Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		r		
Steven Jones			alama (fina da fala) da fala da	
Area Code/Phone Number E-mail	a maka ka ata pangana sa		_ Amendment (Must p	rovide explanation in Part 3.)
	s@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$27
Event Description Baseball game			5 , 16 , 16	
Event Description	planation	Date(s)	energy provided the second	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oakla	and A's	ى چىنىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىرىمىيەر بىلىر
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	n, VVIIMA Official's Name (i	ast First)
3. Recipients • Use Section A to identify the agency's department of	r unit. ● Use Se Number of	Nitrita Nicostanii 1955		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
(Lasi, rins)	Pass(es)		<u> </u>	
Wang, Jenny		Ceremonial Role	Other Donial Role" or "Other" describe below:	Income
	2	To promote attend		eld at a County facility in nue
	2	Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			<u></u>	
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	05/31/2016
Signature of Agency Head or Designee	Print Name	Tillə	(Monlh, Day, Year)

Comment: ___

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Form 802
Alameda County				
Division, Department, or Region (If Applicable))	19499999999999999999999999999999999999		For Official Use Only
Board of Supervisors	×			ł
Designated Agency Contact (Name, Title)				
Steven Jones			ar no and a statement of a statement of the	
Area Code/Phone Number [E-mail	1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -	n a a se anna an a	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 steven.jones	@acgov.org	r	Date of Original Filing: .	/H_ // D_ // \
2. Function or Event Information	Guogonois			(Month, Day, Year)
	Yes 🗋 No	Face Value o	f Each Ticket/Pass \$	\$32.50
	Yes 🗌 No	_		
Event Description Hillsong United Provide Title/Expla	anation	Date(s)5	//	
		- Golder	n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	23	Name of Sou	
Was ticket distribution made at the behest	Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Alam			r Wilma Chan
of agency official?		·	Official's Name (L	ast, First)
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 Ticket(s)/		Identify one of the followi	
(Last, First)	Pass(es)		identity one of the followi	ng.
			Other Image: constraint of the second s	Income 🔲
		Ceremonial Role If checking "Ceremoni	Other Other 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	to the agency's policy
Redwood Christian Schools 1000 Paseo Grande, San Lorenzo, CA 94580	4	To reward a school to the community	or nonprofit organizat	ion for its contributions
Cultivates outstanding scholastic achievement and good citizenship				
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	May 24, 2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Cer	emonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1. A	gency Name		nera dimenin Liboren - are, en		Date Stamp	California 802
A	lameda County					
D	ivision, Department, or Reg	jion (If Applicable)	<u></u>	-	For Official Use Only
В	loard of Supervisors					
	esignated Agency Contact	(Name, Title)	anna Anna Iorda i sharara dhanai haradi i sad		-	
S	steven Jones					
	rea Code/Phone Number	E-mail	un and an and an and an		_	rovide explanation in Part 3.)
(!	510) 272-6693	steven.jones	@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Infor	mation				
D	oes the agency have a ticke	et policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	\$149.50
E	vent Description	North America Provide Title/Expl	an Tour 2016		5 <u>,</u> 19 <u>,</u> 16	//
Ti	icket(s)/Pass(es) provided k	y agency?	Yes 🗌 No	If no: Golde	en State Warriors Name of So	urce
	/as ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	neda County Supervisc Official's Name (r Wilma Chan Last, First)
	Recipients Use Section A to identify the agend	cy's department or	unit. 🏾 • Use Se	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
F	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
E	S. Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
C	Cutter, Scott		2	Ceremonial Role	Other D	Income
			2		lance at a(n) event h potential County rever	eld at a County facility in nue
			2	Ceremonial Role If checking "Ceremo	Other D Inial Role" or "Olher" describe below:	Income
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	to the agency's policy
4. V	/erification					

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	May 24, 2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ____

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 steven.jones@acgov.org (Month, Day, Year) 2. Function or Event Information \$149.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🖂 Event Description _____ The Who North American Tour 2016 05 19 16 Date(s) _ Provide Title/Explanation 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: 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 Brill, Fred 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 Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 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.

-	Millionalainen er en ang	Steven Jones	Central District Director	May 24, 2016
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

C.

4.

A Public Document

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If App	licable)	99 (1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1	-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	Ölmöslegen com an annan med als biolefisket til gette dorer at her opportung og av er at som og	-	
Steven Jones			00000000000000000000000000000000000000	φροτατορια τητι ο φοργαφοριατία για τη τητι τη ποτη το ποτη το ποιο το ποριο τη το τ
Area Code/Phone Number E-mail		&	Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693 steven.	jones@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗖 No	Face Value	of Each Ticket/Pass \$ _	\$157.50
Event Description <u>Rihanna</u>	le/Explanation	Date(s)	5 , 07 , 16	//
Ticket(s)/Pass(es) provided by agency	? Yes□ No	If no: Golde	n State Warriors	
Was ticket distribution made at the beh	est No Theorem	NZ Alam	ieda County Superviso	
of agency official?	est No 🗌 Yes	If yes:	Official's Name ('Last, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
B. Name of Individual	Number of			
Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
Howard, Shoshanna	2	To promote attend	Other Inial Role" or "Other" describe below: ance at an event held potential County reven	
	2	Ceremonial Role If checking "Ceremo	Other Chair Chair Chair Control of the control of t	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
4. Verification				

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

	Steven Jones	Central District Director	May 24, 2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

4	A					
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					For Official Use Only
	Division, Department, or Regi	on (If Applicabl	le)			I of Omolal 030 Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Steven Jones					
	Area Code/Phone Number	F	1001-101-001-00-00-00-00-00-00-00-00-00-	1000011419449019494949494949494949494949	Amendment (Must pr	ovide explanation in Part 3.)
		E-mail		_	Date of Original Filing: .	
6 000000	(510) 272-6693		s@acgov.or			(Month, Day, Year)
2.	Function or Event Inform					\$157.50
	Does the agency have a ticke	t policy?	Yes 🗌 No		of Each Ticket/Pass \$	
	Event Description Rihanna	·		Date(s) 0	5 <u>07 16</u>	
		Provide Title/Exp	planation	D 0.0(0)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sou		
	Was ticket distribution made at the behest		No 🗌 Yes	If yes: Alam	neda County Supervisor Wilma Chan	
	of agency official?				Official's Name (L	ast, First)
J.	• Use Section A to identify the agency A. Name of Agency, Departme	ente establique.	Number of			
	A. Name of Agency, Departine		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	0	Number of Ticket(s)/ Pass(es)		Identify one of the followi	uĝi
		9999997 Transis (1997		Ceremonial Role	Other	Income
	Davis, Dana				nial Role" or "Other" describe below:	
			2		ance at an event held a potential County reven	
			2	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy

4. Verification

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

	Steven Jones	Central District Director	May 24, 2016
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) 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 \$35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗖 Event Description Baseball game 05 22 16 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 Β. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income Galvan, Gordon 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... Income Ceremonial Role Other 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.

