1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	,			
	Steven Jones				Amendment (Must pr	ovide explanation in Part 3.1
	Area Code/Phone Number	E-mail	HUNDERSEN, SAN	······································		
_	(510) 272-6693		es@acgov.org	]	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event inform					\$126.00
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$	¢120.00
	Event Description Justin Biet	Der	slaw fing	Date(s)	<u> </u>	/
		TIONGE HEELA			n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	<sup>-</sup> Wilma Chan
	of agency official?				Official's Name (L	ast, First)
3.	Recipients				<u>L</u>	
	Use Section A to identify the agency	/'s department o	ual.  Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(a)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	st.	Number of Ticket(s)/		Identify one of the followin	ng:
			Pass(es)		Other	Income
	Lam, Marianne		4	To promote attenda	ial Role" or Other" describe below: ance at an event held a potential County revent	
			4	Ceremonial Role If checking "Ceremon	Other D jal Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organ (include address and des		Mumber of Ticket(#)/ Poss(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
	Verification	13 7		niñod Hot Hos distat- dias esta	adh aboue in in appendieres with	n the requirements
	I have read and understand FPPC Regul	auons 18944.1 ai				
	. Signature of Agency Head or Designee		Steven Jo Print Nam		Central District Director	(Month, Day, Year)
	Comment:					

I. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Regi	on (If Applicab	le)			i di chicia dac chiy
Board of Supervisors					
Designated Agency Contact (/	Vame, Title)				
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket		Yes 🛛 No		of Each Ticket/Pass \$ _	\$158.00
Event Description Bruce Sprin	ngsteen & th Provide Title/Exp	e E Street Ba	and Date(s) 03	3 <u>13 16</u>	//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no. Golder	n State Warriors	
	ugonoy.			Name of Sc	
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (	or Wilma Chan
of agency official?				Omciai s Name (	Last, First)
. Recipients					
• Use Section A to identify the agency	's department o	r unit. • Use Sec Number of	ction B to identify an individu	ual. • Use Section C to iden	itify an outside organization.
A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	t to the agency's policy
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
Gardener, Jack				Other Dial Role" or "Other" describe below:	Income
		2	To promote attenda	ance at an event held potential County rever	
		2	Ceremonial Role If checking "Çeremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desc		Number of Ticket(t)/ Pace(es)	Describe the pub	blic purpose made pursuant	t to the agency's policy
. Verification	00 44 4	d 10010 1	without that the district from + +	lath above is in another-	ith the requirements
Verification		d 18942. I have ve Steven Jo		orth above, is in accordance wi Central District Directo	
Signature of Agency Head or Designee			ones (		

**A Public Document** 

				A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If App.	licable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	)		-	
Steven Jones				1
Area Code/Phone Number E-mail		mane, mener or a to <sub>make</sub> a	Amendment (Must p	rovide explanation in Part 3.)
	iones@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2. Function or Event information				¢400.00
Does the agency have a ticket policy?	Yes 🔀 No	Face Value c	of Each Ticket/Pass \$ _	\$100.00
Event Description Andre Ward vs. Sul	llivan Barrera	Date(s)03	3 , 26 , 16	/
Provide Tit	le/Explanation			
Ticket(s)/Pass(es) provided by agency?	? Yes□ No	If no: Golder	n State Warriors	
			Name of So	
Was ticket distribution made at the beh of agency official?	est No 🗌 Yes	If yes: Alam	eda County Superviso Otticial's Name (i	
<ol> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ol>	ant or unit - Uno Soc	ation II to identify an individu	ual	lifu an outsido organization
	Number of	1		
A Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	plic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(8)/		Identify one of the follow	ing.
	P495(85)	Ceremonial Role	Other	Income [
			lal Role" or "Other" describe below:	income L
Market and a second		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Acts Full Gospel Church   1034 66th   Oakland, CA 94621	Ave. 10		ance at an event held a potential County reven	
Christian ministry delivering food and clothing to hungry children and famili				
4. Verification				
I have read and understand FPPC Regulations 189-14	1.1 and 18942. I have ve	nified that the distribution set fo	orth above, is in accordance wit	h the requirements.

Comment: \_\_

. ......

0	elemonial Noie Lyen	ta ana ma	Neur daa	Distributions		A Public Document
1.	Agency Name		antaj L		Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable)	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acdov ord	r	Date of Original Filing: _	
5	Function or Event Infor			3	<u> </u> ,	(Month, Day, Year)
4.	Does the agency have a ticke		V		of Each Ticket/Pass \$	\$100.00
	• •		Yes 🛛 No			
	Event Description Andre Wa	Provide Title/Expla	Darrera	Date(s)	3 <u>26 16</u>	//
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	time.	Name of Sou	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes. Alam	eda County Supervisor	Wilma Chan
	of agency official?			E	Official's Name (La	ast, First)
3.	Recipients					
	• Use Section A to identify the agency	/'s department or u	init. 🔹 Use Sec	ction B to identify an individu	ual. 👳 Use Section C to identit	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(cs)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individua	1	Number of		Identify one of the followin	
	(Lost First)		Ticket(s)/ Fass(es)		Identity one of the followin	·g.
					Other 🛄 ial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other is a constructed of the construction of	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Alameda Boys & Girls Club   Alameda, CA 94501	1900 3rd St.	6		ance at an event held a potential County revenu	
	Provides activities and expe enrich the lives of young peo					
4.	Verification			t :=4	1	

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	04/05/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

1. Agency Name			Date Stamp	California 000
Alameda County			Date Otamp	Form 802
Division, Department, or Region (If Applicable	ə)			For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title)			-	
Steven Jones Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	s@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information	0 0 0	Ĭ.		(Month, Day, Tear)
Does the agency have a ticket policy?	Yes 🛛 No 🗌	ך Face Value o	of Each Ticket/Pass \$	\$105.00
Event Description Andre Ward vs. Sullivar		Date(s)	3 <u>, 26 , 16</u>	
Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	
			Name of Sou	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Alam	eda County Supervisor Official's Name (L	ast, First)
3. Recipients				
<ul> <li>Use Section A to identify the agency's department or</li> </ul>	unit. 🔹 Use Secti	ion B to identify an individ	ual. 🔹 Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Treat(s)/	Describe the put	lic purpose made pursuant t	to the agency's policy
	Pass(es)			
<b></b>				
B. Name of Individual	Number of			
Last from	Ticket(sy Pass(en)		Identify one of the following	ng
Laulatend. Decument		Ceremonial Role		Income
Lankford, Raymond	4		ial Role" or "Other" describe below: ance at an event held a	at a County facility in
			potential County reven	
t `		Ceremonial Role	Other	Income
	4	If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(e)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
. Verification	I			
I have read and understand FPPC Regulations 18944.1 and	18942. I have verit	fied that the distribution set f	orth above, is in accordance with	the requirements.
	Steven Jon	nes (	Central District Director	04/05/2016
aignature of Agency mean of Designee	Print Name		Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12

#### A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$100.00 Face Value of Each Ticket/Pass \$ \_\_\_ Does the agency have a ticket policy? Yes X No Event Description Andre Ward vs. Sullivan Barrera Date(s) \_\_\_\_\_ 26 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes I No X Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Humber of Α. Name of Agency, Oppartment or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) distance of Name of Individual B. Ticket(s) Identify one of the following: Frantos) Income Ceremonial Role Other Weinstein, Miguel 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. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 4

4. Verification

C.

Name of Outside Organization

(include address and description)

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

Number of

Ticket(s)/

Pass(es)

223		Steven Jones	Central District Director	04/05/2016
200	Signature of Agency Head or Designee	Print Name	Trile	(Month, Day, Year)

Comment: \_

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

		*				At abile boodinon
1.	Agency Name				Date Stamp	California 802
	Alameda County				19	Form For Official Use Only
	Division, Department, or Reg	ion (If Applicab	(e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Steven Jones					
	Area Code/Phone Mumber	E-mail		<u> </u>	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.	Function or Event Inform	mation				·····
	Does the agency have a ticke	t policy?	Yes 🖾 No	Face Value of	of Each Ticket/Pass \$	\$600.00
	Event Description Prince			Date(s)	3 , 04 , 16	
	Event Description	Provide Title/Exp	nenation			//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	IX If no: Golde	n State Warriors	
		, , ,			Name of Sou	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	r Wilma Chan
_	of agency official?				Oniciai s Marie (L	asi, riisij
3.	Recipients					
	• Use Section A to identify the agency		Number of	ction B to identify an individ	ual. • Use Section C to ident	ity an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (ast 1/31)	al	Number of Ticket(s)/ Pass(cs)		Identify one of the following	ng
			r nonicol	Ceremonial Role	Other	
	Simmons, Olis		2		ial Role" or "Other" describe below:	
			2		ance at an event held a potential County reven	
					Other describe below:	Income
			2			
1000	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
		**************************************				and a second
	Verification					
	I have read and understand FPPC Reaul	ations 18944.1 an				
			Steven Jo		Central District Director	
	Signature of Agency Head or Designee		Print Nan	ne -	Title	(Month, Day, Year)

1	Agency Name			X.	Date Stamp	California 802
	Alameda County					Form UUL
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	an a	<u></u>		
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro	wide explanation in Part 3.)
	(510) 272-6693	steven.jone	es@acgov.org	3	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 of	of Each Ticket/Pass \$	\$600.00
	Fuent Description Prince			Date(s)	3 , 04 , 16	( )
	Event Description	Provide Title/Exp	olanation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
					Name of Sour	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (La	Wilma Chan
-	of agency official?				Omcrai s Name (La	isi, mirsi)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>	y's department o	r unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Fass(a)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			r app(ee)			
						•
	R Name of Individua	al	Number of			
	B. Name of Individua (Last First)	4)	Fass(as)		Identify one of the followin	g.
	A and a second			Ceremonial Role	Other	Income
	Halton, Maya		2		ial Role" or Other describe below:	
			-		ance at an event held a potential County revenu	
	an a	<u></u>				
				Ceremonial Role	Other describe below:	Income
			2			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Fass(es)			and and a subject of the state
						мала алма с толици на славни се со сополни и област на <u>се среда и на с</u> е со со с
		-				
4.	Verification					
	I have read and understand FPPC Regu	lations 18944.1 an	d 189-12. I have v∋			the requirements.
	_		Steven Jo	ones (	Central District Director	04.05.2016
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Commont					
	Comment:	AA				EDDC Earm 202 (4/42)

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Steven Jones				Amendment (Must pro	L
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				\$93.00
	Does the agency have a ticket	policy?	Yes 🔀 No	hanned .	of Each Ticket/Pass \$	
	Event Description Bay Area F	estival of La	lughs	Date(s)03	3 , 05 , 16	//
		Provide Title/Exp	niaration			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	rce
	Was ticket distribution made a	t the behast	No 🗌 Yes	Alam	eda County Supervisor	Wilma Chan
	of agency official?	t the benest	NOLITES	If yes:	Official's Name (La	ast, First)
3.	Recipients				3-	
•••	• Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individ	ual. 🔹 Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	blic purpose made purcuant t	o the agency's policy
			Passies)			
	an a same gaawaanaa aa aa ah a	a an				
	B. Name of Individual	;	Number of Ticket(s)/ Passes)		identify one of the followin	g
				Ceremonial Role	Other	
	Stadmire, Sylvia		4		ial Role" or "Other" describe below:	
					ance at an event held a potential County revenu	
		, <u></u>				F
				Ceremonial Role If checking "Ceremon	ial Rolə" or Other" describə below:	Income
			4	1 k		
	C. Name of Outside Organi		Number of TicketisV	Describe the pub	lic purpose made pursuant to	o the agency's policy
	(include address and dest	cription)	Pass(oc)			
	una gana kanta ana ana ana ana kana kana ang kanga gana pakang kananan jang manana kana kana kana kana kana ka					
				125		
_						
	Verification					
	have used as downloadered CDDO Descul	189 14.1 and				
			Steven Jo	······································	Central District Director	04.05.2016
	Signature of Agency Head or Designee		Print Na.:	e	i nie	(Month, Day, Year)
	Comment					
	Signature of Agency Head or Designee		Print Na.e		Title	(Month, Day, Year) FPPC Form 802 (4

**A Public Document** 

-						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicab)	e)			For Official Use Only
	Deevel of Suman deeve					
	Board of Supervisors Designated Agency Contact	(Mama Titla)	-			
	Designated Agency Contact	ivame, nue)				
	Steven Jones					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	steven.jone	s@acgov.or@	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				¢450.00
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value c	of Each Ticket/Pass \$ _	\$158.00
	Event Description Bruce Spr	ingsteen & th	e E Street Ba	and Data(a) 03	3 , 13 , 16	//
	Event Description	Provide Title/Exp	Instion	Date(s)	/	
	Ticket(s)/Pass(es) provided b	vagerav?	Yes 🗌 No	If no. Golder	n State Warriors	
	noket(a)/r daa(ca) provided a	y agon by :	Tes I NO		Name of So	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (	or Wilma Chan
	of agency official?				Official's Name (	Last, First)
3.	Recipients     Use Section A to identify the agency	y's department or	ual. 🧿 Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Tisket(a)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					0	
	B. Name of Individua ((ait, f ref)	a]	Number of Ticket(s)/ Pass(cs)		Identify one of the follow	ing
		addalladling, a samanda - saman an anna baasaan	1	Ceremonial Role	Other	Income
	Yeung, Cynthia		2	If checking "Ceremon	ial Role or "Other" describe below:	
				To promote attendance at an event held at a County order to maximize potential County revenue from sal		
			2	Ceremonial Role If checking "Ceremon	Other I	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s) Pass(cs)	Describe the pub	lic purpose made pursuant	to the agency's policy
A	Verification					

#### I have read and understand FPPC Regulations 189-14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	04.05.2016
Signature of Agency Head or Devignee	Fiint Name	Title	(Month, Day, Year)

Comment:

#### A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$700/\$30parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Basketball Game 03 09 16 Date(s) \_ Provide Tit VExplanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🗙 If ves: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A Describe the public purpose made pursuant to the agency's policy Name of Agency, Generation of Unit Tickelisk Fasa(es) Number of Name of Individual B. Teirlay Identify one of the following: Pass(es) Ceremonial Role Other Income Jones, Doug 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 Ċ. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticker (s)/ (include address and description) Fass(es)

#### 4. Verification

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

	Steven Jones	Central District Director	04/05/2016
Signature of Agency Head or Designee	First Name	Title	(Month, Day, Year)

Comment: .

**A Public Document** 

Agency Name				Date Stamp	California 802
Alameda County					Form UUL
Division, Department, or Regi	on (If Applical)	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Steven Jones					
Area Code/Phone Mumber	E-mail				provide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation		2		
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$700
Event Description Basketball		in atíon	Date(s)	3 / 09 / 16	///////
			Golde	n State Warriors	
licket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	Linned	Name of So	
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name	or Wilma Chan (Last, First)
		Number of Ticket(a)/ Pass(ea)	1		
D.		Number of Ticket(s)/		Identify one of the follow	nng.
		Pass(os)	Ceremonial Role	Other	Income
Hadnot, Julie		2	To promote attend	ance at an event held	
		2			Income
		Number of Ticket(s)/ F23s(es)	Describe the pu	olic purpose made pursuan	t to the agency's policy
	Manual VI. (1997)				
	Division, Department, or Regi Board of Supervisors Designated Agency Contact ( Steven Jones Area Code/Phone Mumber (510) 272-6693 Function or Event Inform Does the agency have a ticke Event Description Basketball Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua Cast free Hadnot, Julie	Alameda County         Division, Department, or Region (If Applical)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Mumber       E-mail         (510) 272-6693       E-mail         Function or Event Information         Does the agency have a ticket policy?         Event Description       Basketball Game         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 Unit         B.       Name of Agency, Department or Unit	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Mumber         (510) 272-6693         Event Jones         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No         Event Description         Basketball Game         Provide TitlerExplanation         Ticket(s)/Pass(es) provided by agency?         Yes ☐ No         Was ticket distribution made at the behest of agency official?         No ☐ Yes         • 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 Agency, Department or Unit         Number of Ticket(s)/         Pass(es)         Hadnot, Julie       2         2          C.       Name of Outside Organization         Flumiber of Ticket(s)/	Alameda County         Division, Department, or Region (If Applicat/le)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Mumber (510) 272-6693       E-mail steven.jones@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes IN No I Face Value of Event Description       Face Value of Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes No I fino: Golde Was ticket distribution made at the behest of agency official?       No I Yes I figures: Alam of agency official?         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individ Ticket(s)/ Pass(ce)         B.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(ce)         Hadnot, Julie       Operation of Ticket(s)/ Pass(ce)       Ceremonial Role if checking "Ceremonial Corremonial Role         2       Ceremonial Role if checking "Ceremonial Corremonial Role       Ceremonial Role if checking "Ceremonial Role	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693         Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ - Event Description         Basketball Game Provide TwinExplanation         Date(s) _03 _ 09 _ 16         Was ticket distribution made at the behest of agency official?         No 🔤 Yes 🔄 No 🔤 If no: Golden State Warriors Name of Si Name of Si Official's Name of Anterbor of Luster(of Pase(on)         Recipients         Name of Agency, Department or Unit         Ceremonial Role

Signature of Agency Head or DesigneeSteven JonesCentral District Director04/05/2016Signature of Agency Head or DesigneePrint NameTitle(Month, Day, Year)

Comment: \_

A Public Document

1	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	e)		-	For Official Use Only
	Poord of Suponvisors					
	Board of Supervisors Designated Agency Contact (	Name Title)	-			
		nume, mej				
	Steven Jones				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing	
_	(510) 272-6693		s@acgov.org	]		(Month, Day, Year)
2.	Function or Event Inform					\$600
	Does the agency have a ticke		Yes 🛛 No	hannad	of Each Ticket/Pass \$ .	
	Event DescriptionBasketball	Game		Date(s)3	<u> </u>	///
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golde	n State Warriors	lource
		4 4 h 4 h 4 h 4 h 4 h 4		- Alam	eda County Supervis	~
	Was ticket distribution made a of agency official?	t the benest	No 🗋 Yes	If yes: ////	Official's Name	(Last, First)
-						
3.	• Use Section A to identify the agency	i's department or	unit a Usa Sor	ction B to identify an individ	ual. Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(98)	[	blic purpose made pursuar	· · · · · · · · · · · · · · · · · · ·
			1 000(20)			<u></u>
	B. Name of Individua	i	Number of Tickot(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role	Other	Income
	Brekke-Meisner, Lukas		2		ial Rols" or Other" describe helow.	
			2		ance at an event held potential County reve	l at a County facility in nue from sales.
			2	Ceremonial Role If checking "Ceremon	Other Other Conter Gescribe below	
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pase(as)	Cescribe the pub	lic purpose made pursuar	nt to the agency's policy
		er en en statifieren er er ste bestenden. Bennunde				
_						
4.	Verification					

I have read and understand EPDC 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	04/05/2016
Signature or Agency measure besignee	Frint Name	Title	(Month, Day, Year)
Comment:			<u>.</u>

1. Agency Name				Date Stamp	California 000
Alameda County					Form OUZ
Division, Department, or Regi	on (If Applicab	4	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (	Name, Title)			-	
	,				
Steven Jones Area Code/Phone Number	E-mail	Amendment (Must pr	ovide explanation in Part 3.)		
(510) 272-6693		s@acgov.org	1	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform		oliga og o mong			(Month, Day, Year)
Does the agency have a ticket		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$600/\$30parking
Event DescriptionBasketball	Provide Trie/Exp	olanation	Date(s)	3 <u>11 16</u>	//
			Golde	n State Warriors	
Ticket(s)/Pass(es) provided by	/ agency /	Yes 🗌 No		Name of Sou	rce
Was ticket distribution made a	t the behest	No 🗌 Yes	If ves: Alam	eda County Supervisor	Wilma Chan
of agency official?		Estimate		Official's Name (L	ast, First)
3. Recipients					
• Use Section A to identify the agency	's departnent o	r unit. 🔹 Use Sec	tion B to identify an individe	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following	ng
		Pass(os)			
Lam, Marianne		2+1park	If checking "Ceremon	Other Other Other Other Other Other Other Other Other of the other of the other of the other oth	Income
				ance at an event held a potential County reven	
	a.,			Other	Income
		2+1park	If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant i	to the agency's policy
	ACC VIEW A MANAGAMMAN ACCOUNTS				
4. Verification	<i>"</i>		х 		the requirer of
	100 14.1 ar			orth above, is in accordance with	
-		Steven Jo		Central District Director	· · · · · · ·
olghature of Agency inclusion beorginee		Print Nan.	12	nue	(Month, Day, Year)
Comment:			www.www.		

**A Public Document** 

1.						
	Agency Name	1			Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (#Appical	ble)	2000 your and a second s	1	For Omicial Use Only
	Board of Supervisors					
	Designated Agency Contact	(Alame, Title)	-			
	Steven Jones					
	Area Code/Phone Number	[E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jon	es@acgov.org	)	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					(
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$600/\$30parking
	Event Description Basketbal	ll Game		Date(s)3	3 , 12 , 16	( 1
	Event Description	Provide Title Ex	(planatic))	Date(s)		
	Ticket(s)/Pass(es) provided b	vorenev?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
		,,			Name of Sc	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (	or Wilma Chan
	of agency official?				Unicial s Name (	Last, Firstj
3.	Recipients	10000000000000000000000000000000000000				
	Use Section A to identify the agence	cy's department of	or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tily an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s) Pars(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
	a state and a second		1 310(03)			
		landar (da 7 ° a gener (tantinga)				
	D Name of Individu	761	Number of			
	B. Name of Individu	re I	Number of Ticket(s)/ Pats(os)		Identify one of the follow	īng.
	280 Fr/S3	ei	Ticket(s)/	Ceremonial Role	Other	ing.
	B. Name of Individu Bac fast Brown, Fred	tel	Ticket(s)/ Pass(es)	If checking "Ceremon	Other Other	Income
	280 Fr/S3	e i	Ticket(s)/	If checking "Ceremon To promote attenda	Other D ial Role" or "Other" describe below: ance at an event held	Income
	280 Fr/S3	101	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize	Other     Other     or     Other     describe below:     ance at an event held     potential County rever	Income E at a County facility in nue from sales.
	280 Fr/S3	ei	Ticket(s)/ Fata(es) 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other     Other     or     Other     describe below:     ance at an event held     potential County rever	Income
	280 Fr/S3	re ]	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other	Income E at a County facility in nue from sales.
	280 Fr/S3	ei	Ticket(s)/ Fata(es) 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other	Income E at a County facility in nue from sales.
	Brown, Fred	nization	Ticket(s) Fata(ee) 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
	Brown, Fred	nization	2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other	Income
	Brown, Fred	nization	Ticket(s)/ Fata(ee) 2+1park 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
	Brown, Fred	nization	Ticket(s)/ Fata(ee) 2+1park 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
	Brown, Fred	nization	Ticket(s)/ Fata(ee) 2+1park 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
	Brown, Fred	nization	Ticket(s)/ Fata(ee) 2+1park 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
4	C. Name of Outside Organ (Include address and de	nization	Ticket(s)/ Fata(ee) 2+1park 2+1park 2+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Other' describe below: ance at an event held potential County rever Other Other Other Hall Role" or Other' describe below:	Income
	Brown, Fred	nization seruption)	Ticket(s)/         Fata(oc)         2+1park         2+1park         Number of         Ticket(s)/         Pass(ob)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon Describe the pub	Other Other Clearcher describe below: Clearcher at an event held potential County rever Other Other Other Clearcher describe below: Clearcher descr	Income
	G. Name of Outside Organ (include address and de	nization seruption)	Ticket(s)/         Fata(oc)         2+1park         2+1park         Number of         Ticket(s)/         Pass(ob)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon Describe the pub	Other Other Clearcher describe below: Clearcher at an event held potential County rever Other Other Other Clearcher describe below: Clearcher descr	Income

Comment:

A Public Document

Does the agency have a licket policy?       Yes X No F       Face Value of Each Ticket/Pass \$\$600         Event Description       Basketball Game       Date(s) 03 / 12 / 16       /         Frovide Title/Explanation       Date(s) 03 / 12 / 16       /         Ticket(s)/Pass(es) provided by agency?       Yes No X       If no: Golden State Warriors       Name of Source         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Alameda County Supervisor Wilma Chan       Official's Name (Last, First)
Alameda County       Por Official Use Only         Division, De partment, or Region (#Applicable)       Por Official Use Only         Designated Agency Conflict (Mane, 701e)
Division, Department, or Region (# Applicable)         Board of Supervisors         Designated Agency Contact (Mume, 7tte)         Steven Jones         Arras Code/Phone Number         (510) 272-6693         E-mail         steven Jones@acgov.org         Date of Original Filing:         (bit) 272-6693         E-mail         steven Jones@acgov.org         Date of Original Filing:         (bit) 272-6693         E-mail         steven Jones@acgov.org         Park of Original Filing:         (bit) 272-6693         E-went Description         Basketball Game         Provide Thile@agency?         Yes (D) No (X)         If no:       Golden State Warriors         No (X)       If no:         Was ticket distribution made at the benest       No (Y)         *Use Section A to identify the space's deparament or unit.       *Use Section A to identify an outside organization.         A.       Name of Individual       Ticket(p)         Pasition College       Describe the public purpose made pursuant to the agency's policy         Pasition       Ticket(p)       Describe the public purpose made pursuant to the agency's policy         Pasition       Ticket(p)       Ca
Designated Agency Confact (Mame, 78e)         Steven Jones         Area Code/Phone Number         Zerall         (510) 272-6693         Eventl         Does the agency have a ticket points@acgov.org         Dete of Original Filing:
Steven Jones
Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org       Date of Original Filing: 
Area Code/?hone Number       E-mail       Date of Original Filing:       (Month, Eay, Year)         2. Function or Event Information       Does the agency have a ticket policy?       Yes X       No :       Face Value of Each Ticket/Pass \$       \$600         2. Function or Event Information       Does the agency have a ticket policy?       Yes X       No :       Face Value of Each Ticket/Pass \$       \$600         Event Description       Basketball Game       Date(s)       03       12       16
(Manh, Day, Year)         2. Function or Event Information         Does the agency have a ticket policy? Yes INo I         Face Value of Each Ticket/Pass \$
Does the agency have a licket policy?       Yes X       No I       Face Value of Each Ticket/Pass \$
Does the agancy have a locket policy?       Yes X No Yes No Yes No Yes No Yes No Yes X       Pace Value of Each Ticket(Pass s
Ticket(s)/Pass(es) provided by agency?       Yes       No       Yes       No       Yes       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Alameda County Supervisor Wilma Chan         3. Recipients       .vse Section A to identify the apprecy's department or unit.       . Use Section B to identify an individual.       .vse Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual       Number of Tecket(s)       Identify one of the following:       Income         Stark, Shawn       2       Caremonial Role       Other       Income       Income         2       Caremonial Role       Other       Income
Ticket(s)/Pass(es) provided by agency?       Yes       No       Yes       No       Yes       If no:       Golden State Warriors         Was ticket distribution mode at the behest of agency official?       No       Yes       If yes:       Alameda County Supervisor Wilma Chan         3. Recipients
Was ticket distribution made at the behest of agency official?       No    Yes          If yes:       Alameda County Supervisor Wilma Chan Official's Name (Last, First)         3. Recipients • Use Section A to identify the energy'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       • Use Section B to identify an individual. • Use Section C to identify an outside organization.         B.       Name of Individual Association       Number of Ticket(s)/ Pass(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual Association       Number of Ticket(s)/ Pass(s)       identify one of the following: Ceremonial Role Other Individual Income Interesting Ceremonial Role Other Income Income Interesting Income Interesting Ceremonial Role Other Income Income Income Interesting Income Interesting Ceremonial Role Other Income Inc
Was ticket distribution made at the behast of agency official?       No Yes X       If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)         3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Describe the public purpose made pursuant to the agency's policy         B. Name of Individual exercise       Number of Ticket(s)/ Pasa(tes)       Describe the public purpose made pursuant to the agency's policy         Stark, Shawn       2       Caremonial Role Other Other describe below. To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.       Income Other describe below. If checking "Ceremonial Role" or "Other" describe below.         C. Name of Outside Organization (C. Name of Outside Organization)       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy
of agency official?       Official's Name (Last, First)         3. Recipients       •Use Section A to identify the spancy'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       Trumber of Truther is the public purpose made pursuant to the sgency's policy         B. Name of Individue!       Number of Truther is the statistic is the statistis the statis the statistis the statistic is the stati
3. Recipients         • Use Section A to identify the appropriate 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(a)?       Describe the public purpose made pursuant to the agency's policy         B. Name of Individue!       Number of Ticket(a)?       identify one of the following:         Frees(es)       Ceremonial Role       Other       income         Stark, Shawn       2       Ceremonial Role       Other       income         2       Ceremonial Role       Other       income       income         2       Ceremonial Role       Other       Income       income         2       Ceremonial Role       Other       Income       Income       Income         2       Ceremonial Role       Other       Income       Inc
A.       Name of Agency, Department or Unit       Tecket(a) Pass(65)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual aserification       Number of Tecket(a) Pass(65)       identify one of the following:         B.       Name of Individual aserification       Number of Tecket(a) Pass(65)       identify one of the following:         B.       Name of Individual aserification       Number of Tecket(a) Pass(65)       identify one of the following:         B.       Name of Individual aserification       Number of Tecket(a) Pass(65)       Ceremonial Role I Other I Income I Income I Income I Income I Income I Income I Income I Income I Income I Income I         C.       Number of Outside Organization Ticket(a)       Number of Ticket(a)       Describe the public purpose made pursuant to the agency's policy
B.       Name of Individue!       Number of Tricket(a)       identify one of the following:         Stark, Shawn       2       Ceremonial Role       Other       Income         2       Ceremonial Role       Other       Income       Income       Income         2       Ceremonial Role       Other       Income       Incom
Face       Face(cs)         Stark, Shawn       2         2       Ceremonial Role       Other       Income         1/ 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 sales.         2       Ceremonial Role       Other       Income         2       If checking "Ceremonial Role       Other       Income         2       If checking "Ceremonial Role       Other       Income         2       If checking "Ceremonial Role" or "Other" describe below:       Income
Stark, Shawn       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 sales.         2       Ceremonial Role       Other       Income         2       If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Income         2       If checking "Ceremonial Role" or "Other" describe below:         2       If checking "Ceremonial Role" or "Other" describe below:         2       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 sales.         2       Ceremonial Role □ Other □ Income □         2       If checking "Ceremonial Role" or "Other" describe below.         2       Number of If checking "Ceremonial Role" or "Other" describe below.         C.       Number of Outside Organization Ticket(s).         Describe the public purpose made pursuant to the agency's policy
Order to maximize potential County revenue from sales.         Outer to maximize potential County revenue from sales.         2         2         C.       Number of Outside Organization (inclusion)         Number of Ticket(s)?         Describe the public purpose made pursuant to the agency's policy
2     If checking "Ceremonial Role" or "Other" describe below:       2     2
C. (instee organization) Ticket(s) Describe the public purpose made pursuant to the agency's policy
4. Verification

I have read and understand FPP C. Regulations 189-44.1 and 18942. I have venified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	04.05.2016
Signature of the many Head or Declanes	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

8	Aganey Nama		*	L Data Stamm	Colifornia 0.00
Ъ	Agency Name			Date Stamp	California Form 802
	Alameda County				For Official Use Only
	Division, Department, or Region (II Applicab)	9) ()			
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	1			
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
		s@acgov.org	J	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$700
				3 , 01 , 16	/
	Event Description Basketball Game	lenation	Date(s)		/
			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	L	Name of Sc	
	Was ticket distribution made at the behest	No 🗌 Yes	M If yes. Alam	eda County Superviso	or Wilma Chan
	of agency official?		G 11 yes	Official's Name (	Last, First)
	Use Section A to identify the agency's department or	unit. • Use Sec Number of Ticket(s)/ Pass(as)		ual. • Use Section C to iden	
	•				
	B. Name of Individual	Number of Ticket(sy Pass(eq)		Identify one of the follow	ing:
		1	Ceremonial Role	Other	Income
	Gin, Hal	2		nial Role or "Other" describe below:	
				ance at an event held potential County rever	
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
		2			
		1			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
		i Troket(s)	Describe the put	olic purpose made pursuant	t to the agency's policy
		i Troket(s)	Describe the put	olic purpose made pursuant	t to the agency's policy
		i Troket(s)	Describe the put	olic purpose made pursuant	t to the agency's policy

18944.1 and 18942. I have verified that the distribution set forth

	Steven Jones	Central District Director	04/05/2016
Signature of Agency Head Gr La signee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

A Public Document

e er el restri	WER STOPPONE ON SHE'S WEEK					A Fublic Document
1. Agency I	Name				Date Stamp	California 802
Alameda	County				1	Form 002
Division, D	epartment, or Reg	ion (If Applicab	ie)			For Official Use Only
Board of S	Supervisors					
	d Agency Contact (	Name, Title)			-	
Steven Jo						
	/Phone Number	E-mail	10.10.00 (10.00)		Amendment (Must p.	rovide explanation in Part 3.)
			s@acgov.org		Date of Original Filing:	
(510) 272			s@acgov.org	3		(Month, Day, Year)
	or Event Infor				of Each Ticket/Pass \$ _	\$700
Does the a	gency have a ticke		Yes 🛛 No	he could		
Event Desc	cription Basketball			Date(s)3	3 <u>01</u> 16	/
		Provide Title/Exp	planation			
Ticket(s)/P	ass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So.	VICE
184 4				- Alam	eda County Superviso	
of agency	distribution made a official?	it the benest	No 🗌 Yes	If yes: 7 dam	Official's Name (I	_ast, First)
		2 -				
3. Recipien		/'s department o	r unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	ify an outside organization.
A. Nam	e of Agency, Departme	at or Unit	Ticket(s)/ Pass(es)	Describe the put	olie purpose made pursuant	to the agency's policy
			Number of			
B.	Name of Individua	1	Ticket(s)/ Pass(es)		identify one of the follow	ng
				Ceremonial Role		Income
Jackson, I	vieryi		2		nial Role" or "Other" describe below:	at a County facility in
					ance at an event held potential County reven	
			2		Other D	Income [
	lame of Outside Organ		Number of Tickst(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
(in)	clude address and des	cription;	Pass(es)			
	yr, yn arwyn yn y					
I. Verificati	on					

I have read and understand EPPC 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	04/05/2016
Signature c. Agency Head or Designee	Pánt Name	Title	(Month, Day, Year)

