe below: nce at an event held a otential County revenu	Income
	(Lan, Fust)		Ticket(s)/ Pass(es) 4	It checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other □ I Role" or "Other" describe below: nce at an event held a otential County revenu	Income
	(Lan, Fust)		Ticket(s)/ Pass(es)	It checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other C Role" or "Other" describe below: nce at an event held a otential County revenu	Income
	(Lan, Fust)		Ticket(s)/ Pass(es) 4	It checking "Ceremonia To promote attenda order to maximize p Ceremonial Role	Other C Role" or "Other" describe below: nce at an event held a otential County revenu	Income
	(Lan, Fust)	ation	Ticket(s)/ Pass(es) 4	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other C Role" or "Other" describe below: nce at an event held a otential County revenu	Income t a County facility in ue from sales. Income
	(List, First) es, Jennifer Name of Outside Organiza	ation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other <i>Role" or "Other" describe below:</i> nce at an event held a otential County revenu Other <i>Role" or "Other" describe below:</i>	Income t a County facility in ue from sales. Income
	(List, First) es, Jennifer Name of Outside Organiza	ation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role If checking "Ceremonia	Other <i>Role" or "Other" describe below:</i> nce at an event held a otential County revenu Other <i>Role" or "Other" describe below:</i>	Income t a County facility in ue from sales. Income
C.	I Lisi, First) es, Jennifer Name of Outside Organiza (include address and descr	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the publi	Conter Conter Conter describe below: Contential County revenue Conter County revenue County revenue Conter Co	Income
C.	Es, Jennifer Name of Outside Organiza (include address and descr	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the publi	Conter Conter Conter describe below: Contential County revenue Conter County revenue County revenue Conter Co	Income
C. Verif	I Lisi, First) es, Jennifer Name of Outside Organiza (include address and descr	ation iption)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attendar order to maximize pr Ceremonial Role [ If checking "Ceremonia Describe the pubi! ified that the distribution set fort nes Ce	Conter Conter Conter describe below: Contential County revenue Conter County revenue County revenue Conter Co	Income

Ceremonial Role Events and I	icket/Pass	Distributions		A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County		8		Form OU
Division, Department, or Region (If Applica	ble)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				
Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6693 steven.jon	es@acgov.or	g	Date of Original Filing: .	
. Function or Event Information	- TILT - 10- L	- Ini mata and a state of the s		(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	\$30.00
Event Description Monster Jam 2016 (wi		Date(s) <u>02</u>		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	Ist If no. Golder	State Warriors	
			Name of Sou	
Was ticket distribution made at the behest	No 🔲 Yes	If yes: Alame	eda County Supervisor	Wilma Chan
of agency official?			Official's Name (L	ast, First)
Recipients				£
Use Section A to identify the agency's department o		tion B to identify an individua	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant f	o the agency's policy
	Pass(es)			
	-			
B. Name of Individual	Number of	· · · · · · · · · · · · · · · · · · ·		
(Last First)	Ticket(s)/ Pass(es)		Identify one of the followin	a:
		Ceremonial Role	Other	Income
		Ceremonial Role		
			Other Conter  Conter	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
Center for Independent Living - 3075		To promote health, n	notivate and provide e	xpanded opportunities
Adeline St #100, Berkeley, CA 94703	3	to vulnerable populat	tions in the County suc	th as the disabled
enhances the rights and abilities of people with disabilities				
the second se	-		<u></u>	
Verification				
	l 18942. I have ven	fied that the distribution set forti	h above, is in accordance with h	he requirements
Verification I have read and understand FPPC Regulations 18944.1 and	1 18942. I have ven Steven Jor		h above, is in accordance with t	he requirements. 03.02.2016

4.

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 Date of Original Filing: \_ steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? \$1,100/\$30parking Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Basketball Game Date(s) \_\_02 09 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source Was ticket distribution made at the behest If ves: Alameda County Supervisor Wilma Chan 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: 12 a First Pass(es) Ceremonial Role Other Income Brekke-Meisner, Lukas If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2+1park Name of Outside Organization Number of C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 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 03.02.2016