	Steven Jones	Central District Director	05.24.2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

A Public Document

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable	<i>;)</i>		m	For Official Use Only	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)					
Steven Jones					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 steven.jones	@acgov.org	g	Date of Original Filing:	(Month Day Year)	
2. Function or Event Information	contra constant de la secencia y se constant a se			(monin, buy, rear)	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$35	
Event Description Baseball game		Company of Compan	5 , 21 , 16		
Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's		
			Name of So	urce	
Was ticket distribution made at the behest No □ Yes ⊠ If yes: Ch		If yes: Char	n, Wilma Official's Name (
of agency official's Name (Last, First)					
3. Recipients • Use Section A to identify the agency's department or	• 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 pul	olic purpose made pursuant	to the agency's policy	
B, Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina:	
(Last, First)	Pass(es)				
Franz, Jim		Ceremonial Role	D Other nial Role" or "Other" describe below:	Income	
	2	-	nunity volunteer for his	or her service to the	
	2	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
4. Verification		· · ·			

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

	Steven Jones	Central District Director	05.24.2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	э)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		Nielekter war en	4	
Steven Jones				an a
Area Code/Phone Number E-mail	a na an		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693 steven.jones	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(Month, Day, Tear)
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$32
Event Description Baseball game			5 <u>,</u> 30 <u>,</u> 16	, ,
Event Description Provide Title/Expl	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
		· ·	Name of So	burce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	n, Wilma Official's Name	(Loot First)
	1.2.1. en ren van gegenen ander inder en er		Oniciai's Name	Lasi, Fiisi)
3. Recipients Use Section A to identify the agency's department or 	unit. 🍬 Use Sec	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role		Income
Santa Maria, Roy & Peggy	2		nial Role" or "Other" describe below:	
		l o reward a comm public	unity volunteer for his	or her service to the
		Ceremonial Role	Other	inaama 🗖
			nial Role" or "Other" describe below:	Income
	2			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
(include address and description)	Pass(es)			
•	and an equipment of the second se		nanggapaggyana manang ara da katalaka sidikita Sidana Manana marapang pananang mpanang pang	
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	05.24.2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

		(CUI 033	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)		<u>, .</u>		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		2011-2015-2014-2014-2014-2014-2014-2014-2014-2014	-	
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		on and the stand device of the second sec		
	Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$	\$32
	Event Description Baseball game				
	Event Description Provide Title/Expla	nation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sc	11729
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char		
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 put	olic purpose made pursuant	to the agency's policy
•		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	McCormick, Tom	2	Ceremonial Role If checking "Ceremor	Dther Inter Dther	Income
				ance at a(n)… event h potential County rever	eld at a County facility in nue
		2	Ceremonial Role If checking "Ceremor	Other describe below:	Income
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
1.	Verification				
	I have read and understand CDDO Degulations 18944.1 and	18942. I have ve	erified that the distribution set I	forth above, is in accordance wi	th the requirements.
		Steven Jo	ones	Central District Directo	r 05.28.2016
	Signature of Agency Head or Designee	Print Nar	1 0	Title .	(Month, Day, Year)

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 \$80 Ticket/\$20 Parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Baseball game 05 / 27 16 Date(s) _ Provide Title/Explanation lf no: <u>Oakland</u> 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 Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) , Other Ceremonial Role Income Lovewell, Louise If checking "Ceremonial Role" or "Other" describe below: 4+1park 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: 4+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.

	Steven Jones	Central District Director	05/31/2016
 Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

U	eremonial Role Events	s and no	neurass	DISTUDUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					For the second s
	Division, Department, or Regio	n (If Applicable)	38460		For Official Use Only
	Board of Supervisors					· · · · · · · · · · · · · · · · · · ·
	Designated Agency Contact (N	ame, Title)		<u>an an a</u>	-	
	Steven Jones					
	Area Code/Phone Number	-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	3	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	ation				(1101111, 20), 7007
	Does the agency have a ticket		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$27
•	- •	•				
	Event Description Baseball ga	Provide Title/Expl	anation	Date(s)5		
				If no: Oaklai	nd A's	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sol	Irce
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: Chan, Wilma					
	of agency official?				Official's Name (L	.ast, First)
3.	e 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	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/	· .	Identify one of the followi	na
	(Last, First)		Pass(es)			
	Gonzales, Rosa			Ceremonial Role	Dther nial Role" or "Other" describe below:	Income
			2			eld at a County facility in
					potential County reven	
		94393 84400000000000000000000000000000000000	50 Martin Anna 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	Ceremonial Role	Other	Income
			2			
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
		AMM - Anna Anna ann an Anna an Anna an Anna an Anna an Anna A			anna da mais da Calandia de Calanda de Caland	
4.	Verification				nn a balan sin di sin dala parti da di tisi kini di tisa di si a di na pada da sun casa nga compo	

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	05.24.2016
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicabl	e)	*****		For Official Use Only	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)					
Steven Jones			an de anticipat de la company de la compa		
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
(510) 272-6693 steven.jone	s@acgov.org	g ,	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	Function or Event Information				
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	\$80 Ticket/\$20 Parking	
Event Description Baseball game Provide Title/Exp		Date(s)5		//	
	Yes 🗌 No	IX If no: Oaklar	nd A's		
Ticket(s)/Pass(es) provided by agency?		Name of So	ource		
Was ticket distribution made at the behest No		If yes: Chan	, Wilma		
of agency official?	_		Official's Name	(Last, First)	
3. Recipients • Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	elic purpose made pursuan	t to the agency's policy	
B. Name of Individual (Last, Frist)	Number of Ticket(s)/		Identify one of the follow	ving:	
(LGG// 03)	Pass(es)				
Gorham, Kevin			U Other U ial Role" or "Other" describe below:	Income	
	4+1park	To promote attenda		neld at a County facility in	
	4+1park	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 pursuan	t to the agency's policy	
4. Verification					

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

	Steven Jones	Central District Director	05/31/2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

С	eremonial Role Events and Ticl	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)	Companying and the second second second second	n an	-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			α.	
	Steven Jones				
	Area Code/Phone Number E-mail	5.00.00		Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	a	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(Mohili, Day, Teal)
		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$32
			Browsen 2		
	Event Description Baseball game Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?		If no: Oaklai	nd A's	
	nonellow assies, provided by agency:	Yes 🗌 No		Name of So	burce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	If yes: <u>Chan, Wilma</u> <i>Official's Name (Last, First)</i>	
	of agency official?			Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuan	
		Pass(es)			
					ada ana ka ka mana ka ka ka mana ka ka mana ka ka mana ka
		Number of	ina mangana kana kana kata kata kata kata kata k	ADBARTAN SARAH MANAAN MANAAN	
	B. Name of Individual (Lost, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		1 433(03)	Ceremonial Role	Other	Income
	Stadmire, Sylvia			ial Role" or "Other" describe below:	Lunge
		2			neld at a County facility in
			order to maximize	potential County reve	nue
			Ceremonial Role		Income
		2	If checking Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		<u> </u>		<u></u>	na air an ta chun ann an thu ann ann ann ann ann ann ann ann ann an
				en e	na provinský kar y seren kran v men na kranten kran se na populaci se sa populación a seren a seren a devenine
		[]		

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	05.17.2016
[®] Signalure of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