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

#### A Public Document

	Agency Name				Date Stamp	California 000	
	Alameda County					Form 802	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors					a.	
	<b>Designated Agency Contact</b>	(Name, Title)					
	Steven Jones					ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	vou			ovide explanation in Fan 3.)	
	(510) 272-6693	steven.jone:	s@acgov.org	3	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				\$000 (#00 Line	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$600/\$30parking	
	Event Description <u>Basketbal</u>	I Game		Date(s)	3 , 07 , 16	1 1	
	Event Description	Provide Title					
	Ticket(s)/Pass(es) provided b	v agency?	n State Warriors				
	Ticker(3)/1 235(63) provided b	y agenoy :	Yes 🗌 No		Name of Sou		
	Was ticket distribution made a	at the beheat	No 🗌 Yes	If yes: Alam	eda County Superviso	r Wilma Chan	
	of agency official?			-	Official's Name (L	.ast, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department of	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to the agency's policy		
			Pass(es)	<u></u>		an a	
						<u> </u>	
			1				
	R Name of Individu	al	Nuniber of		(deptify use of the follows		
1000	B, Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
	148 450	al	Ticket(s)	Ceremonial Role	Other	ng: Income [	
	B, Name of Individu	al	Ticket(s)/ Pass(es)	If checking "Ceremo	Other Other Other Other	Income	
	148 450	al	Ticket(s)	If checking "Ceremo To promote attend	Other     Other     or "Other" describe below.     ance at an event held a	Income	
	148 450	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize	Other     Other     other     other     other     other     describe below.     ance at an event held a     potential County reven	income [ at a County facility in ue from sales.	
	148 450	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     Other     other     other     describe below.     ance at an event held a     potential County reven     Other     Other	income [ at a County facility in ue from sales.	
	148 200	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     Other     other     other     other     other     describe below.     ance at an event held a     potential County reven	income [ at a County facility in ue from sales.	
	148 200	al	Ticket(s) Pass(es) 4+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     Other     other     other     describe below.     ance at an event held a     potential County reven     Other     Other	income [ at a County facility in ue from sales.	
	Jackson, Bob		Ticket(s) Pass(es) 4+1park	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Ance at an event held a potential County reven     Other     Other     Other	Income	
	148 200	nization	Ticket(s)         Pass(es)         4+1park         4+1park         Number of Ticket(s)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     other     other     describe below.     ance at an event held a     potential County reven     Other     Other	Income	
	Jackson, Bob	nization	Ticket(s)       Pass(es)       4+1park       4+1park       Number of	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Ance at an event held a potential County reven     Other     Other     Other	Income	
	Jackson, Bob	nization	Ticket(s)         Pass(es)         4+1park         4+1park         Number of Ticket(s)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Ance at an event held a potential County reven     Other     Other     Other	Income	
	Jackson, Bob	nization	Ticket(s)         Pass(es)         4+1park         4+1park         Number of Ticket(s)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Ance at an event held a potential County reven     Other     Other     Other	Income	
	Jackson, Bob	nization	Ticket(s)         Pass(es)         4+1park         4+1park         Number of Ticket(s)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other     Other     Ance at an event held a potential County reven     Other     Other     Other	Income	

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

	Steven Jones	Central District Director	04/05/2016
orginature of rigority the term of boolghout	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

I. Agency Name				Date Stamp	California 803
	Alameda County				Form OUZ
Division, Department, or Reg	ion (If Applicab	le)	A		For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	4			
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693	steven.jone	es@acgov.org	J	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$700/\$30 parking
Event Description Basketbal	ll Game		Date(s)	3 , 25 , 16	1 1
Event Description	Provide Title::Exp	olanution			] <u></u>
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
			Alom		
Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes	If yes: Alam	eda County Superviso Official's Name	(Last, First)
			-r.		
<ul> <li>Recipients</li> <li>Use Section A to identify the agend</li> </ul>	cv's department o	⊤unit. ■ Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
		Number of		blic purpose made pursuan	
A, Name of Agency, Departm	ant of onit	Ticket(s)/ Pasa(es)	cesence me pu	one purpose made parasan	it to the ugency o poney
B. Name of individu	ial	Nomber of Ticket(s)/		Identify one of the follow	ving
(Case Frat)		Pass(05)		Other	F
Burke, Nancy			Ceremonial Role If checking "Ceremon	Other      Other      Inter      Other      Other     Other      Other      Other      Other      Other     Other	Income
		2+1park	To promote attendance at an event held at a County for order to maximize potential County revenue from sale		at a County facility in
		2+1park	Ceremonial Role If checking "Celenio	Other D nial Role" cr "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agent		t to the agency's policy
æ.,					
Verification	ations 18944.1 ar	nd 18-42. I have ve	rified that the cistribution set	forth above, is in accordance w	ith the requirements.
		Steven Jo	ones	Central District Directed	or 04.05.2016
Signature of Agency Head or Dosigned	e	Print Nam	-	Title	(Month, Day, Year)
Comment:					

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
ī	Division, Department, or Reg	ion (If Applicabl	e)			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	1	Date of Original Filing: .	(Month, Day, Year)
-	Function or Event Infor				*	(110)(11, 22), 102)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$350/\$30 parking
	• •		TOO ES INO	Date(s)	3 , 27 , 16	, ,
E	Event Description Basketball	Provide Title Exp.	lanaion	Date(s)		//
-	Ficket(s)/Pass(es) provided by	v agency/2	Yes 🗌 No	If no. Golde	n State Warriors	
	lickel(s)/rass(es) provided b	y agency?	Yes 🗋 No		Name of Sou	
١	Nas ticket distribution made a	t the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	r Wilma Chan
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
1	Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
			Pass(es)		ann diadh an	
		t the grant statement with				
			Aunbar of			
	B. Name of individua	at	Ticket(s)/ Pass(as)		Identify one of the followi	ing:
				Ceremonial Role	Other	Income
	Cravalho, Brian		4+1park	11(27)	ial Role" or "Other" describe below:	
					dance at an event held at a County facility in potential County revenue from sales.	
-	and the second se		+	Ceremonial Role	·	Income
					ial Role" or Other" describe below:	
			4+1park			
	a Minute of Dute de Organ	utation	Number of			
4	C. Name of Outside Organ (include address and des		Ticket(s) Pass(ss)	Describe the put	olic purpose made pursuant	to the agency's policy
-						
•				And a second		
_	Verification					
	being mod and understand ERDC Portu	lations 18944.1 ar	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wit	h the requirements.
			Steven Jo		Central District Directo	
	Signature of Aconcy Head or Designee		Print Nan		Title	(Month, Day, Year)

Print Nan:

Comment: \_\_\_\_

Signature of Agency Head or Designee

Cer	emonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1. A	gency Name		Date Stamp	California 802		
А	Alameda County					Form 002
Di	vision, Department, or Regi	on (If Applicable		For Official Use Only		
B	Board of Supervisors					
	esignated Agency Contact (/	Vame, Title)	-			
S	teven Jones					
		E-mail			Amendment (Must p	provide explanation in Part 3.)
	510) 272-6693	steven.jones	@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
	unction or Event Inform				1 	(100)111, 203, 1001)
	bes the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$_	\$700
					3 , 29 , 16	, ,
E١	vent Description Basketball	Provide Title Exp!	anation	Date(s)		
Ti	cket(s)/Pass(es) provided by	agency?	Yes 🗌 No	IST If rio: Golde	n State Warriors	
		ugonoj.			Name of Sc	
	as ticket distribution made at	the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (	or Wilma Chan
C	of agency official?				Unicial s Name (	Last, First)
	ecipients					
• (	Use Section A to identify the agency		Number of			
A	A. Name of Agency, Department or Unit Pose(es) Describe the public purpose n Pose(es)			olic purpose made pursuan	t to the agency's policy	
_						
в	Mame of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ning:
					Other	Income
Iri	mer, David		2		nial Role" or "Other" describe below:	t - O for all for in
					ance at an event held potential County rever	
				Ceremonial Role	Other	Income
				1	nial Role" or "Cther" describe below:	indonio
			2			
G	Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describs the put	olic purpose made pursuant	t to the agency's policy
				San Angelen Sandar (Mana), and a sandar s		9

#### 4. Verification

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

	Steven Jones	Central District Director	04.05.2016
Signature of Agency Head or Designee	Print Na. 19	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title) Steven Jones				-	
	Area Code/Phone Number	E-mail	and the second secon	anna a ann a starainn an a	Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation			1	
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$700/\$30 parking
	Event Description Basketball	Game		Date(s)	3 , 29 , 16	
	Event Description	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sou		
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (L	ast, First)
3.						
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individ     Number of					
	A. Name of Agency, Departme	nt or Unit	Ticket(a)/ Pass(as)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:		
			Pass(es)	Ceremonial Role	Other	Income
	Atkin, Kathryn		2. Inort		ial Role" or "Other" describe below:	
			2+1park	To promote attendance at an event held at a Coun order to maximize potential County revenue from s		
		train the domain of granding		Ceremonial Role	Other describe below:	Income
			2+1park	28		
	C. Name of Outside Organ (include address and desited)		Number of Ticket(s)/ Pass(cs)	Describe the pub	olic purpose made pursuant	to the agency's policy
4.	Verification					
	1	ins 18944,1 and 18942. I have verified that the distribution set fo				
			Steven Jo		Central District Director	
	Signature of Agency 14 ad or Designee		Print Man.		Title	(Month, Day, Year)
	Comment:					
						FPPC Form 802 (4/12

**A Public Document** 

1. Aç	gency Name				Date Stamp	California 802
Ala	Alameda County					Form For Official Use Only
Div	vision, Department, or Reg	i <b>cn</b> (If Applicab		Por Oricial Use Only		
Bo	ard of Supervisors					
De	signated Agency Contact	(Name, Title)	-			
Ste	even Jones				C1 Guardana (11)	
Are	ea Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
(51	10) 272-6693	steven.jone	es@acgov.org	3	Date of Original Filing: .	(Month, Day, Year)
2. Fu	Inction or Event Infor	mation				A700
Do	es the agency have a ticke	et policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$	\$700
Eve	ent DescriptionBasketbal	l Game		Date(s)	)3 , 25 , 16	1 1
		Provide Title/Ex,	planation			
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Gold	en State Warriors	· ····
					Name of Sou	
	is ticket distribution made : fagency official?	at the behest	No 🗌 Yes	Il yes: Alar	neda County Superviso Official's Name (L	ast First)
_						
	ecipients se Section A to identify the agend	w's department o	r unit - Use Se	tion B to identify an indivi	idual. • Use Section C to ident	ify an outside organization.
			Number of		ublic purpose made pursuant	
Α.	Name of Agency, Departm	SAT OF CITY	Ticket(s) Pass(es)	s – Diescribe the pr	ublic purpose made porsuant	to the agency's policy
			Number of			
В.	Name of Individu	əl	Ticket(s)/ Pass(es)		identify one of the followi	ng.
		nt, maranalaista (1 marang 1 mm) parahéngankakan yan		C.:emonial Role	Other	Income
La	d, Emily		2		onial Role or "Other" describe below:	
				To promote attend	dance at an event held a potential County reven	at a County facility in ue from sales.
				C remonial Kole		
					onial Role" or "Other" describe below:	
			2			
						Thinky Minimum 20102 112
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the p	whic purpose made pursuant	to the agency's policy
	there and cost and the	seriouvay	Pass(es)			
						Million Million & Million and Strate and Stra
						1 2-
I. Ve	rification	C 12014 1	nd 180.12 i have	rified that the distribution so	t forth above, is in accordance with	h the requirements
		S 103 44.1 81				
	Signature of Agency Head or Designer		Steven Jo		Central District Director	r 04.05.2016 (Month, Day, Year)
	come are an grincy near or pesigner	-	1 1116 1	~	1.141.9	(

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

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (#	-	For Official Use Only		
	Board of Supervisors				
	Designated Agancy Contact (Name,	-			
	Steven Jones				
	Area Code/Phone Number E-ma	11	and a second		provide explanation in Part 3.)
	(510) 272-6693 steve	en.j <b>ones</b> @acgov.or	g	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informatio	on			<b>#4</b> 400
	Does the agoncy have a ticket polic	y? Yes⊠ No	Face Value	of Each Ticket/Pass \$ .	\$1,100
	Event Description Basketball Gam	e	Date(s)	3 , 16 , 16	1 1
	Event Description Provid	e Title/Explanation			( )
	Ticket(s)/Pass(es) provided by ager	noy? Yes 🗌 No	If no: Golde	n State Warriors	·····
				Name of S	
	Was ticket distribution made at the k	oehest No 🗋 Yes	If yes: Alam	eda County Supervis Official's Name	
_	of agency official?			Oniciar s Name	(2006, 1 1126)
3.	Recipients		· · · · · · · · · · · · · · · · · · ·	und a Une Section C to ide	stifte an autoide organization
	● Use Section A to idenੴfy the agency's depa	intment or unit. • Use Se	A CANADA AND AND AND AND AND AND AND AND AN		
	A Manage of States and Decaded and H		Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or U	nn Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	at to the agency's policy
	B. Name of individual	Pass(es)	Describe the pu	blic purpose made pursual	
		Pass(va)		Identify one of the follo	wing:
	B. Name of individual Cast Feet	Pass(es) Namber of Ticket(s)/	Ceromonital Role	Identify one of the follo	wing:
	B. Name of individual	Pass(es) Namber of Ticket(s)/	Ceremonial Role If checking Ceremon To promote attend	Identify one of the follo Other  nial Role" or "Other' describe below	wing: income [  d at a County facility in
	B. Name of individual Cast Feet	Pass(es) Nomber of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follo Other O nial Role" or "Other" describe below ance at an event helo potential County reve	wing: Income [ d at a County facility in enue from sales. Income [
	B. Name of individual Cast Feet	Pass(cs) Number of Ticket(s) Pass(cs) 2 2 Number of Ticket of	Ceremonial Role Is checking Coremo To promote attend order to maximize Ceremonial Role If checking "Caremo	Identify one of the follo Other O nial Role" or "Other" describe below ance at an event helo potential County rever Other O	wing: income [ d at a County facility in enue from sales. Income [

		Steven Jones	Central District Director	04.05.2016
-	Signature of the new Head of David John	Futi Nanie	Title	(Month, Day, Year)

#### **A Public Document** 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Tibe) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month Day Year) 2. Function or Event Information \$1,100 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes X No D Event Description Basketball Game Date(s) 03 / 16 16 Provide The Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behast No T Yes X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Tickelysy Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: Passies Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Dunlap, Kamika 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Other Commonial Role If chips sing "Coremonial Role" or "Other" describe below. 2 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

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

	Steven Jones	Central District Director	04.05.2016
Sejesture of Agency Head or Devise of	$P_{i}, i, N_{i}$	Title	(Month, Day, Year)

Comment:

**A Public Document** 

1. Agency Name			Date Stamp	California 000	
	Alameda County				
Division, Department, or Region (If Applie	cable)		-	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.)	
	ago@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Information			· · · · · ·	(Mohth, Day, Year)	
Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	700.00	
Event Description Warriors vs. Hawks	/Explanation	Date(s)	3 <u>01 16</u> .	//	
Ticket(s)/Pass(es) provided by agency?		Golden	n State Warriors		
ficket(s)/Pass(es) provided by agency?	Yes 🗌 No	X II IIO	Name of Sou	rce	
Was ticket distribution made at the behe	st No 🗆 Yes	If yes: Carso	on, Keith		
of agency official?			Official's Name (L	ast, First)	
3. Recipients • Use Section A to identify the agency's department	ntorunit. ●Use Sec	ction B to identify an individe	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
B. Name of Individual (Last, Fusi)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng.	
		Ceremonial Role If checking "Ceremon	Other describe below:	Income	
		Ceremonial Role	Other		
			ial Role" or "Other" describe below:	_	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
East Bay Asian Local Development Corporation 1825 San Pablo Ave #200		To reward a school to the community	or nonprofit organizati	on for its contributions	
4. Verification			, , , ,		
18944.1	and 18942. I have ve Amy Shra		orth above, is in accordance with Supervisor's Assistant	the requirements. 04/18/16	

eremonial Role Even					A Public Documer
Agency Name				Date Stamp	California 802
Alameda County					Form 002
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		@acgov.org		Date of Original Filing: _	
Function or Event Infor		Guogonong			(Month, Day, Year)
Does the agency have a ticke		V	Face Value	of Each Ticket/Pass \$	600.00
• •		Yes 🔲 No			
Event Description Warriors v	Provide Title/Evr	lanation	Date(s)	<u> </u>	//
				n State Warriors	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		n State Warriors Name of Sou	rce
Was ticket distribution made a	at the behest	No 🗌 Yes	X If yes, Carso	on, Keith Official's Name (L	
of agency official?			ша нус <u>з</u>	Official's Name (L	ast, First)
Recipients					·····
Necipienta					
Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
		Number of Ticket(s)/		lic purpose made pursuant	
Use Section A to identify the agency		Number of			
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individual	ent or Unit	Number of Ticket(s)/ Pass(es)			to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the followin	to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individual	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the following Other Other of the following Other of	to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the following Other Other of the following Other of	to the agency's policy ng: Income [ er exemplary service to
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the following Other and Other	to the agency's policy ng: Income [ er exemplary service to
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Identify one of the following Other and Decision of the following Other and Decision of the following other of the following	to the agency's policy  Ig: Income [ er exemplary service to ent
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Identify one of the following Other and Decision of the following Other and Decision of the following other of the following other of the following other of the following other oth	to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Identify one of the following Other and Decision of the following Other and Decision of the following other of the following other of the following other of the following other oth	to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the following Other and Decision of the following Other and Decision of the following other of the following other of the following other of the following other oth	to the agency's policy Ig: Income [ er exemplary service to ent Income [
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)     Carter, Shomari     C. Name of Outside Organi	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the following Other Same and the following Other Other and the following Identify one of the following I	to the agency's policy  Ig: Income [ er exemplary service to ent Income [
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Last. First)     Carter, Shomari     C. Name of Outside Organi	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Describe the put Ceremonial Role If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the following Other Same and the following Other Other and the following Identify one of the following I	to the agency's policy  Ig: Income [ er exemplary service to ent Income [

	Amy Shrago	Supervisor's Assistant	04/18/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 700.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes No 🖂 Event Description Warriors vs. Jazz 09 03 16 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If yes: \_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 А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following (Last First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\square$ 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) Alameda Health System Foundation 350 To reward a school or nonprofit organization for its contributions 4 Frank H. Ogawa Plaza Oakland CA 9461 to the community 4. Verification

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

_	Amy Shrago	Supervisor's Assistant	04/18/16
Signeture of Agency Headfor Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Comment: \_

	eremonial Role Even					A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 onin
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
	Amy Shrago					
	Area Code/Phone Number	E-mail	······		Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	600.00
	Event Description Warriors v	s. Trailblazers		_		//
	Event Description	Provide Title/Exp	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	IM If no. Golde	n State Warriors	
		, agonoy .			Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use See	ction B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	D Name of Individue	4	Number of			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	(Lasi, First)	1	Ticket(s)/	Ceremonial Role		
	B. Name of Individua (Last, First) Sanchez, Mina	1	Ticket(s)/ Pass(es)	If checking "Ceremon	Other X	Income
	(Lasi, First)	1	Ticket(s)/	If checking "Ceremon To reward a County	Other X	Income
	(Lasi, First)	I .	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County	Other X ial Role" or "Other" describe below: y employee for his or h	Income
	(Lasi, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Other S ial Role" or "Other" describe below: y employee for his or h ourage staff developm	Income Ener exemplary service to the terms
	(Lass, First)		Ticket(s)/ Pass(es) 4	If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Other      Other      other      other      other describe below:     y employee for his or h     ourage staff developm     Other      Other	Income
	(Lasi, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremoni	Other      Other      other      other      other describe below:     y employee for his or h     ourage staff developm     Other      Other	Income
	(Lass, First) Sanchez, Mina C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremoni	Other  O	Income
	(Lass, First) Sanchez, Mina C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremoni	Other  O	Income
	(Lass, First) Sanchez, Mina C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremoni	Other  O	Income
	(Lass, First) Sanchez, Mina C. Name of Outside Organi (include address and desc	zation :ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremon Describe the pub	Other  O	Income
	C. Name of Outside Organi (include address and desc	zation :ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County the public or to enc Ceremonial Role If checking "Ceremon Describe the pub	Other S  Ial Role" or "Other" describe below:  y employee for his or h ourage staff developm  Other   Other   Ilc purpose made pursuant	Income

1. Aç	gency Name				Date Stamp	California 802	
	ameda County					Form OOL	
Div	vision, Department, or Reg	ion (If Applicabl	ie)			For Official Use Only	
Во	ard of Supervisors						
De	signated Agency Contact (	Name, Title)	·		-		
An	ny Shrago						
Are	ea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
(51	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Fu	Inction or Event Inform	nation			·		
Doe	es the agency have a ticket	t policy?	Yes 🔲 No	🛛 🛛 Face Value o	of Each Ticket/Pass \$ _	600.00	
Eve	ent Description Warriors ve	s. Suns		Date(s) 03	3 , 12 , 16	//	
		Provide Title/Exp	anation			//	
Ticl	ket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So		
14/-	- 41-1	4 41 1 1 1		— Caree		urce	
	s ticket distribution made a agency official?	t the benest	No 🗌 Yes	If yes: Carso	Official's Name (I	Last. First)	
	cipients						
	se Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	tifv an outside organization.	
Α.			Number of		lic purpose made pursuant		
	, taine er rigenej, populaite		Ticket(s)/ Pass(es)			to the agency's policy	
					"		
В.	Name of Individua (Last Finst)		Number of Ticket(s)/		Identify one of the follow	ing:	
	[Last / hoy		Pass(es)				
Ca	rson, Keith			Ceremonial Role	Other X al Role" or "Other" describe below:	Income	
	,		4	,	of facilities or events	that have received	
				County funding or s			
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
_			Number of				
C.	Name of Outside Organi: (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
			· · · · ·				
				·			
l. Ver	rification	8044 1 200	118012 / 6010 10	rified that the distribution and fo	rth above, is in accordance with		
1 Hav		0344.1 8/10					
			Amy Shra		Supervisor's Assistant		
	-		rint Name	5	Title	(Month, Day, Year)	
	nment:						

#### A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 1100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🖾 Event Description Warriors vs. Knicks Date(s) <u>03</u> / 16 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If ves: 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following (Lasi First) Pass(es) Ceremonial Role Other X Income Dunlap, Kamika 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 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) Urban Habitat 1212 Broadway #500, To reward a school or nonprofit organization for its contributions 2 Oakland, CA 94612 Urban Habitat works to the community 4. Verification 3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11 Amy Shrago Supervisor's Assistant 04/18/16

 Amy Shrago
 Supervisor's Assistant
 04/18/16

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

Comment: \_

Ceremonial Role Events	and licket/H	'ass	Distributions		A Public Documen
. Agency Name		_		Date Stamp	California 802
Alameda County					
Division, Department, or Region	(If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Nar	ne, Title)				
Amy Shrago					
	mail			Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6695 ar	ny.shrago@acgo	ov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Informa	tion				(Monul, Day, Teal)
Does the agency have a ticket po	olicy? Yes	1 No	Face Value o	f Each Ticket/Pass \$	350.00
Event Description Warriors vs. 7					///
Event Description	ovide Title/Explanation		Date(s)		//
Ticket(s)/Pass(es) provided by ag	gency? Yes	l No.	If no: Golder	State Warriors	
		1 1101		Name of Sou	Irce
Was ticket distribution made at th	e behest No	Yes	If yes: Carso	on, Keith Official's Name (L	
of agency official?					ast, First)
A. Name of Agency, Department o	r Unit Tick	per of et(s)/ s(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Ticke	per of et(s)/		Identify one of the followi	ng:
	Pass	s(es)	Ceremonial Role	Other 🔀	
Brown, Aisha				al Role" or "Other" describe below:	Income
	4	•		employee for his or h ourage staff developm	er exemplary service to ent
			Ceremonial Role	Other describe below:	Income
C. Name of Outside Organizati (include address and descript		t(s)/	Describe the publ	ic purpose made pursuant f	to the agency's policy
Verification		ľ			

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

	Amy Shrago	Supervisor's Assistant	04/18/16
Billnature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

1. Agency Name			Date Stamp	California 000	
Alameda County			, .	Form 802	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
	-,				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago				rovide explanation in Part 3.)	
Area Code/Phone Number E-mail					
(510) 272-6695 amy.shrago(	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				700.00	
	Yes 🗋 No	Face Value o	f Each Ticket/Pass \$ _	700.00	
Event Description Warriors vs. Wizards		Date(s) 03	, 29 , 16	//	
Provide Title/Expl	anation			/	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors		
		_	Name of Sou	Irce	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	Official's Name (L	aat Eimtl	
				.ast, First)	
3. Recipients					
Use Section A to identify the agency's department or i	unit. • Use Se Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
	Pass(es)				
		· · · · · · · · · · · · · · · · · · ·	<u></u>		
	1				
	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng	
		Ceremonial Role	Other	Income	
		If checking "Ceremonia	al Role" or "Other" describe below:		
		Ceremonial Role			
		If checking "Ceremonia	al Role" or "Other" describe below:		
	Number of				
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	ic purpose made pursuant i	to the agency's policy	
	Pass(es)				
East Bay Housing Organizations 538 9th St #200, Oakland, CA 94607 EBHO BRI	4	To reward a school to the community	or nonprofit organizati	on for its contributions	
		to the community			
. Verification					
I have n	18942. I have ve	erified that the distribution set for	rth above, is in accordance with	the requirements.	
	Amy Shr	ago S	Supervisor's Assistant	04/18/16	
for	Print Nam	e	Title	(Month, Day, Year)	
Comment:		<u> </u>		FPPC Form 802 (4/12)	
		F	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)	

**A Public Document** 

Agency Name				Date Stamp	California 802
Alameda County					Form OU
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	E-mail			Amendment (Must provide explanation in Part 3.	
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation	·· · · ·			
Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value c	of Each Ticket/Pass \$ _	600.00
Event Description Prince				04,16	
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	y agonoy.			Name of Sc	burce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (	Last, First)
Use Section A to identify the agency's department or					
		Number of Ticket(s)/		al. • Use Section C to iden lic purpose made pursuant	
Use Section A to identify the agency		Number of			
Use Section A to identify the agency		Number of Ticket(s)/			
Use Section A to identify the agency	ent or Unit	Number of Ticket(s)/			t to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Lest First)	ent or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	t to the agency's policy
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individual	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant lic purpose made pursuant ldentify one of the follow Other A al Role" or "Other" describe below:	t to the agency's policy ing
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Lest First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub Ceremonial Role If checking "Ceremoni To review the ability County's job creation	Identify one of the follow dentify one of the follow Other al Role" or "Other" describe below: of a facility or its ope on goals or job training	ing Income [ Prator to participate in th programs
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Lest First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pub Ceremonial Role If checking "Ceremoni To review the ability County's job creation Ceremonial Role	Iic purpose made pursuant Identify one of the follow Cher X al Role" or "Other" describe below: Y of a facility or its ope	ing Income
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Lest First)	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pub Ceremonial Role If checking "Ceremoni To review the ability County's job creatio Ceremonial Role If checking "Ceremoni	lic purpose made pursuant         Identify one of the follow         Other         Other         ARole" or "Other" describe below:         of a facility or its ope         Other         Of a facility or its ope         Other         Other	ing Income [ erator to participate in th g programs Income [
Use Section A to identify the agency     A. Name of Agency, Departme     B. Name of Individua     (Lest First)     Carson, Keith     Carson Keith	ent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	Describe the pub Ceremonial Role If checking "Ceremoni To review the ability County's job creatio Ceremonial Role If checking "Ceremoni	lic purpose made pursuant         Identify one of the follow         Other         al Role" or "Other" describe below:         / of a facility or its ope         on goals or job training         Other         al Role" or "Other" describe below:	ing Income [ erator to participate in th g programs Income [

 Sig
 Amy Shrago
 Supervisor's Assistant
 04/18/16

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

Comment: \_\_\_

A Public Document

Does the agency have a toxet point(y)       Yes   No   Yes   Date(s)       Pace Value of Each Hicket/Pass S         Event Description       Bay Area Festival of Laughs       Date(s)       03       05       16         Provide Bug Area Festival of Laughs       Date(s)       03       05       16	4	A ways and Maria			<u> </u>		
Amineda County       For Official Use Only         Board of Supervisors	Т.	•		Date Stamp			
Board of Supervisors         Designated Agency Contact (Name, Tile)         Amy Shrago         Area Code/Phone Number         E-mail         (510) 272-6695         amy shrago@acgov org         2. Function or Event Information         Does the agency have a ticket policy?         Yes       No ⊠         Face Value of Each Ticket/Pass \$         93.0         Event Description         Bay Area Festival of Laughs         Provide Tools the agency have a ticket policy?         Yes       No ⊠         Face Value of Each Ticket/Pass \$         93.0         Event Description       Bay Area Festival of Laughs         Provide Tools the agency's department or unit.       If no: Colden State Warriors         Name of Source       Name of Source         Was ticket distribution made at the behest       No ⊠         • Use Section A to identify the agency's department or unit.       • Use Section A to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(P)         B.       Name of Identify and County employee for his or the exemplary service the public or to encourage staff development         Ceremonal Role       Other       Income         # docoff Unescale address and descrip			/// 0 // //			4	
Designated Agency Contact (Name, Title)         Amy Shrago         Area Code/Phone Number       E-mail         (510) 272-6895       amy.shrago@acgov.org         Date of Original Filing:       (Month: Day, Year)         2. Function or Event Information       Does the agency have a ticket policy?       Yes    No     No    No    No    No    No    No    No    No    No    No		Division, Department, or Reg	ion (If Applicabl	e)			
Amy Shrago       Amendment (Must provide explanation in Part 3)         Area Code/Phone Number       amy.shrago@acgov.org       Date of Original Filling:		•					
Area Code/Phone Number (510) 272-8685       E-mail amy.shrago@acgov.org       Date of Original Filing:Month, Day, Year]         2. Function or Event Information Does the agency have a ticket policy? Event Description Bay Area Festival of Laughs Provide TobeExplanation       Face Value of Each Ticket/Pass \$93.0         Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       No [] Yes [] No []       Face Value of Each Ticket/Pass \$93.0         3. Recipients •Use Section A to identify the agency's department or unit. _atent each       •Use Section B to identify an Individual. _atent feet       •Use Section C to identify an outside organization. 		Designated Agency Contact (	Name, Title)				
Area Code/Phone Number (510) 272-8685       E-mail amy.shrago@acgov.org       Date of Original Filing:Month, Day, Year]         2. Function or Event Information Does the agency have a ticket policy? Event Description Bay Area Festival of Laughs Provide TobeExplanation       Face Value of Each Ticket/Pass \$93.0         Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       No [] Yes [] No []       Face Value of Each Ticket/Pass \$93.0         3. Recipients •Use Section A to identify the agency's department or unit. _atent each       •Use Section B to identify an Individual. _atent feet       •Use Section C to identify an outside organization. 		Amy Shrago					
C: Function or Event Information       Information       (Month, Day, Year)         2. Function or Event Information       Does the agency have a ticket policy? Yes □ No ☑       Face Value of Each Ticket/Pass \$			E-mail			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information       Does the agency have a ticket policy?       Yes □       No ⊠       Face Value of Each Ticket/Pass \$		(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month Day Year)
Does the agency have a ticket policy?       Yes □ No ⊠       Face Value of Each Ticket/Pass \$	2.	Function or Event Infor	nation				(worki, buy, rear)
Event Description       Bay Area Festival of Laughs Provide TitletExplanation       Date(s)       03       05       16         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors Name of Source         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith Official?         3. Recipients       •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(sy)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual dust Free       Number of Ticket(sy)       Identify one of the following:         Pass(es)       Ceremonial Role       Other       Income         Brown, Aisha       4       Ceremonial Role       Other       Income         If checking?       Describe the public purpose made pursuant to the agency's policy         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)?       Describe the public purpose made pursuant to the agency's policy					Face Value o	f Each Ticket/Pass \$	93.00
B.       Name of Agency. Department or Unit       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last First)       Ceremonial Role (Last First)       Income         Brown, Aisha       4       Ceremonial Role (Last of the public purpose made pursuant to the agency's policy         C.       Name of Outside Organization (Include address and description)       Number of Tecket(s)       Ceremonial Role (Last of the public purpose made pursuant to the agency's policy							
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Colden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith         3. Recipients       •Use Section B to identify an individual.       •Use Section B to identify an individual.       •Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (state first)       Ceremonial Role       One Z       Income         Brown, Aisha       4       Ceremonial Role       One Z       Income         If one Coldend Role       Official Role below:       To reward a County employee for his or her exemplary service the public or to encourage staff development       Income         If one difference       Ceremonial Role       Official Role below:       To reward a County employee for his or her exemplary service the public or to encourage staff development       Income         If oncide address and description       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy		Event Description	Provide Title/Exp	lanation	Date(s)		//
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Carson, Keith Officiel's Name (Last, First)         3. Recipients       •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.         A. Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of individual (Last First)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Brown, Aisha       Number of Ticket(s)       Identify one of the following: Pass(es)       Income         Brown, Aisha       4       Ceremonial Role of the colourity employee for his or her exemplary service the public or to encourage staff development       Income         C. Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy		Ticket(c)/Pass(cc) provided by			Golder	n State Warriors	
of agency official?       Official's Name (Last, First)         3. Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul> A. Name of Agency, Department or Unit         Number of Ticket(s)/ Pass(es)         Describe the public purpose made pursuant to the agency's policy           B. Name of Individual (Last First)         Number of Ticket(s)/ Pass(es)         Identify one of the following:           Brown, Aisha         4         Ceremonial Role Other Image for the public of the public of the reactive below:           To reward a County employee for his or her exemplary service the public or to encourage staff development         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		Ticket(s)/Fass(es) provided by	y agency?	Yes 🗋 No		Name of Sou	rce
of agency official?       Official's Name (Last, First)         3. Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul> A. Name of Agency, Department or Unit         Number of Techet(s) Pass(es)         Describe the public purpose made pursuant to the agency's policy           B. Name of Individual (Last First)         Number of Techet(s)/ Pass(es)         Identify one of the following:           Brown, Aisha         4         Ceremonial Role Other Image of the public or to encourage staff development           C. Name of Outside Organization (include address and description)         Number of Techet(s)/ Pass(es)         Income           C. Name of Outside Organization (include address and description)         Number of Techet(s)/ Pass(es)         Describe the public purpose made pursuant to the agency's policy			t the behest	No 🗌 Yes	If ves: Carso	on, Keith	
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Use Section C to identify an outside organization.     A. Name of Agency, Department or Unit     Number of     Trcket(s)     Pass(es)  B. Name of Individual     (Last Free  Brown, Aisha  C. Name of Outside Organization Number of     Trcket(s)     Trcket(s)     Pass(es)		of agency official?				Official's Name (L	ast, First)
A.       Name of Agency, Department or Unit       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last First)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       4       Ceremonial Role	3.						
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last Free)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       1       Ceremonial Role Other Income If checking 'Ceremonial Role '' Other' describe below:       Income         4       4       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 Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy	-	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
B.       Name of Individual (Last First)       Number of Ticks(§) Pass(es)       identify one of the following:         Brown, Aisha       4       Ceremonial Role Other Income if checking *Ceremonial Role or *Other * describe below:       Income         4       4       Ceremonial Role Other * describe below:       Income         Comparison       4       Ceremonial Role Other * describe below:       Income         Comparison       Ceremonial Role       Other *       Income         C.       Name of Outside Organization (include address and description)       Number of Ticks(§)* Pass(es)       Describe the public purpose made pursuant to the agency's policy		A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy
B.       Name of Undividual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       4       Ceremonial Role [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Other [] Income [] Other [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Other [] Income [] Income [] Other [] Other [] Income []							
B.       Name of Undividual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       4       Ceremonial Role [] Other [] Income [] Other [] Other [] Other [] Income [] Incom							
B.       Name of Undividual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       4       Ceremonial Role [] Other [] Income [] Other [] Other [] Other [] Income [] Incom							
B.       Name of Undividual (Last First)       Ticket(s)/ Pass(es)       Identify one of the following:         Brown, Aisha       4       Ceremonial Role [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Other [] Income [] Other [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Income [] Other [] Other [] Income [] Income [] Other [] Other [] Income []							
Pass(es)       Ceremonial Role       Other       Income         Brown, Aisha       4       Ceremonial Role       Other       Income         4       4       To reward a County employee for his or her exemplary service the public or to encourage staff development       Income         Ceremonial Role       Other       Other       Income         4       Ceremonial Role       Other       Income         6       Ceremonial Role       Other       Income         1       Income       Income       Income         1       Ceremonial Role       Other       Income         1       Income       Income       Income         1       Ceremonial Role       Other       Income         1       Ceremonial Role       Other       Income         1       Income       Income       Income         1       Ceremonial Role       Other       Income         Income       Income		B. Name of Individua	1	Ticket(s)/		Identify one of the followir	ng:
Brown, Aisha       4       If checking "Ceremonial Role" or "Other" describe below:         4       To reward a County employee for his or her exemplary service the public or to encourage staff development         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)?       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Income       Income       Income		(		Pass(es)			
4       To reward a County employee for his or her exemplary service the public or to encourage staff development         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         Describe the public purpose made pursuant to the agency's policy       Income		Brown, Aisha					
the public or to encourage staff development         Ceremonial Role       Other         Income         If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)         Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy		,		4			er exemplary service to
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy							
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy					Ceremonial Role	Other	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy					If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy							
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy					· · · · · · · · · · · · · · · · · · ·		
	(	C. Name of Outside Organi (include address and desc		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	-			Pass(es)			
				ļ			
4. Verification							
I have I gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	1	have i gula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
Amy Shrago Supervisor's Assistant 04/18/16		_ <u>/</u> *		Amy Shra	ago S	Supervisor's Assistant	04/18/16
ee Print Name Title (Month, Day, Year)				Print Name	e	Title	(Month, Day, Year)