Comment: \_

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4 6	-1-M-1-1					A Public Documer
1. Agency N					Date Stamp	California 802
Alameda C						Form OU2 For Official Use Only
	partment, or Reg	ion (If Applicat	ole)			For Onicial Use Only
Board of SL						
Designated A	Agency Contact (	Name, Title)			1	
Steven Jon	es				· · · · · · · · · · · · · · · · · · ·	
Area Code/P	hone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6	693	steven.jone	es@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function	or Event Inform	nation				(Month, Day, Tear)
Does the age	ency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$1,100/\$30parking
Event Descri	ption Basketball	Game				
Event Desch	ption	Provide Title/Exp	planation	Date(s)02		//
Ticket(s)/Pas	s(es) provided by	agency?	Yes 🔲 No	I If no. Golder	n State Warriors	
12					Name of Sol	
Was ticket dis of agency of	stribution made a	t the behest	No 🗌 Yes	If yes: Alame	eda County Superviso	r Wilma Chan
1. <u>6: pop. 1</u> .1)		- I I Comer Million	-		Official's Name (L	ast, First)
. Recipients						
			Number of	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
A. Name o	f Agency. Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			Number of	÷1		
В.	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followin	iā:
Lam, Mariani	ne			Ceremonial Role		Income
Earn, Marian	ne		2+1park		al Role" or "Other" describe below:	
				order to maximize p	nce at an event held a otential County revenu	t a County facility in le from sales
				Ceremonial Role		
			2+1park		I Role" or "Other" describe below:	
			Z'Ipaix			
C. Name (include	of Outside Organiz e address and descr	ation (ption)	Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	o the agency's policy
			Pass(es)			<b>G 7 1 1 1</b>
X		-				
Verification		1		<b>当</b>	λ=877 <b>π</b> -, Α-	T. Altor to Manager and
		18944.1 and	18942.   have ven	ified that the distribution set fort	th above, is in accordance with t	he requirements.
			Steven Joi	nes Ce	entral District Director	03.02.2016
Signature of Age	ency Head or Designee	-	Print Name		Title	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event information Does the agency have a ticket policy? \$1,100/\$30parking Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ Event Description Basketball Game 02 09 16 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest If ves: Alameda County Supervisor Wilma Chan 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 A. 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 McCormack, Mike If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 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 03.02.2016 Signature of Agency Bead or Designee Print Name Title (Month, Day, Year)

Comment: \_

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lameda County vision, Department, or Reg				Date Stamp	California On
vision, Department, or Reg			Form 8.0		
	ion (If Applicab	1	For Official Use Only		
oard of Supervisors					
esignated Agency Contact (	Name, Title)			-	
even Jones					
ea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
10) 272-6693	steven.jone	s@acqov.or	a	Date of Original Filing:	
Inction or Event Inform					(Month, Day, Year)
			Eace Value of	of Fach Ticket/Pass \$	\$1,100
	-				
ent Description	Provide Title/Exp	lanation	Date(s)	2 09 16	
ket(s)/Pass(es) provided by	adency2		Golde	n State Warriors	16
iner(e), accord provided by	agency	Yes 📋 No	X 1110.	Name of Sou	rce
	t the behest	No 🗌 Yes	If ves: Alam	eda County Supervisor	Wilma Chan
agency official?				Official's Name (La	ast, First)
cipients			and a second		
se Section A to identify the agency	's department or	unit. • Use Ser	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
Name of Agency. Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		Number of Ticket(s)/		Identify one of the followin	
i cost, i rote		Pass(es)		adding one of the following	y.
oo, Theresa					Income
		3	To promote attenda	nce at an event held at	a County facility in e from sales.
а <sup>6</sup> .					Income
		3			income
		1 1			
	10) 272-6693 Inction or Event Inforr es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made at agency official? cipients the Section A to identify the agency Name of Agency. Department Name of Individual (Lest, First)	10) 272-6693 steven.jone steven.jone steven.jone steven.jone steven.jone steven.jone steven.jone steven.jone steven.jone Basketball Game Provide Title/Exp ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? steven.jone Provide Title/Exp ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? steven.jone Provide Title/Exp ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? steven.jone Provide Title/Exp ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? steven.jone Provide Title/Exp ket(s)/Pass(es) provided by agency? s ticket distribution made at the behest agency official? Name of Agency. Department or Unit Name of Individual (Lest, First)	10) 272-6693       steven.jones@acgov.or         unction or Event Information         es the agency have a ticket policy?       Yes ⊠ No         ent Description       Basketball Game         Provide Title/Explanation         ket(s)/Pass(es) provided by agency?       Yes □ No         s ticket distribution made at the behest agency official?       No □ Yes         rcipients       No □ Yes         Name of Agency. Department or Unit       Number of Ticket(s)/ Pass(es)         Name of Individual       Number of Ticket(s)/ Pass(es)         poo, Theresa       3	10) 272-6693       steven.jones@acgov.org         unction or Event Information         es the agency have a ticket policy? Yes ⊠ No □       Face Value of         es the agency have a ticket policy? Yes ⊠ No □       Face Value of         Date(s)	10) 272-6693       Date of Original Filing:

AGARCY Namo				
Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				
Area Code/Phone Number E-mail			Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6693 steven.jor	nes@acgov.or	rg	Date of Original Filing: .	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$	\$1,100/\$30parking
Event Description Basketball Game		Dete(a)	02 , 09 , 16	
Provide Title/E	Explanation	Date(s)	/	//
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	o⊠ lf no: <u>Gold</u>	en State Warriors	
Man ticket distribution and the full		_	Name of Sou	
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Alar	neda County Supervisor Official's Name (L	Wilma Chan
Recipients		-32 C	Omcrait's Name (L	
Use Section A to identify the agency's department	or unit a Usa Sa	action B to identify an indivi		
A. Name of Agency, Department or Unit	Number of			
That is Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant f	to the agency's policy
			Million	
B. Name of Individual	Number of Ticket(s)/		Idontify one of the fulless	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
iLsec inst:	Ticket(s)/	Ceremonial Role	Other	ig:
B. Name of Individual (Lase first) Zhu, Dana	Ticket(s)/	If checking "Ceremo	Dther D	Income
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Zhu, Dana	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	It checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Intal Role" or "Other" describe below:     ance at an event held a     potential County revenu     Other     Other     Intal Role" or "Other" describe below:	Income In
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	ency Name				Date Stamp	California 802
	meda County					Form
Divis	sion, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	rd of Supervisors				2.62	
Desi	gnated Agency Contact	(Name, Title)				
Stev	ven Jones					
Area	Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510	) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
2. Fun	ction or Event Infor	mation		L berlänken erh <u>kk</u> erente	<b>_</b>	(Monar, Day, rear)
Does	the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$1,100
Even	t Description Basketball	Game				
Even	t Description	Provide Title/Exp	anation	Date(s)02	. , 05 , 10 .	//
Ticke	t(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	rcə
Was f	ticket distribution made a	t the behest	No 🗌 Yes	X If yes. Alame	eda County Supervisor	Wilma Chan
of ag	gency official?				Official's Name (La	
	ipients	and the second difference of the second s	*			
⊕ Use \$	Section A to identify the agency	r's department or	unit. 🔹 Use Se	ction B to identify an individu	al. • Use Section C to identit	fy an outside organization.
A.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Fass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Number of			
B.	Name of Individua	l 	Ticket(s)/ Pass(es)		Identify one of the followin	g:
Mard	on, Dyana			Ceremonial Role		Income
ward	on, Dyana		3		al Role" or "Other" describe below:	
	(e.)			order to maximize p	nce at an event held at otential County revenu	a County facility in e from sales
				Ceremonial Role		
			3		I Role" or "Other" describe below:	Income
			5			
C.	Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
		<u>An an an</u>				
				š.	·····	
Verifi	cation		<u> </u>	a a tala dan akamat		
	ad and understand FPPC Regula	tions 18944.1 and	18942. I have ver	ífied that the distribution set for	th above, is in accordance with t	he requirements.
			Steven Jo	nes Ce	entral District Director	03.02.2016

onial Role Events a	nu norei/ras	s Distributions		A Public Docume
cy Name			Date Stamp	California 802
eda County n, Department, or Region (If	A ( ()		4	Form OUZ For Official Use Only
	Арріїсаріе)			i di Oniciai Ose Oniy
of Supervisors				
ated Agency Contact (Name,	Title)		1	
n Jones				
ode/Phone Number E-ma	ail		Amendment (Must pr	rovide explanation in Part 3.)
272-6693 stev	en.jones@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
ion or Event Informatio	on the second			
ne agency have a ticket polic	y? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$1,100
Description Basketball Gam				
Provid	e Title/Explanation	Date(s)	2 , 09 , 16	//
s)/Pass(es) provided by agen	ncy? Yes 🗔 No	If no. Golde	n State Warriors	
			Name of Sou	rce
ket distribution made at the b	pehest No 🗌 Yes	If yes: Alam	eda County Supervisor	Wilma Chan
ncy official?			Official's Name (La	ast, First)
ients				<u>. 1927 sa sa sa sa</u>
tion A to identify the agency's depa		ction B to identify an individu	ual. • Use Section C to identit	fy an outside organization.
lame of Agency, Department or Ur	nit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
Mana di di di d	Number of			
Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
, Joe		Ceremonial Role		Income
	2		al Role" or "Other" describe below:	
		order to maximize p	nce at an event held at octential County revenu	t a County facility in le from sales.
	2	Ceremonial Role	Other Other describe below:	Income
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
ation			bran	
ation and understand FPPC Requisitions 188				and the second to the