С	eremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable	le)	ana ny na bara 2019 yang dan gang dan sang dan s		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	anna an			
	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 Information				(workin, Day, Tear)
	Does the agency have a ticket policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	\$35
	Event Description Baseball game				
	Event Description Provide Title/Exp	olanation	Date(s)5		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oaklar	nd A's	
				Name of Sc	burce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (
Scotlag	of agency official?			Official's Name (Last, First)
3.	Recipients Use Section A to identify the agency's department or 	r 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 pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Other	Income
	Brekke-Meisner, Lukas	2	-	ial Role" or "Other" describe below:	ald at a Cauntu faailitu in
				ootential County rever	neld at a County facility in nue
		2	Ceremonial Role If checking "Ceremon	Other Cher Cher" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	Ilc purpose made pursuan	t to the agency's policy
0.0.000			I		

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	05,24.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		unn des annon a san san gèise gus e se gus san san san dèis dh'ar dh'is a dh'is an dh'is an dh'is an dh'is an s		
	Steven Jones				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	2000-000-00-000-00-00-00-00-00-00-00-00-	ntar tanah menyapanangan penyapanan penyapanan sebelah di dikaké di kabané di kabané di kabané di dikaké di kab		
	(510) 272-6693	steven.jones	@acgov.org)	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform			· · · · · ·		\$100
	Does the agency have a ticke		Yes 🛛 No	Luna	of Each Ticket/Pass \$ _	n franken i ben er benen an en Sticket fol 10. 1900 in die bieken er often en die er die er often er often er o
	Event Description Baseball g	ame		Date(s)	5 <u>, 20 , 16</u>	
	·	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	Name of Sc	burce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Char		
	of agency official?				Official's Name ((Last, First)
3.	• Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/		ual. • Use Section C to iden	
						
	B. Name of Individua (Last, First)	11 	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Ceremonial Role		Income
	Cravalho, Brian		3	-	hial Role" or "Other" describe below:	
					ance at a(n) event n potential County rever	neld at a County facility in nue
		Ala Manada a sa maya na sa ya	3	Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
		na magana maganga katala kata kata kata kata kata kata k	NY MARLANTI An film sponsorproprogram (and sponsore)			
-	nan fananan menangan dara kananan kanan dari kata satu kanan kanan kanan dari kanan kanan kanan kanan kanan ka					

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	04/12/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

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 \$32 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Baseball game 19 16 05 Date(s) _ Provide Title/Explanation lf no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If 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 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 Β. Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Ceremonial Role Other Income Elliott, Laura 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... Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C.

(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Steven Jones	Central District Director	05.24.2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ...

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	9)	ĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨĨ		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	and and a surplus of the surplus of		4	
Steven Jones				
Area Code/Phone Number E-mail			Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6693 steven.jones	s@acqov.or	a	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🛛 No	Eace Value of	of Each Ticket/Pass \$	\$27
Event Description Baseball game Provide Title/Expl	lanation	Date(s)	5 , 18 , 16	//
		IX If no: Oakla	nd A's	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	land.	Name of Sol	urce
Was ticket distribution made at the behest	No 🗋 Yes	If yes: Char	n, Wilma	
of agency official?			Official's Name (L	ast, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	Ceremonial Role		· · · · ·
Limoges, Ron	2	If checking "Ceremor	Other L	Income or her service to the
	2	Ceremonial Role	Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4. Verification				

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	05.24.2016
	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 002
Division, Department, or Region (If Applicabl	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		nng y training ng program gan ang ang ang ang ang ang ang ang ang		
Steven Jones				
Area Code/Phone Number E-mail	1977 - 1777 - 1877 - 1974 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	alla and the second	Amendment (Must p	rovide explanation in Part 3.)
	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(110111), 503, 1001
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$80/\$20 parking
		toosed.		
Event Description Baseball game Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?		If no: Oaklar	nd A's	
nonellassies, provided by agency?	Yes 🗌 No	Receive B	Name of So	urce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			Official's Name (Last, First)
3. Recipients				
• Use Section A to identify the agency's department or	'unit. ∘Use Seo	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
				н. Т
			an a	da sherada 1941 ya a da barada ke mari a manu baka wana da mada ka da ba shi ta ba shi ka 1944 wa da wa da manu Manu a manu a
		·		
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
	Number of		a, it suger the state of the state of the	
C. Name of Outside Organization (Include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
REACH Ashland Youth Center 16335	4+1park			eld at a County facility in
E. 14th Street San Leandro, CA 94578			ootential County rever	iuせ
Cinco de Mayo event; committed to				
empowering youth & building community				
4. Verification				
I have read and understand FPPC Regulations 18944.1 an	d 18942. I have ve	enfied that the distribution set fo	orth above, is in accordance wi	th the requirements.

 Steven Jones
 Central District Director
 04/11/2016

 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) 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 🖾 No 🗆 Event Description Baseball game 03 05 16 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 Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role 🔲 Other 🔲 Income Kreiberg, Richard If checking "Ceremonial Role" or "Other" describe below: 2+1park 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+1park 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.

	Steven Jones	Central District Director	May 24, 2016
 Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

-				Biotributionio		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable))		•	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		n villanar för utdetta för villa försetta för och för stör för att för att för att för att för att för att för	-	
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	9	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	of Each Ticket/Pass \$ 🛁	\$80 ticket / \$20parking
	Event Description Baseball			0	5 , 03 , 16	, ,
	Event Description	Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
					Name of Sol	Irce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma Official's Name (L	and FireA
ansida	or agency official?				Official s Name (E	.451, -1151)
3.	• Use Section A to identify the agend	cy's department or u	ınit. • Use Se	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	lic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	O a da ña Mariala			Ceremonial Role		Income
	Cedeño, Mariela		2+1park	•	ial Role" or "Olher" describe below:	ald at a County facility in
					potential County reven	eld at a County facility in ue
			2+1park	Ceremonial Role If checking "Ceremor	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
			L	1		

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	05/31/2016
 Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ...

A Dulle Deen

				Distributions		A Public Documen
I. Agency Name	9				Date Stamp	California 802
Alameda Count	у					
Division, Departi	ment, or Reg	ion (If Applicab	le)	an a		For Official Use Only
Board of Super	visors					
Designated Ager	ncy Contact	(Name, Title)	dalar tethanniken manapannya yang pagarang an		-	
Steven Jones					-	275 (1922) 275 (1922)
Area Code/Phon	e Number	E-mail			Amendment (Mus	t provide explanation in Part 3.)
(510) 272-6693)	steven.jone	es@acgov.org	g	Date of Original Filing	I:(Month, Day, Year)
2. Function or E	vent Infor	mation				
Does the agency	have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$80 ticket / \$20parking
Event Description	Baseball	jame			5 , 03 , 16	
		Provide Title/Ex	planation		inner an	pinetinininitiationitika (pennininanananana) eramaanananana
Ticket(s)/Pass(es	s) provided b	y agency?	Yes 🗌 No	If no: Oakla	and A's	
				_	Name of S	Source
Was ticket distrib of agency officia		at the behest	No 🗌 Yes	If yes: Cha	Official's Name) (I ast. First)
 Recipients Use Section A to id 	entify the agenc	y's department o	r unit. 🏾 🛛 Use Se	ction B to identify an indivi	ual. ● Use Section C to ide	entify an outside organization.
A. Name of Ag	ency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pi	blic purpose made pursua	nt to the agency's policy
<u>y i nik di sida di sa ina di</u>			Pass(es)		Mic purpose made pursua	
<u>er (19. 16. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19</u>						
B. Na	ume of Individua (Lasi, First)	al			Identify one of the follo	
B. Na		al	Pass(es)	Ceremonial Role	Identify one of the folic	wing:
B. Na		al	Pass(es)	Ceremonial Role If checking "Ceremonial Ceremonial Role	Identify one of the folic	wing:
C Name of		lization	Pass(es)	Ceremonial Role If checking "Cerem Ceremonial Role If checking "Cerem	Identify one of the folic	wing: Income [//
C Name of	(Last, First) FOutside Orgar ddress and des rative: 221 O	nization scription)	Pass(es) Number of Ticket(s)/ Pass(es) Number of	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Describe the put	Identify one of the folic	wing: // Income [// Income] // Income] // Income] // Income]