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
A gamay Mama					
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	gion (If Applicab	le)		]	For Official Use Only
Board of Supervisors					
Designated Agency Contact	t (Name, Title)			1	
Amy Shrago					
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6695	amy.shrage	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🗌 No	🖾 🛛 Face Value	of Each Ticket/Pass \$ _	158.00
Event Description Bruce Sp	Provide Title/Ex	planation	Date(s)0	3 <u>, 13 ,</u> 16	//
Ticket(s)/Pass(es) provided		Yes 🗌 No	If no: Golde	n State Warriors	
Was ticket distribution made	at the heheet		- Care		burce
of agency official?	at the benest	No 🗌 Yes	If yes: Cars	Official's Name (	Last, First)
• Use Section A to identify the agen	icy's department o	r unit. • Use Ser	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
		1			
<u></u>					
B. Name of Individu (Last, Frst)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Last, Frst)	ual	Ticket(s)/	Ceremonial Role	Other 🛛	ing:
B. Name of Individu (Last, First) Simpson, Michelle	ual	Ticket(s)/	If checking "Ceremor	Other X ial Role" or "Other" describe below:	Income
(Last, Frst)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize	Other ial Role" or "Other" describe below: ance at an event held potential County reven	Income
(Last, Frst)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other ial Role" or "Other" describe below: ance at an event held potential County reven	Income [ at a County facility in nue from parking and cor
(Last, Frst)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Cther  Cther  Cther  Cther  Cther describe below: Cther describe below: Cther Cther Cther Cther  Ct	Income [ at a County facility in nue from parking and cor
(Last, Frst)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Cther  Cther  Cther  Cther  Cther describe below: Cther describe below: Cther Cther Cther Cther  Ct	Income
(Last, Frxt) Simpson, Michelle C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other  Other  Control of the series below: Control of the series below: Control of the series below: Control of the control of the series below: Control of the	Income
(Last, Frxt) Simpson, Michelle C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other  Other  Control of the series below: Control of the series below: Control of the series below: Control of the control of the series below: Control of the	Income
(Last, Frxt) Simpson, Michelle C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other  Other  Control of the series below: Control of the series below: Control of the series below: Control of the control of the series below: Control of the	Income C at a County facility in nue from parking and cor Income

_			Amy Shrago	Supervisor's Assistant	04/18/16
'/	U	_ '00	Print Name	Title	(Month, Day, Year)
<b>^</b>					

						in and bootamon
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	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				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	126.00
	Event Description Justin Biel	ber		Date(s) 03	, 18 , 16	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sc	
	Man ticket distribution made a	t the heheet		- Carso		burce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Carso	Official's Name	(Last, First)
2	Recipients					
. د	Use Section A to identify the agency	/'s department or	runit. • Use See	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	B. Name of Individua	I	Number of Ticket(s)/		Identify one of the follow	ing in the second s
	(Last, First)		Pass(es)			
	Music, Richard				Other X al Role" or "Other" describe below:	Income
			4	To promote attenda	nce at an event held	at a County facility in nue from parking and con
					Other	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Verification	tions 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance wi	th the requirements.
			Amy Shra	ago S	Supervisor's Assistant	t 04/18/16
	Signature of Agency Heaopr Designee		Print Name	e	Title	(Month, Day, Year)

A Public Document

Agency Name				Date Stamp	California 802
Alameda County					Form OOL
Division, Department, or Regi	ion (If Applicable	a)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)			-	
Amy Shrago, Supervisor's A	ssistant				
	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6695	amy.shrago(	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$ _	105.00
Event Description Andre War	d v. Sullivan I Provide Title/Expl	Barrera	Date(s)	3 , 26 , 16	/
Ticket(s)/Pass(es) provided by	adencv?	Yes 🗌 No	IX If no: Golde	n State Warriors	
(,, , , , , , , , , , , , , , , , , , ,				Name of So	ource
Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (	Last, First)
Recipients					
<ul> <li>Use Section A to identify the agency</li> </ul>	's department or L	init. • Use Se	ction B to identify an individ	al. • Use Section C to iden	tify an outside organization.
		Mumber of			
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
A. Name of Agency, Departmen		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	
A. Name of Agency, Departmen		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
A. Name of Agency, Departmen		Ticket(s)/ Pass(es)	Ceremonial Role		ing:
A. Name of Agency, Departmen		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role	Identify one of the follown	
A. Name of Agency, Departmen	ration	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremoni	Identify one of the following         Other         al Role" or "Other" describe below:         Other         Other	Ing Income
A. Name of Agency, Departmen B. Name of Individual (Losi First) C. Name of Outside Organiz	ration ription) nter 9925	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Identify one of the following         Other         al Role" or "Other" describe below:         Other         el Role" or "Other" describe below:         bl Role" or "Other" describe below:         ic purpose made pursuant	Ing Income

 Amy Shrago
 Supervisor's Assistant
 04/18/16

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

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)				
	Amy Shrago			Amondmont (Atust au	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail				ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information			•	
		Yes 🗌 No	🛛 🛛 Face Value o	of Each Ticket/Pass \$	600.00
	Event Description Warriors vs. Timberwolv	es	Date(s) 04	, 05 , 16	1 1
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	rce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso		
	of agency official?			Official's Name (La	ast, First)
3.	Recipients	<u> </u>		· · ·	
	Use Section A to identify the agency's department or u	init. • Use Sec	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	to the agency's policy
	14 -				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg.
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	_
			-	al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
	Oakland Technical High School 4351 Broadway Oakland CA 94611 Bublic Hi	4		or nonprofit organizatio	on for its contributions
	Broadway Oakland , CA 94611 Public Hi		to the community		· · · · ·
	Verification	19012 16000	rified that the distribution and fo	orth above, is in accordance with	the requirements
	<u> </u>	Amy Shra		Supervisor's Assistant	04/18/16
	//	r'nn Ndhit	<u>-</u>	( we	(Month, Day, Year)
	Comment:				
					FPPC Form 802 (4/12)

Agency Name					
Alamada County				Date Stamp	California 802
Alameda County					Form 002 For Official Use Only
Division, Department, or Region (	(If Applicable)				For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (Nam	e, Title)			1	4
Amy Shrago					
Area Code/Phone Number E-m	nail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695 am	ny.shrago@	)acgov.org		Date of Original Filing: .	(Month, Day, Year)
Function or Event Informat	ion				(monal, buy, real)
Does the agency have a ticket pol		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	650.00
Event Description Warriors vs. G	-			•	//
Event Description	ide Title/Explai	nation	Date(s)		//
Ticket(s)/Pass(es) provided by age	encv?	Yes 🗌 No	If no. Golder	n State Warriors	
				Name of Sou	irce
Was ticket distribution made at the	e behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (L	ast, First)
		Ticket(s)/ Pass(es)		lic purpose made pursuant	
		Number of			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng.
Caraan Kaith			Ceremonial Role		Income
Carson, Keith		3	-	al Role" or "Other" describe below:	a davalar
			ro promote tourism	as a form of economic	development
			Ceremonial Role	Other 🛛	
Brown, Aisha		F		al Role" or "Other" describe below:	
		5		employee for his or h ourage staff developme	er exemplary service to ent
C. Name of Outside Organizatio (include address and description		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
					<u>i</u>
Verifi				····	

Amy Shrago Supervisor's Assistant 04/18/16
Print Name Title (Month, Day, Year)

Comment: \_\_\_

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regio	n (If Applicabl	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Amy Shrago					
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org	4	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation		- B		
	Does the agency have a ticket	oolicy?	Yes 🗖 No	🛛 Face Value d	of Each Ticket/Pass \$	5000.00
	Event Description Warriors vs.	Rockets		Date(s)	4 <u>, 16 , 16 </u>	//
	ł	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	Was ticket distribution made at	the hohest		If yes: Carse		106
	of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
	Use Section A to identify the agency's     A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi	
					Ĩ	
	B. Name of individual	21 - 18	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng
		-		Ceremonial Role		Income
	Sanchez, Mina		4		ial Role" or "Other" describe below:	
					y employee for his or h ourage staff developm	er exemplary service to ent
		*1.			Other D	Income
(	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy

	Amy Shrago	Supervisor's Assistant	04/18/16
עקוופונטוס טו אישטונין וופויע טו שפטועוופט	Print Name	Title	(Month, Day, Year)

Comment: \_

**A Public Document** 

Agency Name				Date Stamp	California 802
Alameda County					the Party States of the second states of the
Division, Department, or Regio	on (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			-	
Amy Shrago, Supervisor's As	ssistant				
	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				N. CONTRACTOR
Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	134.00
Event Description Carrie Unde	erwood Provide Title/Exp		Date(s)	4 <u>,</u> 10 <u>,</u> 16	///////
		lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	ource
Was ticket distribution made at	the behest		If yes: Cars		
of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
• Use Section A to identify the agency's	s department or	unit. • Use See	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	t or Unit	Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	t or Unit	Ticket(s)/	Describe the put	lic purpose made pursuan	
A. Name of Agency, Departmen B. Name of Individual (Last, First)	it or Unit	Ticket(s)/ Pass(es)	Ceremonial Role	Ident:fy one of the follow	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow D Other X iei Role" or "Other" describe below:	ning:
A. Name of Agency, Departmen B. Name of Individual (Last, First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a Count the public or to enc	Identify one of the follow Other iel Role" or "Other" describe below: y employee for his or ourage staff developm	ing: Income her exemplary service t
A. Name of Agency, Departmen B. Name of Individual (Last, First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a Count the public or to enc Ceremonial Role	Identify one of the follow Other iel Role" or "Other" describe below: y employee for his or ourage staff developm	ing: Income her exemplary service t
A. Name of Agency, Departmen B. Name of Individual (Last, First)	ation	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a Count the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the follow         Other         Other         Ial Role" or "Other" describe below:         y employee for his or         ourage staff developm         Other         Other	ing: Income her exemplary service t nent Income
A. Name of Agency, Departmen B. Name of Individual (Last, First) Sanchez, Mina C. Name of Outside Organiz	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a Count the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the follow Other S iel Role" or "Other" describe below: y employee for his or ourage staff developm Other Other iel Role" or "Other" describe below:	ing: Income her exemplary service f nent Income
A. Name of Agency, Departmen B. Name of Individual (Last, First) Sanchez, Mina C. Name of Outside Organiz	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a Count the public or to enc Ceremonial Role If checking "Ceremon	Identify one of the follow Other S iel Role" or "Other" describe below: y employee for his or ourage staff developm Other Other iel Role" or "Other" describe below:	ing: Income her exemplary service f nent Income

 Amy Shrago
 Supervisor's Assistant
 04/18/16

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

(510) 272-6695 <b>Function or Event Inform</b> Does the agency have a ticket	Name, Title)	·		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Regin Board of Supervisors Designated Agency Contact (/ Amy Shrago, Supervisor's A Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	Name, Title) ssistant E-mail			-	And the second sec
Board of Supervisors Designated Agency Contact (/ Amy Shrago, Supervisor's A Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	Name, Title) ssistant E-mail	·		-	For Official Use Only
Designated Agency Contact (/ Amy Shrago, Supervisor's As Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	ssistant E-mail			-	1
Designated Agency Contact (/ Amy Shrago, Supervisor's As Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	ssistant E-mail			-	
Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	E-mail				
Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticket	E-mail				
(510) 272-6695 <b>Function or Event Inform</b> Does the agency have a ticket			<u> </u>	Amendment (Must p	provide explanation in Part 3.)
Does the agency have a ticket		cgov.org		Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket					(Wohul, Day, fear)
		s⊡ No	Face Value o	of Each Ticket/Pass \$ _	75.50
Class Reur			—		
Event Description Class Reur	Provide Title/Explanat	ion	Date(s)		//
Ticket(s)/Pass(es) provided by		—	Golde	n State Warriors	
Tickel(s)/Pass(es) provided by	agency: Ye	s 🗌 No		Name of So	urce
Was ticket distribution made at	t the behest N	o 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (	Last, First)
• Use Section A to identify the agency'	's department or unit.	• Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
R Name of Individual		Sumber of			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
(Lest, First)		Ticket(s)/	Ceremonial Role	Other	
B. Name of Individual (Lest, First) Brown, Aisha		Ticket(s)/	If checking "Ceremon	Other X al Role" or "Other" describe below:	
(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a County	Other X al Role" or "Other" describe below:	Income [
(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To reward a County the public or to enc Ceremonial Role	Other  al Role" or "Other" describe below: memployee for his or h	Income [ ner exemplary service to nent

Comment: -

1. /	Agency Name				Date Stamp	California 003
/	Alameda County					Form OUZ
Ī	Division, Department, or Reg	ion (If Applicab	le)		-	For Official Use Only
E	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			4	
	Anna Gee					
_	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(	510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Inform	mation				(Monut, Day, Tear)
C	oes the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	27.00
_	event Description Oakland A	's v. Angels		Date(s)		04 , 11 , 16
E	vent Description	Provide Title/Exp	planation	Date(s)		
Т	icket(s)/Pass(es) provided by	vagencv?	Yes 🗌 No	If no: Oaklar	nd A's	
	·····(·)·· ···(·) p···········	, agonoj :			Name of So	ource
	Vas ticket distribution made a	t the behest	No 🗌 Yes	If yes: Nate	Miley	4
	of agency official?				Official's Name	(Last, First)
	Recipients					
	Use Section A to identify the agency		Number of	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
-	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
0	County Administrator's Offic	e	2	To reward a County the public	employee for his or	her exemplary service to
E	3. Name of Individua (Last First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ńng:
				Ceremonial Role	Other Char describe below:	Income
_				Ceremonial Role [	Other describe below:	Income
C	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	t to the agency's policy
					·	
-		4.1 and	i 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
			Anna G		Operations Chief	4/11/16
-		_	Print Nam	e	Title	(Month, Day, Year)
С	omment:					

A Public Document

. Agency Name					
				Date Stamp	California 802
Alameda County					Form OU2
Division, Department, or Re	gion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	t (Name, Title)		<u> </u>	-	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing	(Month, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick	-	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	5,000
Event Description Warriors	vs. Rockets		Date(s) 04	, 27 , 16	/
	Provide Title/Exp	anation	Date(3)		//
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				Name of So	
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
1993 - 19		Ticket(s)/ Pass(es)		4	
B. Name of Individu	Ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Last, First)	ial	Ticket(s)/	Ceremonial Role		ring:
B. Name of Individu (Lest, First) Castillo, Patricia	ral	Ticket(s)/ Pass(es)	If checking "Ceremoni	Other X al Role" or "Other" describe below:	Income [
(Last, First)	Ial	Ticket(s)/	If checking "Ceremoni	Other X al Role" or "Other" describe below:	
(Lest, First)	ıal	Ticket(s)/ Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below: unity volunteer for her	Income [
(Last, First)	Ial	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu Ceremonial Role	Other  Conternation of the service	Income [ service to the public.
(Lest, First)	Ial	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu Ceremonial Role	Other  Conternation of the service	Income
(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu Ceremonial Role [ If checking "Ceremoni To reward a commu	Other  Conternation of the service	Income [ service to the public. Income [ service to the public.
(Lest, First) Castillo, Patricia Godinez, Margartia C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To reward a commu Ceremonial Role [ If checking "Ceremoni To reward a commu	Other al Role" or "Other" describe below: unity volunteer for her Other al Role" or "Other" describe below: unity volunteer for her	Income [ service to the public. Income [ service to the public.
(Lest, First) Castillo, Patricia Godinez, Margartia C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To reward a commu Ceremonial Role [ If checking "Ceremoni To reward a commu	Other al Role" or "Other" describe below: unity volunteer for her Other al Role" or "Other" describe below: unity volunteer for her	Income service to the public. Income ( service to the public.
(Lest, First) Castillo, Patricia Godinez, Margartia C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To reward a commu Ceremonial Role [ If checking "Ceremoni To reward a commu	Other al Role" or "Other" describe below: unity volunteer for her Other al Role" or "Other" describe below: unity volunteer for her	Income [ service to the public. Income [ service to the public.

Nancy Sa

Print Name

(Month, Day, Year)

Includes a parking pass at the value of \$40. Comment:

Signature of Agency Head or Designee

Supervisor's Assistant

Title

A Dublis D

U		s and no	neur a33	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					and Stranger
	Division, Department, or Regi	on (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)			-	
	Nancy Sa					
		E-mail	Amendment (Must pl	rovide explanation in Part 3.)		
		nancy.sa@a	acaov.ora		Date of Original Filing: .	(Marthe Day) V(aa)
2	Function or Event Inform					(Month, Day, Year)
۷.	Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	5,000
	Event Description Warriors vs	8. Rockets Provide Title/Expl	anation	Date(s)	F 10 10	//
			Yes 🗌 No	Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	n State Warriors Name of Sou	urce		
	Was ticket distribution made at	the behest	No 🗌 Yes		, Richard- Supervisor [	
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients		·····			
	• Use Section A to identify the agency	's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					C	
					<u></u>	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other 🛛	Income
	Riener, Eileen		4	-	ial Role" or "Other" describe below:	
				To reward a comm	unity volunteer for her	service to the public.
				Ceremonial Role	Other D	
					ial Role" or "Other" describe below:	Income
			4			
	Name of Outside Organiz	otion	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification					
	I have read and understand FPPC Regula	tions 18944.1 and				the requirements. $d(x, y) = d(x, y)$
1			Nancy S		Supervisor's Assistant	4128116
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

(Month, Day, Year)

Comment: \_\_\_\_\_\_ Includes a parking pass at the value of \$40.

Comment: \_\_\_\_

. Agency N				Distributions		A Public Documer	
					Date Stamp	California 802	
	Alameda County					ronn	
Division, De	partment, or Reg	<b>gion</b> (If Applicat		For Official Use Only			
Board of Su	upervisors						
Designated	Agency Contact	(Name, Title)			-		
Nancy Sa							
-	hone Number	E-mail			Amendment (Mus	t provide explanation in Part 3.)	
(510) 272-6	692	nancy.sa@	)acgov.org		Date of Original Filing	(Month, Day, Year)	
. Function	or Event Infor	mation	<u> </u>			(month, Day, Tear)	
Does the age	ency have a ticke	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	5,000	
E	Warriors v	/s. Rockets		-	4 _ 16 _ 16		
Event Description			planation	Date(s)		//	
Ticket(s)/Pas	ss(es) provided b	v agency?	Yes 🗌 No	IM If no. Golde	en State Warriors		
					Name of S		
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle,			, Richard- Supervisor	r District 2			
of agency of					Official's Name	e (Last, First)	
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
				ntion D to identify on individ	ual  Ilse Section C to ide	entify an outside organization.	
Use Section A	to identify the agenc	y's department o		Coolin B to identity an individ		,	
Use Section A	to identify the agenc		r unit. ● Use Sec Number of Ticket(s)/ Pass(es)		olic purpose made pursua		
Use Section A			Number of Ticket(s)/				
Use Section A			Number of Ticket(s)/				
Use Section A		ent or Unit	Number of Ticket(s)/			nt to the agency's policy	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow	nt to the agency's policy wing:	
• Use Section A A. Name of	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow	nt to the agency's policy wing:	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow	nt to the agency's policy wing:	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the follow	nt to the agency's policy wing: Income	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role	Identify one of the follow	nt to the agency's policy wing: Income	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role	Identify one of the follow	nt to the agency's policy wing: Income	
• Use Section A A. Name of B.	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role	Identify one of the follow	nt to the agency's policy wing: Income	
Use Section A     A. Name of     B.     Otero, Heys     C. Name	of Agency, Departme Name of Individua (l.ast, Fust)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Identify one of the follow	nt to the agency's policy wing: Income er service to the public. Income	

Event Description       Class Reunion Provide TitleExplanation       Date(s)       04       23       16		is and no	NEUL 499	Distributions		A Public Document
Alameda County       Pro Ondra Lae Duty         Division, Department, or Region (// Applicable)       Pro Ondra Lae Duty         Board of Supervisors       Designated Agency Contact (Name, Title)         Nancy Sa       Amendment (Must provide explanation in Part 3)         Area Code/Phone Number       E-mail         (510) 272-5692       Date of Original Filling:         2. Function or Event Information       Describe agency have a ticket policy?         Does the agency have a ticket policy?       Yes D         Provide TibeExplanation       Date(s) 04 / 23 / 16         Ticket(s)/Pass(es) provided by agency?       Yes D         Vas Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         A name of Individual       A name of agency fical?       Describe the public purpose made pursuant to the agency's policy         A name of Outside Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         A name of Individual       A       Commonia Role       Other Dia       Income         James, Amanda       4       Commonia Role       Other Dia       Income </th <th>1. Agency Name</th> <th></th> <th></th> <th></th> <th>Date Stamp</th> <th>California 802</th>	1. Agency Name				Date Stamp	California 802
Diversion, Department, or Region (In Applicable)         Board of Supervisors         Designated Agency Contact (Name, 78e)         Nancy Sa         Area Code/Phone Number         [610] 272-6692         Diversion of Event Information         Does the agency have a ticket policy?         Yes ID       Face Value of Each Ticket/Pass §         Event Description       Class Reunion         Does the agency have a ticket policy?       Yes ID         Provide Tible/Colonation       Date (s)         Provide Tible/Colonation       Date (s)         Was ticket distribution made at the behest       No ID         Ves Extink to identify the agency?       Yes ID         Ves Extink to identify the agency's department or unit.       • Use Section 8 to identify an individual.         • Use Section No identify the agency's department or unit.       • Use Section 8 to identify an outside organization.         A mane of Agency, Department or Unit       Number of Telestey         Identify one of the following:       Identify one of the following:         James Amanda       4         Ceremonial Role       Other ID         James, Amanda       4         Ceremonial Role       Other ID         Identify one of the following:       Income         Identing Pa	Alameda County			A resolution		
Designated Agency Contact (Nume, 706)         Nancy Sa         Area Code/Phone Number (510) 272-6692         E-mail (510) 272-6692         E-mail Does the agency have a ticket policy? Event Description Provide TotleExploration Provide TotleExploration Provide TotleExploration Provide TotleExploration         Date (6) 04 / 23 / 16 Provide TotleExploration Provide TotleExploration         Date(s) 04 / 23 / 16 Provide TotleExploration Ticket(s)/Pass(es) provided by agency? Yes    No    Yes	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
Designated Agency Contact (Nume, 706)         Nancy Sa         Area Code/Phone Number (510) 272-6692         E-mail (510) 272-6692         E-mail Does the agency have a ticket policy? Event Description Provide TotleExploration Provide TotleExploration Provide TotleExploration Provide TotleExploration         Date (6) 04 / 23 / 16 Provide TotleExploration Provide TotleExploration         Date(s) 04 / 23 / 16 Provide TotleExploration Ticket(s)/Pass(es) provided by agency? Yes    No    Yes	Roard of Supervisors					
Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org       Date of Original Filing:	-	Name, Title)			4	
Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org       Date of Original Filing:	Nancy Sa					
2. Function or Event Information       Does the agency have a ticket policy? Yes I No       Face Value of Each Ticket/Pass \$75.50         Event Description       Class Reunion       Date(s)       04       23       16       /         Provide TibleExplanation       If no:       Golden State Warriors       Marrie of Source       Name of Source         Was ticket distribution made at the behest       No Yes I       No Yes I frees:       Valle, Richard-Supervisor District 2         • Use Section A to identify the agency's department or unit       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(#)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (section A to identify an edgency is department or Unit       Number of Ticket(#)       Describe the public purpose made pursuant to the agency's policy         James, Arnanda       4       Ceremonial Rol Or Other Marking and eventhe held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Rol Organization (include address and description)       Number of To promote attendance at an eventhe held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Rol Organization (include address and description)       Number of Pass(re)       Describe the public purpose m	•	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information       Does the agency have a ticket policy? Yes I No       Face Value of Each Ticket/Pass \$75.50         Event Description       Class Reunion       Date(s)       04       23       16       /         Provide TibleExplanation       If no:       Golden State Warriors       Marrie of Source       Name of Source         Was ticket distribution made at the behest       No Yes I       No Yes I frees:       Valle, Richard-Supervisor District 2         • Use Section A to identify the agency's department or unit       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(#)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (section A to identify an edgency is department or Unit       Number of Ticket(#)       Describe the public purpose made pursuant to the agency's policy         James, Arnanda       4       Ceremonial Rol Or Other Marking and eventhe held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Rol Organization (include address and description)       Number of To promote attendance at an eventhe held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Rol Organization (include address and description)       Number of Pass(re)       Describe the public purpose m	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
Event Description       Class Reunion       Date(s)       04       23       16	2. Function or Event Infor	mation			· · · · · · · · · · · · · · · · · · ·	
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard- Supervisor District 2         Official?       Official?       Official?       Official Name (Last, First)         3. Recipients       • Use Section A to Identify the agency's department or unit.       • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         A. Name of Agency, Department or Unit       Number of Tecket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual Case first       Number of Tecket(s)/ Pass(es)       Identify one of the following:       Income         James, Amanda       4       Ceremonial Rate       Other       Income       Income         If deeding 'Ceremonial Rate       Other       Ceremonial Rate       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income       Income       Income       Income       Income       Income       Income </td <td>Does the agency have a ticke</td> <td>t policy?</td> <td>Yes 🛛 No</td> <td>Face Value o</td> <td>of Each Ticket/Pass \$</td> <td>75.50</td>	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	75.50
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard- Supervisor District 2         Official?       Official?       Official?       Official Name (Last, First)         3. Recipients       • Use Section A to Identify the agency's department or unit.       • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         A. Name of Agency, Department or Unit       Number of Tecket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual Case first       Number of Tecket(s)/ Pass(es)       Identify one of the following:       Income         James, Amanda       4       Ceremonial Rate       Other       Income       Income         If deeding 'Ceremonial Rate       Other       Ceremonial Rate       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income       Income         If deeding 'Ceremonial Rate       Other       Income       Income       Income       Income       Income       Income       Income       Income       Income </td <td>Event Description Class Reu</td> <td>nion</td> <td></td> <td>Data(a) 04</td> <td>· , 23 , 16</td> <td>1 1</td>	Event Description Class Reu	nion		Data(a) 04	· , 23 , 16	1 1
Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard-Supervisor District 2 Official's Name (Last, First)         3. Recipients - Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, Find)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         James, Amanda       4       Ceremonial Role	Event Description	Provide Title/Expl	anation	Date(s)	//	/
Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard-Supervisor District 2 Official's Name (Last, First)         3. Recipients - Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         James, Amanda       4       Ceremonial Role Other Z       Income         4       Ceremonial Role Other describe below:       Income         4       Ceremonial Role	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golder	n State Warriors	
of agency official?       Official's Name (Last, First)         3. Reccipients       •Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         James, Amanda       4       Ceremonial Role Official Provide at a revent held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Role Official Role Official Role Office Office of Other describe below:       Income         4       Ceremonial Role Official Role Office of Other describe below:       Income         4       Ceremonial Role Office of Other describe below:       Income         4       Ceremonial Role Office of Other describe below:       Income         4       Ceremonial Role of Other describe below:       Income         6       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       Income       If detecting Ceremonial Role of 'Other' describe below:       Income         4       Income of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the p		, , ,		_	Name of Sou	rce
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 Tecket(sy)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last Reid)       Number of Tecket(sy)       Identify one of the following:         James, Amanda       4       Ceremonial Role Other Methods and the distribution at an event held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Role Other Intervenue from sales.       Income       Income         4       Ceremonial Role Other Intervenue from sales.       Income       Income         4       Ceremonial Role Other Intervenue from sales.       Income       Income         4       Ceremonial Role Other Intervenue from sales.       Income       Income         4       Ceremonial Role Other Intervenue from sales.       Income       Income         4       Ceremonial Role Other Intervenue from sales.       Income         4       Ceremonial Role Other Intervenue from sales.       Income         4       Ceremonial Role Other Intervenue from sales.       Income         4       Tecket(sy)       Describe the public purpose made pursuant to the agency's policy		it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2
- Use Section A to identify the agency's department or unit     - Use Section B to identify an individual.     - Use Section C to identify an outside organization.	or agency onicial?				Official s Name (L	
A.       Name of Agency, Department or Unit       Number of Ticket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last Read)       Number of Ticket(s)/Pass(es)       Identify one of the following:         James, Arnanda       Number of tricket(s)/Pass(es)       Ceremonial Role       Other       Income         James, Arnanda       4       Ceremonial Role       Other       Income       Income         V docking Ceremonial Role       Other       Income       Income       Income         4       Opmote attendance at an event held at a County facility in order to maximize potential revenue from sales.       Income         4       Order to maximize potential Role       Other       Income         1/ checking 'Ceremonial Role       Other       Describe the public purpose made pursuant to the agency's policy         4       Namcy Sa       Superv	-	den entre entre entre en		stion Dás identifican individu	al - Llas Castina C to ida-ti	f4_1
Pass(es)         B.       Name of Individual (Last, Fied)       Number of Teket(s)?       Identify one of the following:         James, Amanda       4       Ceremonial RoleOtherIn			Number of			
B.       Name of Outside Organization (include address and description)       Ticket(s)/ Pass(es)       Identify one of the following:         James, Amanda       4       Ceremonial Role Other IM Income If checking "Ceremonial Role" or "Other" describe below:       Income         James, Amanda       4       Ceremonial Role Other IM Income       Income         Image: Ceremonial Role       Other						
(Last. First)       Pass(ee)       Letter of the full	B. Name of Individua				Identify one of the followi	
James, Amanda       4       If checking "Ceremonial Role" or "Other" describe below:         To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.       Income         4       Ceremonial Role       Other       Income         4       If checking "Ceremonial Role" or "Other" describe below:       Income         4       If checking "Ceremonial Role" or "Other" describe below:       Income         6       Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         6       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agency's policy         9       Pass(es)       Describe the public purpose made pursuant to the agenc	(Last, First)					
4       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       If checking "Ceremonial Role" or "Other" describe below:         C.       Namber of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       If checking "Ceremonial Role" or "Other" describe below:         4       Describe the public purpose made pursuant to the agency's policy         Pass(es)       If checking "Ceremonial Role" or "Other" describe below:         4       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other" describe below:         4       If checking "Ceremonial Role" or "Other	James, Amanda		4	If checking "Ceremoni To promote attenda	ance at an event held a	
C. Name of oblistic organization (include address and description)     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     A. 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     4[22]			4			Income
I have read and understand FPPC Reculations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.          Nancy Sa       Supervisor's Assistant       4/28/1				Describe the publ	lic purpose made pursuant t	o the agency's policy
Nancy Sa Supervisor's Assistant 4[28]						
	i have read and understand FPPC Regul	ations 18944.1 and				the requirements.
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	Signature of Agency Head or Designee		Nancy S		Supervisor's Assistant	414119
	Comment:					

eremonial Role Even				· · · · · · · · · · · · · · · · · · ·	A Public Docume
Agency Name		Date Stamp	California 802		
Alameda County			Form CO2		
Division, Department, or Reg	<b>jion</b> (If Applicab	le)			
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)			1	
Nancy Sa				- <u> </u>	
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide 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, rear)
Does the agency have a ticke		Yes 🗵 No	Eace Value o	of Each Ticket/Pass \$	134.00
Carria Lla					
Event Description	lanation	Date(s)4	, 10 , 16	///	
		In X If no: Golden State Warriors			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	o X If no:		
Was ticket distribution made a	No 🗋 Yes 🛛 🛛 🏼 If yes: Valle		Richard- Supervisor D	District 2	
of agency official?			нусэ	Richard- Supervisor D	ast, First)
Recipients					
Use Section A to identify the agenc	y's department or	unit. • Use Se	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)/ Describe the pub Pass(es)		lic purpose made pursuant t	o the agency's policy
B. Name of Individual		Number of			_
(Last First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	•
			Ceremonial Role		Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
O Name of Outside Organization		Number of			
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Union City Kido Zana			To provide the t		
Union City Kids Zone 725 Whipple Rd, Union City	CA 94587	4		nce at an event held at otential revenue from s	
725 Whipple Rd, Union City, CA 94587		<u> </u>			
Provide after school programs for youth					
and family services in Decoto.					
Verification					
	17744.1 and	( 18942.   have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
<u> </u>		Nancy S	Sa s	Supervisor's Assistant	4/28/10
Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
Comment:					

eremonial Role Events			A Public Documen
Agency Name		Date Stamp	California 802
Alameda County			Form OOZ For Official Use Only
Division, Department, or Region	(If Applicable)		
Board of Supervisors			
Designated Agency Contact (Nam	e, Title)		
Nancy Sa			
Area Code/Phone Number E-n	nail	Amendment (	Must provide explanation in Part 3.)
(510) 272-6692 na	ncy.sa@acgov.org	Date of Original F	iling:
Function or Event Informat	ion		
Does the agency have a ticket pol	licy? Yes 🛛 No	Face Value of Each Ticket/Pass	s \$ 30.00
	s. Houston Astros	Date(s) 2916	//
Ticket(s)/Pass(es) provided by ag		If no: Oakland A's	e of Source
Was ticket distribution made at the	béhost		
of agency official?	e behest No 🗌 Yes	If yes: Valle, Richard- Supervi	ame (Last, First)
Recipients			
_	partment or unit. • Use Se Number of	ction B to identify an individual. • Use Section C to	o identify an outside organization.
A. Name of Agency, Department or	Unit Ticket(s)/ Pass(es)	Describe the public purpose made pur	suant to the agency's policy
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the fo	pllowing:
Elizabeth Chavez		Ceremonial Role D Other X	
	2	To reward a community volunteer for	
		Ceremonial Role 🛄 Other 🛄	
	2	Ceremonial Role D Other If checking "Ceremonial Role" or "Other" describe b	
			Income
C. Name of Outside Organizatio (include address and description	n Number of		elow:
C. Name of Outside Organizatio (include address and description	n Number of On) Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	elow:
C. Name of Outside Organizatio (include address and description	n Number of On) Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	elow:
(include address and description	n Number of On) Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	elow:
C. Name of Outside Organizatio (include address and description Verification	n Number of Ticket(s)/ Pass(es)	If checking "Ceremonial Role" or "Other" describe b	elow: suant to the agency's policy

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6692 Date of Original Filing: nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 47.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Oakland A's vs. Houston Astros 30 04 16 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Lasi First) Pass(es) Ceremonial Role Other X Income Misty Marshall If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for her service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

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
 4/22010

 Signature of Agency Head or Designee
 Print Name
 Title
 4/22010

Comment: \_

_	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Documer		
1.	Agency Name				Date Stamp	California 802		
	Alameda County				A CARACTER AND A			
	Division, Department, or Reg	ion (If Applicable	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@	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation		·		(Month, Day, Tear)		
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	30.00		
	- Oakland A	's vs. LA Ang			, 11 , 16			
	Event Description Oakland AS VS. LA Angels Date(s) Date(s)					//		
	Ticket(s)/Pass(es) provided by agency?			If no: Oaklar	nd A's			
		,	Yes 🗌 No		Name of So			
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2		
	of agency official?				Official's Name (I	Last, First)		
3.	• Use Section A to identify the agenc	v's department or	al a Use Section C to iden	ify an outside organization				
			Number of					
	A. Name of Agency, Departme	Name of Agency, Department or Unit Ticke Pass			Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng:		
			Pass(es)					
				Ceremonial Role If checking "Ceremoni	Other L al Role" or "Other" describe below:	Income		
				Ceremonial Role	Other describe below:	Income		
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
	Viola Blythe 37365 Ash St, Newark, CA	94560	2	To reward a non-pro community.	ofit organization for its	contributions to the		
	Provides social and human those in need.	services to						
	Verification							
	I have read and understand EPPC Recui	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	· · · · · · · · · · · · · · · · · · ·		
			Nanov S	20	Superviser's Aide	41260111		

Comment: \_

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail		<u> </u>		provide explanation in Part 3.)
_	(510) 272-6692	Nancy.Sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	30.00
	Event Description Oakland A	's vs. LA Ang Provide Title/Expl	els Ianation	Date(s)	, 12 , 16	//
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Oaklar	nd A's Name of So	nurce
	Was ticket distribution made a	t the behest	No 🗌 Yes	Valle,	Richard- Supervisor	
	of agency official?		NO LI Tes	If yes:	Official's Name	(Last, First)
	B. Name of Individua (Last. First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other Other al Role" or "Other" describe below:	Income
				Ceremonial Role	Other D	Income
	C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Viola Blythe 37365 Ash St, Newark, CA 9	94560	2	To reward a non-pro community.	ofit organization for its	s contributions to the
	Provides social and human s those in need.	services to				
4.	Verification		· · · · · · · · · · · · · · · · · · ·	· · · · ·	·····	

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

	Nancy Sa	Supervisor's Aide	4 nelle
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

il Use Only in Part 3.) aar) 40.00
in Part 3.) əər)
əar)
əar)
əar)
əar)
40.00 _/
_/
anization.
oolicy
Income
Income
olicy
to the
relle
h. Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Nancy.Sa@acgov.org (Month, Day, Year) 2. Function or Event Information 38.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Oakland A's vs. Kansas City Royals Date(s) \_\_\_\_\_16 16 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) **Optimist Club** To reward a non-profit organization for its contributions to the 2 Po Box 402, Newark, CA 94560 community. Provides various programs for youth that promote civic engagement 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.