A						Name and Address of the Owner o
	ency Name				Date Stamp	California 802
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Divi	sion, Department, or Reg	<b>jion</b> (If Applicab	ile)			For Official Use Only
Boa	ard of Supervisors					
Desi	ignated Agency Contact	(Name, Title)			-	
Stev	ven Jones					
	Code/Phone Number	E-maii	······		Amendment (Must)	provide explanation in Part 3.)
	0) 272-6693		s@acgov.or	20	Date of Original Filing:	
	iction or Event Infor		logacyov.ol	A		(Month, Day, Year)
	s the agency have a ticke		N			\$1,100
0000			Yes 🛛 No		of Each Ticket/Pass \$ _	φ1,100
Ever	t Description Basketball			Date(s)0	2 , 09 , 16	
		Provide Title/Exp	Dianation			· · · · · ·
Ticke	et(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
Wae	ticket distribution made a	t the behave		Alam	Name of So	
	gency official?	a ane penest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (i	or vviima Chan
					Oniciai s Name (i	Last, First)
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	dection A to identify the agency	s department or	unit Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
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A.	Name of Agency. Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	
1.00		nt or Unit	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	to the agency's policy
A.	Name of Agency. Departme	nt or Unit	Number of Trcket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
A. B.	Name of Agency. Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
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A. B.	Name of Agency. Departme Name of individual (Last First)	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda	lic purpose made pursuant	ng: Income
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A. B.	Name of Agency, Departme Name of individual (Last Free) t, Laura	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Identify one of the followi dentify one of the followi Other ance at an event held a potential County reven Other Other al Role" or "Other" describe below:	ng: Income at a County facility in ue from sales.

## Signature of Agency Head or DesigneeSteven JonesCentral District Director03.02.2016Print NameTitle(Month, Day, Year)

Comment: \_

Ceremonial Role Even		JAGUF 433	SUSTIDUTIONS		A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi	on (If Applicabl	e)	· · ·	-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Name, Title)				
Steven Jones					
	E-mail		······································	Amendment (Must pl	ovide explanation in Part 3.)
(510) 272-6693	steven.jones	s@acqov or	a	Date of Original Filing: .	
Function or Event Inform		s@acgov.or	9		(Month, Day, Year)
Does the agency have a ticket					\$1,100
	-	Yes 🛛 No		f Each Ticket/Pass \$	ψ1,100
Event Description Basketball	Game		Date(s)2	<u>, 09 , 16 </u>	///
	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	State Warriors	
Was ticket distribution made at	the behast				
of agency official?	are benes(	No 🗌 Yes	If yes: Alame	eda County Supervisor Official's Name (L	vviima Chan
Decision to			4 .3.4. J.	emolars Manie (L	ası, Filsij
Recipients • Use Section A to identify the agency'	s department or r	unit s lies So	tion D to identify an individu		
A. Name of Agency. Departmen		Number of Ticket(s)/		al. • Use Section C to identi ic purpose made pursuant i	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g.
		1 435(63)	Ceremonial Role	Other	
Penticoff, Leslye				I Role" or "Other" describe below:	Income
		2	To promote attendar	nce at an event held a otential County revenu	t a County facility in le from sales.
		2	Ceremonial Role	Cther C	Income
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/	Describe the public	purpose made pursuant to	the agency's policy
9		Pass(es)			
Verification		ar – 1-1, mi	an <b>4</b> 1/20	h above, is in accordance with t	