Comment: _

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	э)	angan kagangangan pananan ang panan di		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				, ,
Area Code/Phone Number E-mail	Dá Millen Köllen könn að hummun en responner stors	anaanniga ayyy may yaaray yaaraa ya yaanna yaaraa aa aa aa aa aa ah da da da da	Amendment (Must	provide explanation in Part 3.)
(510) 272-6693 steven.jones	s@acgov.org	g	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 \$	\$80 ticket / \$20parking
Event Description Baseball game		Date(s)		
Provide Title/Exp.	lanation		· · · · ·	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's	
			Name of Sc	burce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Chan</u>	an, VVIIma Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or	unif. • 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		lic purpose made pursuan	
	Ticket(s)/ Pass(es)	Describe the pub	ne pulpose made pulsuam	t to the agency a policy
			Needer Hill all following the first standard states and states that	
B. Name of Individual	Number of	·		
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role	· · ·	Income
Johnson-Forte', Desire'	2	÷	ial Role" or "Olher" describe below:	ald at a County facility in
			potential County reven	neld at a County facility in nue
·		Ceremonial Role	Other	Income
	2	If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	<u></u>	and a general second	, en en en anne en leiten anne hann ann ann ann ann ann ann ann ann an	
	illion allanda anna anna anna anna anna anna			
4 Varification				

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	05/31/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				TOUL SOL	
Division, Department, or Region (If Applica	ble)		1	For Official Use Only	
Board of Supervisors			E Contractor de la contra Contractor de la contractor de		
Designated Agency Contact (Name, Title)	5997 had all an		-		
Steven Jones					
Area Code/Phone Number E-mail	how we are an an and a second state of the sec	Na hito dana karanda manka maning manana ka kikawa shikiti ka ka da kara 1973 997 kuma	Amendment (Must)	provide explanation in Part 3.)	
	es@acgov.org	2	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?	Yes 🛛 No	Fine Value	of Fach Ticket/Pass \$ _	\$80 ticket / \$20parking	
Event Description Baseball game Provide Title/E	xplanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	V [7] M-	冈 If no: Oakla	nd A's		
noted by agency?	Yes 🗋 No		Name of Sc	Name of Source	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Char	If yes: <u>Chan, Wilma</u>		
of agency official?			Official's Name (Last, First)	
• Use Section A to identify the agency's department A. Name of Agency, Department or Unit	or unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ider blic purpose made pursuan		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
(Last, First)	Pass(es)				
		Ceremonial Role If checking "Ceremon	Other Other Other	Income	
		Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
Filipino Advocates for Justice: 310 8th Oakland, CA 94607	St, 4+1park		ance at a(n)… event h potential County rever	eld at a County facility in nue	
Advocates for policies that promote social and economic justice and equity					
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	05/31/2016
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

. 6

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable,)		-	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)		***************************************			
Steven Jones					
Area Code/Phone Number E-mail	10 ⁻¹⁰ -00-00-00-00-00-00-00-00-00-00-00-00-0	***************************************	Amendment (Must p	provide explanation in Part 3.)	
(510) 272-6693 steven.jones	@acgov.or	a .	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(Monan, Day, Tear)	
				\$80 ticket / \$20parking	
Event Description Baseball game				<i>, ,</i>	
Event Description Provide Title/Expla	anation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd A's		
			Name of Sc	burce	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	If yes: <u>Chan, Wilma</u> Official's Name (Last, First)		
of agency official?			Official's Name (Lasi, Firsij	
3. Recipients • Use Section A to identify the agency's department or u	unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Other	Income	
Noriega, Arturo	2		nial Role" or "Other" describe below:		
			ance at a(n)… event h potential County rever	eld at a County facility in nue	
		Ceremonial Role If checking "Ceremon	Other Inter Contract of "Other" describe below:	Income	
	2				
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t 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.

 	Steven Jones	Central District Director	05/31/2016
Signature of Agency Head or Designee	Print Name	Title	(Monlh, Day, Year)

Distances of						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County	• •					
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	913084110964844444444444444 <u>4</u> 444 <u>2999629992</u> 99	BRUS GRAFTER BERRAR VIAB MENN BRUS BRUS VIEW IN STRUCTURE IN STRUCTURE AND A STRUCTURE AND A STRUCTURE AND A ST	-		
	Steven Jones	. ,			200211151111111111111111111111111111111		
	Area Code/Phone Number	E-mail	and the second	This Differences, a big descent concerning on the second second second second second second second second second	Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.ord	r	Date of Original Filing:		
2	Function or Event Infor	-	G25			(Month, Day, Year)	
<i>2</i> 3 1	Does the agency have a ticke		Yes 🔀 No	Ence Value o	of Each Ticket/Pass \$ _	\$80 ticket / \$20parking	
	Event Description Baseball g	Provide Title/Expla	anation	Date(s)	5 <u>03</u> 16		
	Ticket(c)/Pass(cc) provided b	-		Ist If no: Oakla	nd A's		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sc	urce	
	Was ticket distribution made a	at the behest	No 🗋 Yes	If yes: Chan	, Wilma	າລ	
	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. 						
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	to the agency's policy	
			1				
			Number of				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	B. Name of Individu (Lasi, First)	al	Ticket(s)/		Identify one of the follow Other InterContent InterConten	ing:	
	B. Name of Individu (Last, First)	al	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other		
· · · · · · · · · · · · · · · · · · ·	B. Name of Individu (Last, First) C. Name of Outside Organ (include address and des	Ilzation	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other Other	Income	
	(Lasi, First)	1/zation scription) k 7900	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other A constraint of the co	Income	

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	05/31/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				TOIL
	Division, Department, or Region (If Applicable))	nny a na ann an Aonaichte aith an Aonaichte Ann An Aonaichte Ann Ann Ann Ann Ann Ann Ann Ann Ann An		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		NA - NA MARK MI IN MANINE PROMINING IN MISSIONAL MARK		
	Steven Jones				
	Area Code/Phone Number E-mail	24		Amendment (Must µ	provide explanation in Part 3.)
	(510) 272-6693 steven.jones	@acgov.org	a	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(Wohin, Day, Year)
		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$27
	Event Description Baseball game Provide Title/Expla	ination	Date(s)	<u>, 02 , 16</u>	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	冈 If no: Oaklar	nd A's	
	noter(o) r access provided by agency -			Name of Sc	ource
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	n, Wilma Official's Name (Last, First)	
-	of agency official?			Official's Name (Last, First)
3.	Recipients Use Section A to identify the agency'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, Department or Unit	Number of Ticket(s)/		lic purpose made pursuan	a in the state of th
		Pass(es)			
					na na mana mana mana mana mana mana man
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 400 (007	Ceremonial Role	Other 🗌	Income
	Elliott, Laura	2		ial Role" or "Other" describe below:	
		2			eld at a County facility in
				potential County rever	nue
			Ceremonial Role	L Other L ial Role" or "Other" describe below:	Income
		2	" chooking coronicit		
	C Name of Outside Organization	Number of			
	(Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
				24444739447494474474747474747474747474747	
e Sincepo		L			

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.