4 	Nancy Sa	Supervisor's Aide	4/nelle
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

		5 Distributions		A Public Documen	
Agency Name			Date Stamp	California 802	
Alameda County				Tom	
Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)			-	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	Nancy.Sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor			<u> </u>		(Month, Day, Year)
Does the agency have a ticke		f Each Ticket/Pass \$ _	40.00		
O a la la se di A	's vs. Kansas	Yes X No City Royals			
Event Description	Provide Title/Expl		//		
Ticket(s)/Pass(es) provided b			If no: Oaklar	nd A's	
nereilan assies) hinning n	Yes 🗌 No		Name of So		
Was ticket distribution made a	at the behest	No 🗌 Yes	If ves: 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	y's department or i	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)					
(Last, First)	0	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
(Last, First)		Ticket(s)/		Identify one of the followi	
D. (Last, First)		Ticket(s)/	If checking "Ceremoni	Other	Income
C. Name of Outside Organi (include address and desc	zation	Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Other  al Role" or "Other" describe below:  Other  Other	Income
(Last, First)	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ	Other	Income Income
(Last, First) C. Name of Outside Organi (include address and dest Optimist Club	ization cription) 560	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ	Conter Conter Conter describe below: Conter	Income Income
C. Name of Outside Organi (include address and desc Optimist Club Po Box 402, Newark, CA 94 Provides various programs f promote civic engagement Verification	ization cription) 560 or youth that	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a non-pro community.	Other  al Role" or "Other" describe below:  Other  Other  Role" or "Other" describe below:  c purpose made pursuant  ofit organization for its	Income
C. Name of Outside Organi (include address and desc Optimist Club Po Box 402, Newark, CA 94 Provides various programs f promote civic engagement	ization cription) 560 or youth that	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a non-pro community.	Other  al Role" or "Other" describe below:  Other  Other  Role" or "Other" describe below:  c purpose made pursuant  ofit organization for its	Income In
C. Name of Outside Organi (include address and desc Optimist Club Po Box 402, Newark, CA 94 Provides various programs f promote civic engagement Verification	ization cription) 560 or youth that	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a non-pro community.	Other  al Role" or "Other" describe below:  Other  Other  Role" or "Other" describe below:  c purpose made pursuant  ofit organization for its	Income

7	Agonour Nomo						
1	Agency Name		Date Stamp	California 802			
	Alameda County		_	Form OUL			
	Division, Department, or Regi	<b>on</b> (It Applicabl		i el ellicita de elliy			
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)					
	Nancy Sa						
	Area Code/Phone Number  E-mail				Amendment (Must pl	rovide explanation in Part 3.)	
	(510) 272-6692	Nancy.Sa@	acgov.org)		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				(month, Day, rear)	
	Does the agency have a ticket policy? Yes X No			☐ Face Value of	of Each Ticket/Pass \$	32.00	
	– L Oakland A's		_				
	Event Description Oakland A's vs. Kansas City Royals Provide Title/Explanation			Date(s)	<u> </u>	//	
	Ticket(s)/Pass(es) provided by agency?		V 🗖 N	If no: Oakla	nd A's		
	noner(o)/1 abb(cb) provided by	Yes 🗌 No	Name of Source				
	Was ticket distribution made at the behest No I Yes I If yes: Valle			, Richard- Supervisor [	District 2		
	of agency official?			,	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency'	s department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	10:	
	(Last First)		Pass(es)			·9·	
				Ceremonial Role		Income	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
				Ceremonial Role	Other describe below:	Income	
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the public	lic purpose made pursuant t	o the approve policy	
	(include address and descr	ription)	Pass(es)		ne karkese mare hristiglit t	o the agency s policy	
	Optimist Club Po Box 402, Newark, CA 94560		2	To reward a non-pro	ofit organization for its	contributions to the	
	Provides various programs fo promote civic engagement	r youth that					
	Verification						
	I have read and understand FPPC Regulat	ions 18944.1 and	18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	/		Nancy S	Sa	Supervisor's Aide	4/2011	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	

eremonial R				Bistibutions		A Public Docume
. Agency Name	e				Date Stamp	California 802
Alameda Count	ty					
Division, Depart	ment, or Reg	ion (If Applicat	ole)		1	For Official Use Only
Board of Super	visors					
Designated Ager	ncy Contact	(Name, Title)			-1	
Nancy Sa						
Area Code/Phon	e Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692		nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or E	vent Infor	mation				
Does the agency	have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$52.00
Event Descriptior	Oakland A	's vs. Chicag	go White Sox		04 , 04 , 16	
Event Description	·	Provide Title/Ex	planation	Date(s)		/
Ticket(s)/Pass(es	s) provided b	y agency?	Yes 🗍 No	If no: Oakl	and A's	
		•••			Name of So	
Was ticket distribution of agency official		t the behest	No 🗌 Yes	If yes: Vall	e, Richard- Supervisor Official's Name (	District 2
Recipients						
• Use Section A to ide	entity the agency	/'s department o	runit. • Use Se	ction B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
			Number of			
A. Name of Age	ency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
			Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
	ency, Departme me of Individua (Last First)		Ticket(s)/	Describe the pu	Iblic purpose made pursuant	
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Describe the pu	Identify one of the follow	
	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow           Other         Image: Other image: Oth	ing:
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	ing:
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm	Identify one of the follow Other  nial Role" or "Other" describe below: Dunity volunteer for his	Income [ service to the public.
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role	Identify one of the follow Other  nial Role" or "Other" describe below: Dunity volunteer for his	Income Iservice to the public.
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role	Identify one of the follow Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other	Income Iservice to the public.
B. Nar	ne of Individua		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role	Identify one of the follow Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other	ing: Income service to the public.
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow Other  Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other  Dinial Role" or "Other" describe below:	ing: Income service to the public. Income
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow         Other         Other         nial Role" or "Other" describe below:         nunity volunteer for his         Other	ing: Income [ service to the public. Income [
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow Other  Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other  Dinial Role" or "Other" describe below:	ing: Income service to the public. Income
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow Other  Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other  Dinial Role" or "Other" describe below:	ing: Income service to the public. Income
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow Other  Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other  Dinial Role" or "Other" describe below:	ing: Income service to the public. Income
B. Nar McEvoy, Kenny	ne of Individua (Last First)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	Identify one of the follow Other  Other  Inial Role" or "Other" describe below: Dunity volunteer for his Other  Other  Dinial Role" or "Other" describe below:	ing: Income service to the public. Income

# Nancy SaSupervisor's Assistant#15109Signature of Agency Head or DesigneePrint NameTitle(Month, Day, Year)

Date Stamp       California Form       802         For Official Use Only       For Official Use Only         Amendment (Must provide explanation in Part 3.)       Date of Original Filing:
For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) Aris Name of Source (Month, Day, Year) (Month,
Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$
(Month, Day, Year) Each Ticket/Pass \$
ach Ticket/Pass \$
02 16 , A's Name of Source ichard- Supervisor District 2 Official's Name (Last, First) • Use Section C to Identify an outside organization.
A's Name of Source ichard- Supervisor District 2 Official's Name (Last, First) • Use Section C to identify an outside organization.
Name of Source ichard- Supervisor District 2 Official's Name (Last, First) • Use Section C to identify an outside organization.
Name of Source ichard- Supervisor District 2 Official's Name (Last, First) • Use Section C to identify an outside organization.
• Use Section C to identify an outside organization.
Use Section C to Identify an outside organization.
ourpose made pursuant to the agency's policy
entify one of the following:
Other III Income
ty volunteer for his service to the public.
Other Dincome
vle" or "Other" describe below:
ble" t <b>y</b> "

. Agency Name				Date Stamp	California 000
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			1	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$100.00
Event Description Oakland A	's vs. Chicago		Date(s)04	i <u>04</u> 16	
	Provide Title/Expla	Ination			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So	
Was ticket distribution made a	at the hehest		valle.	Richard- Supervisor	
of agency official?		No 🗌 Yes	If yes:	Official's Name (i	Last, First)
. Recipients					
Use Section A to identify the agency	y's department or u	ınit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify 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
		Number of			
B. Name of Individua (Last, First)	31	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🔀	Income
Munoz, Cinthya		3		ial Role" or "Other" describe below:	
		_	I o reward a County public.	y employee for her exe	emplary service to the
	-	<u>`</u>	Ceremonial Role	Other	
	Ì		-	al Role" or "Other" describe below:	
		3			
C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
(morado addiodo ana aco		Pass(es)			
Verification					
I haveread and understand FPPC Regula	ations 18944.1 and 1	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
					41516

Print Name

Comment: \_

Signature of Agency Head or Designee

(Month, Day, Year)

Title

			Date Stamp	California 802
Division, Department, or Region Board of Supervisors Designated Agency Contact (Nan Nancy Sa Area Code/Phone Number E-r		<u> </u>	0	
Board of Supervisors Designated Agency Contact (Nan Nancy Sa Area Code/Phone Number E-r				i ciilii 🤍 🖂
Designated Agency Contact (Nan Nancy Sa Area Code/Phone Number E-r	ne,Title)			For Official Use Only
Nancy Sa Area Code/Phone Number E-r	ne, Title)			
Area Code/Phone Number E-r				
Area Code/Phone Number E-r				
(510) 272 6602	mail		Amendment (Md	ust provide explanation in Part 3.)
	ancy.sa@acgov.org		Date of Original Fili	ng:
Function or Event Informat				(Wonth, Day, Year)
Does the agency have a ticket po		No 🗖 🛛 Face Val	ue of Each Ticket/Pass	\$30.00
Ookland Ala	rs. Chicago White S			
	vide Title/Explanation	Date(s) _	04 , 06 , 16	//
		Os	kland A's	
Ticket(s)/Pass(es) provided by ag	jency? Yes 🗌 🛛	No 🛛 If no: 😶	Name o	f Source
Was ticket distribution made at the	e behest 🛛 No 🗔 Y	es XI If year V	alle, Richard- Supervis	or District 2
of agency official?		es 🖂 II yes	alle, Richard- Supervis Official's Nari	ne (Last, First)
		)		
<u> </u>				
B. Name of Individual	Number	of	Identify one of the fell	
B. Name of Individual (Last, First)	Number Ticket(s) Pass(es	of	Identify one of the foll	owing:
(Last, First)	Ticket(s)	of // ) Ceremonial R	ole 🗌 Other 🛛	Income
B. Name of Individual (Last, First) Ramirez, Steffany	Ticket(s)	Df // Ceremonial R // checking "Cer	ole D Other 🔀 emonial Role" or "Other" describe beig	Income
(Last, First)	Ticket(s) Pass(es	Df // Ceremonial R // checking "Cer	ole D Other 🔀 emonial Role" or "Other" describe beig	Income
(Last, First)	Ticket(s) Pass(es	Ceremonial R If checking "Cer To reward a cor	ole D Other S emonial Role" or "Other" describe beic nmunity volunteer for h	Income [ wer service to the public.
(Last, First)	Ticket(s) Pass(es	Ceremonial R If checking "Cer To reward a cor Ceremonial R	ole D Other S emonial Role" or "Other" describe beic nmunity volunteer for h	Income [ ner service to the public. Income [

### Nancy Sa Supervisor's Assistant 4/5700 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 80.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. Houston Astros 04 29 16 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: il.ast, First) Pass(es) Other X Ceremonial Role Income Angelito, David If checking "Ceremonial Role" or "Other" describe below: 3 To reward a community volunteer for his service to the public. Other 🔀 Ceremonial Role Income Kolentic, Eugene If checking "Ceremonial Role" or "Other" describe below 3 To reward a community volunteer for his service to the public. 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) 4. Verification

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

Signature of Agency Head or Designee

Nancy Sa

Supervisor's Assistant

Comment: \_\_\_\_\_\_ Includes 4 parking passes at the value of \$20.

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Akur, Bhagyesh	3	Ceremonial Role Conter Conter Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
Gogoi, Amar	5	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
Gex, Will	4	Ceremonial Role Cother Conternation Ceremonial Role Conternation Conte
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

				and the second		
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	e)			i or official ose offig
	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@	acgov.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 of	of Each Ticket/Pass \$ _	80.00
	Contraction Oakland A	's vs. Los An			, 13 , 16	, ,
	Event Description	Provide Title/Exp		Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	IX If no: Oaklar	nd A's	
		, agonoj :			Name of So	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
_	of agency official?				Official's Name (i	Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	<b>-</b>	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			· · ·			
	B. Name of Individua		Number of			
	D. (Lest First)	-	Ticket(s)/ Pass(es)		Identify one of the followi	ng;
				Ceremonial Role	Other 🛛	Income
	Barry Kaminsky		6		al Role" or "Other" describe below:	
				To reward a commu	unity volunteer for his	service to the public.
				Ceremonial Role		
	Jim O'Laughlin		6		al Role" or "Other" describe below:	
				I o reward a commu	unity volunteer for his	service to the public.
	C. Name of Outside Organi (include address and desi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	<u></u>	· · · ·				
	Verification	·		I		
	I have read and understand EPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
1			Nancy S	Sa Sa	Supervisor's Assistant	4128/14
	Signature of Agency Head or Designee		Print Nam	e	Title	(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.

Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
3	Ceremonial Role Other Income Income Income To reward a community volunteer for her service to the public.
3	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
	Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	n R
	Ticket(s)/ Pass(es)         Number of Ticket(s)/ Pass(es)         3         3         3         1         Number of Ticket(s)/

A Public Document

Event Description       Oakland A's vs. Kansas City Royals       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes I No I If no: C         Was ticket distribution made at the behest of agency official?       No I Yes I If yes: C         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in	Form       OUZ         For Official Use Only         For Official Use Only         Amendment (Must provide explanation in Part 3.)         Date of Original Filing:         (Month, Day, Year)         alue of Each Ticket/Pass \$         04       15         04       15
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692         E-mail         Nancy.Sa@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO I Face Vale         Event Description       Oakland A's vs. Kansas City Royals Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes I No I fino: C         Was ticket distribution made at the behest of agency official?         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in Number of Ticket(s)/ Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B.       Name of Individual	Amendment (Must provide explanation in Part 3.) Date of Original Filing:
Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692       E-mail         Nancy.Sa@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Val Event Description         Oakland A's vs. Kansas City Royals Provide Title/Explanation         Date(s)         Ticket(s)/Pass(es) provided by agency? Yes INO If no: Of agency official?         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in Ticket(s)/ Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B. Name of Individual       Number of Ticket(s)/	Date of Original Filing:
Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692       E-mail         Nancy.Sa@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Val Event Description         Oakland A's vs. Kansas City Royals Provide Title/Explanation         Date(s)         Ticket(s)/Pass(es) provided by agency? Yes INO If no: O Was ticket distribution made at the behest of agency official?         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an ii Number of Ticket(s)/ Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B. Name of Individual       Number of Ticket(s)/	Date of Original Filing:
Area Code/Phone Number (510) 272-6692       E-mail Nancy.Sa@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Val Event Description Oakland A's vs. Kansas City Royals Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes INO If no: C Was ticket distribution made at the behest of agency official?       Date(s) If no: C         Was ticket distribution made at the behest of agency official?       No I Yes I If yes: - If yes: - O       If yes: - Describe the Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the Pass(es)         B. Name of Individual       Number of Ticket(s)/       Number of Ticket(s)/	Date of Original Filing:
Area Code/Phone Number (510) 272-6692       E-mail Nancy.Sa@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO IF Face Value Event Description Oakland A's vs. Kansas City Royals Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes INO IF Ino: If no: If no: If no: If no: If no: If yes: If yes If yes If yes If yes: If yes: If yes If yes If yes: If yes: If yes If y	Date of Original Filing:
(510) 272-6692       Nancy.Sa@acgov.org         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □ Face Value Title/Explanation         Does the agency have a ticket policy? Yes ⊠ No □ Face Value Title/Explanation       Date(s)         Event Description       Oakland A's vs. Kansas City Royals Date(s)       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: □       Was ticket distribution made at the behest No □ Yes ⊠ If yes: □         Was ticket distribution made at the behest of agency official?       No □ Yes ⊠ If yes: □         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in the time of Ticket(s)/ Pass(es)         B.       Name of Individual       Number of Ticket(s)/	(Month, Day, Year)
Does the agency have a ticket policy?       Yes X       No        Face Value         Event Description       Oakland A's vs. Kansas City Royals       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes        No X       If no:          Was ticket distribution made at the behest of agency official?       No Yes X       If yes:        If yes:          3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in A.       Number of Ticket(s)/ Pass(es)       Describe the transfer of the transfer of the time of time	alue of Each Ticket/Pass \$ 80.00
Event Description       Oakland A's vs. Kansas City Royals       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes INO If no: O         Was ticket distribution made at the behest of agency official?       No Yes If yes: O         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an identify an identify and the agency, Department or Unit         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the agency of the agen	alue of Each Ticket/Pass \$
Event Description       Oakland A's vs. Kansas City Royals       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes INo X       If no: C         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: -         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an identify and the agency's department or unit.       • Use Section B to identify an identify and the agency's department or unit.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the agency of the	04 , 15 , 16
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠ If yes: _         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in the identify and interval and in	
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠ If yes: _         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in the identify and interval and in	akland A's
of agency official?         3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an in         A. Name of Agency, Department or Unit       Number of Tricket(s)/ Pass(es)         B. Name of Individual       Number of Tricket(s)/	Name of Source
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the second	/alle, Richard- Supervisor District 2 Official's Name (Last, First)
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) B. Name of Indivídual (ast ford) Number of Ticket(s)/	ndividual. • Use Section C to identify an outside organization.
B. Name of Individual Ticket(s)/	e public purpose made pursuant to the agency's policy
(laci Firet)	Identify one of the following:
	Mentily one of the following.
Ceremonial If checking "C	Role Other I Income I Income Ceremonial Role" or "Other" describe below:
Ceremonial If checking "C	Role Other I Income I
C. Name of Outside Organization Number of (include address and description) Pass(es) Describe the	e public purpose made pursuant to the agency's policy
Centro Legal de la Raza 3022 International Blvd Ste 410, Oakland 18 Community.	on-profit organization for its contributions to the
Provides comprehensive legal services for immigrant Latino communities.	
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution	
Nancy Sa	n set forth above is in accordance with the requirements

Comment: \_\_\_\_\_\_ Includes 4 parking passes at the value of \$20.

Agency Name Alameda County Division, Department, or Region (If Applicable			Date Stamp	California 802
-				
Division, Department, or Region (If Applicable				in continu
, I	<b>)</b>			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Nancy Sa				
rea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	acdov ord		Date of Original Filing:	
				(Month, Day, Year)
		Eace Value o	f Fach Ticket/Pass \$	80.00
	÷	Date(s)		//
		— Oaklar	nd A's	
icket(s)/Pass(es) provided by agency?	Yes 🗋 No		Name of Sol	ırce
Vas ticket distribution made at the behest	No∏ Yes	I If ves. Valle,	Richard- Supervisor [	District 2
of agency official?			Official's Name (L	ast, First)
Recipients				
	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	Pass(es)			
	Number of		·	
Name of Individual	Ticket(s)/		Identify one of the following	ng:
	Fa55(85)	Ceremonial Bala		
				income L
1 m				Income
		If checking "Ceremonia	al Role" or "Other" describe below;	
	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
· · · · · · · · · · · · · · · · · · ·	Pass(es)			
	18		ofit organization for its	contributions to the
.O. Box 2314 Union City, CA 94587		community.		
rovide various services and programs				
or all aged members of the community.				
erification				
averread and understand FPPC Regulations 18944.1 and	18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	Nancy S	Sa	Supervisor's Aide	428IU
	510) 272-6692       Nancy.Sa@         Function or Event Information         loes the agency have a ticket policy?         vent Description       Oakland A's vs. Los Anger Provide Title/Exploin         icket(s)/Pass(es) provided by agency?         //as ticket distribution made at the behest of agency official?         Recipients         Use Section A to identify the agency's department or Unit         // Name of Agency, Department or Unit         // Name of Individual         (Last, Frat)	510) 272-6692       Nancy.Sa@acgov.org         Function or Event Information         soes the agency have a ticket policy?       Yes ⊠ No         vent Description       Oakland A's vs. Los Angeles Angels         Provide Title/Explanation       Interface         icket(s)/Pass(es) provided by agency?       Yes □ No         As ticket distribution made at the behest       No □ Yes         of agency official?       No □ Yes         Recipients       Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         Name of Individual       Number of Ticket(s)/ Pass(es)         (i.ast. First)       Number of Ticket(s)/ Pass(es)         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         Inion City Lions Club       Next Section       18         O. Box 2314 Union City, CA 94587       18         rovide various services and programs or all aged members of the community.       18         erification       warread and understand FPPC Regulations 18944.1 and 18942.1 have very Nancy S	510) 272-6692       Nancy.Sa@acgov.org         Function or Event Information       Image: Section of Event Information       Face Value of Vent Description         Oakland A's vs. Los Angeles Angels       Date(s)O4         Provide Title/Explanation       Date(s)O4         icket(s)/Pass(es) provided by agency?       Yes	510) 272-6692       Nancy.Sa@acgov.org       Date of Original Filing:-         Function or Event Information       totes the agency have a ticket policy? Yes [No]       Face Value of Each Ticket/Pass \$

AN A MERINA MENT AND A ST ME START TARE TO ST	2007 7 R. FRANK L. 1300	and the second of the second second second	THE REPORT OF THE PARTY OF THE	
Agency Name			Date Stamp	California 80
Alameda County				Form For Official Use Only
Orvision, Department, or Region (If Applical	ble)			
Chind of Supervisors				
Clearling the test of Agency Contact (Name, Title)		i and a second and a second		
Stoven Jones		• · · ·		
Area Code/Phone Number E-mail		• • • • • • • • • • • • • • • • • • •		provide explanation in Part 3.)
	es@acgov.org		Date of Original Fillng	(Monih, Day, Year)
Function or Event Information	annalisenkar: Leastenaar	anna a na s-anna a' a machairtean sa marairt	ndet in their states — and the state of the	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ .	\$32
Event Description Baseball game		Date(s)0	4 , 30 , 16	
Provide Tile/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of S	an a
Was ticket distribution made at the behest		Chor	Name of S Milliona	ource -
of agency official?	No 🗌 Yes	If yes: Onlar	Official's Name	(Last, First)
лан - «наян калаанык барактарынан каланан каланан каланан каланан каланан каланан каланан каланан калан калан к Калан калан кал	n a companyany and		- CHARLENGARDA OF WALK GUIDNE WALFAIL TILLING BEALFAILTE	n man kanal barakan kanalara kanalara ing ing kanalara kanalara
Horaipionts - Hostection & to identify the agency's department o	or unit. 🔹 Use Sec	ction B to identify an individ	ual. – • Use Section C to ide	ntify an outside organization.
a roi Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1	olic purpose made pursuan	
		20.07.07.07.07.09.00.00.00.00.00.00.00.00.00.00.00.00.	anna an	anna an
	1			
B. Name of Individual dist for	Number of Ticket(s)/ Pass(es)		identify one of the follow	ring:
(1261 Fit3) Annungan menangkan kanangkan menangkan kanangkan kanangkan sebahan sebahan sebahan sebahan sebahan sebahan seba	Ticket(s)/	Geremonial Bala	Identify one of the foliov	ning: income
B. Name of Individual date for Briseño, Lorena	Ticket(s)/	Geremonial Role It checking "Ceremen	Identify one of the folioe C Other C Other C Other	zing: Income
(Lest Frist) Annung mit annung an an annung an annung an annung an annung	Ticket(s)/ Pass(es)	Geremonial Role It checking "Ceremen	Identify one of the folioe C Other C Other C Other	shing: Income
(1251 F115) 	Ticket(s)/ Pass(es)	Ceremonial Role it checklug "Ceremon To reward a Count the public	Identify one of the folioe C Other C Other C Other	zing: Income
(1261 Fit3) Annungan menangkan kanangkan menangkan kanangkan kanangkan sebahan sebahan sebahan sebahan sebahan sebahan seba	Ticket(s)/ Paus(es) 2	Ceremonial Role it checking "Ceremon To reward a Count the public Ceremonial Role	Identify one of the folioe	her exemplary service
(1251 F115) 	Ticket(s)/ Pass(es)	Ceremonial Role it checking "Ceremon To reward a Count the public Ceremonial Role	Hentify one of the folioe Cher Poir for "Other" Lescribe below of employee for his or Cher A Role" or "Other Lear Role" or "Other" describe below:	her exemplary service i
Briseño, Lorena	Ticket(s)/ Pass(as) 2 2	Ceremonial Role if checking "Ceremon To resvard a Gount the public Ceremonial Role if checking "Ceremon	Hentify one of the folioe Cher Poir for "Other" Lescribe below of employee for his or Cher A Role" or "Other Lear Role" or "Other" describe below:	hing: Income her exemplary service
(1251 F115) 	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Hentify one of the folioe Cher Poir for "Other" Lescribe below of employee for his or Cher A Role" or "Other Lear Role" or "Other" describe below:	ing: Income her exemplary service Income
Briseño, Lorena	Ticket(s)/ Pass(es) 2 2 Number of	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Identify one of the folioe Cher Por for "Other" Lescribe below y employee for his or Cher Identify Other Cher Clear Cher Clear Clear Control of the foliow	ing: Income her exemplary service Income
Briseño, Lorena Norme of Outside Organization cludo address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Identify one of the folioe Cher Por for "Other" Lescribe below y employee for his or Cher Identify Other Cher Clear Cher Clear Clear Control of the foliow	her exemplary service f
Briseño, Lorena Name of Outside Organization cludo address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Identify one of the folioe Cher Por for "Other" Lescribe below y employee for his or Cher Identify Other Cher Clear Cher Clear Clear Control of the foliow	her exemplary service f
Briseño, Lorena Name of Outside Organization cludo address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Identify one of the folioe Cher Por for "Other" Lescribe below y employee for his or Cher Identify Other Cher Clear Cher Clear Clear Control of the foliow	her exemplary service f
Briseño, Lorena Name of Outside Organization cludo address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Geremonial Role if checklug "Geremon To reward a Gourn the public Geremonial Role if checking "Geremon	Identify one of the folioe Cher Por for "Other" Lescribe below y employee for his or Cher Identify Other Cher Cher Cher Cher Cher Cher Cher Cher	ing: Income her exemplary service Income
Briseño, Lorena Name of Outside Organization cludo eddress and description) Verification	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Rola it checklug "Ceremon To reward a Count the public Ceremonial Rola if checking "Ceremon Describe the pub	Identify one of the folioe Cher C A Poir for "Oth P describe below of employee for his or Other C ial Role" or "Other" describe below Ilic purpose mode prestant	her exemplary service f from to the agency's policy
Briseño, Lorena Norma el Outside Organization clude rederess and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role it checklug "Ceremon To reward a Count the public Ceremonial Role if checking "Ceremon Describe the public dified that the distribution set fi	Identify one of the folioe Cher C A Poir for "Oth P describe below of employee for his or Other C ial Role" or "Other" describe below Ilic purpose mode prestant	Income her exemplary service to Income to the agency's policy th the requirements.

5.0

4.

8 (A)

÷.

κ.

4

Ceremonial Role Events and Tid	2		1-1-1-1-	A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County	(a)			Form OU2 For Official Use Only
Division, Department, or Region (If Applicab.	ie)			
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.jone	s@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information	10.05 101	1977 - 2020-2010	e i na tran	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$100/\$20 parking
Event Description Baseball game		Date(s) 04	, 30 , 16	, ,
Provide Title/Exp	planation	Date(s)4		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklan	d A's	
			Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Chan,	Wilma	
	Li- 10	) Shu to B <sup>a</sup> the force the second	Official's Name (L	ast, First)
<ul> <li>B. Recipients</li> <li>• Use Section A to identify the agency's department or</li> </ul>		10 - C		
<ul> <li>Use Section A to identify the adency's department or</li> </ul>	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	
	Number of			
A. Name of Agency. Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant	to the agency's policy
	Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	
A. Name of Agency. Department or Unit B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	
A. Name of Agency. Department or Unit B. Name of Individual	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role	Identify one of the followin	ng:
A. Name of Agency. Department or Unit B. Name of Individual	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role	Identify one of the followin	ng:
A. Name of Agency. Department or Unit B. Name of Individual	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [	Identify one of the followin	ng:
A. Name of Agency. Department or Unit B. Name of Individual	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Ticket(s)/	Ceremonial Role Ceremonial Role Ceremonial Role Ceremonial Role I If checking "Ceremonial Role If checking "Ceremonial	Identify one of the followin  Other  Role" or "Other" describe below:  Other	ng: Income
A. Name of Agency. Department or Unit B. Name of Individual E. Name of Outside Organization	Ticket(s)/ Pass(es)	Ceremonial Role [ Jf checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school c	Identify one of the followin  Country of the followin  Country of "Other" describe below:  Country of "Other" describe below:  Country of "Other" describe below:  Country of the following of th	ng: Income
A.       Name of Agency. Department or Unit         B.       Name of Individual idak first         C.       Name of Outside Organization (include address and description)         Purple Silk Music Education Foundation	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role [ Jf checking "Ceremonia Ceremonial Role [ If checking "Ceremonial If checking "Ceremonial Describe the public	Identify one of the followin  Country of the followin  Country of "Other" describe below:  Country of "Other" describe below:  Country of "Other" describe below:  Country of the following of th	ng: income [ Income ]
A.       Name of Agency. Department or Unit         B.       Name of Individual itast First         C.       Name of Outside Organization (include address and description)         Purple Silk Music Education Foundation 484 Lake Park Ave. #366, 94610         Supports music education for inner-city	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role [ Jf checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school c	Identify one of the followin  Country of the followin  Country of "Other" describe below:  Country of "Other" describe below:  Country of "Other" describe below:  Country of the following of th	ng: Income [ Income ]
A. Name of Agency. Department or Unit         B. Name of Individual iCas: First         C. Name of Outside Organization (include address and description)         Purple Silk Music Education Foundation 484 Lake Park Ave. #366, 94610         Supports music education for inner-city youth	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         18+4pk	Ceremonial Role [ JI checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school of to the community	Identify one of the followin  Other  Other  Other  Other  Role" or "Other" describe below:  purpose made pursuant to pr nonprofit organizatio	ng: Income [ Income ] Income ]
A. Name of Agency. Department or Unit         B. Name of Individual icas: First         C. Name of Outside Organization (include address and description)         Purple Silk Music Education Foundation 484 Lake Park Ave. #366, 94610         Supports music education for inner-city youth         Verification	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         18+4pk	Ceremonial Role [ JI checking "Ceremonia Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school of to the community	Identify one of the followin  Other  Other  Other  Other  Role" or "Other" describe below:  purpose made pursuant to pr nonprofit organizatio	ng: Income

				V 2.W		A Public Documer
. Ag	jency Name			1 2.8	Date Stamp	California 802
Ala	ameda County					Porm
Divi	ision, Department, or Reg	jion (If Applicable	e)		1	For Official Use Only
Boa	ard of Supervisors					
	signated Agency Contact	(Name, Title)			-	
Sto	even Jones				1 - Mainte - Ann 7 - A - Ann	
	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	0) 272-6693	steven.jones	രിനെ സം	0	Date of Original Filing	
Party Newson R.	nction or Event Infor	1	Swacyov.or	9		(Month, Day, Year)
	es the agency have a ticke		Name of Street o		of Each Ticket/Deca &	\$90/\$20 parking
			Yes 🛛 No		of Each Ticket/Pass \$ .	, , , , , , , , , , , , , , , , , , ,
Eve	ent Description Baseball g	pame Provide Title/Expl		Date(s)	4 , 17 , 16	///
		Provide mile/Expl	anation	Oakla	nd Ala	
Tick	(et(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Oakla	Name of S	Source
Was	s ticket distribution made a	at the hehest	No 🗌 Yes	If yes: Char		
	agency official?		NOLI TES	myes:	Official's Name	(Last, First)
Rei	cipients				<b>2</b>	
	e Section A to identify the agency	y's department or	unit. 🍬 Use See	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A.	Name of Agency, Departme		Number of		blic purpose made pursuar	and an average which there is a second with the second s
	and a second		Ticket(s)/ Pass(es)		ne parpose made pursuar	
	a a fair ann an Anna ann an Anna ann ann ann ann					
Ð.	Name of Individua		Number of			
ю.	Name of Individua	i	Number of Ticket(a)/ Pass(as)		identify one of the foliov	wing:
	;Д.134] F938) —	1	Ticket(3)/	Ceremonial Role	Other	Income [
		il	Ticket(3)/	If checking "Ceremon	Other Other describe below:	Income [
	;Д.134] F938) —	) 	Ticket(s)/ Pass(os)	If checking "Ceremon To promote attenda	Other Other describe below:	Income [
	;Д.134] F938) —	1	Ticket(s)/ Pass(os)	If checking "Ceremon To promote attenda order to maximize	Other Other Other Other' describe below: ance at a(n) event l	Income [ neld at a County facility in nue
	;Д.134] F938) —		Ticket(a)/ Pass(os) 4+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other D ial Role" or "Other" describe below: ance at a(n) event h potential County reve	Income [
	;Д.134] F938) —	1	Ticket(s)/ Pass(os)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other	Income [ neld at a County facility i nue
	(Link Profit		Ticket(s)/ Pass(os) 4+1park 4+1park	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other	Income [ neld at a County facility in nue
	Luct Front w/n, Siena Name of Outside Organi	ization	Ticket(a)/ Pass(os) 4+1park	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other Other Content describe below: Content describe delow: Content describe delow: Content describe delow: Content describe below: Content describe	Income [ neld at a County facility in nue
	(Link Profit	ization	Ticket(s)/ Pass(os) 4+1park 4+1park	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other	Income [ neld at a County facility i nue
	Luct Front w/n, Siena Name of Outside Organi	ization	Ticket(s)/ Pass(os) 4+1park 4+1park Number of Ticket(s)/	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other Other Content describe below: Content describe delow: Content describe delow: Content describe delow: Content describe below: Content describe	Income [ neld at a County facility i nue
	Luct Front w/n, Siena Name of Outside Organi	ization	Ticket(s)/ Pass(os) 4+1park 4+1park Number of Ticket(s)/	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other Other Content describe below: Content describe delow: Content describe delow: Content describe delow: Content describe below: Content describe	Income [ neld at a County facility i nue
	Luct Front w/n, Siena Name of Outside Organi	ization	Ticket(s)/ Pass(os) 4+1park 4+1park Number of Ticket(s)/	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other Other Content describe below: Content describe delow: Content describe delow: Content describe delow: Content describe below: Content describe	Income [ neld at a County facility i nue
	Luct Front w/n, Siena Name of Outside Organi	ization	Ticket(s)/ Pass(os) 4+1park 4+1park Number of Ticket(s)/	If checking "Ceremon To promote attende order to maximize Ceremonial Role If checking "Coremon	Other Other Content describe below: Content describe delow: Content describe delow: Content describe delow: Content describe below: Content describe	Income [ neld at a County facility i nue
Brow C.	Unit Front w/n, Siena Name of Outside Organi (include address and desc iffication	ization cription)	Ticket(a)/ Pass(os) 4+1park 4+1park Mumber of Ticket(s)/ Pass(os)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Coremon Describe the pub	Other  Ance at a(n) event h  cotential County reve  Other  Other  Nal Role" or "Other" describe below.  It purpose made pursuan	Income [ neld at a County facility i nue Income [
Brox C. Veri	Luction w/n, Siena Name of Outside Organi (include address and desc	ization cription)	Ticket(a)/ Pass(os) 4+1park 4+1park Mumber of Ticket(s)/ Pass(os)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Coremon Describe the pub	Other  Ance at a(n) event h  cotential County reve  Other  Other  Nal Role" or "Other" describe below.  It purpose made pursuan	Income [ neld at a County facility in nue Income [

. .