	Steven Jones	Central District Director	03.02.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_
					A Fublic Documen
. Agency Name		Date Stamp	California 802		
Alameda County					ronn
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Amy Shrago					
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6695	amý.shrago	@acgov.org	J	Date of Original Filing:	(Month Day Year)
Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		(Wohili, Day, Teal)
Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	1100
Event Description Warriors v	s. Thunder				
Event Description	Provide Title/Exp	planation	Date(s)		//
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	Golder	n State Warriors	
	y ugeney :			Name of Sol	urce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (L	.ast, First)
Recipients					
Use Section A to identify the agency	y's department or		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Carson, Keith		2	If checking "Ceremoni	Other I	Income
			County funding or s		
			Ceremonial Role		income
Sanchez, Mina		2	To reward a County	al Role" or "Other" describe below: / employee for his or h ourage staff developm	er exemplary service to ent.
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
2					
Verification	" is 18944.1 and	d 18942. I have ve	arified that the distribution set fo	orth above, is in accordance with	the requirements.
		Amy Shr		Supervisor's Assistant	
Signature of Agency Head of Designee	_	Print Nam		Title	(Month, Day, Year)
Comment:					

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) 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 77.25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🗋 No 🖾 Event Description Super City 50 Urban EDM Festival 02 06 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, Keith</u> 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 🔀 Income Carter, Shomari 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. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification 1h ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Amy Shrago Supervisor's Assistant 03/03/2016

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

1. Agency Name

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 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 yes: Carson, 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 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 Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other 🔀 Taylor, Barbara If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his or her service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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C.

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

	Amy Shrago	Supervisor's Assistant	03/03/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

California

Date Stamp

eremonial Role Events and	licket/Pass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If App	blicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	<i>;)</i>		-	
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6695 amy.sh	rago@acgov.org	l	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				(wonar, Day, Tear)
Does the agency have a ticket policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$ _	75.00
Event Description Legends of Love: C			<u>,</u> 14 <u>,</u> 16	//
Ticket(s)/Pass(es) provided by agency		Golder	n State Warriors Name of So	urce
Was ticket distribution made at the beh	est No 🗖 Yes	If yes: Carso	on, Keith	
of agency official?			Official's Name (	Last, First)
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Hirota, Sherri	4	If checking "Ceremon	Other describe below: al Role" or "Other" describe below: unity volunteer for his	Income
Brown, Aisha	4	To reward a County	al Role" or "Other" describe below: • employee for his or h	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		ourage staff developm	
Verification				

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

	Amy Shrago	Supervisor's Assistant	03/03/2016
Signatule of Agency Head Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

C	eremonial Role Even	ts and Tio		A Public Document			
1.	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)			-		
	Amy Shrago						
	Area Code/Phone Number			Amendment (Must )	provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			·		
	Does the agency have a ticket policy?		Yes 🗋 No	Face Value o	f Each Ticket/Pass \$ _	30.00	
	Event Description Monster Ja	am		Data(s) = 02		1 1	
		Provide Title/Exp	lanation			//	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no			If no: Golder	n State Warriors Name of Sc		
	Was ticket distribution made a	t the behadt		Carso		urce	
	of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (	Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	t to the agency's policy			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow		
	(Last First)		Pass(es)				
	Brown, James				Other X	Income	
	Brown, ournoo		8			ity in order to maximize	
				potential County rev			
				Ceremonial Role	Other		
				If checking "Ceremonia	al Role" or "Other" describe below:		
	<b>U</b> .	Name of Outside Organization (include address and description)		Describe the publ	lic purpose made pursuant	to the agency's policy	
			Pass(es)			<u> </u>	
	Verification	·				<u> </u>	
	l hai	18944.1 and	1 18942. I have ve	rified that the distribution set fo	rth above, is in accordance wi	h the requirements.	
			Amy Shra	ago S	Supervisor's Assistant	03/03/2016	

Signature of Agency Head

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 75.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🗋 No 🖾 Event Description Legends of Love 02 14 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: Carson, 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 Identify one of the following: Ticket(s)/ (Lasi First) Pass(es) Ceremonial Role Other X Income Hirota, Sherri If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential County revenue. Ceremonial Role Other X Income 🔲 Brown, Aisha 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 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4

l hε

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

Amy Shrago Supervisor's Assistant 03/03/2016 Print Name giginardie of Agency man of Designee 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 55.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🗌 No 🛛 Event Description Disney on Ice: Frozen 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: <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 В. Ticket(s)/ Identify one of the following (Last First) Pass(es) Other 🗙 Ceremonial Role Income Ellis, Rodney If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential County revenue. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have i s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Amy Shrago Supervisor's Assistant 03/03/2016 Print Name Title (Month, Day, Year)