<u> </u>	Steven Jones	Central District Director	05/31/2016
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ...

A Public Document

				BIOTIMATIONO		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					and the second	
	Division, Department, or Reg	ion (If Applicable).	<u>1999, 799, 999, 999, 999, 999, 999, 999,</u>		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	- The character of the second s	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			
	Steven Jones						
	Area Code/Phone Number	E-mail		an a	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org	ġ	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				(monin, Day, roar)	
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	\$32	
	Event Description Baseball g				5 , 01 , 16		
	Event Description	Provide Title/Expla	anation	Date(s)5			
	Ticket(s)/Pass(es) provided b	v agencv?		IX If no: Oaklar	nd A's		
		Name of Source					
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	Chan, Wilma		
1000,CO44,000	of agency official?		1000-046 (manufacture of the second		Official's Name (L	ast, First)	
3.	• Use Section A to identify the agenc	y's department or ι	or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role		Income	
	Abdel-qawi, Matin		2	÷	ial Role" or "Other" describe below:	ald at a County featility in	
					potential County reven	eld at a County facility in ue	
		and a set of the second se	26 2 8 7 a 11 mar an 	Ceremonial Role		Income	
			2		lal Role" or "Other" describe below:		
	C. Name of Outside Organ	lization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	ngen same kan						
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	04/11/2016
Print Name	Tille	(Month, Day, Year)

Comment: ____

32

Ceremonial	Role Event	s and Tic	cket/Pass	Distributions		A Public Document
1. Agency Nan	ne				Date Stamp	California 802
Alameda Cou	nty					Touri
Division, Depa	rtment, or Regi	on (If Applicabl		For Official Use Only		
Board of Supe	ervisors					
Designated Ag	ency Contact (/	Name, Title)			-	
Nancy Sa		•				
Area Code/Pho	one Number	E-mail	·		Amendment (Must p	provide explanation in Part 3.)
(510) 272-669)2	nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or	Event Inform	nation				
Does the agen	Does the agency have a ticket policy?			Face Value	of Each Ticket/Pass \$_	32.50
Event Descript	ion Hillsong U	nited		Date(s)	95 <u>, 14 , 16</u>	/
	· · · · ·	Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golde	en State Warriors Name of Sc	
10/no tiplint dist						
Was ticket distribution made at the behest No ☐ Yes ⊠ of agency official?				If yes:	e, Richard- Supervisor Official's Name (Last, First)
A	• Use Section A to identify the agency's department or A . Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		ublic purpose made pursuan	
					,	
В.	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role		Income
Lara, Daisy			4	÷	onial Role" or "Other" describe below: munity volunteer for hei	service to the public.
			4	Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below:	
		·	Number of			
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy
, plantic in the posterior and a second						
					,	
4. Verification	an airean gu ann ann ann ann ann an Aonraich a' ann an gu ann ann ann ann ann ann ann ann ann an					2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/00/2022/0 /

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
 Supervisor's Assistant

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

Comment: .

Ce	eremonial Role Events and Tie	cket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County				Form OOLA For Official Use Only	
	Division, Department, or Region (If Applicab	Division, Department, or Region (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Nancy Sa					
	Area Code/Phone Number E-mail	**************************************	and the second	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 Information					
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	62.50	
	Event Description KMEL Summer Jam	planation	Date(s)06	6 , 12 , 16		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golde	n State Warriors		
		1	Name of So			
	Was ticket distribution made at the behest of agency official?	, Richard- Supervisor I Official's Name (I	ast, First)			
3.	• Use Section A to identify the agency's department of		tion B to identify an individ	ual. • Use Section C to iden	lify 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 follow	ing:	
				Other 🛛	Income	
	Jaramillo, Jaime	4		ance at an event held	at a County facility in	
				potential revenue from		
			Ceremonial Role	Other 🗌	Income	
		4		nial Role" or "Other" describe below:		
		-				
t.	C. Name of Outside Organization	Number of	Describe the pub	e public purpose made pursuant to the agency's policy		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·					
4.	Verification	and 18942 I have ve	profiled that the distribution set	forth above is in accordance wi	th the requirements	

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

Comment: .

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California Form 802				
	Alameda County						
	Division, Department, or Region (If Applicable		For Official Use Only				
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-					
	Nancy Sa				:		
	Area Code/Phone Number E-mail			_ C Amendment (Must p.	rovide explanation in Part 3.)		
	(510) 272-6692 nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	157.50		
	Event Description Rihanna Anti World Tou	ir	Date(s)	5 , 07 , 16	, ,		
	Provide Title/Expl		and a second sec				
	Ticket(s)/Pass(es) provided by agency?	If no: Golde	n State Warriors				
				Name of So Richard Supervisor			
	Was ticket distribution made at the behest of agency official?	If yes: Valle	, Richard- Supervisor I Official's Name (I	ast. First)			
3.	• Use Section A to identify the agency's department or	unit. ● Use Sec	ction B to identify an individ	ual. • Use Section C to iden	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of	I				
	A. Name of Agency, Department of onit	Ticket(s)/ Pass(es)	Describe the pu	lic purpose made pursuant to the agency's policy			
		1					
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
		1 433(03)	Ceremonial Role	Other 🛛	Income		
	Gonzalez, Robert		If checking "Ceremo	nial Role" or "Other" describe below:			
		4		ance at an event held			
			order to maximize	potential revenue from			
			Ceremonial Role	nial Role" or "Other" describe below:			
		4					
	C. Name of Outside Organization	Number of	Deparibe the pul	blio purposo mado pursuant	to the agency's policy		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	the public purpose made pursuant to the agency's policy			
					•		
	·			· ·			
4.	Verification						

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

	Nancy Sa	Supervisor's Assistant	5/19/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 149.50 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description _____ 14 05 16 Date(s). Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Valle, Richard- Supervisor District 2 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other 🛛 Ceremonial Role Income Berkowitz, Iliana If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification

4

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

A Public Document

Signature of Agency Head or Designee

Nancy Sa Print Name

Supervisor's Assistant

Title

(Month, Day, Year)

Comment: .