Comment:

A Public Document

12			C T W	XX			
**	Agency Name				Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones					For Official Use Only	
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6693	steven.jones@acgov.org		Date of Original Filing:(Month, Day, Year)			
7,	Function or Event Information			7 Y Y			
	Does the agency have a ticket policy? Yes 🛛 No 🗋 Face Value			of Each Ticket/Pass \$	\$90/\$20 parking		
	Event Description Baseball game Date(s)			4 , 17 , 16 /			
	Provide Title/Explanation				4294494699999 un ranno anno annos annonasanno anno	มีสารางสาราชาติ (การการการการการการการการการการการการการก	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla			and A's			
					Name of So	UICO	
	Was ticket distribution made at the behest No Yes X If ye of agency official?			If yes: Cha	Chan, Wilma Official's Name (Last, First)		
-	таналананананананананананананананананана				Unicial > Name (	in a lat	
	Recipients	da alamandan suda s					
ļ	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		Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
•	Name of Individua (Lest Post)		Number of Ticket(s)/ Pass(ec)		Identify one of the follow	ing:	
			Ticket(s)/ Pass(ec)	1	Identify one of the following of the fol	ing: Income	
	(Lea, Fost)		Ticket(s)/	If checking "Cerumo To promote attend	Identify one of the following of the fol	ing: Income	
	(Lea, Fost)		Ticket(s)/ Pass(ec)	ll checket y "Certurno To promote attend ord ar to maximize	Identify one of the following of the fol	ing: Income [ eld at a County facility in ue	
	(Lea, Fost)		Ticket(s)/ Pass(ec)	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role	Identify one of the following of the fol	ing. Income [ eld at a County facility in ue	
	(Lea, Fost)	cation	Tisket(s) Pass(ec) 2+1park	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role If checking "Ceremo	Identify one of the following of the following of the following of "Other Control of the below of the following of the follow	ing. eld at a County facility ir ue Income	
	(Les, Fish Kubo, Theresa Name of Outside Organi	cation	Ticket(s) Pass(ec) 2+1park 2+1park 2+1park Number of Ticket(s)	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role If checking "Ceremo	Identify one of the following of the fol	ing. Income [ eld at a County facility ir ue Income [	
-	(Les, Fish Kubo, Theresa C. Name of Outside Organi (include adorese and desc	cation	Ticket(s) Pass(ec) 2+1park 2+1park 2+1park Number of Ticket(s)	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role If checking "Ceremo	Identify one of the following of the fol	ing. eld at a County facility ir ue Income	
-	(Les, Fish Kubo, Theresa C. Name of Outside Organi (include adorese and desc for file ation	cation ription)	Ticket(s)/ Pass(ec) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role If checking "Cerumo Describe the pu	Identify one of the following of the following of the following of "Other of "Other" describe below:	ing. Income [ eld at a County facility in ue Income [ to the agency's policy	
-	(Les, Fish Kubo, Theresa C. Name of Outside Organi (include adorese and desc	cation ription)	Ticket(s) Pass(ec) 2+1park 2+1park 2+1park Number of Ticket(s) Pass(es)	If checking "Contended To promote attend ord or to maximize Ceremonial Role If checking "Continue Describe the pu nfied that the distribution set	Identify one of the following of the following of the following of "Other of "Other" describe below: Innce at a(n) event he potential County revention of the following of t	ing: eld at a County facility in ue Income ( to the agency's policy	
-	(Les, Post Kubo, Theresa Name of Outside Organi (include adorese and desc include adorese and desc formestion have as food consistent EPPC Receited	cation ription)	Ticket(s)/ Pass(ec) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Cerumo To promote attend ord ar to maximize Ceremonial Role If circling "Cerumo Describe the pa nified that the distribution set ones	Identify one of the following of the following of the following of "Other of "Other" describe below:	Income [ eld at a County facility in ue Income [ to the agency's policy	

à
# Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions** 

of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	\$90 //
of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	vide explanation in Part 3.) (Month, Day, Year) \$90 
of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	(Month, Day, Year) \$90
of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	(Month, Day, Year) \$90 
of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	(Month, Day, Year) \$90
of Original Filing: Ticket/Pass \$ 7 16 Name of Sour Official's Name (La Official's Name (La	(Month, Day, Year) \$90
Ticket/Pass \$ 7 16 Name of Sour Official's Name (La See Section C to identif	\$90
7 16 Name of Sour Official's Name (La Se Section C to identif	ce şt. First) y an outside organization.
7 16 Name of Sour Official's Name (La Se Section C to identif	ce şt, First) y an outside organization.
Name of Sour Official's Name (La Se Section C to identif	ce st. First) y an outside organization.
) Official's Name (La Se Section C to identif	st, Flist) y an outside organization.
e Section C to identif	y an outside organization.
se Section C to identif	y an outside organization.
ana ma al'amanda (selvinarit) a l'adrinantieren	an dia kaominina dia mandri amini amini amini dia dia dia dia dia dia dia dia dia di
And the Constrained Souther and streams are a constrained to the	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PRO
na en	
one of the following	3
Other D Other" describe below:	
a(n) event hel I County revenue	d at a County facility in e
Other L	Income
se made pursuant to	the agency's policy
is in accordance with th	he requirements.
	04/11/2016
Title	(Month, Day, Year)
	se made pursuant to is in accordance with th District Director

A 184. . . . . .

٩.

						I THE REAL PROPERTY AND ADDRESS OF THE PARTY
1. Ag	ency Name				Date Stamp	California 802
	ameda County		· · ·			Form
Divi	ision, Department, or Reg	ion (If Applicabl	le)		1	<ul> <li>For Official Use Only</li> </ul>
Boa	ard of Supervisors					
	ignated Agency Contact (	Name, Title)	·	<u> </u>	-	
Ste	even Jones					
	a Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must p	provide explanation in Part 3.)
	0) 272-6693		s@acgov.or	a	Date of Original Filing:	
Tarra	nction or Event Infor		1			(Month, Day, Year)
	s the agency have a ticke		Yes 🗵 No	E Face Value (	of Each Ticket/Pass \$ _	\$32
		-				
Eve	nt Description Baseball g	Provide Title/Exp	lanation	Date(s)	<b>1</b> , 17 , 16	//
Tick	ot(a)/Dooc(ac) provided by			IX If no: Oakla	nd A's	
ΠÇK	et(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		Name of So	urce
Was	ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
ofa	agency official?			⊡ inyes	Official's Name (I	Last, First)
. Rec	cipients			-t-1		
	Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
A:			Pass(es)			
A:			Pass(es)			
A:	·····		Pass(es)			
A:			Pass(es)			
A:			Pass(es)			
A: B.	Name of Individual data first		Pass(es) Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
B.	(Last Fret)		Number of Ticket(s)/	Ceremonial Role	Other	ng:
B.			Number of Ticket(s)/ Pass(es)	If checking "Ceremon	Other  Other  al Role" or "Other" describe below:	Income
B.	(Last Fret)		Number of Ticket(s)/	If checking "Ceremoni To promote attenda	☐ Other ☐ al Role" or "Other" describe below: Ince at a(n) event he	Income
B.	(Last Fret)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p	Other el Role" or "Other" describe below: unce at a(n) event he potential County revent	Income
B.	(Last Fret)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other  Cher  Cher  Cher  Cher describe below: Cher at a(n) event he cotential County revent Cher	Income
B.	(Last Fret)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other describe below: al Role" or "Other" describe below: ance at a(n) event he potential County revent	Income
B.	(Last Fret)		Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other  Cher  Cher  Cher  Cher describe below: Cher at a(n) event he cotential County revent Cher	Income
B.	(Last Fret)		Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B.	(Jasi, First) lor, Debbie	ration	Number of Ticket(s)/ Pass(es) 2 2	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Cher  Cher  Cher  Cher describe below: Cher at a(n) event he cotential County revent Cher	Income
B.	Uasi First lor, Debbie Name of Outside Organiz	ration	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B.	Uasi First lor, Debbie Name of Outside Organiz	ration	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B.	Uasi First lor, Debbie Name of Outside Organiz	ration	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B.	Uasi First lor, Debbie Name of Outside Organiz	ration	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B. Tayl	itasi First lor, Debbie Name of Outside Organiz (include address and desc	ration	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other  Arole <sup>*</sup> or "Other" describe below:  Differential County revent he  Dotential County revent  Other  Other  Arole <sup>**</sup> or "Other" describe below:	Income
B. Tayl C.	itast first lor, Debbie Name of Outside Organia (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ	Other  Arole" or "Other" describe below:  Dotential County revent he  ootential County revent  Other  Arole" or "Other" describe below:  Dote or "Other" describe below:  Dote of the other other of the other othe	Income
B. Tayl C.	itasi First lor, Debbie Name of Outside Organiz (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ	Define  Defin	Income
B. Tayl C. Verifi	itast first lor, Debbie Name of Outside Organia (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ ified that the distribution set fo nes C	Other  Arole" or "Other" describe below:  Dotential County revent he  ootential County revent  Other  Arole" or "Other" describe below:  Dote or "Other" describe below:  Dote of the other other of the other othe	Income

.....

۰.

44

A

		11-2	and the second second		the second se
Agency Name				Date Stamp	California 802
Alameda County					Form OVZ
Division, Department, or Region	<b>n</b> (If Applicable)	)			For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (Na	ame, Title)			1	
Steven Jones					
Area Code/Phone Number E	-mail				provide explanation in Part 3.)
(510) 272-6693 s	steven.jones(	@acgov.org	g	Date of Original Filing	(Month Day Year)
Function or Event Information	ation	-¥ 1-1	1.1		
Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ -	\$90
Event Description Baseball gar	ne			4 <u>, 17 , 16</u>	
Event Description Baseball gar	Provide Title/Explai	nation	Date(s)	<u> </u>	/
Ticket(s)/Pass(es) provided by a		Yes 🔲 No	If no: Oakla	nd A's	
	gonoy.			Name of S	ource
Was ticket distribution made at the	he behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	
of agency official?				Official's Name	(Last, First)
Recipients					n of the of the state of the st
Use Section A to identify the agency's		nit. • Use Sec Number of	ction B to identify an individ	ual.   Use Section C to ider	ntify an outside organization.
A. Name of Agency. Department	or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
(Lost i nsl)			Ceremonial Role		ing:
B. Name of Individual (Last First) Lam. Marianne		Ticket(s)/ Pass(es)	If checking "Ceremon	Other in the series of the ser	Income
(Lost i nsl)		Ticket(s)/	It checking "Ceremon To promote attenda	Dther D lal Role" or "Other" describe below: ance at a(n) event h	Income
(Lost i nsl)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize	Other D lal Role" or "Other" describe below: ance at a(n) event h potential County rever	Income
(Lost i nsl)		Ticket(s)/ Pass(es) 6	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Dther D lal Role" or "Other" describe below: ance at a(n) event h	Income
(Lost i nsl)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other       Ial Role" or "Other" describe below:       ance at a(n) event h       potential County rever       Other	Income
(Lost i nsl)		Ticket(s)/ Pass(es) 6	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other       Ial Role" or "Other" describe below:       ance at a(n) event h       potential County rever       Other	Income
Lam. Marianne		Ticket(s)/ Pass(es) 6 6 Number of	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other         ial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other         Ial Role" or "Other" describe below:	Income In
Lam. Marianne		Ticket(s)/ Pass(es) 6	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other       Ial Role" or "Other" describe below:       ance at a(n) event h       potential County rever       Other	Income
Lam. Marianne		Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other         ial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other         Ial Role" or "Other" describe below:	Income
Lam. Marianne		Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other         ial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other         Ial Role" or "Other" describe below:	Income
Lam. Marianne		Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other         ial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other         Ial Role" or "Other" describe below:	Income
Lam. Marianne		Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize   Ceremonial Role If checking "Ceremon	Other         ial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other         Ial Role" or "Other" describe below:	Income In
Lam. Marianne C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Other Control describe below: Control ance at a(n) event h Cotential County rever Other Other Cother Cot	Income
Lam. Marianne C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Other Control describe below: Control ance at a(n) event h Cotential County rever Other Other Cother Cot	Income
Lam. Marianne C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es) 6 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Other Control describe below: Control ance at a(n) event h Cotential County rever Other Other Cother Cot	Income

-	eremonial Role Events and Tic	keuPass	Distributions		A Public Documen
1	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	9)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	9990			
	Steven Jones				T
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6693 steven.jones	s@acgov.or	g	Date of Original Filing:	(Manih Caus Vand
2.	Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$75.50
	Event Description Class Reunion Concert				
	Event Description Provide Title/Expl	analion	Date(s)	23 , 16	
	Ticket(s)/Pass(es) provided by agency?		If no. Golder	n State Warriors	
		Yes 🗌 No	Line I	Name of Sc	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	or Wilma Chan
_	of agency official?			Official's Name (	Last, First)
3.	• Use Section A to identify the agency's department or of	unit. 🔹 Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	1	lic purpose made pursuan	and the second
		Pass(es)			
	B. Name of Individual	Number of Ticket(3)/		identify one of the follow	
	Lant Fred	Pass(es)			
	Woody, Carl	2		al Role" or "Other" describe below:	Income
			To promote attenda order to maximize p	nce at an event held potential County rever	at a County facility in ue from sales.
		2	Ceremonial Role	Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			ХТЯТИЯ И ЛИТИТИ И И И И И И И И И И И И И И И		n an a fair ann an
	X				

# 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.

6	Steven Jones	Central District Director	04/11/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Ycar)
Comment:			

#### Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

		the second s					
1.	Agency Name			,	Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	<b>gion</b> (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones					to the second se	
	Area Code/Phone Number	E-mail		*****	Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.org	]	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation			•		
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$134.00	
	Event Description Carrie Un	derwood			, 10 , 16	-	
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided t	v agency?	Yes 🗌 No	If no: Golder	n State Warriors		
		,		hind	Name of Se		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alame	eda County Supervisor Wilma Chan Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agend	cy's department or	unit. 🔹 Use Sec	tion B to identify an individu	al. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency. Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	64						
	B. Name of individu						
	1.1.5* + n.3*	ai	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
	,1,2,55 € 10,52 	ai	Ticket(s)/	Ceremonial Role	Identify one of the follow		
	spencer, Sarah	ai	Ticket(s)/ Pass(os)	If checking "Ceremon	Identify one of the follow Other I Other I I I I I I I I I I I I I I I I I I I	Income	
	,1,2,55 € 10,52 	ai	Ticket(s)/	If chacking "Ceremoni To promote attenda	Identify one of the follow Other I Other I I I I I I I I I I I I I I I I I I I	Income	
	,1,2,55 € 10,52 	ai	Ticket(s)/ Pass(os)	If chocking 'Ceromon To promote attenda order to maximize p Ceremonial Role	Identify one of the follow Other Other Identify one of the follow Identify other describe below: ance at an event held botential County revent	at a County facility in nue from sales.	
	,1,2,55 € 10,52 	nization	Tickot(s) Pass(os) 2	If chacking 'Ceromon To promote attenda order to maximize p Ceremonial Role If checking 'Ceremoni	Identify one of the follow Other Other Identify one of the follow Identify	at a County facility in nue from sales.	
	Spencer, Sarah	nization	Tickot(s)/ Pass(os) 2 2 Number of Tickot(s)/	If chacking 'Ceromon To promote attenda order to maximize p Ceremonial Role If checking 'Ceremoni	Identify one of the follow Other Other Identify one of the follow Identify one of the follow Identify of the office below: Identify of the office off	at a County facility in nue from sales.	
	Spencer, Sarah	nization	Tickot(s)/ Pass(os) 2 2 Number of Tickot(s)/	If chacking 'Ceromon To promote attenda order to maximize p Ceremonial Role If checking 'Ceremoni	Identify one of the follow Other Other Identify one of the follow Identify one of the follow Identify of the office below: Identify of the office off	at a County facility in nue from sales.	

 Steven Jones
 Central District Director
 04/11/2016

 Stigheture of Agency Head or Designee
 Print Name
 Title
 (Month. Day. Year)

Comment: \_

eremonial Role Even	ts and In	cket/Pass	Distributions		A Public Documen
Agency Name			410	Date Stamp	California 802
Alameda County					I OIIII
Division, Department, or Reg	ion (If Applicab	le)	99743=98699974787569999999794999999999999999999999999999	-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail	***		Amendment (Must pl	ovide explanation in Part 3.)
(510) 272-6693		s@acgov.org	q	Date of Original Filing: .	(Month, Day, Year)
Function or Event Infor				1	(month, Day, Tear)
Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$75.50
Event Description Class Reu			Second Second		
Event Description	Provide Titiə/Exp	olanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no. Golde	n State Warriors	
	egonoy:	res I No	Line J	Name of Sou	
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	Wilma Chan
of agency official?				Official's Name (L	ast, First)
		Pass(es)			
B. Name of Individua	· · ·	Number of Ticket(s)/		Identify one of the follows	:g:
		Pass(es)	1. N. 19		NTA A A STATE OF A STATE A STATE A STATE AND A STAT
Holman, John			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		2	To promote attenda	ance at an event held a potential County reven	
		2	Ceremonial Role If checking "Ceremon	Other D	Income
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Poss(es)	Describe the pub	lic purpose mada pursuant t	o the agency's policy
	กราช 14 สาขาสมารณ์ที่ (ก่า 24 โม ารา สามารถสาว				

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.

annan an a	Steven Jones	Central District Director	04/11/2016
Signature of Agency Head Designue	Print Name	Title	(Mu.ith. Day, Year)

Comment: \_\_

#### Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 Date of Original Filing: \_ steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$134.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Carrie Underwood 04 10 16 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If ves: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official? Officiel's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticketis Pass(es) Number of 8. Name of Individual **Ticket(s**H Identify one of the following: Pass, des Pass(ns) Ceremonial Role Other Income Hom, Christine If checking "Ceremonial Role" or "Other" describin below: 2 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 sheeking "Ceremonial Rob" or Other" describe below. 2 Number of C. Mame of Ounside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 1 1 have read and understand EPPC Regulations 1894# 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 04/11/2016 Signature of Agency Head or Designee Print Name Title (Month. Day, Year) Comment:

#### A Public Document

_					A rubite socutier
I.	Agency Name	14		Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If	Appiicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name,	Title)			
	Steven Jones				
	Area Code/Phone Number E-mail			Amendmont (Must provide explanation in Part 3	
	(510) 272-6693 stev	en.jones@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information	n	2		
	Does the agency have a ticket polic	y? Yes 🛛 N	o 🔲 🛛 🛛 Face Value	of Each Ticket/Pass \$ _	\$134.00
	Event Description	bc	Data(s) 04	4 <u>, 10 , 16</u>	
	Provid	e Title/Explanation			
	Ticket(s)/Pass(es) provided by ager	icy? Yes 🗌 No	If no: Golde	n State Warriors	burce
,	Was ticket distribution made at the t	abaat me		Name of Sc Name of Sc	ource
	of agency official?	s X If yes: Alam	If yes: Alameda County Supervisor Wilma Chan		
	Recipients	*(-	18	NO NAME	
	Use Section A to identify the agency's department or unit.      Use Section B to identify an individual.				tify an outside organization.
-	A. Name of Agency, Department or U	Number of		olic purpose made pursuan	
	adal ananan . Ana ang panganananan kanang kang pang tang kang kang kang kang kang kang kang k				
	B. Name of individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Durana Mattia		Ceremonial Role	Other D	Income [
	Brown, Mattie	4		, I Role" or "Other" describe below:	
				ance at an event held potential County rever	
-		4		Other Dial Role" or "Other" describe bulow:	income [
(	C. Name of Outside Organization (include address and description	Number of ficket(s)/ Pass(os)	Describe the pub	lic purpose made pursuant	to the agency's policy
					Les and a start in the design of the second start of the
-					

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	04/11/2016
Signature of Agazety Head or Designee	Print Name	Title	(Month. Duy, Year)

**A Public Document** 

Form For Official Use Only For Official Use Only For Official Use Only For Official Use Only For Official Use Only Date of Original Filing:
Amendment (Must provide explanation in Part 3.)     Date of Original Filing:(Month, Day, Year)      of Each Ticket/Pass \$\$500     04\$500     04\$500     04     len State Warriors         Name of Source     meda County Supervisor Wilma Chan
Date of Original Filing:
e of Each Ticket/Pass \$\$500 04 len State Warriors Name of Source meda County Supervisor Wilma Chan
e of Each Ticket/Pass \$\$500 04 19 19 19 19 10
e of Each Ticket/Pass \$ 040316 len State Warriors Name of Source meda County Supervisor Wilma Chan
04 <u>03</u> 16 <u>J</u> Ien State Warriors Name of Source meda County Supervisor Wilma Chan
len State Warriors <sub>Name of Source</sub> meda County Supervisor Wilma Chan
Name of Source meda County Supervisor Wilma Chan
Name of Source meda County Supervisor Wilma Chan
meda County Supervisor Wilma Chan
Official's Name (Last, First)
Construction of the second
idual. • Use Section C to identify an outside organization.
ublic purpose made pursuant to the agency's policy
Identify one of the following:
e 🗌 Other 🔲 Income [
nonial Role" or "Other" describe helow;
dance at an event held at a County facility in e potential County revenue from sales.
e  Other  Income  Income  Income
ublic purpose made pursuant to the agency's policy

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	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Ever	its and Tid	cket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Reg	<b>jion</b> (If Applicab.	le)			For Onicial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Steven Jones					
Area Code/Phone Number	E-mail	Watcheld III and a management		Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.or	3	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Infor	mation	-			(
Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$500 ticket
Event Description Basketbal	l Game		Date(s)	4 , 03 , 16	1 1
	Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
3.87 15.1 1 1 1 1 1.			Alom	Name of Sou	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (L	ast First
. Recipients				the Property days and the second second	
Use Section A to identify the agence	y's department or	runit. 🤍 Use Sec	tion B to identify an individ	ual. • 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 put	blic purpose made pursuant	to the agency's policy
B. Name of Individua (Last First)	a)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role		Income
Elliott, Laura		2		ial Role" or "Other" describe below:	the Opumba featility in
				ance at an event held a potential County reven	
and an annual and a second second second			Ceremonial Role	Other	Income
		2	If checking "Ceremon	ial Role" or "Other" describe below:	
		-			
<b>A</b>		Number of			
C Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
жана, — <sub>(1</sub>				<u> </u>	
<u> </u>					
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	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month. Day, Year)

Comment: \_

**A Public Document** 

-						
1.	Agency Name		•		Date Stamp	California 802
	Alameda County					Form OO2 For Official Use Only
	Division, Department, or Reg	ion (If Applicab	ile)			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	es@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation	-1	: Ci illandifina alun a	The second second	1
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$500 ticket
	Event Description Basketball	Game			, 03 , 16	
	Event Description	Provide Title/Ex	planation	Date(s)	/	/
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🔲 No	IN If no: Golder	n State Warriors	
		,			Name of Sou	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	Wilma Chan
-	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>		r unit. ■ Use Se Number of	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt ər Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
	B. Name of individua		Number of Ticket(s)/		Identify one of the followin	
	iLast First)		Pass(es)			·9·
	Diaz, Nicholas			Ceremonial Role		
			2		ance at an event held a	t o County facility in
				order to maximize p	potential County revenu	le from sales.
				· · · · · · · · · · · · · · · · · · ·	Other	
					al Role" or "Other' describe below:	
			2			
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
	(include address and des	cription)	Pass(es)			
	The second s					
4.	Verification		-1			- A.
	I have read and understand EDDC Baril	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	_		Steven Jo	ones C	entral District Director	04/28/2016
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

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

Peremonial Role Events and Tic	INCUPASS	DISTIDUTIONS		A Public Documen
. Agency Name			Date Stamp	California 802
Alameda County				Form OQ2 For Official Use Only
Division, Department, or Region (If Applicable	le)		1	I of 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.jone	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	¥ 7		T T	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$500 ticket
Event Description Basketball Game		Data(s) 0	4 , 03 , 16	
Provide Title/Exp	lanation			//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
			Name of Sou	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alar	eda County Supervisor	Wilma Chan
			Official's Name (L	ast, First)
B. Name of Individual (Lust First)	Number of Ticket(s)/ Pass(es)	ſ	Identify one of the followir	ıg:
Deckle Main and Labor		Ceremonial Role	Other	Income
Brekke-Meisner, Lukas	2	To promote attend	ial Role" or "Other" describe below: ance at an event held a potential County revent	t a County facility in ue from sales.
	2	Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
C: Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Verification				

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

	Steven Jones	Central District Director	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Events and Tic	cket/Pass	Distributions	a and a state of the	A Public Documen
. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (If Applicabl	e)			i or ornolar ood orny
Board of Supervisors				
Designated Agency Contact (Name, Title)		the second s	1	
Steven Jones				
Area Code/Phone Number E-mail	nnin en e terrati naine en		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693 steven.jone	s@acgov.or	g	Date of Original Filing:	(Manih Day Vara)
. Function or Event Information	L About	Streen 1991 Protected Splantane	IN A RE WHAT I A Y Y-	
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	\$500 ticket/\$35 parking
Event Description Basketball Game Provide Title/Exp	lanation	Date(s)	, 03 , 16	//
Ticket(s)/Pass(es) provided by agency?		Golde	n State Warriors	
initial (s)/rass(es) provided by agency?	Yes 🗋 No		Name of Sc	ource
Was ticket distribution made at the behest	No 🗌 Yes	I If ves. Alam	eda County Superviso	or Wilma Chan
of agency official?			Official's Name (	Last, First)
Pecipionis	17 <b>4</b> - Jan 1997 - 1 and			
e Une Section A to identify the agency's department or	unit. 🔹 Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A, Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of individual	Number of			
(Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Kubo Theresa		Ceremonial Role		Income
Rabo, marosa	3+1park	-	al Role" or "Other" describe below:	at a Carrate to all the tr
		order to maximize p	ince at an event held a potential County reven	ue from sales.
		Ceremonial Role	Other	Income
	2. Inort		al Role" or "Other" describe below:	
en an References	3+1park			
C. Figure of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
(include aburess and description)	Pass(es)			
				·

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) Steven Jones **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\$500 ticket/\$35 parking Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description Basketball Game 04 03 16 Date(s)\_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticker 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 A 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 B Ticket(s)/ Identify one of the following: Last Frst; Pass(es) Ceremonial Role Other Income Brown, Siena If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization С. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

I have read and understand EDDC Deputations 19944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment; .

A Public Document

			, asa	s Distributions		A Public Documen
	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
D	livision, Department, or Regi	on (If Applicabl	e)			Tor Onicial Use Only
E	Board of Supervisors					
D	esignated Agency Contact (	Name, Title)				
S	Steven Jones					
Ā	rea Code/Phone Number	E-mail	1-10-10-10-10-10-10-10-10-10-10-10-10-10		Amendment (Must p	rovide explanation in Part 3.)
(!	510) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. F	unction or Event Inform	nation	1-11-4			(Month, Day, Tear)
	oes the agency have a ticket		Yes 🖾 No	Face Value o	f Each Ticket/Pass \$_ <sup>\$</sup>	600 ticket/\$35 parking
E١	vent Description Basketball	Provide Title/Exp.	lanation	Date(s)		//
77	ickat(e)/Dace(co) provided by			Golder	State Warriors	
11	icket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of So	urce
W	as ticket distribution made a	t the behest	No 🗌 Yes	K If yes. Alame	eda County Superviso	r Wilma Chan
	of agency official?			тусэ. <u>— — — — — — — — — — — — — — — — — — —</u>	Official's Name (L	.ast, First)
Α	Name of Agency. Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
B	Name of Individuel		Number of Ticket(s)/		identify one of the followi	ng:
			Pass(es)			
S	ummers, Jim			Ceremonial Role	Other Other H Role" or "Other" describe below:	Income
ï	·		2+1park	To promote attenda	nce at an event held a otential County reven	at a County facility in ue from sales.
			2+1park	Ceremonial Role [	】 Other □   Role" or "Other' describe below:	Income
C.	Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
	rification	-1				

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	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

. ...

nent, or Region (If Applic isors cy Contact (Name, Title) Number E-mail	cable)		Date Stamp	California Form 802 For Official Use Only
ient, or Region (If Applia isors cy Contact (Name, Title) Number E-mail	cable)			and the second sec
isors cy Contact (Name, Title) Number E-mail	cable)			For Official Use Only
cy Contacî (Name, Title) Number E-mail		neth		
cy Contacî (Name, Title) Number E-mail		ana ing pangana at		
Number E-mail				
	a sta contra c		Amendment (Must pr	ovide explanation in Part 3.)
I at a set of the set	0			
	nes@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
ent Information				
nave a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$600 ticket
Basketball Game		Date(s) 04	, 05 , 16	
Provide Title/	Explanation	Date(3)		//
provided by agency?		Ist If no: Golder	State Warriors	
			Name of Sou	
	<sup>st</sup> No⊡ Yes	If yes: Alame	eda County Supervisor	Wilma Chan
1		,	Official's Name (La	ast, First)
cy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	e the agency's policy
e of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income
	2			
		To promote attendar order to maximize po	nce at an event held at otential County revenu	a County facility in e from sales.
	2			Income [
	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
	Basketball Game Provide Title/ provided by agency? tion made at the behes? tify the agency's departmen bcy, Department or Unit e of Individual	Basketball Game         Provide Title/Explanation         provided by agency?       Yes □         provided by agency?       Yes □         No □       Yes         tion made at the behest       No □         Yes       No □         tify the agency's department or unit.       * Use Second         tify the agency's department or unit.       * Use Second         tricy, Department or Unit       Number of Ticket(s)/ Pass(es)         e of Individual       Number of Ticket(s)/ Pass(es)         2       2         2       2         Itside Organization ress and description)       Number of Ticket(s)/ Ticket(s	Basketball Game       Date(s)         Provide Title/Explanation       Date(s)         provided by agency?       Yes □       No ⊠       If no: Golder         tion made at the behest       No □       Yes ⊠       If yes: Alame         ?       If yes: Alame       If yes: Alame         ?       Number of       Describe the puble         Itent frait       Number of       If yes: Alame         ?       Ceremonial Role       If theeking "Ceremonial role         ?       Ceremonial Role       If theeking "Ceremonial role         ?       If checking "Ceremonial Role       If checking "Ceremonial role         ?       If checking "Ceremonial Role       If checking "Ceremonial role         ?       If checking "Ceremonial Role       If checking "Ceremonial role         ?       If checking "Ceremonial Role	Basketball Game       Date(s)

	Steven Jones	Central District Director	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

	Agency Name				Date Stamp	California 002
	Alameda County					Form OU2
	Division, Department, or Reg	ion (If Applicat	ole)		_	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	n Minen .		4	
	Steven Jones					
	Area Code/Phone Number	E-maii		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jone	es@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	1	-2-1-2-		A
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	\$500 ticket/\$35 parking
	Event Description Basketball	Game				//
		Provide Title/Ex	planation	Date(s)		/
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of So	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Alam	eda County Supervisc Official's Name (i	or Wilma Chan
_	and and the part of the factor	······································	il and	We should be a first of the second seco	Onicial s Name (i	Last, First)
3.	• Use Section A to identify the agency	l's denartment o	runit elles So	tion P to identify on individ	uni - Line Spatian C to idea	
			Number of	1		······································
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	and the second secon					
	B. Name of Individua		Number of		litentify one of the followi	lug.
	B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	B. Name of Individua (Last Frat) Cravalho, Brian	I	Ticket(s)/ Pass(es)	Ceremonial Role		
	(Lass First)	I	Ticket(s)/	If checking "Ceremon To promote attenda	Other	Income
	(Lass First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p	Other D iai Role" or "Other" describe below: ance at an event held a	Income C at a County facility in ue from sales.
	(Lass First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other D ial Role" or "Other" describe below: ance at an event held a potential County reven	Income C at a County facility in ue from sales.
	Cravalho, Brian	zation	Ticket(s)/ Pass(es) 3+1park	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Control describe below: Conce at an event held a control county reven Other Cotential County reven Coter Cother Control describe below.	Income at a County facility in ue from sales.
	(Law Proc	zation	Ticket(s)/ Pass(es) 3+1park 3+1park Number of	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: ance at an event held a potential County reven	Income
	Cravalho, Brian	zation	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Control describe below: Conce at an event held a control county reven Other Cotential County reven Coter Cother Control describe below.	Income
	Cravalho, Brian	zation	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Control describe below: Conce at an event held a control county reven Other Cotential County reven Coter Cother Control describe below.	Income
	Cravalho, Brian C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking Ceremon Describe the pub	Other  Cother  Cother	Income
	Cravalho, Brian	zation cription)	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other  Cother  Cother	Income

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$500 ticket/\$35 parking Does the agency have a ticket policy? Yes X No Event Description Basketball Game 04 03 16 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County</u> Supervisor Wilma Chan 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 Δ 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: (Lase First) Pass(es) Ceremonial Role Other Income Arden, Kris 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) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**A Public Document** 

Agency Name				Date Stamp	California <b>Q12</b>
Alameda County					Form OUZ
	on (If Applicab	le)			For Official Use Only
Board of Supervisors					
•	Name, Title)				
•					
	E-mail			Amendment (Must pro	vide explanation in Part 3.)
		s@acgov.org	3	Date of Original Filing: _	(Month, Day, Year)
Function or Event Inform	nation	7		12-11-12-12-12-12	
		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	\$500
	Game	_		, 03 , 16	//
	7101100 1110 230	planation	Goldor	n State Warriors	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sour	ce
	t the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	Wilma Chan
	X-R-		-1.1 Allagentered		
	's department or	r unit. 🔹 Use Sec	tion B to identify an individu	ual. 🤊 Use Section C to identif	y an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant te	o the agency's policy
B. Name of Individua		Number of Ticket(s)/ Pass(es)		identify one of the followin	g.
M.O					Income
McCormick, Mike		2	To promote attenda	ance at an event held at	
		2			Income 🗌
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Board of Supervisors Designated Agency Contact ( Steven Jones Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Basketball Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department B. Name of Individua C. Name of Outside Organi	Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693       E-mail steven.jone         Function or Event Information Does the agency have a ticket policy?         Event Description       Basketball Game Provide Title/Exp         Ticket(s)/Pass(es) provided by agency?         VVas 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 icast Prefi         McCormick, Mike	Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes No         Event Description       Basketball Game Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes No         Was ticket distribution made at the behest of agency official?       No Yes         Recipients • Use Section A to identify the agency's department or unit. • Use Section A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B.       Name of Individual icast Prefit       Number of Ticket(s)/ Pass(es)         McCormick, Mike       2         2       2	Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number       E-mail         (510) 272-6693       steven.jones@acgov.org         Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of         Event Description       Basketball Game       Date(s)O4         Provide Title/Explanation       Date(s)O4         Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no: Golder         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes: Alamy         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the pub         B.       Name of individual iscie/#ef       Ceremonial Role if the checking 'Ceremon       Ceremonial Role if the checking 'Ceremon         McCormick, Mike       2       Ceremonial Role if the checking 'Ceremon       Ceremonial Role if the checking 'Ceremon         2       Ceremonial Role if the checking 'Ceremon       Ceremonial Role if the checking 'Ceremon	Board of Supervisors

#### 4. Verification

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

	Steven Jones	Central District Director	04/28/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

1 1 0	oney News				A Public Docume
	ency Name			Date Stamp	California 200
	meda County			Form 002	
Divi	sion, Department, or Regio	on (If Applicable)		For Official Use Only	
Boa	ard of Supervisors				
	Ignated Agency Contact (N	ame. Title)	· · · · · · · · · · · · · · · · · · ·	· ·	
	-				
	Ann Fergerson, Supervis		· .		
		E-mail		Amendment (Mustp	
(51)	0) 272-6691	eeann.fergerson@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
. Fur	nction or Event Inform	ation	······································		(monn, Day, Tean
Does	s the agency have a ticket p	oolicy? Yes 🖾 N	Jo □ Face Value o	f Each Ticket/Pass \$	90.00
-	in in Briso	Ingo hat		10 11	
Ever	nt Description	wide Title/Explanation	Jees Date(s)	19/10	/
Tieks	t(n)/Deen(ee) provided by a		- · Co	Edai d NJ	1 Date C
TIGK	et(s)/Pass(es) provided by a	agency? Yes	io 🗌 🦷 if no: 💭 📿	Name of Sou	FULCTICS_
Was	ticket distribution made at t	he behest No □. Ye	Alar	neda County Supervisor S	
	gency official?		If yes:	Official's Name (L	con haggeny, District 1
Rec	ipients				
Α.	Section A to identify the agency's Name of Agency, Department	a second a second s	Describe the publ	c purpose made pursuant t	o the agency's policy
4		the standard		en e	
			- A -		
*					
					<u>7</u>
В.	Name of Individual (List, Fint)	Number of Ticket(s)/		Identify one of the following	Ϋ́Ε
	¥	Pass(as)		uters as a star	
					me 🛄
					-
			Commentation of the		
			Ceremonial Role	Other	Income
	Name of Outside Overeni-ett	Number of			
C.	Name of Outside Organization (include address and descript		Describe the public	purpose made pursuant to	the agency's policy
Lane	more Valley W.				
1. 104	te Foundation for	regravers 18/4		or non-profit organi	zation for
			it's contributions to	the community.	
556	STESTA Road Live	ermore			
CA	94550		· ,		
Varifi	ration		· · · · · · · · · · · · · · · · · · ·		

4 Next reaction A Next reaction durderstand EPEC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

		Lee Ann Fergerson	Supervisor's Assistant	
V	Signature of Agenty Head or DeSignee	Print Name	Title	(Month, Day, Year)
Cor	nment: to aid local orcali under-served the putation & educa	eations that support I dren marcas of new;	Arts Education and including health FPPC Toll-Free Helpline: 866/AS	to Support FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail leeann.fergerson@acgov.org (510) 272-6691 Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 💯 No 🗌 Event Description -Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🛛 🖓 No 🗋 Name of Sou Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗋. Yes 💆 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To Reward a school or nonprofit organization for DIVIVERS Its contributions to the community.