Comment:

ار	eremonial Role Even	ts and Tro	cket/Pass	Distributions		A Public Documer	
	Agency Name				Date Stamp	California 802	
	Alameda County					NUM DEPARTMENT	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
	Function or Event Inform	mation				(100,00), 100,0	
	Does the agency have a ticket	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	55.50	
	Event Description Disney on	lce: Frozen			, 26 , 16		
	Event Description	Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	Ist If no: Golder	State Warriors		
					Name of Sou	rce	
	Was ticket distribution made a	t the behest	No 🗖 Yes	If yes: Carso	on, Keith Official's Name (Li		
	of agency official?				Uniciars Name (L	ast, 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.						
				ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy	
	B. Name of Individua (Lost. First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g	
	0			Ceremonial Role	Other 🗙	Income	
	Shrago, Amy		3		al Role" or "Other" describe below:		
					employee for his or his	er exemplary service to	
				Ceremonial Role		Income	
- (	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	

Amy Shrago Supervisor's Assistant 03/03/2016 Print Name Title (Month, Day, Year) "[]

Comment: \_

1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicat	pie)			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	amy.shrage	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				(1101111, 20), 100/
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	f Each Ticket/Pass \$ _	55.50
	Event Description Disney on	lce: Frozen		$D_{\text{oto}}(a) = 02$	, 27 , 16	//
		Provide Title/Ex	planation	Date(s)	//	///
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of So	ource
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Carso	Official's Name (	(last First)
_						
3.	• Use Section A to identify the agency	's department o	alles Section C to iden	tifu an outside experimetion		
·	A. Name of Agency, Departme		Number of			
	A. Name of Agency, Departine		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	· · · · · ·		_			
-	B. Name of Individua (Last, First)	1 -	Number of Ticket(s)/ Pass(cs)		Identify one of the follow	ing.
	(Last, First)			Ceremonial Role		
	B. Name of Individua (Last, First) Mejia, Jason		Ticket(s)/	If checking "Ceremoni To promote attenda	Other      Other      describe below:     Ince at a event held as	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda	Other al Role" or "Other" describe below: Ince at a event held at Potential County reven	Income L t a County facility in tue from parking and con
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other al Role" or "Other" describe below: Ince at a event held at Potential County reven	Income L t a County facility in tue from parking and con
	(Last, First)	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: ince at a event held an potential County reven	Income t a County facility in nue from parking and co
	(Last, First) Mejia, Jason	zation	Ticket(s)/ Pass(es) 4 Number of	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other A other A other Other A	Income [ t a County facility in nue from parking and cor Income [
- ( -	(Last, First) Mejia, Jason C. Name of Outside Organic (include address and desc	zation ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ	Other  Other  Other  Other' describe below: Ince at a event held at potential County reven Other  Other  Ince at a county reven Ince at	Income
- ( -	(Last, First) Mejia, Jason C. Name of Outside Organi (include address and desc	zation ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremoni Describe the publ	Other  Charles or "Other" describe below: Ince at a event held an Inotential County reven Other Other Inoter Inter Inte	Income
	(Last, First) Mejia, Jason C. Name of Outside Organic (include address and desc	zation ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [ If checking "Ceremonia Describe the puble rified that the distribution set for ago	Other  Other  Other  Other' describe below: Ince at a event held at potential County reven Other  Other  Ince at a county reven Ince at	Income

Date Stamp California 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing:(Month, Day, Year)
(Wonut, Day, tear)
ace Value of Each Ticket/Pass \$ 55.50
eate(s) 02 / 28 / 16 / / /
ate(s)
no: Golden State Warriors
Name of Source
yes: Carson, Keith
Official's Name (Last, First)
Identify one of the following:
emonial Role Dother S Income
remonial Role 🗌 Other 🛛 Income [
emonial Role  Other  Income Cecking "Ceremonial Role" or "Other" describe below: The a County employee for his or her exemplary service to
5 F

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

_	Amy Shrago	Supervisor's Assistant	03/03/2016
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