С	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regio	n (If Applicable	е)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	ame, Title)					
	Nancy Sa						
	-	E-mail	Ø		. 🔲 Amendment (Must p	rovide explanation in Part 3.)	
		nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	- ALT - LANE AND				(monar, bay, rear)	
	Does the agency have a ticket		Yes 🗵 No	Face Value c	f Each Ticket/Pass \$ _	40.00	
	Event Description Oakland A's		Date(s)5				
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	agency?	nd A's	·			
		agoney.		Name of So			
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle				Richard- Supervisor	District 2	
100200	of agency official?				Official's Name (Last, First)	
3.	Recipients						
		Number of	ction B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Departmen	Ticket(s)/ Describe the pul Pass(es)		lic purpose made pursuant	to the agency's policy		
	ferrer anna dan BAN 1974 Web 25 29 Anna anna 29 39 Anna anna an Anna an Anna anna anna an						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ina:	
	(Last, First)		Pass(es)				
	Valle, Yvonne			Ceremonial Role	ial Role" or "Other" describe below:	Income	
			2	•		nsored event in order to	
				maximize potential			
				Ceremonial Role	Other 🗌	Income .	
			2	If checking "Ceremon	ial Role" or "Other" describe below:		
		Number of	,	-97			
	C. Name of Outside Organia (include address and desc		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)				
						aan daar daa baha tara dalam 2020 00 00 00 00 00 00 00 00 00 00 00 0	
passess A							
4.	Verification I have read and understand FPPC Regula	tions 18944 1 en	d 18942 have ve	rified that the distribution set f	orth above. Is in accordance wi	th the requirements	
6	a second and a second and the to recycled					Clark	
	Signature of Agency Head or Designee		Nancy S		Supervisor's Assistan	(Month, Day, Year)	
						(

1.	Agency Name		Date Stamp California 802				
	Alameda County						
	Division, Department, or Reg	ion (If Applicable			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)		- 1910A	-		
		(
	Nancy Sa	1			Amendment (Must p	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail			Date of Original Filing:			
1 22230	(510) 272-6692	nancy.sa@a	icgov.org			(Month, Day, Year)	
2.	Function or Event Infor			· ·	30.00		
	Does the agency have a ticke	et policy?	Yes 🛛 No		of Each Ticket/Pass \$ _		
	Event Description Oakland A	\'s vs Seattle I	Mariners	Date(s)	<u>, 02 , 16</u>	//	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's	an an an Aird an air Ann an Aird an Aird an Aird an Aird Stan Ann Aird ann an Aird an an Aird an Aird an Aird a	
					Name of So		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: <u>valle</u> ,	Richard- Supervisor		
3350702							
3.	• Use Section A to identify the agency's department or unit. • Use Section B			tion 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)				

	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ina:	
	(Last, First)		Pass(es)				
	Valle, Yvonne			Ceremonial Role	•	Income	
	valle, rvorne		2	-	ial Role" or "Other" describe below:	sered event in order to	
			To promote attendance at a County sponsored event in order to maximize potential County revenue.				
				Ceremonial Role		Income	
			2	If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
-			1				

4. Verification

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

	Nancy Sa	Supervisor's Assistant	813114
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County		1.500			
	Division, Department, or Region (If Applicable)		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Nancy Sa					
	Area Code/Phone Number E-mail	n)//214-1444-14		. L Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692 nancy.sa@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			A non-sector and an experimental of the observe of the		
		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	30.00	
	Event Description Oakland A's vs Seattle M Provide Title/Expla	Mariners	Date(s)5	<u>, 03 , 16</u>		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oaklar	nd A's		
				Name of So		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	/es ⊠ If yes: <u>Valle, Richard- Supervisor District 2</u> Official's Name (Last, First)			
socrites.				Omciars Mame		
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 pub	lic purpose made pursuan	t to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
	· · ·		Ceremonial Role If checking "Ceremon	Other 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 pursuan	t to the agency's policy	
	Eden Youth and Family Center 680 W Tennyson Rd,Hayward,CA 94544	2	To reward a non-pr community.	ofit organization for it	s contributions to the	
	Provides child care and family services for members of the community.					
dimension of						

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.

and a second	50 Television - 100	Nancy Sa	Supervisor's Assistant	513116
	Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment:

C	eremonial Role Events	s and Tick	(et/Pass	Distributions		A Public Document	
1.	. Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regio	n (If Applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (N	ame, Title)	4 <u>,</u>				
	Nancy Sa						
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@ao	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation				,	
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	30.00	
	Event Description Oakland A's	lariners	Date(s)5	<u>, 04 , 16</u>	//		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 I				nd A's		
				Name of So Richard- Supervisor I			
	Was ticket distribution made at the behest No Yes I If yes: Valle, Richard- Supervisor District 2					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)		Identify one of the follow	ng:	
				Ceremonial Role If checking "Ceremon	Other Other ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income	
				ν.			
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose måde pursuant	to the agency's policy	
	Ruggieri Senior Center 33997 Alvarado Niles Rd, Un	ion City, CA	2	To reward a non-pr community.	ofit organization for its	contributions to the	
	Provides meals, activities, an for senior citizens within the c						

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.

<i></i>	Nancy Sa	Supervisor's Assistant	813100
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) 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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗖 Event Description Oakland A's vs Texas Rangers 05 16 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 🖾 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. 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, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial 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(es) CURYJ To reward a non-profit organization for its contributions to the 2 2289 International Blvd, Oakland, CA community. Provides educational programs in order to reduce the violence in the community.

4. Verification

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

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

Comment: .

1-111

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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs Texas Rangers 17 05 16 Date(s). Provide Title/Explanation lf 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) CURYJ To reward a non-profit organization for its contributions to the 2 2289 International Blvd, Oakland, CA community. Provides educational programs in order to reduce the violence in the community.

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

Supervisor's Assistant Nancy Sa Signature of Agency Head or Designee Print Name Title

Comment: _

С	eremonial Role Events	and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name		enten e montanetalen generationen pontaneta	an na ann an tar an	Date Stamp	California 802
	Alameda County				Form 002	
	Division, Department, or Regio	n (If Applicable,		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)	<u></u>			
	Nancy Sa					
	-	-mail		*************************************	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 r	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				
	Does the agency have a ticket p	oolicy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	80.00
	Event Description Oakland A's vs Texas Rangers Date(s)			5 , 18 , 16	1 1	
	Provide The/Explanation				· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oak			⊠ If no: <u>Oakla</u>	nd A's Name of So	
		4	_			
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If ye of agency official?		If yes: <u>Valle</u>	, Richard- Supervisor Official's Name (i	Last, First)	
	Recipients				a fally states a na ana sa li nama na sana a na sana a na sa ana a na sa ana an	
ა.	• Use Section A to identify the agency's	department or 1	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department		Number of		olic purpose made pursuant	
			Ticket(s)/ Pass(es)			
		- 1				
			Number of	-		
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 433(53)	Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
		8454544Wile for any, or a success				ana di kaoma ya ana ana ana ana ani kao kao kao ana da ana da any any ana ana an
				Ceremonial Role	L Other L nial Role" or "Other" describe below:	Income L
		,				
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and descr	iption)	Pass(es)	F		
	Alameda Labor Council		18			sored event in order to
	7750 Pardee Ln, Oakland, C	A 94621	10	maximize potential	County revenue.	
	Advocates to educate and un in the public and private sector					
4 .	Verification					
	I have read and understand FPPC Regulat	ions 18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
	1		Nancy S	Sa	Supervisor's Assistan	t 5/3/16
	 Signature of Agency Head or Designee 		Print Nam	e	Title	(Month, Day, Year)

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

С	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Regi	on (If Applicable)			Por Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)		<u>a an an</u>		
	Nancy Sa					
		E-mail	_ L Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	38.00
	Event Description Oakland A	s vs. New Yo	ork Yankees	Date(s)	5 <u>, 19 , 16</u>	/
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of Sc	DUICE
	Was ticket distribution made at the behest No 🏳 Yes 🔀 If yes. Va				, Richard- Supervisor	District 2
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Valle</u> of agency official?				, Richard- Supervisor Official's Name ('Last, First)
J.	• Use Section A to identify the agency • A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ider	
						1
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Parra, Angela		2	Ceremonial Role	D Other X nial Role" or "Other" describe below:	Income
			2		ance at an event held potential County reve	
			2	Ceremonial Role	Other <hr/> Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				e and a state of the second	and the second	
60,000						

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.