#### 4. Verification

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

	Lee Ann Fergerson	Supervisor's Assistant	Z-11-16
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: Here in fund	raising efforts to	poulde-free Suppe	ertature
companionship +	ransportation for		FPPC Form 802 (4/12)
Ambulatory patrie In Fremont, News	nts undergoing life	-saving concer-	treatments

A monou Maria					A Public Docun
Agency Name Alameda County		4		Date Stamp	California 80
Division, Department, or Regio	m (if Applicable)			-	For Official Use Only
Board of Supervisors	•				
Designated Agency Contact (N	ama Titlal			02	
				645	
Lee Ann Fergerson, Supervis					
	E-mail				wide explanation in Part 3, )
	eeann.fergerso	n@acgov	/.org	Date of Original Filing:	(Monih, Day, Year)
Function or Event Inform					
Does the agency have a ticket p	olicy? Yes	5 🖾 No [	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	2.1.00
Event Description	ball	(	Date(s)	.29.16	
	rovide Title/Explanatio	n			
Tickel(s)/Pass(es) provided by a	agency? Yes		] If no: <u>Co</u>	kland H Name of Source	<u>fletics</u>
Was ticket distribution made at to of agency official?	he behest No	⊡. Yes (	If yes:Ala	meda County Supervisor Sco Official's Name (Las	oft Haggerty, District 1
KACINIANTE					
Recipients • Use Soction A to identify the agency's o		• Use Secti		and the second sec	
	or Unit T	tmber of cket(s)/.	Describe the pub	lic purpose made pursuant to	the agency's policy
<ul> <li>Use Section A to identify the agency's e</li> </ul>	or Unit T	umber of	Describe the pub	and the second sec	the agency's policy
<ul> <li>Use Section A to identify the agency's e</li> </ul>	or Unit T	tmber of cket(s)/.	Describe the pub	lic purpose made pursuant to	the agency's policy
<ul> <li>Use Section A to identify the agency's e</li> </ul>	or Unit T	tmber of cket(s)/.	Describe the pub	lic purpose made pursuant to	the agency's policy
Use Section A to identify the agency's o	or Unit T	tmber of cket(s)/.	Describe the pub	lic purpose made pursuant to	the agency's policy
• Use Soction A to identify the agency's o A. Name of Agency, Department o	or Unit Ti	tmber of cket(s)/.	Describe the pub	lic purpose made pursuant to	the signor's policy
<ul> <li>Use Section A to identify the agency's of A.</li> <li>Name of Agency, Department of Agency, D</li></ul>	or Unit Ti	imber of (ckat(s)). ass(ob). mber of (ckat(s)/	Describe the pub	lic purpose made pursuant to	the signor's policy
Use Soction A to identify the agency's of A. Name of Agency, Department of Agency, Department of Agency Department of Agency Department of Individual	or Unit Ti	imber of (ckat(s)). ass(ob). mber of (ckat(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
Use Section A to identify the agency's of A. Name of Agency, Department of Agency, Name of Individual	or Unit Ti	imber of (ckat(s)). ass(ob). mber of (ckat(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
<ul> <li>Use Soction A to identify the agency's of A. Name of Agency, Department of</li></ul>	or Unit Ti	imber of (ckat(s)). ass(ob). mber of (ckat(s)/	Describe the pub	lic purpose made purput to	the agency's policy
Name of Outside Organizatio	or Unit Ti	mber of Cket(s)/ ass(cb): mber of Cket(s)/ B66(66)	Describe the pub	IC purpose made pursuant to Identify one of the following:	the sgency's policy ime income
Use Soction A to identify the agency's of A. Name of Agency, Department of Agency,	or Unit Ti P Nu Ti P Nu Ti P	mber of (kat(s)). ass(ds): mber of ckat(s)/ ass(es)	Describe the pub	IC purpose made purput to	the sgency's policy ime income
A. Name of Agency, Department of Agency's ( A. Name of Agency, Department of Name of Individual (Last: First) Name of Outside Organization (include address and descript) EVS Breast Carcer	or Unit Ti P Nu Th Pi Pi On Nun Tic Pas	mber of cket(s)/. ass(db); mber of cket(s)/ ssc(es) nber of ket(s)/	Describe the pub Coremonial Role [ If checking "Ceremonian Describe the public To reward a scho	Identify one of the following: Dother Role" or "Other" describe befow: purpose made pursuant to the coll or non-profit organi	the sgiency's policy me Income
<ul> <li>Use Soction A to identify the agency's of A. Name of Agency, Department of Agency, Department of A. Name of Agency, Department of A. Name of Individual (<i>Last-First</i>)</li> <li>Name of Outside Organization (include address and descript)</li> <li>Wate Science Conduction (<i>Last-First</i>)</li> </ul>	or Unit Ti P Nu The Pi Pi Pi On Nun Tic Par	mber of cket(s)/. ass(db); mber of cket(s)/ ssc(es) nber of ket(s)/	Describe the pub Coremonial Role [ If checking "Ceremonian Describe the public To reward a scho	It purpose made pursuant to Identify one of the following: Dother Role" or "Other" describe below:	the sgiency's policy me Income
Use Soction A to identify the agency's of A. Name of Agency, Department of Agency,	or Unit Ti P Nu Th Pa Sic (30)	mber of cket(s)/. ass(db); mber of cket(s)/ ssc(es) nber of ket(s)/	Describe the pub Coremonial Role [ If checking "Ceremonian Describe the public To reward a scho	Identify one of the following: Dother Role" or "Other" describe befow: purpose made pursuant to the coll or non-profit organi	the sgiency's policy me Income

1	Lee Ann Fergerson	Supervisor's Assistant	4-12-16
Signature of Agenty Head or Designee	Print Name	Thie	(Month, Day, Year)
Comment: Tovaise	funds for HERS	Breast Ca	MCPC
to provide cancer Sw	services to breast	FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (4/12) K-FPPC (866/275-7772)

4.

1. Agend						
-	da County				Date Stamp	California 80
	n, Department, or Rec	ion (If Applicat			-	Form For Official Use Only
	of Supervisors		<b>-</b> ,			
	ated Agency Contact	(Name Title)			4	
						4 th
	n Fergerson, Supervolution		ant	, 	Amendment (Must p	muide evolution in Ord 2 3
	72-6691	E-mail				
			jerson@acg	lov.org	Date of Original Filing:	(Month, Day, Year)
	on or Event Infor		(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			(A)
Does the	e agency have a ticke	al an	Yes D N	o 🗌 🛛 🛛 Face Value d	of Each Ticket/Pass \$	Cex;
Event De	escription	eval	Horont	Date(s)	15,16	
		Provide Title/Ex	planation	<u> </u>	CO. O.N.	0 0 1 0
Ticket(s)	/Pass(es) provided by	agency?	Yes DN	o 🗌 🛛 If no: 🛴 📿	Kland JA	thetics_
Was tick	et distribution made a	t the behest	No 🗋 Yes	Ala	meda County Supervisor So	
	cy official?			If yes:	Official's Name (La	est. First)
• Use Secti A. Na	me of Agency, Departmen		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the assistentia nation
			Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	
			Ticket(s)/	Describe the publ		
A. Na	me of Agency, Departmen		Number of Ticket(s)/	Ceremonial Role		
A. Na	me of Agency, Departmen		Number of Ticket(s)/	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [	Identify one of the following D Other	
A. Na B.	me of Agency, Departmen	tion	Number of Ticket(s)/	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonial	Identify one of the following Other I Other Other Other Other Other Other	Income
А. №а. В.	ne of Agency, Department Name of Individual (Lest; First)	tion ption)	Number of Ticket(s)/	Ceremonial Role [ If checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school	Identify one of the following D Other D Role" or "Other" describe below: D Other Role" or "Other" describe below:	Income
А. Na В. С. N (inc	Name of Individual (Last, First) lame of Outside Organiza clude address and descri du Heceltu lation mark H. Dga lov Oakland, C	tion ption)	Number of Ticket(s)/	Ceremonial Role [ If checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Describe the public To reward a school	Identify one of the following Other I Other Other Other Role" or "Other" describe below: Role" or "Other" describe below: Dother Other Describe below: Dother Description of the organization of the organizat	Income

 Lee Ann Fergerson
 Supervisor's Assistant
 4-12-16

 Signalure or Agency Hear or Designee
 Print Name
 Tille
 (Month, Day, Year)

 Comment:
 Comment:
 For AHS
 New Actube Care Tower Of

 Hydrad Hospital
 FPPC Form 802 (4/12)

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

4.

1. Agency Name				A Public Documen
-			Date Starnp	California 802
Alameda County				Form 002
Division, Department, or Region (If Appli	icable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Lee Ann Fergerson, Supervisor's Ass	ictont			
Area Code/Phone Number E-mail			Amendment (Must p	
	ergerson@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				~~~
Does the agency have a ticket policy?	Yes 🗭 N	lo 🗍 👘 Face Value of	f Each Ticket/Pass \$_	23,00
Event Description _ Busebal	$\rho$ (	Date(s) <u>5</u>	27 110	-
Provide Title/	Explanation			//
Ticket(s)/Pass(es) provided by agency?	Yes	lo 🗆 If no: 📿	kland DA	thetics_
Was ticket distribution made at the behes	st No⊡. Ye	Alan	neda County Supervisor So	
of agency official?		If yes:	Official's Name (La	est Firet
	Pass(és)		s purpose made pursuant to	
B. Name of Individual (Lest: First)	Number of Ticket(s)/ Pass(es)		dentify one of the following	
		11		
		Ceremonial Role 🔲 If checking "Ceremonial R	Other 🛄 ole" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	purpose made pursuant to th	e agency's policy
The Parents of Universal Performers (MSJPUPS)	2	To reward a school it's contributions to	or non-profit organizes or the community.	zation for
P.O. BOY 3252. Fremont (A 94539				

4. Verification A 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.

	Lee Ann Fergerson	Supervisor's Assistant	4-11-110
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:Chelp	fundraise/Supp	ort-the Performin	4 Arts
· ·	7 11	FI FPPC Toll-Free Helpline: 866/ASK-F	PPC Form 802 (4/12) PPC (866/275-7772)

1. Agency Name				A Public Documer
Alameda County			Date Starnp	California 802
Division, Department, or Region (If App	licable)		4	Form 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 pro	wide explanation in Parl 3.)
(510) 272-6691 leeann.f	ergerson@acg	ov.org	Date of Original Filing: _	· · · · ·
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 💯 No	o 🗍 🛛 Face Value of	f Each Ticket/Pass \$	21.00
Event Description		Date(s)	1110	
Ticket(s)/Pass(es) provided by agency?	Yes		kland A	hetics
Was ticket distribution made at the behe of agency official?	st No 🗌 Yes	If yes:	neda County Supervisor Sco Official's Name (Last	tt Haggerty, District 1
Use Section A to identify the agency's departmen     A. Name of Agency, Department or Unit	Number of Ticket(s) Pass(es)	Ction B to identify an individual	I. ● Use Section C to identify a purpose made pursuant to t	he agency's policy
		X		ib.
B. Name of Individual (Last; First)	Number of Ticket(s)/ Pass(es)		dentify one of the following:	
-		To promote attendanc to maximize potential parking sales.	e at a county sponsored ev county revenue for concess	ent in order ome 🔲 ion and
		Ceremonial Role II	Other	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	urpose made pursuant to the	agency's policy
Aumini Association	2	To Reward a school or Its contributions to th	r nonprofit organization for e community.	
Wermore cA				

#### 4. Verification

1 flave readyand understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above; is in accordance with the requirements.

·		Lee Ann Fergerson	Supervisor's Assista	ant 4-11-11a
V	Signature of Agenty Head or DeSignee	Print Name	Tille	(Month, Day, Year)
Co	mment:lohel	praise fund	s for the	High Stabl
	School-F	Tends that ha	C FPPC Toll-Free Helpline	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
	been cut			

1. Agency Name				A Public Documer
Alameda County			Date Stamp	California 802
Division, Department, or Region (If Applie	ahle)		4	Form DOZ
				For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title)				
				÷.
Lee Ann Fergerson, Supervisor's Assi	stant	,		
Area Code/Phone Number E-mail			Amendment (Must p.	
	rgerson@acg	jov.org	Date of Origina   Filing: .	(Marth Day Verd
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 💯 N	lo 🗌 🛛 Face Value of	Each Ticket/Pass \$	27.00
Event Description Buselball	xplanation	Date(s)	,3,16	5, 17,16
Ticket(s)/Pass(es) provided by agency?	Yes	o 🗆 If no: 📿	kland A	hletics
Was ticket distribution made at the behes	No 🗋 Ye	s If yes: Alam	neda County Supervisor So	
of agency official?		( · · · · · · · · · · · · · · · · · · ·	Official's Name (La	st. First)
			11 ·	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	l	dentify one of the following:	
		Ceremonial Role	Other Delow:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	urpose made pursuant to the	agency's policy
Dublin High School 8151 Village Parkuby Dublin CA gystad	22	To reward a schoo — it's contributions t	ol or non-profit organ to the community.	ization for
11,240				

#### 4. Verification

A 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.

	Lee Ann Fergerson	Supervisor's Assistant	4-11-110
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:	Se funds for	sports	
	مي. اور		FPPC Form 802 (4/12)

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

1. Agency Name				A Public Documen
Alameda County			Date Starnp	California 802
Division, Department, or Region (If	Applicable)			Form UUZ
	(ppiloable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)			5-
Lee Ann Fergerson, Supervisor's	Assistant			
Area Code/Phone Number E-ma	il		Amendment (Must p	rovide explanation in Parl 3.)
(510) 272-6691 leear	nn.fergerson@ac	gov.org	Date of Origina   Filing:	
2. Function or Event Informatio	n			(Month, Day, Year)
Does the agency have a ticket policy	/? Yes 💋 I	No 🗆 Face Value or	f Each Ticket/Pass \$	27.00
Event Description Buselba	100 T		20 1/0	L. ICIN
Provide	Title/Explanation	Date(s)		<u>e, 18, 16</u>
Ticket(s)/Pass(es) provided by agend	cy? Yes DN	lo 🗆 If no: 🙆	kland A	hletics
Was ticket distribution made at the be	ehest No 🗌 Ye	Alan	Name of Sour	re
of agency official?		If yes:	Official's Name (La	st First)
• Use Section A to identify the agency's depart A. Name of Agency, Department or Unit	t Trčket(s)/ Pass(es)		purpose made pursuant to	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		dentify one of the following:	ome 🔲
	- 20	Ceremonial Role 🔲 If checking *Ceremonial Ro	Other	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	urpose made pursuant to the	agency's policy
Dublin thigh Sch SISI Village Parkwa	n. 2 4	To reward a school of the scho	or non-profit organiza	ation for
Dublin (A 94518	2			
erification				

#### 4. V

1.11

A they's ready and understand EBBC Resultions 10014.1 and 18942. I have verified that the distribution set forth above; is in accordance with the requirements.

	Lee Ann Fergerson	Supervisor's Assistant	4-11-11-
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:	ise funds for	Sports	
			FPPC Form 802 (4/12)

Ceremonial Role Events and Tic	ket/Pass	Distributions	131	A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County				Hom
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Lee Ann Fergerson, Supervisor's Assista	nt			<u> </u>
Area Code/Phone Number   E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗌 Nq	Face Value of	of Each Ticket/Pass \$ _	134.00
Quero a 111. do	inidod	- 1/	,10,14	
Event Description <u>COVIC</u> Provide Title/Expl	100	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	□ If no:	SW	
	IES WAL IND		Name of So meda County Super	ource visor Scott Haggerty, D 1
Was ticket distribution made at the behest	No 🗌 Yes	If yes:	Official's Name (	
of agency official?			Official s Name (	
• Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Michelle	4		nce at a county sponsore al county revenue for cor	
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			~	

Verification
The verified that the distribution set forth above, is in accordance with the requirements.

	Lee Ann Fergerson	Supervisor's Assistant	4-6-10
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
		•	

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

4.

Chil

dren whe

Signature of Agenty Head or designee	s direct	Print Name	nd life cha		(Month, pay, Year)
		Ann Ferg		pervisor's Assistant	4/11/10
Verification	1.1 and 185	42. I have ven	ified that the distribution set forth	above, is in accordance with the n	Divise manta
leleg3 Bierra La Suite F Dublin (1	ne A 9456X	,			
Tri-Valley YMCA		2	To reward a schoo it's contributions t	l or non-profit organiz o the community.	ation for
C. Name of Outside Organizat (include address and descrip	lion ption)	Number of Ticket(s)/ Pass(cs)	Describe the public	purpose made pursuant to th	e agency's policy
			Caremonial Role	Other	Income
				1.1	ıme []
(Last, First)		Pass(es)	• • • • • • • • • • • • • • • • • • •	identify one of the following:	
B. Name of Individual		Number of Ticket(s)/			
	·		· · · · · · · · · · · · · · · · · · ·		
				<u>n an the set of stations and stations and stations and stations and stations are stations and stations are stations and stations are stations and stations are statio</u>	ann ar thair an thail.
A. Name of Agency, Department		Number of Ticket(s)/. Pass(es).	Describe the publi	s purpose made pursuant to	the apency's naticy
Recipients     Use Section A to identify the agency's	s department or u	nit. • Use Se	ection B to identify an individua	I. • Use Section C to Identify	an outside organization.
of agency official?			· · · · · · · · · · · · · · · · · · ·	Official's Name (Las	t, First)
Was ticket distribution made at	the behest	C No 🗌. Yes	s If yes:	Name of Source neda County Supervisor Sco	•
Ticket(s)/Pass(es) provided by	agency?	Yes ZON		bland Dt	hletics
Event Description	Provide Title/Expla	nation	Date(s)	3,16_	/
Does the agency have a ticket	policy?	Yes 🗭 N	o 🔲 🛛 Face Value of	Each Ticket/Pass \$	27.00
2. Function or Event Inform			ovidig		(Month, Day, Year)
Area Code/Phone Number (510) 272-6691	E-mail leeann.ferge	rson@aca	04.077	Date of Original Filing:	vide explanation in Part 3.)
Lee Ann Fergerson, Supervi		ot		Amondmone	
Designated Agency Contact (	Name, Title)				
Board of Supervisors		,			
Alameda County Division, Department, or Regi	ion (If Annlicable	1	· · · · · · · · · · · · · · · · · · ·		Form For Official Use Only
Alexandra A. Sur 1			•	Date Stamp	California 802

a

LI,

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-7772)



Agency Report of: Ceremonial Role Events and T	icket/Pas	s Distributions		A Public Documer
1. Agency Name		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
Alameda County				Form OU2
Division, Department, or Region (If Applica	able)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·		1	
Lee Ann Fergerson, Supervisor's Assis	tant			
Area Code/Phone Number E-mail			Amenament (Must	provide explanation in Part 3.)
(510) 272-6691 leeann.fer	gerson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	· · · · ·		- <u> </u>	Hamas
Does the agency have a ticket policy?	Yes 💇 No	Face Value o	of Each Ticket/Pass \$ _	46 80.00
Event Description BASEBA	MI -	Date(s) <u>5</u>	29,10	7
Provide Title/E	xplanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 📴 No	If no: Ual	dand Athle	etics
		—	Name of So Name of So	<sup>wrce</sup> sor Scott Haggerty, D 1
Was ticket distribution made at the behest of agency official?	No 🗋 Yes	If yes.	Official's Name (I	
Recipients     Use Section A to identify the agency's department of Agency, Department or Unit	or unit. • Use Se Number of Ticket(s)/ Pass(es)		aal. • Use Section C to ident	
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
· · · · · · · · · · · · · · · · · · ·	1 433(83)	Ceremonial Role [ If checking "Ceremoni	Other describe below:	Income [
······································		Ceremonial Role [ If checking "Ceremonia	Other Hole" or "Other" describe below:	income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy
Washington Associal Health and Foundation	-18/4	To Reward a school or Its contributions to th	nonprofit organization f e community.	or
2000 nowry Arenue Fremont CA 94538				

#### 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.

	Lee Ann Fergerson	Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: Raising	, funds for sur	rical supplies	
	)		FPPC Form 802 (4/12)

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

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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number E-mail (510) 272-6691 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have\_a ticket policy? Face Value of Each Ticket/Pass Yes 🖾 No 🗆 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🛛 No 🗋 Vama of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗋. Yes If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/. Pass(es) Number of Ticket(e)/ B. Name of Individual identify one of the following: (Last: First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(os) arents To Reward a school or nonprofit organization for Its contributions to the community. 3( 9 5

#### 4. Verification

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

	Lee Ann Fergerson	Supervisor's Assistant	4-7-16
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:	tasting & Sleut	Auction Flends	ausa
for supplie	's Br Children	FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (4/12) K-FPPC (866/275-7772)

.

Agency Name	1998 - <u>1</u> - 14 - 1	R RINKAR 11	T ABOUND SAMON OF			A Public Documen
Alemeda County					Date Stamp	California 802
Division, Department, or Region (	f Applicable	a)			-	For Official Use Only
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~/				
In and of Supervisors	- Title)					
	e, 1100)					
Citationes					Amendment (Must	provide explanation in Parl 3.)
					1	
ch 0) 812-6693 ste Brichtiga or Event Informati	ven.jones	@acgov.u	.e. statutette	t to a local de la constantion	Date of Original Filing	(Month, Day, Year)
					م معدد و معدد م	\$112.5û
Does the agency have a ficket poli	•	Yes 🖸 No				\$112.50
Event Description Baseball game	də Title/Expl	n an an African	V THEFTER IS LANSAGE	Date(s)	02 16	an annear ann ann an ann an an an ann an an an an
				Gelder	ad the	
Ticket(s)/Pass(es) provided by age	incy?	Yes 🗌 No	X	If no: Oaklar	Name of S	na second and the second as considered and the second second second second second second second second second s
Was ticket distribution made at the	behest	No 🗌 Yes		Eves. Chan	, Wiima	
of agency official?			122-	11 y 12 Q	Official's Name	(L9st, Firs!)
Recipients		and a state of the second second second	ar — Walds II (Farscernik, 1997			nan dan manan manan katar sara san manan kanan karap di Sanga. Ta sab
<ul> <li>Use Section A re identify the agency's dep</li> </ul>	artment or u		ction B to H	entify <mark>an in</mark> dividu	al. • Use Section C to ida	nify an outside organization.
anc of Agency, Department or I		Number of Ticket(s)/ Pass(es)	0	escribe the pab	lic purpose made puravan	t to the agency's policy
				1999 - The Contract of the Con	a Manalanda Markawa Manana Manana na Tanana Manana Manana Manana Manana Manana Manana Manana Manana Manana Mana	
		1.1.1.1.1.1.1				n mener under hann an hann an haufe de nach an
a second a second s	· · ·	a - Doorseland St. approx (1944) Mar 14.			and the second	n an tha far an thair an
i nane of Ludiv, fux.) at		Number of Ticket(s)/ Pass(es)			Identify one of the follow	ing.
			1 .		3 Omer D Ship" or Other County (helow:	juor ne 1
						1 a a 1 a
n an ann a chuir ann a chuir ann an ann an ann an ann an ann an a' ann an a' ann an an ann an	The state of the s	1			an a	ан аны сың тара араа таратан жалар жанар тарат алар жалары көнде тарат арам
				Comoni / Rôle   Chackino Ceremonia	I Other II V Rolu" or "Other" Elecandia helow;	theor. + )
3					······································	وې مې د خوند
		1.44	1 1		<b>x</b> - x	
Name of Outside Organization (recied) address and description	n)	Number of Ticket(s) Paas(es)	Ľ:	scribe the publ	ic purpors tands purport	to the agency's policy
asida Point Collaborative   67 auto- Ave ( Alameda, CA 94501		3	To pror order to	note attenda maximize p	nce ct a(n) event h otential Cconty reven	eld at a County facility in
Contractive Revering community th	at helps		9 - 9 la Terra de La Constantina da Constantina da Constantina da Constantina da Constantina da Constantina da		<b></b>	a de la familia de la companya de la
CILCII	B BALANDAREP	THE REPORT OF A DESCRIPTION	n manihisi katangan	n and a factor and an and a state of the state	and the statement of the s	ningi kenali tanggi parantingan garanting di tang sarat di
have read and necessions APPC Recursting 1	8044.1 and 1	18942.7 have ve	n lied t 🗤 the	disa Sution Net Par	th abu in is in secondance wi	h the roquiromenta
		Steven Jo		A second second second	entral District Directo	
Sign Lars of Areanity Houd or Designee	AND REPORTED TRACK, SPACE	Print Name	and Malance in the second	Committee in the second s	аны мененикалы акалым аларынанын калыкталык жалары Тірісі	(Month, Ery, Year)

### Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

arre.	eremonial Role Events and Tic	137 HE & 3040			A Public Documer
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Westion, Department, or Region (If Applicable	e)			For Official Use Only
	and of Supervisors				
	The ugrated Agency Contact (Name, Title)			-	
	Steven Jones		•	al de la companya de	
	Ares Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693 steven.jone:	s@acqov.or	<b>O</b>	Date of Original Filing:	
	Function or Event Information	NELL PATHER TH		an anna anna a sao anna anna ann ann an an an an an an	(Monin, Day, Year)
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	\$27
		10029 110			
	Event Description Baseball game Provide Title/Exp.	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?		ra If no. Oakia	nd A's	
	increation assies) provided by agency :	Yes 门 No		nd A's Name of Sou	liCe
	Was ticket distribution made at the behest	No 🔲 Yes	If yes: Chan	, Wilma Official's Name (I.	
	of agency official?		,	Official's Name (I	əst, First)
1	Recipients			n a shekarar na shekarar 1 a shekarar 1 a shekarar 1990 yana shekarar 1990 yana shekarar 1990 yana shekarar 199	ne de la la la care de la care de propietos en la propieto de la care de la care de la care de la care de la c
	• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					na na faran an anna an anna an an an an an an an
			- m	-	
				na okaza independi mar care maarinarre amar caana ya kananana ya kanana kareka a makana	for an international statement of a second secon
			يورية ميكانية. معرفة المركبة	(1997) - Alexandra (1997) - Alex	
	The Alexandroid and the state of the	hland being b			n de l'arrection des la service
	B. Name of Individual	Number of Ticket(s)/ Fass(es)		Identify one of the following	ið.
	iL ≪ <i>≈ α</i> ι	Ticket(s)/		Identify one of the followin	na mangananan ing samang propana (si kanang banda masa sa pang manang mga m
	Italiano, Michael	Ticket(e)/ Fass(es)	If checking "Coromon	Itientify one of the followin	ig: Income
	iL ≪ <i>≈ α</i> ι	Ticket(s)/	If checking "Coromon To promote attends	Itientify one of the followin	in: Income [ Income ]
	iL ≪ <i>≈ α</i> ι	Ticket(e)/ Fass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Identify one of the following other compared to the following of the follo	in: Income [
	iL ≪ <i>≈ α</i> ι	Ticket(e)/ Fass(es)	If checking "Ceremon To promote attende order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Dener  Dener  Identify one of the followin Identify or Other describe below: Ince at a(n) event he potential County revern Other  Identify other Identify below:	ig: Income [ ild at a County facility in ie
	iL ≪ <i>≈ α</i> ι	Ticket(s)/ Fass(es) 2	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Identify one of the following other compared to the following of the follo	ig: Income Id at a County facility i Je
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2	If checking "Ceremon To promote attende order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Dener  Dener  Identify one of the followin Identify or Other describe below: Ince at a(n) event he potential County revern Other  Identify other Identify below:	ig: Income [ Id at a County facility in Je
	iL ≪ <i>≈ α</i> ι	Ticket(s)/ Fass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Dener  Dener  Identify one of the followin Identify or Other describe below: Ince at a(n) event he potential County revern Other  Identify other Identify below:	ig: Income [ Income ] Income [
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2 Number of	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Cher C Ial Role" or "Other" describe below: ance at a(n) event he botential County revent Other C I Other C al Role" or "Other" describe below:	ig: Income [ Income ] Income [
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Cher C Ial Role" or "Other" describe below: ance at a(n) event he botential County revent Other C I Other C al Role" or "Other" describe below:	ig: Income [ Income ] Income [
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Cher C Ial Role" or "Other" describe below: ance at a(n) event he botential County revent Other C I Other C al Role" or "Other" describe below:	ig: Income [ Income ] Income [
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Cher C Ial Role" or "Other" describe below: ance at a(n) event he botential County revent Other C I Other C al Role" or "Other" describe below:	ig: Income [ Income ] Income [
	Italiano, Michael	Ticket(s)/ Fass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize p Ceremonial Role If checking "Ceremoni	Identify one of the followin Cher C Ial Role" or "Other" describe below: ance at a(n) event he botential County revent Other C I Other C al Role" or "Other" describe below:	ig: Income [ Income ] Income [

	Steven Jones	Central District Director	04/08/2016
Signature of Agency Head or Designee	Print Name	Titie	(Month, Day, Year)
		2 J	

Comment: \_\_\_

	1 1 1		- 1	7 * 1 × - 8 1 /	A Public Documer
Agency Name				Date Stamp	California 802
Alameda County Division, Department, or Region (If Applicable)			_	Form OUZ For Official Use Only	
Lavision, Department, or Re	<b>gion</b> (If Applicabl	(e)			
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Steven Jones			2° • •		
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing:	(Month. Day. Year)
Function or Event Info	rmation	10 4 A 100 1 A	TERRITOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT		
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$27
Event Description Baseball	game			4 , 07 , 16	///
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No	IX If no: Oakla	ind A's	
				Name of So	urce
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (I	
of agency official?				Official's Name (I	.ast, First)
Recipients					
. Use Section A to identify the agend	cy's department or		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
			1		
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
B. Name of Individu	al	Ticket(s)/	Ceremonial Role	Other	ng: Income. [
(Lost, Fryt)	al	Ticket(s)/	If checking 'Ceremor	Other     Other     ial Role" or "Other" describe below:	Income.
(Lost, Fryt)	al	Ticket(s)/ Pass(es)	If checking 'Ceremor To promote attend	Other     Other     ial Role" or "Other" describe below:	Income.
(Lost, Fryt)	al	Ticket(s)/ Pass(es)	If checking 'Ceremor To promote attend	Other     Other     other     other     describe below:     ance at a(n) event he     potential County reven	Income.
(Lost, Fryt)	al	Ticket(s)/ Pass(es) 2	If checking 'Ceremor To promote attend order to maximize Ceremonial Role	Other     Other     other     other     describe below:     ance at a(n) event he     potential County reven	Income [ eld at a County facility in ue
(Lost, Fryt)	al	Ticket(s)/ Pass(es)	If checking 'Ceremor To promote attend order to maximize Ceremonial Role	Other     Other     other     other     describe below:     ance at a(n) event he     potential County reven     Other	Income [ eld at a County facility in ue
rLext, Find Brown, Siena		Ticket(s)/ Pass(es) 2 2	If checking 'Ceremor To promote attend order to maximize Ceremonial Role	Other     Other     other     other     describe below:     ance at a(n) event he     potential County reven     Other	Income [ eld at a County facility in ue
(Lost, Fryt)	lization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other     Other     other     other     describe below:     ance at a(n) event he     potential County reven     Other	Income. [ eld at a County facility in ue Income [
Cost, Find Brown, Siena	lization	Ticket(s)/ Pass(es) 2 2 Number of	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other Other County reven Count	Income. [ eld at a County facility in ue Income [
Cost, Find Brown, Siena	lization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other Other County reven Count	Income. [ eld at a County facility in ue
Cost, Find Brown, Siena	lization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other Other County reven Count	Income. [ eld at a County facility in ue Income [
Cost, Find Brown, Siena	lization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other Other County reven Count	Income. [ eld at a County facility in ue Income [
Cost, Find Brown, Siena	lization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking 'Ceremon To promote attend order to maximize Ceremonial Role If checking 'Ceremon	Other Other County reven Count	Income. [ eld at a County facility in ue