						A Public Document	
1.	Agency Name		Date Stamp	California Form 802			
	Alameda County						
	Division, Department, or Region	n (If Applicable)		**************************************		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)	•				
	Anna Gee						
	Area Code/Phone Number E			. C Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6694 a	anna.gee@ac	gov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation					
	Does the agency have a ticket p		/es 🔀 No	Face Value c	of Each Ticket/Pass \$ _	125.00/75.00	
	Event Description La Arrollado	ra/Legends o	f Love	Date(s)	, 13 , 16	2 , 14 , 16	
	Ticket(s)/Pass(es) provided by a	agency?	∕es□ No	区 If no:	Name of S		
						ource	
	Was ticket distribution made at to of agency official?	the behest	No 🔲 Yes	If yes: Miley	, INALE Official's Name	(Last First)	
						() · · ·>	
ა.	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 organization.</li> </ul>						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	BOS district 4staff		1		ance at an event held potential county rever	at a County facility in ue from parking and	
				concession sales.			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Rodriguez, Rosa			Ceremonial Role	ial Role" or "Other" describe below:	Income	
			4		ance at an event held potential county rever	at a County facility in nue from parking and	
	Alexander, Toni			Ceremonial Role	Other 🔀	income	
			1	concession sales.	ial Role" or "Other" describe below.		
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy	
	(						
Л	Varification						
2	PC Regulati	10ns 18944.1 and 1		erified that the distribution set f			
	Signature of Agency Head or Designee		Anna G	20-0	Operations Chief	March 15, 2016 (Month, Day, Year)	

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u></u>		.:
		· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
	d. <u>M. 11</u>	Ceremonial Role Dother X Income Income If checking "Ceremonial Role" or "Other" describe below:
Miley, Nate	1	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role D Other Income Income II Checking "Ceremonial Role" or "Other" describe below:
		concession sales.
yyyyennan ar an ar an ar an an ar an an ar an		Ceremonial Role Other Income Income Income Income
		Ceremonial Role Other I Income Income I Income I Income II Checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Exercises the full Person Person and the South State of Contract of the South State of		

9		to and ther	cur ass	DISTINUTIONS		A Public Document	
1.	Agency Name		49999-999		Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable)		កាល់ថាការចំណុកអ៊ីដូរិការពារកុំអាកក្នុងក្នុងកម្លាំងដែរដូវដែរការប្រជាការពារការការវារាការការការការការការការការកា		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	<del></del>	ਗ਼ਗ਼ਗ਼ਫ਼ਫ਼ਸ਼੶ਖ਼ੑਫ਼੶ਗ਼ੑਲ਼ਫ਼ੑੑਗ਼੶ਖ਼੶ਖ਼ਫ਼ਖ਼ਖ਼ਗ਼ਖ਼ਖ਼ਖ਼ਖ਼ਫ਼ਖ਼			
	Anna Gee						
	Area Code/Phone Number	E-mail		The level of the second sec	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	30.50/55.50	
	Event Description Disney on	Ice		Date(s) 2	, 24 , 16	2 , 25 , 16	
v		Provide Title/Explai	nation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	🗙 if no:	Name of So		
			_	—		urce	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Miley	Official's Name (i	Last, First)	
) )							
ο.	• Use Section A to identify the agenc	y's department or u	nit. 🔹 Use Sec	ction B to identify an individu	al. ● Use Section C to iden	tify an outside organization.	
	Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(a) Number of Ticket(a)						
	<b> </b>		Ticket(s)/ Pass(es)		no parpeoo maao parouam	to the agency o poincy	
	B. Name of Individua (Lesi, Firel)	ar (1997) 1970 - State	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Rodriguez, Coco		A		Other 🔀 al Role" or "Olher" describe below: Ance at an event held	Income	
			. 1		potential county reven		
	Miley, Sarah	nanoszta kanan (* 22 gelete els terrentere	8		Other 🗹	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	$\frown$						
Į.	Verification	ations 18944 1 and	18942   have v	enfied that the distribution set fi	orth above, is in accordance wi	th the requirements	
6		2.0.10 10074.1 010	Anna G		Operations Chief	March 15, 2016	
	📟 ରାଧାରାୟୀର ମା ଅନିହାରନ ମାନ୍ଦ୍ରର ରା ଅନ୍ଦ୍ରାମାନ୍ଦ୍ର	noneccione en contraction de la contractica de	Print Narr	4.5% Company	Title	(Month, Day, Year)	
	Rodriguez receiv	ed 2/25 tiv			I.		
	Comment:						