1	Nancy Sa	Supervisor's Assistant	5/19/14
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) 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 46.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Oakland A's vs. New York Yankees 20 16 05 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Other 🔀 Ceremonial Role Income Davis, Kathy 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. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4 Verification

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

(Month, Day, Year,

A Public Document

Comment: .

Signature of Agency Head or Designee

Print Name

Supervisor's Assistant

Title

Nancy Sa

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable))	. <u> </u>		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail			_ C Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@ad	cgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes ⊠ No □ Fa			of Each Ticket/Pass \$	100.00
	Event Description Oakland A's vs New York Yankees Provide Title/Explanation		Date(s)5	5 , 20 , 16	//
	Ticket(s)/Pass(es) provided by agency?	If no: Oakla	nd A's Name of Sou	Jrce	
	Was ticket distribution made at the behest		Valle	, Richard- Supervisor I	District 2
	of agency official?			Official's Name (L	.ast, First)
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremor	Dther D nial Role" or "Other" describe below:	Income
					· .
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to the agency's policy	
	Leukemia and Lymphoma Society 221 Main St Ste 1650, San Francisco,CA	3	To reward a non-pr community.	rofit organization for its	contributions to the
	Provide research, services, and access to treatment for blood cancer patients.				
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.

3/14 Nancy Sa Supervisor's Assistant Print Name Title Signature of Agency Head or Designee (Month, Day, Year)

Comment: ______ Includes one parking pass at the value of \$20.

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 46.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description _____Oakland A's vs. New York Yankees 21 16 05 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Income Other 🛛 Ceremonial Role Schoenhuth, Spring 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. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) 4. Verification I have read and understand 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 Assistant
 S///////

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

Comment: ...

1.	Agency Name				Date Stamp	California 802
	Alameda County	Alameda County				Form 002
	Division, Department, or Reg	ion (If Applicabl	(e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			. C Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes X No Face Value of			of Each Ticket/Pass \$	46.00	
	Event Description Oakland A's vs. New York Yankees Date(s) 05			<u>, 22 , 16</u>	//	
				If no: Oaklar	nd Athletics Name of Sou	rra
	We ticket distribution made at the behast of the Valle					
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle of agency official?			Richard- Supervisor D Official's Name (L	ast, First)	
3.	Recipients					2010 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 94 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 949 - 94
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv			tion B to identify an individu	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 t	to the agency's policy
	B. Name of Individue (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Kamai Callaan			Ceremonial Role		Income
	Kamai, Colleen		2	5	ial Role" or "Other" describe below: ance at an event held a	t a County facility in
					potential County reven	
	jaamulikuse dii Cliitt een – peesse maanaanaa aanaanaanaanaanaanaanaanaanaa			Ceremonial Role	Other	Income
			2	lf 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	lic purpose made pursuant t	to the agency's policy
		and a second			***************************************	
4	Verification					
4.	verification I have read appl understand FPPC Regu	lations 18944.1 ar	nd 18942. I have ve	nfied that the distribution set f	orth above, is in accordance with	the requirements.
	/		Nancy S		Supervisor's Assistant	5/30/11
	Signature of Agency Head or Designed)	Print Nam		Title	(Month, Day, Year)

Comment: __

	eremonial Role Even	is and no	neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				and sense and a construction of a sense of a
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	32.00
	Event Description Oakland A	's vs. Detroit ⁻	Figers	Date(s) 05	5 <u>, 27 , 16</u>	1 1
	Provide Title/Explanation Date(S)				goppinger and second	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	rce
	AAA					
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes:	, Richard- Supervisor D Official's Name (La	ast, First)
3.	Recipients					
υ.	• Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
	Ramirez, Jose		2	Ceremonial Role	D Other X ial Role" or "Other" describe below:	Income
			2		ance at an event held a potential County revenu	
				Ceremonial Role		Income
	· · · · · ·		2	ll checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
				•		
	generation of the second se					
		*				
4.	Verification		1 400 40 11			- ()
	have read and understand EPPC Redu	"="ons 18944.1 and				the requirements. $1 - 11$
	Signature of Agoney Hand an Dartimet		Nancy		Supervisor's Assistant	5/50/14
	Signature of Agency Head or Designee	,	Print Nam	ie	Tille	(Month, Day, Year)
Comment:						

Ce	remonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	. Agency Name		ana dalama kaning ana ang ang ang ang ang ang ang ang a	Date Stamp	California 802
	Alameda County				T CHIL
i	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			•	
	Nancy Sa				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information				(month), buy, rour)
		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	38.00
	Event Description Oakland A's vs. Detroit T		Date(s)5		, ,
I	_vent Description	anation	Date(s)		······································
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
				Name of S	
١	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
	of agency official?			Official's Name	(Last, First)
	Recipients				
	Use Section A to identify the agency's department or u	Init. • Use Sec Number of	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	nt to the agency's policy
•		1 400(00)		nan an	annandra an annan ann a bh' bh' cheir chuir bh' chuir an ann ann ann ann ann ann ann ann ann

-	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wina:
	(Lest, First)	Pass(es)			
	Estrada, Marissa		Ceremonial Role	ial Role" or "Other 🔀	Income
		2			l at a County facility in
			order to maximize potential County revenue.		
•		*	Ceremonial Role	Other	Income
		2	If checking "Ceremon	ial Role" or "Other" describe below	:
		2			
		Number of			997987977511109757777578189711111111111111111111111111
(C Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
•		Pass(es)			ĩ
)				
			· · · · · · · · · · · · · · · · · · ·		
A	Varifiantian				
	Verification have read and understand FPPC Regulations 18944,1 and	18942. I have ve	enfied that the distribution set f	orth above, is in accordance v	vith the reauirements.
		Nancy		Supervisor's Assistar	17-111
	Signature of Agency Head or Designee	Print Nan			(Month, Day, Year)
	·				
	Comment:				······································