Peremonial Role Events and Tic	ket/Pass	<b>Distributions</b>		A Public Documen
. 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)			-	
Steven Jones				
Area Code/Phone Number E-mail	• • • • • • • • •	<u></u>	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 steven.jones	s@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Information		T T IIII	T BE T	(inonini, 20), 100,) T
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$35
Event Description Baseball game		Date(s)04	۰، 04 , 16	
Provide Title/Expl	lanation	Date(s)	/	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's	
			Name of Sou	irce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	, VVIIma Official's Name (L	
			Unicial s Name (L	ast, Hirst)
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followir	16.
		Ceremonial Role	Other	Income
Angulo, Jesus	2	-	al Role" or "Other" describe below:	
			nce at a(n) event he potential County revent	ld at a County facility in
Ð	2	Ceremonial Role		Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification				

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

-	Steven Jones	Central District Director	04/08/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

eremonial Role Events	s and lic	Ket/Pass	Distributions	1000-0175% FAST AND AND 10000	A Public Documen
Agency Name				Date Stamp	California 802
Alameda County				Form 0.02 For Official Use Only	
Division, Department, or Region (If Applicable)					i di Oniciai Ose Oniy
Board of Supervisors					
Designated Agency Contact (Na	ame, Title)		······································		
Steven Jones					
Area Code/Phone Number E	-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693	steven.jones	@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation	r - u - F		I <sub>I</sub>	(monny, buy, rour)
Does the agency have a ticket p	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$35
Event Description Baseball gar			Date(s)	, 02 , 16	
Event Description	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	IX If no: Oaklar	nd A's	
		IES [] NU		Name of Sou	rce
Was ticket distribution made at t	the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?				Official's Name (La	ast, First)
					inte ("Milledines Cita Barries a Latin-Lange-sala, di ) any <u>any antisin'ny a</u> n
			· · · · · · · · · · · · · · · · · · ·		
B. Name of Individual		Number of Ticket/s)/ Pass(es)		Identify one of the followin	â,
			Ceremonial Role	Other	Income
			n chocking cohemicals	a Ruie Cal Ciller describe beicw.	
11 (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (19			Ceremonial Role	Other	Income
				· · · (a)	
C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)i Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
Alameda Point Collaborative   Ranger Ave   Alameda, CA 94		2		nce at a(n) event hel otential County revenu	d at a County facility in e
		and the second se		and a subsective fractional and the second statement and and an international statements of the second statement of the second	

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

	Steven Jones	Central District Director	04/08/2016
Signature of Agency Head or Designee	Print Name	Title	(Mont's Day, Year)
Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions** 

eremoniai Role Even	ts and Tic	ket/Pass	s Distributions	a gilayar sa musa yang musaki musaki musa da masara musaki musa	A Public Documer
Agency Name				Date Stamp	California 802
Nameda County				Form OU2	
Division, Department, or Reg	ion (If Applicable	e)			- Per Onder Use Only
Board of Supervisors					
Designated Agency Contact (	(Name, Title)	anna a faine a suite ann an ann an an ann an An Agailte a			
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	steven.jones	s@acgov.or	g	Date of Original Filing:	(Month. Day. Year)
Function or Event Infor	mation		1983 (914) - Frieddolly - Rolywy -	an a	a anna a' fa ann an anna anna ann ann ann ann ann
Doos the agency have a ticke	t policy?	Yes 🖾 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$27
E and Description Baseball g	ame			)4 , 11 , 16	
train description	Provide Title/Expl	anatio:)			
es) provided by	v agency?	Yes 🗌 No	If no: Oakla	and A's Name of St	
e tra character de la companya de la			- 23	Name of St	ource
• * **********************************	it the bohest;	No 🗌 Yes	If yes: <u>Cha</u>	n, Wilma Official's Name	
NAMES AND THE POPULATION OF A VICINIA STATEMENT OF A VICINIA	n. Radanisti kulikan su yang ang sa	N.Y. LINASIM CHILING	an a		(LOST FIIST)
Recipients	an an i		a state of the sta		
» Use Section A to identify the agency	and a second	unli.  Vise Se Number of			an in nanandir antara an an an ann ann ann ann an an an an a
A. Name of Agency, Departme		Ticket(s)/ Pass(ee)	Describe the pu	iblic purpose made porsuan	t to the agency's policy
	P - No Min William and Mart School & Alarma, Stationersky wat from	. 435(42)		n all phan that and an	a na an
o (negativity) and an a second sec		<u></u>			nin kan seban dinah dén interse sang kanan dan di denaman semerah di dena di dena dan dan denaman se
			a a a	to de trata a sugarda e superior	
Name of Individua	1	Number of Ticket(s)/		e and a second	
(Last Frst)	AMAN STRATE IN THE OWNER AND A DESCRIPTION	Pass(os)	·	Identify one of the follow	(ng:
Merzeles, Courtney			Ceremonial Rola	en e	Income [
		2	-	mial Kolo" or "Other" describe belaw.	
And the second				potential County rever	ield at a County facility i
nin a sa kabatan mina ning dan pada kabanan dari kapanan manan kamatan na paga			Ceremonial Role	ante anna nel que a que a su parte parte en como en como en como en que en q	Income [
Sale in the		0.1		nial Role" Cr "Other" doscribe below:	
		2,1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	anna cuiteann - Leise Philipia - Sinci Stanna -				
C. Name of Outside Organi (include address and dead	zation	Ticket(s)	Describe the put	blic purpose made pursuam	to the agency's policy
Inclus sources and was	G116161473	Pass(06)	198 Mar Promision C. of Concentrations of Concentrations of Concentrations of Concentration		and the state of the second
U	-				
				•• . · · · · · · · · · · · · · · · · · ·	
Verification	anan an	ben ein meinerenenen	(CERTIFICATION - CONTROL CONTROL - CONTRO	an da la superior de	endelingung pierenger bester begreck war in die bester of all they
It we read and understand FPPC Regula	ations 1,8944.1 and	18942. Thave ve	erified that the distribution set i	iorth above, is in accordance wi	th the requirements.
		Steven Jo	nes	Central District Directo	r 04/08/2016
Sign a we of Tomacy Head or Designee	ann a fallar - ' an a consentant a gr	Print Nam	алаа <u> </u>	Tille	(Month, Day, Year)
				in the standard sector set	
i have read and understand FPPC Regula	- an a constant of the second	Steven Jo	nes	Central District Directo	r 04/08/

¢.,

. Agency Name	818. (2208). FIG. III (2808). (2991)			A Public Docume
		$\epsilon + \epsilon$	Date Stamp	Form 802
Alameda County Division, Department, or Region (If Applicable	: 			For Official Use Only
	•}		an an tha an tha an	1
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones Area Code/Phone Number E-mail			Ameridment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number E-mail (510) 272-6693 steven.jones	ത്രാനവം വ്	· ·	Date of Original Filing: _	
Enction or Event Information		j Angland Ling Maria Printing and analogy bard	an she ta she and the sector of the	(Month, Day, Year)
	Yes 🔀 No	Finite Eace Value of	f Each Ticket/Pass \$	\$27
	IESIM NU	li sod		
Baseball game Provide Title/Expla	anation	Date(s)	, 06 , 16	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	M If no Oakian	d A's Name of Sour	
	ICSLI NU		Name of Sour	Ce
Was ticket distribution made at the behest of agency official?	No 门 Yes	If yes: Chan,	Wilma Official's Name (La	ere Final
na alah terretak di permananan dekara kalangan kalangan kalangan kalan dekara kalangan kalan kalangan kalan ka	a jest meterski spat - 22		Children Marine (La	31, 7-452) Than a lot a start at 19 alian market with
Recipients  • Use Section A to identify the agency's department or u	mit a lise Sec	tion B to identify an individu	al	an autoida armanization
A, Name of Agency, Department or Unit	Number of		a na haran da shekara na mara ka shekara na haran da shekara na haran da shekara na shekara na shekara na sheka	
A. Hance of Agency, Department of Diff.	Ticket(s)/ Pass(es)	Describe are pub	ic purpose made pursuant to	me agency's policy
	Number of		an a	n dan seri sa panan s
Mame of Individual	Ticket(s)/ Pass(es)		Identify one of the following	<b>j</b> :
		Ceremónial Role	] Other	Income [
Daren Daren	2		I Role" or "Other" describe bolow:	
			nce at a(n) event hel otential County revenue	
		Ceremonial Role		Income
	. , 2, .	if criecking "Cereinonia	l Role" or "Other" describe below:	
		and the second second second		
C. Name of Outside Organization	Number of		c purpose made pursuant to	
(include address and description)	Ticket(s)/ Pass(es)	coordina are publi		the agency's poncy
		and the subscription of th	nan warannak a warayan anana any ary di a sana bahar da ang d	
	- 0			
Verification		anan orten standard – Taola 22 – 17 – Tabarra Alberta, standard V V		
I gave read and understand FPPC Regulations 18944.1 and t	18942. I have ver	ined that the distribution set for	th above, is in accordance with t	he requirements.
Sign: I tre of Agency Head or Designee	Steven Jo	and the second	entral District Director	04/08/2016 (Month. Day, Year)

:

1

. ر

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

	eremonial Role Even	to circi i to		Dietitoutionio	and the second se	A Public Documen
	Agency Name	jimira ni k	8 8 A T I I		Date Stamp	California 802
	Alameda County					Politi
	Division, Department, or Reg	ion (If Applicable	)	<u> </u>		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
e .	Steven Jones					(de surdemetius in Oast 2)
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-3693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
1273 11	Function or Event Infor	mation		IN THE COMPANY IN THE PARTY IN	ngenaar op oppositeling of the space of the	
	Does the agency have a ticke	et policy?	Yes 🖾 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$100
	Event Description Baseball g	jame		Date(s)04	1 <u>04</u> 16	//
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So	urca
	Was ticket distribution made a	at the heheet		🛛 If yes: Chan	16.01	
	of agency official?	at the perjest	No 🗋 Yes	If yes:	, VVIIMA Official's Name (I	ast, First)
-	Recipients	- <b>11</b>			5 版1 あ、4 , 542 、 た た	
•	Use Section A to identify the agence	y's department or (	unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency. Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant	to the agency's policy
			Pass(es)			
	ne (all million and an	····			, <u>and a product of a second se</u>	······································
	e i especie i	-** - g		1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 -	e 1.	
	Name of Individua (Lost First)	al	Number of Ticket(s)/ Pass(es)	P. (	Identify one of the followi	ing:
			5.0 1.0	Ceremonial Role		Income
	Rosselle, Tina	•	3	ů.	iai Role" or "Other" describe below"	ald at a County facility in
	•				potential County reven	eld at a County facility in ue
				Ceremonial Role	Other	Income
			3	If checking "Ceremon	ial Role" or "Other' describe below;	
			5			
			Number of	· · · · · · · · · · · · · · · · · · ·		
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
1	<u> </u>		Pass(es)			
	RANNARY PLANARY					
	Varification	Program (Space)	и	se non de alter el 18 - en 18 - anno 18	<b></b>	1-11 12 4 (mg2)
: Æ	Verification	lations 18944.1 and	18942, I have ve	rified that the distribution set f	orth above, is in accordance wit	the requirements.
: <i>渔</i> ,		lations 18944.1 and	18942, I have ve Steven Jo		orth above, is in accordance wit Central District Directo	

2

н н н н					A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Regi	ion (If Applicab	le)			For Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)		· · · · · · · · · · · · · · · · · · ·	-	
Steven Jones					
Area Code/Phone Number	E-mail		and differentiation and the second states of the	Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6693	steven.jone	es@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	mation	1	A - T	1 TT 1 1.	(Wonth, Day, Year)
Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value (	of Each Ticket/Pass \$ _	\$27
			_		
Event DescriptionBaseball g	Provide Title/Exp	planation	Date(s)	4 <u>, 05 , 16</u>	/
Ticket(s)/Pass(es) provided by	1000002		Ist If no: Oakla	nd A's	
nokel(s)n ass(es) provided by	agency?	Yes 🗌 No		Name of Sol	irce
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	i, Wilma	
of agency official?				Official's Name (L	ast, First)
••• ••••••					
B. Name of Individual	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
			Ceremonial Role	Other	Income
Lad, Emily	1. S.	2		ial Role" or "Other" describe below:	
		-	To promote attenda order to maximize p	ance at a(n) event he potential County revenu	ld at a County facility in 
		2	Ceremonial Role	Other D al Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
		1 1			

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	04/08/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

eremonial Role Eve	1 1	1.514-1	T T T T T T T T T T T T T T T T T T T		L
Agency Name				Date Stamp	California 802
Alameda County					1 Ontil
Division, Department, or Region (If Applicable)					For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693	steven.jone	es@acgov.or	a	Date of Original Filing:	
Function or Event Info				<b>新市市 11. 11.7 万</b> 元	(Month, Day, Year)
Does the agency have a tic		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$27
• •					
Event Description Basebal	Provide Title/Ex	planation	Date(s)	04 <u>12</u> 16	/
Ticket(s)/Pass(es) provided			If no: Oakl	and A's	
nokel(s)/Fass(es) provided	by agency?	Yes 🗌 No		Name of Sc	ource
Was ticket distribution made	e at the behest	No 🗌 Yes	If yes: Cha	in, Wilma	
of agency official?			ir yes	Official's Name (	(Last, First)
Recipients	🖌 🔄 - 12.4 seinen 2014 (Kännline einen				9 <b></b>
. Use Section A to identify the age	ncv's department o	dual. • Use Section C to iden	tify an outside organization		
Use Section A to identify the agency's department or unit. Use Section			•		ing an oaconae organizacion.
A. Name of Agency, Departr		Number of Ticket(s)/ Pass(es)		Iblic purpose made pursuant	
		Number of Ticket(s)/			
		Number of Ticket(s)/			
	nent or Unit	Number of Ticket(s)/ Pass(es)			t to the agency's policy
A. Name of Agency, Departr B. Name of Individ Day Fres	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	Iblic purpose made pursuant identify one of the follow	t to the agency's policy
A. Name of Agency, Departr B. Name of Individ	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremo	Iblic purpose made pursuant identify one of the follow Other	t to the agency's policy ing:
A. Name of Agency, Departr B. Name of Individ Day Fres	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremo To promote attence	Iblic purpose made pursuant identify one of the follow Other	t to the agency's policy ing: Income [ eld at a County facility ir
A. Name of Agency, Departr B. Name of Individ Day Fres	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role	Iblic purpose made pursuant Identify one of the foliow Other	t to the agency's policy ing: Income [ eld at a County facility ir
A. Name of Agency, Departr B. Name of Individ Day Fres	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role	Iblic purpose made pursuant Identify one of the follow Other	t to the agency's policy ing: Income [ eld at a County facility in uue
A. Name of Agency, Departr B. Name of Individ Day Fres	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Iblic purpose made pursuant Identify one of the foliow Other	t to the agency's policy ing: Income [ eld at a County facility in u.e
A. Name of Agency, Departr B. Name of Individ Tax Fast Perrot, Curtis	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	iblic purpose made pursuant identify one of the follow Dother D mial Role" or "Othor" describe below: lance at a(n) event h potential County reven Dother D nial Role" or "Other" describe below:	ing: Income [ eld at a County facility in ue
A. Name of Agency, Departr B. Name of Individ Tax Fast Perrot, Curtis	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	iblic purpose made pursuant identify one of the follow Dother D mial Role" or "Othor" describe below: lance at a(n) event h potential County reven Dother D nial Role" or "Other" describe below:	t to the agency's policy ing: Income [ eld at a County facility in u.e
A. Name of Agency, Departr B. Name of Individ Tax Fast Perrot, Curtis	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	iblic purpose made pursuant identify one of the follow Dother D mial Role" or "Othor" describe below: lance at a(n) event h potential County reven Dother D nial Role" or "Other" describe below:	t to the agency's policy ing: Income [ eld at a County facility in une

 Signature of Agency Head or Designee
 Print Name
 Central District Director
 04/08/2016

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

Comment: \_

### A Public Document

Agency Name	. A CPL A PROPLANCE	Date Stamp Ca			
Alameda County		Form OU			
Desicion, Department, or Region (If Applicable	Dificion, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)	<b>-</b>				
Steven Jones					
Area Code/Phone Number E-mail	ЧА <sup>1</sup> анындан. 24 <mark>4аны</mark> қуарадықта	Amendment (Must provide ex	planation in Pert 3.). 🤤		
(510) 272-6693 steven.jones	action or	Date of Original Filing:(Mon	14		
		(Mon) איז איז איז איז איז איז איז איז איז איז	th, Day, Year)		
Does the agency have a ticket policy?	Yes 🖾 No	Face Value of Each Ticket/Pass \$	\$32		
	Tes <u>M</u> NC				
Event Description Baseball game Provide Title/Expl	anation	Date(s) <u>04 / 16 / 16</u>	- <u> </u>		
Ticket(s)/Pass(es) provided by agency?		- Oakland A's			
setting and assess provided by agency is	Yes 🔲 No	Name of Source	Man de Carallel Martin, al Carallel al Caral de La		
minsticket distribution made at the behest	No 🗌 Yes				
sine agency official?					
- Contraction - Provide the second		aran jara kura aran aran aran aran kurana kura kura kura kura kura kura kura kur			
size A to identify the agency's department or i	unit. • Use Se	tion B to identify an individual. , $\circ$ Use Section C to identify an ou	tside organization.		
A Pres of Agency, Department or Unit	Number of Tickot(s) Pass(es)	Describe the public purpose made pursuant to the ar	and the second s		
			and a second		
·			-		
		an a			
B. Name of Individual	Number of Ticket(sy Pase(es)	Anna an			
Gin, Hal	2	Richucking "Orimmon in River or 'Other" describe below:			
	-	To promote attendance at a(n) event held at a order to maximize potential County revenue	County facility i		
		Ceremonial Role	Inconte (		
<ul> <li>The state of the s</li></ul>	2	If checking "Ceremonial Role" or "Other" describe tickna			
14.4			and the second		
A gran of Orderida Characteria	Number of	an sa kana ang kana ang kana kana kana kana	anna an ann ann an taise, ina an		
Parce of Outside Organization Officially address and description)	Ticket(s) Pass(+s)	Describe the public purpose made pursuant to the ag	such a bolinh		
a a terretaria de la constante este este este este este este este e			(b) A (A) is a family strengt which is written in a straight, it is not.		
		รัตร์ (1997) และไม่สาวและเป็นการและและไม่ได้จะที่การแนวงสรรรฐ (ประสารแรง จะไม่เกิดต่องการและและเลย และเลย และเ			
underströkstern mindenska – mannakar in verstar förstallariga särsare – verstartet särser.	177 Kan Kannal Lutangan Boy Ka	ат и транства – каканалар – какана Алтана, кура сельки и прави и воселение селького селекатар	สารจะการระวัง การระวงสารได		
Verification	12947 Thousan	fied that the distribution set forth above, is in accordance with the requ	Sama aka		
The second and an and second to the generic of the generic of the second s					
	Steven Jo	Centrel District Director	04/08/2015		
Signature of Agency Head or Designee	<ul> <li>Filme Alama</li> </ul>	Fite	(Month. Day, Year)		

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

1.	Agency Name				Date Stamp	California O	
	Alameda County				Bate Stamp	Form 80	
	Division, Department, or Region (If Applicable)					For Official Use Only	
			,				
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation	201			TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$3	
	Event Description Baseball g	Provide Title/Exp	lanation	Date(s)	4 , 30 , 16	//	
	Ticket(a)/Deco(co) provided b			If no: Oakla	and A's		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Se	ource	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Cha	n, Wilma		
÷. F.	-of agency official?			⊠ iiyes	Official's Name	(Last, First)	
3.	Recipients	-1-11-11-1		the alternation of the second se			
	Use Section A to identify the agency's department or unit.      Use Section B to identify an individual.     Use Section C to identify an outside organization.						
	A. Name of Agency, Departme	Number of Ticket(s)/	1	blic purpose made pursuan			
			Pass(es)		and harbone mana barbaan	it to the ugency a poncy	
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	(Last, First)	1		Ceremonial Role			
	<b>B.</b> Name of Individua (Last Prist) Eng, Aimee	1	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo			
	(Last, First)	1	Ticket(s)/	If checking "Ceremo To promote attend	Dther Dther Dther	Income neld at a County facility	
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Dother D nial Role" or "Other" describe below: ance at a(n) event h	Income neld at a County facility	
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other nial Role" or "Other" describe below: ance at a(n) event h potential County rever	Income neld at a County facility nue	
	(Logi First) Eng, Aimee	zation	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Control of the service below: Describe the service of the service below: Control of the service be	Income neld at a County facility nue Income	
	(Loge First) Eng, Aimee	zation	Ticket(s)/ Pass(es) 2 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other	Income neld at a County facility nue Income	
	(Logi First) Eng, Aimee	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Control of the service below: Describe the service of the service below: Control of the service be	Income neld at a County facility nue Income	
	(Logi First) Eng, Aimee	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Control of the service below: Describe the service of the service below: Control of the service be	Income neld at a County facility nue Income	
	(Logi First) Eng, Aimee C. Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Control of the service below: Describe the service of the service below: Control of the service be	Income neld at a County facility nue Income	
	(Logi First) Eng, Aimee	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other Other Control of the service below: Describe the service of the service below: Control of the service be	Income neld at a County facility nue Income	
	(Loge First) Eng, Aimee C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other Other Concerning the series below: Discrete at a(n) event h potential County rever Other Other Cother Co	Income neld at a County facility nue Income	

I. Agency Name				Date Stamp	California 000
Alameda County			Form 802		
Division, Department, or Regio	(If Applicable)			-	For Official Use Only
				T and	
Board of Supervisors				_	
Designated Agency Contact (A	lame, Title)				
Steven Jones				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	steven.jones@	acgov.or	g	Date of Original Filing	(Month, Day, Year)
. Function or Event Inform	ation		2 2		¥ 7
Does the agency have a ticket	policy? Y	es 🛛 No	Face Value of	of Each Ticket/Pass \$_	\$90
Event Description Baseball ga	me		Deta(a) 04	4 , 17 , 16 .	1 1
Event Description	Provide Title/Explan	ation	Date(s)		
Ticket(s)/Pass(es) provided by	agency? v	′es 🔲 No	If no: Oakla	nd A's	
	ugeney: r			Name of S	ource
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Char	i, Wilma	
of agency official?				Official's Name	(Last, First)
Recipients     Use Section A to identify the agency's	donartmont or un	it a Llea Sa	r ation R to identify an individ	ual - Una Spatian C to ide	atify on outside experiention
		Number of		and annales of announces of manner is a sum and the subscript of Mann-Mar	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(cs)	Describe the put	olic purpose made pursuan	it to the agency's policy
S, Name of individual		Number of Ticket(s)/		identify one of the follow	/ing:
and the second se		Pass(es)	Ceremonial Role	Other	
Diaz, Nicholas				L Other L . i/al Role" or "Other" describe below:	Income
		3		ance at a(n) event ł potential County reve	neld at a County facility in nue
<b>1994 (1944) 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999</b>			Ceremonial Role	Other	Income
		3	If checking "Ceremon	ial Role" or "Cther' describe below"	
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Verification			V 74:		
/ have read and understand FPPC Regulat	ions 18944 1 and 18	942. I have ve	nified that the distribution set	orth above, is in accordance w	ith the requirements.
		Steven Jo	ones (	Central District Directo	or 04/11/2016

Comment: \_

2

-	N1 1 1	-			A-2		
1.	Agency Name				Date Stamp	California 802	
	Alameda County			For Official Use Only			
	Division, Department, or Region (	(If Applicable)	For Omciai Use Only				
	Board of Supervisors						
	Designated Agency Contact (Nam	e, Title)				·	
	Steven Jones						
		naii		, 	Amendment (Must pr	ovide explanation in Part 3.)	
			@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2	Function or Event Informat	1 200					
<b>1</b>	Does the agency have a ticket pol		Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	\$90	
					1 17 16		
	Event Description Baseball game	vide Title/Expla	nation	Date(s)			
	Ticket(s)/Pass(es) provided by ag			If no: Oakla	nd A's		
	(ickel(s))rass(es) provided by ag	ency	Yes 🗌 No 🛛	23	Name of Sou	irce	
	Was ticket distribution made at the	e behest	No 🗋 Yes	If yes: Chan	i, Wilma		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients	100					
	. Use Section A to identify the agency's de	epartment or u	init.       Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	SEN ( )						
	izan dan yang menangkan kerina kerina sang kerina sang kerina sang berakan sang berakan sang berakan sang berak						
				- 10 C			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role		Income	
	McCormick, Mike		1	· · · · · · · · · · · · · · · · · · ·	nial Role" or "Other" describe below:	atel of a County facility in	
	<ul> <li>A state of the state</li> </ul>				potential County reven	eld at a County facility in ue	
					Other	Income	
					nial Role" or "Other" describe below:		
			1				
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the put	blic purpose made pursuant to the agency's policy		
	(include address and descript	uon)	Pass(es)				
 4	Verification		L - C - SHARE			h the requirements	
	I have read and understand EPPC Regulation	s 18944.1 and					
	<u> </u>		Steven Jo	an and a second s	Central District Directo	Participation and an end of the second se	
	Signature of Agency Head or Designee		Print Nam	<b>S</b>	Title	(Month. Day, Year)	
	Commont						
	Comment:			and the second	In an a second		

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) 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 700/600 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Basketball game 3, 1 16 3 7 16 Date(s) Provide Title/Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🕅 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other 🔀 Income Mosley, May 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 Ceremonial Role Other 🔀 Income Chan, Zoe If checking "Ceremonial Role" or "Other" describe below; 2 concession sales. 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) Love Never Fails - 6937 Village Parkway To reward a nonprofit for its contribution to the community. 4 #2074, Dublin 94568 HUMAN TRAFFICKING SURVIVORS SUPPORT Verification 3 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** April 1, 2016 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Mosley received 3/1/16 Comment:

1. Agency Name Date Stamp California Form Alameda Countv For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 700/600 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗆 Event Description Basketball game 16 3, 3 9 11 16 Date(s) Provide Title/Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: Miley, Nate 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: (Lest First) Pass(es) Ceremonial Role Other 🔀 Income Davis, Celeste 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 🔀 Ceremonial Role Income Linton, Donna If checking "Ceremonial Role" or "Other" describe below: 2 concession sales. 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) Verification 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** April 1, 2016 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Α.

Β.

C.



#### 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.

Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(\$)/ Pass(es)	Identify one of the following:
4	Ceremonial Role Cother Control Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
	Ceremonial Role Other I Income Income Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Concession sales.
	Ceremonial Role Cother Income Income Income Income
	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Q         Number of         Ticket(s)/         Pass(es)         Q         Number of         Ticket(s)/

				All april Boountern
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Application)	]	For Official Use Only		
Board of Supervisors	3			
Designated Agency Contact (Name, Title)			1	
Anna Gee				
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				1100.00/700.00
Does the agency have a ticket policy?	Yes 🔀 🛛 No		of Each Ticket/Pass \$	1100.00/100.00
Event Description Basketball game Provide Title/E	Valanation	Date(s) <u>3</u>	<u>, 16 , 16</u>	3 , 25 , 16
		_ GSW		
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: GSW	Name of Sou	urce
Was ticket distribution made at the behes	t No 🗆 Yes	If yes: Miley	, Nate	
of agency official?			Official's Name (L	.ast, First)
<ul> <li>Bar A to identify the agency's department</li> </ul>	or unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant	
	Pass(es)			
	· · · · · · · · · · · · · · · · · · ·			
	Number of			
B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Develop (Karalia		Ceremonial Role	Other 🔀	Income
Dunlap, Kamika	4		al Role" or "Other" describe below:	
		order to maximize p	nce at an event held a otential County reven	ue from parking and
	-		Other 🔀	
Arritola, Kathy	0	If checking "Ceremonia	al Role" or "Other" describe below:	_
	2	concession sales.		
Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy
		<u> </u>		
Varification	_			······································
1944.1 a	nd 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	Anna Ge		Operations Chief	April 1, 2016
Signature of Agency Head or Designee	Print Name	Ð	Title	(Month, Day, Year)
Comment: Dunlap received 3/16 tix.				
				FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Jackson, Matthew	2	Ceremonial Role Other Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role Cother Concession sales.
		Ceremonial Role Other I Income Income I Income I Income II checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

eremonial Role Eve					A Public Documer
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicabl	le)		]	For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	t (Name, Title)				
Anna Gee					
Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				(wonin, Day, real)
Does the agency have a tick	et policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	350.00/700.00
Event Description Basketba	ll game			, 27 , 16	
	Provide Title/Exp	lanation	Date(s)	//	
Ticket(s)/Pass(es) provided I	by agency?	Yes 🔲 No	If no: GSW		
				Name of So	urce
Was ticket distribution made of agency official?	at the behest	No 🔲 Yes	If yes: Miley,	Nate	
				Official's Name (L	.ast, First)
Recipients					6. m 3 m
Use Section A to Identify the agent	cy's department or		ction B to Identify an Individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to the agency's policy	
BOS district 4 staff		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
			concession sales		
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Jackson, Dwight			Ceremonial Role		Income
Jackson, Dwight		2	To promote attenda	al Role" or "Other" describe below: nce at an event held a otential County reven	
			Ceremonial Role	Other 🔀	Income
Kim Jin		2	If checking "Ceremonia CONCESSION Sales.	I Role" or "Other" describe below:	_
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	to the agency's policy
C. Name of Outside Organ (include address and der soroptimist international of e Box 2581, Castro Valley 94	east bay-PO	Ticket(s)/		c purpose made pursuant t fit organization for its	
(include address and des soroptimist international of e	east bay-PO 546	Ticket(s)/ Pass(es)	To reward a non pro		
(include address and des soroptimist international of 6 Box 2581, Castro Valley 94 WOMEN EMPOWERMENT	east bay-PO 546	Ticket(s)/ Pass(es)	To reward a non pro		
(include address and des soroptimist international of Box 2581, Castro Valley 94	east bay-PO 546	Ticket(s)/ Pass(es) 2	To reward a non pro	fit organization for its	contributions to the
(include address and des soroptimist international of 6 Box 2581, Castro Valley 94 WOMEN EMPOWERMENT	east bay-PO 546	Ticket(s)/ Pass(es) 2 18942. I have ver	To reward a non pro community	fit organization for its	contributions to the
(include address and des soroptimist international of 6 Box 2581, Castro Valley 94 WOMEN EMPOWERMENT	east bay-PO 546	Ticket(s)/ Pass(es) 2	To reward a non pro community	fit organization for its	contributions to the

California 80 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 600 Does the agency have a ticket policy? Yes No 10 ball Date(s Event Description Provide Title/Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes No Name of Source perdic L Was ticket distribution made at the behest No 🖸 Yes 🗌 If yes cial's Name Last Firs of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of В. Name of Individual Identify one of the following: Ticket(s)! Last Fri Pass(es) Income Ceremonial Role Other If checking "Carenionial Role" or "Other" describe below Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(os) BAWDR) Bay Area Women To Reward a school or nonprofit organization for Its contributions to the community. Ka 1 GUIL'TT 2 Verification

id 18942. I have veniled that the distribution set forth above, is in accordance with the requirements.

A Public Document

volal.

	Lee Ann Fergerson	Supervisor's Assistant	10/9/15
Signature of Agencyntread or Sesionee	Print Name	Titte	(Month Day, Year)
Comment: Sexual Assa	ult councelling for	ro cape Victury	
4th Amina		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

(510) 272-6691       leeann.fergerson@acgov.org       D         2. Function or Event Information       Does the agency have a ticket policy? Yes P No Face Value of Ea         Event Description       Buildball       Date(s)         Provide Title/Explanation       Date(s)       S/         Ticket(s)/Pass(es) provided by agency?       Yes P No Face Value of Ea	Date Stamp California 80 Form 80 For Official Use Only Amendment (Must provide explanation in Part 3.) Tate of Original Filing: (Month, Day, Year) Act Ticket/Pass \$ D.DD
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number       E-mail         (510) 272-6691       leeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?       Yes P No Face Value of Eace Value of Eace Value of Eace Value of Eace Value of Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes P No I If no: Code	For Official Use Only Amendment (Must provide explanation in Part 3.) Tate of Original Filing:
Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (510) 272-6691         leeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?	Amendment (Must provide explanation in Part 3.) ate of Original Filing:(Month, Day, Year)
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (510) 272-6691         Lee ann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?	ate of Original Filing:(Month, Day, Year)
Lee Ann Fergerson, Supervisor's Assistant       Image: Code/Phone Number       E-mail         Area Code/Phone Number       E-mail       Image: Code/Phone Number       Image: Code/Phone Number         (510) 272-6691       Ieeann.fergerson@acgov.org       Image: Code/Phone Number       Image: Code/Phone Number       Image: Code/Phone Number         2. Function or Event Information       Image: Code/Phone Number       Image: Code/Phone N	ate of Original Filing:(Month, Day, Year)
Area Code/Phone Number (510) 272-6691       E-mail leeann.fergerson@acgov.org       D         2. Function or Event Information Does the agency have a ticket policy?       Yes P No Face Value of Ea Event Description       Face Value of Ea Date(s)         Provide Title/Explanation       Date(s)       Face Value of Ea         Ticket(s)/Pass(es) provided by agency?       Yes P No I       If no:	ate of Original Filing:(Month, Day, Year)
(510) 272-6691       leeann.fergerson@acgov.org       D         2. Function or Event Information       Does the agency have a ticket policy? Yes P No Face Value of Ea         Event Description       Built Built       Date(s)         Provide Title/Explanation       Date(s)       J         Ticket(s)/Pass(es) provided by agency?       Yes P No Face Value of Ea	ate of Original Filing:(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Yes D No Face Value of Ea Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No I If no:	(Month, Day, Year)
Does the agency have a ticket policy?       Yes D No Face Value of Ea         Event Description       Builbuil         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes D No I	CO
Event Description <u>Buscher</u> Date(s) <u>Date(s)</u> Provide Title/Explanation Date(s) <u>S</u> Ticket(s)/Pass(es) provided by agency? Yest No I If no: <u>Cake</u>	ach Ticket/Pass \$ D. DU
Event Description <u>Builbull</u> Date(s) Date(s) <u>Provide Title/Explanation</u> Date(s) <u>S</u> Ticket(s)/Pass(es) provided by agency? Yes No I If no: <u>Cock</u>	11,16 Paul Nd Ortes
Ticket(s)/Pass(es) provided by agency? Yes No I If no:	land Nd Ortes
	land Nel Optics
	Name of Source
Was ticket distribution made at the behest No D. Yes If yes: Alamed, of agency official?	a County Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
Recipients     Use Section A to identify the apency's department or unit lies Section D to identify in the section D to identify the section D to identify in the section D to iden	
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)	rpose made pursuant to the agency's policy
B. Name of Individual Number of (Last, First) Iden Pass(es)	tify one of the following:
<b>P</b>	
Ceremonial Role L	
, doa(ta)	ose made pursuant to the agency's policy
LOSPOSITAS COLLEGE FOUNDATION To reward a school of	or non-profit organization for
3000 campus Hill Drive 18/4 it's contributions to	the community.
Livermore, CA 94551-	
9797	
/erification	
18944.1 and 18942. I have verified that the distribution set forth above	, is in accordance with the requirements.
Lee Ann Fergerson Supervi	isor's Assistant
Signature of Agenty Head or DeSignee Print Name	Title (Month, Day, Year)
omment: 2016 Best of the Best Gala. 13th Av	inual
o maximize the profit for the foundation	
continuing support of the college FPPC Tol	FPPC Form 802 (4/12) I-Free Helpline: 866/ASK-FPPC (866/275-7772)

4.