U		is and nor	NCUL 433	DISTINUTIONS		A Public Documen			
1.	Agency Name				Date Stamp	California 802			
	Alameda County								
	Division, Department, or Regi	on (If Applicable)		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (	Name, Title)	- ·						
	Anna Gee								
	Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6694 anna.gee@		acgov.org		Date of Original Filing:				
2.	Function or Event Inform	nation							
	Does the agency have a ticket policy? Yes 🛛 No 🗋			Face Value of	of Each Ticket/Pass \$	55.50			
	Event Description Disney on Ice Provide Title/Explanation			Date(s)	, 26 , 16	2 , 27 , 16			
	Ticket(a)/Pass(as) provided by								
	Ticket(s)/Pass(es) provided by agency? Yes No			If no:					
	Was ticket distribution made at the behest No 🗍 Yes			If yes: Miley, Nate					
	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							
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agenc						
	generet generet in der eine einen einen einen einen dem keinen der ein die der ein die der einen eine der einen					an a			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
	Muhammad Ansar El			Ceremonial Role	· · ·	Income			
	Muhammad, Ansar El		4	I T	ial Role" or "Other" describe below: ance at an event held	at a County facility in			
					potential county reven				
				Ceremonial Role	Other	Income			
	Chim, Angela		4	If checking "Ceremon	ial Role" or "Other" describe below:				
			_r	concession sales.		••			
			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			
			1 455(05)						
		07.10112.01411.00000.0000.00000.0000000000				<b></b>			
	$\int$								
A	Verification								
4.	Verification	lations 18944.1 and	orth above, is in accordance wi	th the requirements.					
			Anna G		Operations Chief	March 15, 2016			
	signature of Agency Head of Designee	and the second sec	Print Nan		Title	(Month, Day, Year)			
					1				
	Comment: Muhammad rece	ived 2/26 tix.	and the second	99-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	•	anna an			

9			1001 033	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California Form 802				
	Alameda County							
	Division, Department, or Region	n (If Applicable)		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Na	ame, Title)						
	Anna Gee							
	Area Code/Phone Number E	-mail	. Amendment (Must p	rovide explanation in Part 3.)				
	(510) 272-6694 a	anna.gee@a	Date of Original Filing:(Month, Day, Year)					
2.	Function or Event Information							
	Does the agency have a ticket p		f Each Ticket/Pass \$	55.50				
	Event Description Disney on Ic	<u>, 28 , 16</u>	2 , 20 , 16					
	Ticket(s)/Pass(es) provided by a	agency?	Name of Sol	Irce				
	Was ticket distribution made at t	the behest	, Nate					
	of agency official?		Official's Name (L	.ast, 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 Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	BOS district 5 staff		4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and				
		anna a sua anna a sua a su		concession sales.	oon a sharar ahaa ahaa ahaa ahaa ahaa ahaa	97.279999929999929299992999999999999999		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:		
				Ceremonial Role If checking "Ceremoni	Other D	Income		
				Ceremonial Role If checking "Ceremoni	Other Other Clief	Income		
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Meals on Wheels of Alameda County-80 Swan Way, Ste 120-Oakland 94621		4	To reward a nonprofit organization for its contributio community.		contributions to the		
	PROVIDES HOT MEALS DELIVERY TO HOMEBOUND SENIORS				÷			
<b>1</b> .	Verification							
	ulati	ions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wil	h the requirements.		
	Anna				Operations Chief	March 15, 2016		
	Signature of Agency Head or Designee		Print Nam	1e	Tille	(Month, Day, Year)		
	Comment: Meals received 2/2	8 tix			ŝ			

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) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 47.25/55.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Professional Bull Riders/Harlem Globtro 9 16 23 16 1 Date(s). Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🗋 No 🛛 Name of Source lf yes: <u>Miley, Nate</u> 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) BOS district 4 staff To promote attendance at an event held at a County facility in 2 order to maximize potential County revenue from parking and concession sales. Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) ·Other 🔀 Income Ceremonial Role Muhammad, Ansar El If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Other 🔀 Income Ceremonial Role DeVries, Joseph If checking "Ceremonial Role" or "Other" describe below: 2 concession sales. Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** March 15, 2016 Signature of Ageney Head or Designee (Month, Day, Year) Print Name Title DeVries received 1/23 tix. Comment: FPPC Form 802 (4/12)

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