California Form 80 For Official Use Only
2245-2453
FOR OINDER Day Only
explanation in Part 3.)
onth, Day, Year)
7m
<u>aditte</u>
5, 4, 16
letics_
aggerty, District 1
si)
utside organization.
igency's policy
· · · · · · · · · · · · · · · · · · ·
red me
y T
/* <sup>*</sup>
<u></u>
incy's policy
ion tor
1011 101
_
ments,
4/28/16
(Monih, Day, Year)
stallatto
PC Form 802 (4/12) PC (866/275-7772)
C A 10001719-11151

4.

				A Public Documen
1. Agency Name			Date Starnp	California 802
Alameda County				Form 002
Division, Department, or Reg	ion (Il Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (	Name, Title)			15
Lee Ann Fergerson, Superv	isor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Musi p.	rovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@ac	gov.org	Date of Original Filing: .	
2. Function or Event Inform				(Month, Dey, Year)
Does the agency have a ticket	policy? Yes 🖾 I	No 🗆 Face Value d	of Each Ticket/Pass \$	71.00
		Date(s) _5	29,16	5,18,16
Ticket(s)/Pass(es) provided by			kland A	hletics
Was ticket distribution made at of agency official?	the behest No . Ye	es If yes:Ala:	meda County Supervisor So Official's Name (La	cott Haggerty, District 1
. Recipients	<u></u>		· · · ·	
• Use Soction A to identify the agency's	department or unit. • Use t	Section B to identify an individu	al. • Use Section C to Identify	y an outside organization.
A. Name of Agency, Department	or Unit Ticket(8) Pass(es)	Describe the publ	lc purpose made pursuant to	the agency's policy
				A MARK MARK AND
4			· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of Ticket(s)/ Pass(as)		identily one of the following	6
		To promote atten	dance at a county spo	onsored me
		1	maximize potential co	ounty
		revenue for conce	esion and parking sale	5.
		Ceremonial Role	Other . Role" or "Other" describe below;	Income
	Number of			÷ 1
C. Name of Outside Organizat (include address and descrip		Describe the public	purpose made pursuant to th	18 agency's policy
7750 Parde	Lane H	To reward a schoo it's contributions to	l or non-profit organiz o the community.	ation for
Sute 110, Oak (A. 94421	land			0.00
Verification		I		
	18944.1 and 18942. I have ve	nified that the distribution set forth	above, is in accordance with the r	equirements.
	Lee Ann Fer	gerson Su	pervisor's Assistant	4/17/10
Signature of Agenty Head or Designee	Print Nem		Thie	(Monih, Day, Year)
comment: White ist	of the ye	ar Dinner	- toraise fi	unds for
Then 50t	cidality o	2016 FPP	C Toll-Free Helpline: 866/AS	FPPC Form 802 (4/12) K-FPPC (866/275-7772)

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

### Agency Report of: .

	eremonial Role Events and TIC	Ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 000
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistar	nt	,		
	Area Code/Phone Number E-mail		·····	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691 leeann.ferge	rson@acgc	ov.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	f Each Ticket/Pass \$ _	27,00
	Event Description	anation	Date(s)	716	
	Ticket(s)/Pass(es) provided by agency?	Yes		kland D Name of Sou	thetics_
	Was ticket distribution made at the behest of agency official?	No 🗋 Yes	If yes:	neda County Supervisor S Official's Name (L	
3.	Recipients				
	Use Section A to identify the agency's department or L	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	b) Describe the public purpose made pursuant to the agency's p		
	······				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	19:
	Jim Goff	2		ice at a county sponsored I county revenue for con	
	······································		Ceremonial Roie	] Other ]   Role" or "Other" describe below:	Income
(	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy

#### 4. Verification

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

Lee Ann Fergerson Print Name

.

Supervisor's Assistant Title

(Month, Day,

Comment:

Signature of Agen¢y Heàd or Designee

V

Ceremonial Role Events and 1	icket/Pass	<b>Distributions</b>		A Public Documen
1. Agency Name		······	Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applica	able)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Lee Ann Fergerson, Supervisor's Assis	tant			
Area Code/Phone Number E-mail		·	Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann.fer	gerson@acgo	ov.org	Date of Original Filing:	
2. Function or Event Information	· · · ·			(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🔂 No	Face Value of	of Each Ticket/Pass \$ _	2,100
Bui place al				
Event Description	xplanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes		kland De Name of So	thetics
Was ticket distribution made at the behest	t No⊡ Yes	Ala	meda County Supervisor	
of agency official?		If yes:	Official's Name (	Last, First)
3. Recipients <ul> <li>Use Section A to identify the agency's department</li> </ul>	or unif allea Sa	ntion R to identify an individe		
A. Name of Agency, Department or Unit	Number of			
A. Name of Agency, Deparament of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	
Craig Bueno	2		nce at a county sponsored I county revenue for conc	
			Other	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
<u> </u>		<u></u>		

4. Verification

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

Lee Ann Fergerson Supervisor's Assistant Z Signature of Age. Print Name v Head or Title (Month, Day, Year) Comment:

A Public Document

			A Public Docum
1. Agency Name			Date Stamp California 80
Alameda County			Form <b>OU</b>
Division, Department, or Region (If Applica	ble)		For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title)			1 1
Lee Ann Fergerson, Supervisor's Assist	ant		
Area Code/Phone Number E-mail		,	Amendment (Must provide explanation in Part 3.)
	gerson@acgo		Date of Original Filing:
2. Function or Event Information			(Month, Day, Year)
Does the agency have a ticket policy?	V. 60		f Each Ticket/Pass \$ 3000
Builing	Yes D No		t Each licket/Pass \$
Event Description	(	Date(s)	15,16
Provide Title/Ex	pianation		CON ON POLO
Ticket(s)/Pass(es) provided by agency?	Yes DNo		Name of Source
Was ticket distribution made at the behest		Alar	meda County Supervisor Scott Haggerty, District 1
of agency official?	No 🗋. Yes	If yes:	Official's Name (Last, First)
3. Recipients			
	runit. • Use Se	ction B to identify an individua	al. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of		
T. Nume of Agency, Deparament of Omit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy
DISTRICT	7	To promote attendan	
	4	I to maximize potentia	ice at a county sponsored event in order I county revenue for concession and
		parking sales.	
· · · · · · · · · · · · · · · · · · ·			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:
(Last; First)	Pass(es)		Identity one of the following:
		Ceremonial Role	Other Income
		If checking "Ceremonial	Role" or "Other" describe below:
		Ceremonial Role	
			Other I income Role" or "Other" describe below:
		Ū	
C. Name of Outside Organization	Number of		
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to the agency's policy
	+		

#### 4. Verification

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

Lee Ann Fergerson Supervisor's Assistant Signature of Agenty Print Name or D Title (Month, Day,

Comment: .

1. Agency Name					A Public Documer
Alameda County				Date Stamp	California 802
Division, Department, or Reg	ion (If Annline)			1	Form OU2
	ion (II Applicad	ne)			I of Onicial Use Office
Board of Supervisors					
Designated Agency Contact (	Name, Title)			1	
Lee Ann Fergerson, Superv	isor's Assista	ant			
Area Code/Phone Number	E-mail			_ [_] Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform					
Does the agency have a ticket	policy?	Yes 🔁 No	Face Value of	of Each Ticket/Pass \$ _	52.00
Event Description	elsall	(	Date(s)	,2,16	
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by	agency?	Yes DNo		kland Dr Name of So	thetics
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes:	meda County Supervisor S	Scott Haggerty, District 1
of agency official?		(	(	Official's Name (I	Last, First)
. Recipients					
Use Section A to identify the agency		unit. • Use See	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		24 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -			
• • • • • • • • • • • • • • • • • • •					
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
JIM MCGrail		2	To promote attendar to maximize potentia parking sales.	nce at a county sponsored al county revenue for con	d event in order me 🗖 cession and
			Ceremonial Role	Other	
			If checking "Ceremonia.	l Role" or "Other" describe below:	
C. Name of Outside Organiza		Number of Ticket(s)/	Describe the public	c purpose made pursuant te	
(include address and descr	ption)	Pass(es)			the agency's policy
			*		
					_
		24			
Varifiantian					
	44.1 and 1	18942. I have veri	fied that the distribution set fort	h above, is in accordance with t	he requirements
	L	ee Ann Ferg	erson Si	upervisor's Assistant	4/26/10
Signature of Agenty Head or Designee		Print Name		Tille	(Month, Day/Year)
Comment:					

4.

1 A gonou Maria				A Public Docume
1. Agency Name Alameda County			Date Stamp	California 802
Division, Department, or Regio	on (if Applicable)		4	Form For Official Use Only
Board of Supervisors				
Designated Agency Contact (N	lame, Title)		0.00	4
Lee Ann Fergerson, Supervis	or's Assistant			
	E-mail		Amendment (Must pr	ovide explanation in Part 3.)
	eeann.fergerson@ac	gov.org	Date of Original Filing: _	(Month, Day, Year)
Function or Event Inform				1.40 000
Does the agency have a ticket p Event Description	Isall T	No Date(s)	f Each Ticket/Pass \$	1.2.50
P Ticket(s)/Pass(es) provided by a	Provide Title/Explanation	(Cr.	kland A	hletics
Was ticket distribution made at to of agency official?	he behest No □. Ye	es Alar	Name of Soun neda County Supervisor Sc Official's Name (Las	oft Haggerty, District 1
Recipients				
• Use Section A to Identify the agency's a	department or unit. • Lise :	Section B to identify an individu	al. • Use Section C to Identify	an outside organization.
A. Name of Agency, Department of	or Unit Ticket(s) Pass(es)	Describe the publ	c purpose made pursuant to	the agency's policy .
Thomas Mather	ny 4	To reward a Coun exemplary service	ty employee for his or to the public or to en	her
		staff development	t	courage
B. Name of Individual (inti-fini)	Number of Ticket(s)/ Pass(ss)		Identify one of the following:	
			dance at a county spo maximize potential co	
			sion and parking sale	
		Ceremonial Role [ Il checking "Ceremonial I	Other . Role" or "Other" describe below:	Income 📑
Name of Outside Organizatio	on Number of Ion Ticket(s)/	Occurity the multi-		
(include address and descripti	ion) Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	e agency's policy
		19 - A		۰
erification				
	18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance with the r	equirements.
A	Lee Ann Fei	rgerson Su	pervisor's Assistant	4/7.6/10
Signature of Agenty Hodd or DeSignee	Print Narr		Title	(Month, Day, Year)
omment:				
				FPPC Form 802 (4/1

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

A Public Document 1. Agency Name Date Stamp California Form Alameda County Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6691 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🕎 🛛 🗌 **Event Description** Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🙋 No 🗌 Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🗌 Yes 🜈 If yes. of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To reward a county employee for his or her DISTIC exemplary service to the public Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🗍 Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requiremen Lee Ann Fergerson Supervisor's Assistant Print Name Title (Month, Day, Year, Comment

						A Public Docum
	gency Name				Date Stamp	California 80
	ameda County					Form OU
Divi	rision, Department, or Reg	gion (If Applicat	ble)		1	For Official Use Only
	ard of Supervisors					
Des	signated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·	1	
Lee	e Ann Fergerson, Super	/isor's Assista	ant			<u> </u>
Area	a Code/Phone Number	E-mail		······································	Amendment (Must pro	ovide explanation in Part 3.)
(51	0) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)
Fur	nction or Event Infor	mation				~ ~~
Does	s the agency have a ticke	t policy?	Yes 💇 No	Face Value o	f Each Ticket/Pass \$	5,000
Ever	nt Description	Provide Title/Exp	2S	Date(s)	27,16	//
Ticke	et(s)/Pass(es) provided by	/ agency?	Yes 💇 No		Name of Source	
	ticket distribution made a agency official?	t the behest	No 🗌 Yes	Alam	eda County Superviso Official's Name (Las	
	<b>ipients</b> Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individua	I. • Use Section C to identify	an outside organization
Α.	Name of Agency, Departmer		Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	CALLS CONTRACTOR
	District 1		2	To reward a cou exemplary servic	nty employee for his te to the public	or her
В.	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Role	Other  Other  Other"  Other  Other	Income [
				Ceremonial Role 🔲 If checking "Ceremonial F	Other Carlos Contraction Contr	Income
).	Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	ne agency's policy
erific	cation		5 <u>0</u> 9			·
						requirements.
Sign	nature of Agency Head of Designee	Le	e Ann Ferge Print Name	erson Sup	bervisor's Assistant Title	(Mpnth, Day, Year)
	nature of Agency Head of Designee		9942. I have verific e Ann Ferge			forth above, is in accordance with the . Supervisor's Assistant Title

**A Public Document** 

					A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ
Division, Department, or Reg	ion (If Applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)		· · · · ·	1	
Lee Ann Fergerson, Superv	isor's Assistant				
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.fergers	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	-			L	0
Does the agency have a ticke		es 🚺 🗍 No	Face Value o	f Each Ticket/Pass \$ _	32.00
	Co a co a l	C3 🛄 110	- - 	17- 110	
Event Description	Provide Title/Explana	ation	Date(s)		
Ticket(s)/Pass(es) provided b	vagency?	a a 🕅 - Mari	□ If no: <u></u>	kland Atl	letics
Herei(s)/1 ass(es) provided b	y agency: y	es 🚺 No		Name of So	
Was ticket distribution made a	it the behest	No 🗌 Yes	Alam If yes,	en e	sor Scott Haggerty, D 1
of agency official?				Official's Name (I	_ast, First)
3. Recipients					
Use Section A to identify the agency	/'s department or uni	al. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individua (Last. Firsi)	1	Number of Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia	Identify one of the followi	ng: Income
			Ceremonial Role [ If checking "Ceremonia	Other	• Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Knights of Colu P.O. Box 1007	infres	4	To Reward a school or Its contributions to the	r nonprofit organization f e community.	or
Livermore CA			-		
94551-1007					
. Verification					
<b>A</b>	944.1 and 18	942. I have ver	ified that the distribution set fo	rth above, is in accordance with	n the requirements.
	Le	e Ann Ferg	gerson S	Supervisor's Assistant	4-25-16
Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
	A DA T.		5. 11.1	NO. 0 1	1 - 1
Comment: 10 Serve in	di Mual	s & gra	ys withe W	thron com	EPPC Form 802 (4/12)

comment: 10 correct many officers, development FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772) as; battered women angle mothers, develop ment FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772) disabled, struggling families, youth organizations' schools, clergy, Veterans, scholarships and many officers

1. Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applica	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		·	4	
Lee Ann Fergerson, Supervisor's Assis	tant			
Area Code/Phone Number E-mail	_ [_] Amendment (Mus	t provide explanation in Part 3.)		
(510) 272-6691 leeann.fer	gerson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information	· · ·			TEED
Does the agency have a ticket policy?	Yes 🛃 No	Face Value o	of Each Ticket/Pass \$	19150
Event Description, 106 CLASS	PIMM	Date(s)	1,23,(C	
Provide Title/E	xplanation			· · · · · · · · · · · · · · · · · · ·
Ticket(s)/Pass(es) provided by agency?	Yes🙆 No	🗋 If no: 🗹	Name of S	Source
Was ticket distribution made at the behest		na Alam	eda County Supervisor S	
of agency official?	No 🗌 Yes	log If yes:	Official's Name	
. Recipients				
Use Section A to Identify the agency's department	or unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursua	nt to the agency's policy
	".Pass(es)			
District 5		To reward a cour		3 01 1121
District 5	4	exemplary servic		
District 5 B. Name of Individual (Law, Filter)	Number of Ticket(\$)/ Pase(es)			
District 5 B. Name of Individual (Last Filter)			e to the public	
District 5 B. Name of Individual (Law Filty)	Ticket(s)/	exemplary servic	te to the public	wing:
District 5 B. Name of Individual (Law Film)	Ticket(s)/	exemplary servic	te to the public	wing:
District 5 B. Name of Individual (Law First)	Ticket(s)/	exemplary servic	te to the public	wing:
District 5 B. Name of Individual (Law Pint)	Ticket(s)/	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role	te to the public	wing: Income
District 5 B. Name of Individual (Last Firit)	Ticket(s)/	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role	te to the public	wing: Income
District 5 B. Name of Individual (Law Pinn)	Ticke(5) Pass(es)	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role	te to the public	wing: Income
(Lael Firit)	Number of Ticket(s)/	exemplary servic Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the public	te to the public	wing:
(Lael, Firig)	Number of	exemplary servic Ceremonial Role If checking *Ceremoni Ceremonial Role If checking *Ceremoni	te to the public	wing:
(Lael Firit)	Number of Ticket(s)/	exemplary servic Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the public	te to the public	wing: Income
(Lael Firit)	Number of Ticket(s)/	exemplary servic Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the public	te to the public	wing: Income
(Lael Firit)	Number of Ticket(s)/	exemplary servic Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the public	te to the public	wing: Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	exemplary servic Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the public	te to the public	wing:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es):	exemplary servic Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the pub	Le to the public	wing:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Number of Ticket(s)/ Pass(es)	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role If checking *Ceremonial Describe the public Describe the public	te to the public	wing: Income
C. Name of Outside Organization (include address and description) . Verification	Number of Ticket(s)/ Pass(es):	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role If checking *Ceremonial Describe the public Describe the public ified that the distribution set for gerson	Le to the public	wing: Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Number of Ticket(s)/ Pass(es) nd 18942. I have ver Lee Ann Ferg	exemplary servic Ceremonial Role If checking *Ceremonial Ceremonial Role If checking *Ceremonial Describe the public Describe the public ified that the distribution set for gerson	te to the public	wing: Income

				AT abile became
1. Agency Name	· · · · · · ·		Date Stamp	California 80
Alameda County				Form
Division, Department, or Region (If)	Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)	·····	1	
Lee Ann Fergerson, Supervisor's	Assistant			
Area Code/Phone Number E-ma			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691 leear	nn.fergerson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Informatio	n			-
Does the agency have a ticket policy	/? Yes 🜌 No	Face Value of	of Each Ticket/Pass \$	5,000,00
Event Description BASS	TBAU_	Date(s)	,16,16	
Event Description	Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agend	y? Yes 🜌 No	🔲 If no: 🗲	SW.	
1	_	Alam	Name of Sou Name of Sou	or Scott Haggerty, D 1
Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes.	Official's Name (L	the second se
-				
• Use Section A to identify the agency's depart	ment or unit. • Use Sec	- tion B to identify an individu	al. • Use Section C to identit	fv an outside organization
A. Name of Agency, Department or Uni	Number of		ic purpose made pursuant t	
A, nume of Agency, Department of On	Ticket(s)/ Pass(es)			o the agency's policy
B. Name of individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g: and a state of the
Rachel McGro	ul 4		lance at a county sponsor tial county revenue for co	
		Ceremonial Role	Other Role" or "Olher" describe below:	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Verification	1.1 and 18942. I have verifie	ed that the distribution set forth	above, is in accordance with th	e requirements.
	Lee Ann Ferge	rson Su	pervisor's Assistant	4-18-16
Signature of Agency Head of Designee	Print Name		Title	(Month, Day, Year)
$() \checkmark$				

### 04-18-16P02:47 RC

1. Agency Name				A Public Docum
Alameda County			Date Stamp	California 80
Division, Department, or Region	(If Applicable)	·····		Form 00
	(			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nan			7	
Lee Ann Fergerson, Supervisor	's Assistant			
	nail			provide explanation in Part 3.)
and the second secon	eann.fergerson@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informat				20
Does the agency have a ticket pol	icy? Yes 🛱 N	lo 🗌 🛛 Face Value d	of Each Ticket/Pass \$ _	52.00
Event Description	sall plus	L Date(s)	1.10.10	
Prov	ide Title/Explanation			
Ticket(s)/Pass(es) provided by age		_	kland D Name of Sou	
Was ticket distribution made at the of agency official?	behest No 🗌 Ye	s If yes:	meda County Supervisor S	cott Haggerty, District 1
		·( ·	Official's Name (L	ast, First)
Recipients				
• Use Section A to identify the agency's dep	No see have a set of the			
A. Name of Agency, Department or L	Jnit Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant t	o the agency's policy
				<u>n an an Arran Arran an Anna an Anna an A</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	
	Pass(es)	To promote atten	dance at a county spo	onsored
Todd Moor	rell		maximize potential co	
1000011000			sion and parking sale	
		Ceremonial Role	Other	Income
		If checking "Ceremonial F	Role" or "Olher" describe below:	
Name of Outside Organization	· Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
				٠
erification				
and the second	44.1 and 18942. I have veri	fied that the distribution set forth a	above, is in accordance with the	requirements
	Lee Ann Ferg			
Signature of Agency Head or Designee	Print Name		pervisor's Assistant	(Month, Day, Year)

A

A Public Document

				AT unit Document
1. Agency Name			Date Stamp	California 800
Alameda County				Form 002
Division, Department, or Reg	ion (If Applicable)		-	For Official Use Only
Board of Supervisors				8
Designated Agency Contact	(Name, Title)		-	
Lee Ann Fergerson, Superv	risor's Assistant			<u> </u>
Area Code/Phone Number	É-mail		Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@ac	gov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	nation			
Does the agency have a ticke	t policy? Yes 🜌 🛚	No 🔲 🛛 🛛 Face Value o	f Each Ticket/Pass \$	
Friend Description BA	FRAIN	([	18,19	, ,
Event Description	Provide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency? Yes 🖉 N	lo 🗆 If no: 🕖 🕹 🕼	Name of Source	tes GSU
Was ticket distribution made an of agency official?	t the behest No 🗌 Ye	Alam	eda County Superviso Official's Name (Las	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency'</li> </ul>	's department or unit. • Use S	Section B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Departmen	Number of		ic purpose made pursuant to	
Stolt Hagg	erty 4	To obtain oversig	ht of facilities or even unding or support	ts that have
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	
		Ceremonial Role	Other . Role" or "Other" describe below:	Income 🔲
		Ceremonial Role	Other Role" or "Other" describe below:	Income
C. Name of Outside Organiza (Include address and descri		Describe the public	purpose made pursuant to th	he agency's policy
Varification				
	18944.1 and 18942. I have ve	rified that the distribution set forth	above, is in accordance with the	requirements.
	Lee Ann Fer	gerson Su	pervisor's Assistant	4-18.16
Signature of Agency Head of Designee	Print Name	e	Tille	(Month, Day, Year)
Comment:	·			

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

I. Agency Name			Date Stamp	California 80
Alameda County				1-CATION
Division, Department, or Regi	on (If Applicable)	· · ·		For Official Use Only
Board of Supervisors				
Designated Agency Contact (/	Name, Title)			*
Lee Ann Fergerson, Supervis	sor's Assistant		1	
	E-mail		Amendment (Must provide	explanation in Part 3.)
	leeann.fergerson@acg	ov.org	Date of Original Filing:	
Function or Event Inform			1(iv	lonih, Day, Year)
Does the agency have a ticket		Face Value	of Each Ticket/Pass \$	$\mathcal{D}_{i}\mathcal{O}\mathcal{O}$
- China	elsago/marin		12.16	
Event Description	Provide Title/Explanation	Date(s)		/
Ticket(s)/Pass(es) provided by	agency? Yes 200	If no: Co	kland St.	letics
Was ticket distribution made at of agency official?	the behest No 🗋. Yes	If yes:	meda County Supervisor Scott I Official's Name (Last, Fr	
Recipients				
<ul> <li>Use Section A to identify the agency's</li> </ul>		ction B to identify an individu	al. • Use Section C to Identify an	outside organization.
A. Name of Agency, Department		Describe the pub	lic purpose made pursuant to the	adenovs palicy
• • • • • • • • • • • • • • • • • • •	Pass(es)			
	<u></u>			
	<u></u>			
B. Name of Individual (Last-Feet)	Number of Ticks(cs)			
B. Name of Individual (Lind-First)	Number of Tickst(s)/			
B. Name of Individual (Lind: First)	Number of Tickst(s)/			orad
B. Name of Individual (Lest-First)	Number of Tickst(s)/			orad
B. Name of Individual (List:-Feel)	Number of Tickst(s)/	Caremonial Role [	Identify one of the following:	orad
B. Name of Individual (List)-First)	Number of Tickst(s)/	Caremonial Role [	Identify one of the following:	orad me
(Last;-Firez)	Number of Ticket (e)	Caremonial Role [ If checking *Ceremonia Describe the public	Identify one of the following:	ared me income
C. Name of Outside Organizat (include address and descrip	lion Number of Ticket(s) Pass(es)	Caremonial Role [ If checking *Ceremonia Describe the public	Identify one of the following: Dother [] Role' or 'Oliver' describe below: c purpose made pursuant to the and nonprofit organization for	income
(Last:-Frez)	lion Number of Ticket(s) Pass(es)	Caremonial Role [ It checking "Ceremonia Describe the publi To Reward a school o	Identify one of the following: Dother [] Role' or 'Oliver' describe below: c purpose made pursuant to the and nonprofit organization for	ared me income

	Lee Ann Fergerson	Supervisor's Assistant	
Signature of Agenfy Head or Designee	Print Neme	Title	(Monih, Day, Year)
Comment: M proceeds -	Further the m	ussion of creating a	in intentional
Community fi	N inductionals		EPPC Form 802 (414.2)
special needs		1 (t)	•

1	Agency Name			Data Stame	Al ubic bocument
	Alameda County			Date Stamp	California Form 802
	Division, Department, or Region (#	(Applicable)		_	For Official Use Only
		(pphotolog)			
	Board of Supervisors				
	Designated Agency Contact (Name	, Title)			
	Lee Ann Fergerson, Supervisor's	Assistant			
	Area Code/Phone Number E-ma	ail		Amenament (Must p.	rovide explanation in Part 3.)
	(510) 272-6691 leea	ann.fergerson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	on			(monini, bay, roal)
	Does the agency have_a ticket polic	y? Yes 💯 No	Face Value c	of Each Ticket/Pass \$	BOOD
	- Buselo	100 T	_	1 2 11	
	Event Description	de Title/Explanation	Date(s)		/
	Ticket(s)/Pass(es) provided by age			kland Dr. Name of Sou	thetics_
	Was ticket distribution made at the	behest No 🗋 Yes	Ala	meda County Supervisor S	cott Haggerty, District 1
	of agency official?		If yes:	Official's Name (L	
3.	Recipients		<u> </u>		
•.	Use Section A to identify the agency's depi	artment or 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 L	Init Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			in the update j e policy
	· · · · · · · · · · · · · · · · · · ·				
		0			
		Number of	a da anticipa d		
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	<b>19:</b> 19: 19: 19: 19: 19: 19: 19: 19: 19: 19:
	<u>na serie de la constante de la</u>	1 655(53)	Ceremonial Role		
				ial Role" or "Other" describe below:	
			Ceremonial Role		Income
			It checking "Ceremonia	al Role" or "Other" describe below:	
	Name of Outside Organization	Number of			
	C. Name of Outside Organization (include address and description	Tababal	Describe the publ	lic purpose made pursuant t	o the agency's policy
-	Canton Per Hill		To reward a scho	ol or non-protit orga	nization tor
	ou flower fill	16/4		to the community.	
	PILBON 1112/2			to the continuinty.	
	Pleasanton CA 9458	28		· ·	
4.	Varification		<u> </u>		
<b>(</b> 1		8944.1 and 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
ľ,		Lee Ann Fer	rgerson S	Supervisor's Assistant	
١	V 1 1 i V	Print Nam	e	Title	(Month, Day, Year)
	DOWN ( ON I hat	aller all a	noods hone.	Marshourd.	internal and
(	Comment: 1011156 & LUST	ycar - all pr	ouccas vierta	united then ph	FPPC Form 802 (4/12)
F	Neating an intention	al communit	T for mains date	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)
- (	Dith Solor II noode	al community	J	$\sim$ )	
	~ maples at nelles	1.	iner -		

4.

١

				A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County				Pleimit
Division, Department, or Region (If Appli	cable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	·····	· · · · · · · · · · · · · · · · · · ·	1	q
Lee Ann Fergerson, Supervisor's Ass	istant			
Area Code/Phone Number  E-mail		·	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691 leeann.fe	ergerson@acg	OV:010	Date of Original Filing: _	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🖾 No	- 🗖 🛛 Face Value o	f Each Ticket/Pass \$	5 50 00
Bee days	n les de No	$\sim$		
Event Description	Explanation	Date(s) <u>~</u>	16616	//
Ticket(s)/Pass(es) provided by agency?	Yes ZDNc		kland St	hetics
Was ticket distribution made at the behas	<u> </u>	Alar	Name of Sour	
of agency official?	st No 🗋. Yes	If yes:	neda County Supervisor So Official's Name (La	oft Haggerty, District 1
	•	·(·		si, First)
Recipients     Use Section A to identify the agency's department	or unit a lice Se	uction & to identify on Induktion		-
	Number of	집안한 승규는 집에 한 것이라고 있다.	and the second	
A. Name of Agency, Department or Unit	Tičket(s) Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
		·		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	
				me 🗔
			e e e e	
		Ceremonial Role	Other	Incoma 🗖
		a crossing coremonier	Hore of Dirich Cosmice Delow;	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(cs)	Describe the public	purpose made pursuant to t	he agency's policy
TV 30 Frindation	10/	To reward a scho	ol or non-profit organ	ization for
410103 Bernal Ane Chp	18/4	it's contributions	to the community.	
Place por any we see				·
Pleasanton, CA 94566		÷		
				-
Verification		·Contribution attack in a start of the start	-	
944.1 86			above, is in accordance with the	requirements.
	Lee Ann Ferg	jerson Su	pervisor's Assistant	4-13-16
A orbitatione on whatthe Lincoln that the transferred	Print Name		The	(Month, Day, Year)
comment: Out standing Hig	b Schon	Scholarshe	DAtlates	Andr
Fundrauser to promote phys	cal and	Andoman	T THE WIND	FPPC Form 802 (4/4-2)
education in (figh School st	idents an	d CM CALLARDE	C Toll-Free Helpline: 866/A	SK-FPPC (866/275-7772)
good citizens through to	camwork	monings f	2051 tive life. 4	ong

4

1 Agoney News			A Public Docume
1. Agency Name Alameda County		Date Stamp	California 80
Division, Department, or Region (If A	pplicable		Form <b>UU</b>
	pheamer		For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, The		1.4	
Lee Ann Fergerson, Supervisor's A	ssistant		
Area Code/Phone Number E-mail			provide explanation in Part 3.)
	n.fergerson@acgov.org	Date of Original Filing	(Month, Day, Year)
Function or Event Information			(month, out, tou)
Does the agency have a ticket policy	Yes 🖾 No 🗆 🛛 F	ace Value of Each Ticket/Pass \$.	27.00
Event Description	Tille/Explanation	ate(s) 4, 13, 14	·//
Ticket(s)/Pass(es) provided by agenc		no: Cakland	thetics_
Was ticket distribution made at the be of agency official?	hest No . Yes If	yes:Alameda County Supervisor Official's Name	Scott Haggerty, District 1
Recipients			
• Use Section A to Identify the agency's departm	nent or unit. • Use Section B to ident	llfy an individual. • Use Section C to Iden	tily an outside organization.
A. Name of Agency, Department or Unit		cribe the public purpose made pursuant	
-			en an
		i.	
B. Name of Individual (Last - First)	Number of Ticket(e)/ Pass(es)	identify one of the followi	
Vic Argula		note attendance at a county s	
0.0 110 Juou		n order to maximize potential e for concesion and parking sa	
	Tevenu	e for concestorrand parking sa	ies.
		monial Role Other .	Income
			6
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Descr Pass(es)	be the public purpose made pursuant to	the agency's policy
121			
erification			
s 18944.	1 and 18942. I have verified that the distr	ibution set forth above, is in accordance with th	ie requirements
	Lee Ann Fergerson	Supervisor's Assistant	4-12-11
·	Print Name	The	(Month, Day, Year)
くフィナ		12	(monit, Day, Indi)
omment:			

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

4,

A - amount				A Public Documer
I. Agency Name Alameda County			Date Starnp	California 802
Division, Department, or Region (If Applic	:able)	and the second	-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·	1	
Lee Ann Fergerson, Supervisor's Assi	stant			
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	rgerson@acg	ov.org	Date of Original Filing: .	(Month, Dey, Year)
Function or Event Information Does the agency have a ticket policy?	· · · ·	-		0700
Buillion al	Yes D No	11	f Each Ticket/Pass \$	J. J.00
Event Description	Explanation	Date(s)	$\frac{1}{10}$	
Ticket(s)/Pass(es) provided by agency?	Yes		kland A	hletics
Was ticket distribution made at the behes of agency official?	t No 🗋. Yes	If yes:Alar	neda County Supervisor Si Official's Name (Le	cott Haggerty, District 1
Recipients				
<ul> <li>Use Section A to identify the agency's department</li> </ul>	or unit. • Use Se	ction B to identify an individua	al. • Use Section C to Identit	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/. Pass(es).	Describe the publi	ic purpose made pursuant t	o the agency's pailcy
ð.				
B. Name of Individual (Last-Fini)	Number of Ticket(s)/ Pass(es)		Identify one of the following	jî
Millung	2		dance at a county spo	
The Lotter	6		maximize potential co esion and parking sale	
				· · · · ·
		Ceremonial Role	Other Rote* or "Other" describe below:	Income
Name of Outside Organization	Number of	Sociality dis autority		
(include address and description)	Ticket(s)/ Pass(os)	beautipe the public	purpose made pursuant to i	ne agency's policy
		P1 - ,		
		4		
rification				
8944.1 ən	d 18942. I have veri Lee Ann Ferg		above, is in accordance with the	requirements.
Signature of Agenty Head or the Signee	Print Name		pervisor's Assistant	(Month, Day, Year)
$\cup \cup$			· .	unannu, aray, Tedij
omment:				

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

				DISTRIBUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regio	on (If Applicable	)	1 <u>02000230888</u> 0608000000000000000000000000000000		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Steven Jones					
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org	J	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$27
	Event Description Baseball ga	ame		Date(s)05	, 17 , 16	1 1
	Event Description Date(s) Date(s)					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗖 No	IX If no: Oaklar	nd A's	
	Name of Source					
	Was ticket distribution made at	t the behest	No 🗌 Yes	] Yes 🛛 If yes: <u>Chan, Wilma</u> Official's Name (Last, First)		
	of agency official?				Officiai's Name (L	.ast, First)
3.	Recipients	a department or (	unit a Lina Car	alien D to Identify on Individu	al a Una Spatian C to ident	If , an autolida averalization
	Use Section A to identify the agency	1997 - Argener 1997 - 1	Number of			
	A. Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/	- - 	Identify one of the followi	70
	(Last, First)		Pass(es)			119.
	Garling, Angie				Other describe below:	Income
	Caning, Angic		2	-		eld at a County facility in
					potential County reven	
				Ceremonial Role	Other	Income
	• •		2	If checking "Ceremonial Role" or "Other" describe below:		
			2			
	anna ann an 1997 an 19					
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and desc	where we have a set of the set of	Pass(es)			
		dinimi ant you you dinini a anayyaa				
40000000	Verification					

Steven Jones	Central District Director	04/08/2016
Print Name	Title	(Month, Day, Year)

Comment: \_

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$27 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description \_\_\_\_\_Baseball game 04 16 05 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf yes: <u>Chan,</u> Wilma 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 D Other Income Hoffmann, Cheryl If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

# Signature of Agency Head or Designee Steven Jones Central District Director 04/08/2016 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_