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County		Form 002				
	Division, Department, or Region (If Applicable,	-	For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		<u> </u>	-			
	Nancy Sa				anna Albert International		
	Area Code/Phone Number E-mail		<u></u>	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	32.00		
	Event Description Oakland A's vs. Detroit T Provide Title/Expla	5 , 29 , 16	//				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of Soc	urce		
	Was ticket distribution made at the behest of agency official?	, Richard- Supervisor I Official's Name (I	District 2 .ast, First)				
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	_ Describe the put	blic purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Ockey, Sara		Ceremonial Role	Dther X nial Role" or "Other" describe below:			
		2		ance at an event held a potential County reven	, <u>,</u>		
		2	Ceremonial Role	Other D nial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
4.	Verification						
	I have read and understand FPPC Regulations 18944.1 and				12-111		
		Nancy		Supervisor's Assistant			
	Signature of Agency Head or Designee	Print Nam	15	Title	(Month, Day, Year)		

Comment: ____

1.	Agency Name	<u>รัสส์มีการที่สุดการสอบสายสายสุดความสายสายสายสายสา</u> ยสายสายสายสาย		Date Stamp	California
	Alameda County				Form OOZ
	Division, Department, or Region (If Ap	- ·	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Ti	tie)	****	-	
	Nancy Sa	Amendment (Music			
	Area Code/Phone Number E-mail		Amenament (Must p	provide explanation in Part 3.)	
	(510) 272-6692 nancy	.sa@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information]			
	Does the agency have a ticket policy	? Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	38.00
	Event Description <u>Oakland A's vs. Minnesota Twins</u> Date(s) <u>O</u>		Date(s)	5 , 30 , 16/	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oak			nd Athletics Name of Sc	burce
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Valle</u> of agency official?			, Richard- Supervisor Official's Name (District 2 Last, First)
3.	• Use Section A to identify the agency's depart	ment or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Un	t Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Mitzman, Marshall		Ceremonial Role	Dother IN International Role" or "Other" describe below:	Income
		2		ance at an event held potential County rever	
		2	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
					·
4.	Verification I have read and understand FPPC Regulations 18	944.1 and 18942. I have ve	enfied that the distribution set	forth above, is in accordance w	ith the requirements.

Signature of Agency Head or Designee Print Name Supervisor's Assistant 530/14

Comment: .

1.	Agency Name		na a construction de la construction de la construit de la construit de la construit de la construit de la cons		Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable) Board of Supervisors				For Official Use Only	
	Designated Agency Contact (Name, Title)					, ,
	Nancy Sa					
	Area Code/Phone Number	E-mail			_ C Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information					ny na zarodni politik na na politika na
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30.00
	- Oakland A	A's vs. Minnese		—	5 / 31 / 16	, ,
	Event Description	Provide Title/Expl		Date(s)	· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla			nd Athletics		
				Name of S		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle of agency official?			e, Richard- Supervisor Official's Name	(Last, First)	
9	Recipients					
ა.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			990 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200			anna ann an Suidhidichthidde Add Annanna ann an an agun ceann
	B. Name of Individue (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other 🛛	Income
	Groves, Angel		2	-	nial Role" or "Other" describe below:	
			2		ance at an event held potential County reve	
	· ·			Ceremonial Role	Other	Income
			2	. If checking "Ceremo	nial Role" or "Other" describe below;	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
·					NAMES NA N	***************************************
		1123-112-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1				2014 - Think State (1979) - Think and the second
			· ·			
Δ	Verification					

Signature of Agency Head or Designee Print Name Supervisor's Assistant

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) 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 5000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Warriors vs. Trailblazers 01 16 05 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🕅 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other 🛛 Ceremonial Role Income Garchar, Randy If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public. Ceremonial Role Other 🛛 Income If checking "Ceremonial Role" or "Other" describe below. 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

Δ

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

Nancy Sa Print Name

Supervisor's Assistant Title

30/16 (Month, Day, Year,

A Public Document

Includes 1 parking pass at the value of \$40. Comment:

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable,)			For Official Use Only
•	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail		in a constant and a second second states in the second second second second second second second second second	. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			99 B 11 99 B 11 99 97 97 97 97 97 97 97 97 97 97 97 97	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	5000
	Event Description Warriors vs. Thunder Provide Title/Expla		Date(s)05	, 18 , 16	·
		Yes 🗌 No		n State Warriors Name of So	
	Was ticket distribution made at the behest	Was ticket distribution made at the behest No □ Yes ⊠ If ve			District 2
	of agency official?			Official's Name (I	Last, First)
3.	• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	unit. • Use Sec			
		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	
					· .
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Flores, Anna	4		ial Role" or "Other" describe below:	Income
		7	To reward a comm	unity volunteer for her	
		4	Ceremonial Role If checking "Ceremoni	Other X ial Role" or "Olher" describe below:	Income
		Number of	MitheathbracklinkWearnennennennendabetStill 1995-1996	2010-010-010-010-010-010-010-010-010-010	
	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
ı					

				<u>na na 11 na 2000 na 20 na</u>	

4. Verification

Signature of Agency Head or Designee

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.

Supervisor's Assistant 5730/14

Nancy Sa Print Name

Title

(Morith, Day, Year)

Comment: Includes 1 parking pass at the value of \$40.

1.	Agency Name			al on possible of the second secon	Date Stamp	California
	Alameda County Division, Department, or Region (If Applicable)				,	Form OUZ
					-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name.Title)	5		-	
		()			an a	
	Nancy Sa Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	5000
	Event Description Warriors	s. Trailblazers	3	 Date(s)05	5 <u>, 03 , 16</u>	///
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors Name of So		
	Wes tisket distribution mode at the babast			, Richard- Supervisor		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: of agency official?				Official's Name	(Last, First)
2 2	Recipients				n na sana na sa	
	• Use Section A to identify the agency's department or unit. • Use Section B to identify				ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			·			errere en

	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		, <u>, , , , , , , , , , , , , , , , , , </u>		Ceremonial Role	Other 🛛	Income
	Chiem, Grace		2	If checking "Ceremonial Role" or "Other" describe below:		
				To reward a community volunteer for her service to the public.		
				Ceremonial Role	Other X	Income
	Emmanuel, Kay		2		ial Role" or "Other" describe below:	
				To reward a comm	unity volunteer for he	r service to the public.
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
		nesont of b				
A A	Varification					

Verification

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

Nancy Sa

201 U 5

A Public Document

Print Name

Supervisor's Assistant

(Month, Day, Year)

Comment: Includes 1 parking pass at the value of \$40.

Signature of Agency Head or Designee

Title

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail	Ned Stadamedale and a second second second		Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	caoy ora		Date of Original Filing: .	
<u>ົ</u>	Function or Event Information	ogonorg			(Month, Day, Year)
۷.				f Each Ticket/Pass \$	5000
	Provide Title/Explanation				//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Go			n State Warriors	
				Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>valle</u> ,	Richard- Supervisor [Official's Name (L	ast, First)
				,	
3.	• Use Section A to identify the agency's department or u	unit. ● Use Sea	ction B to identify an individu	al. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
				v .	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role		Income
	Valle, Andrew	4		ial Role" or "Other" describe below:	at a Carrete fa ailite in
				ance at an event held a potential revenue from	
		- <u>-</u>	Ceremonial Role	Other 🛛	Income
		4		ial Role" or "Olher" describe below:	. —
		4			
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					•
ana					
4.	Verification				

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

Nancy Sa

Print Name

Comment: Includes 1 parking pass at the value of \$40.

Signature of Agency Head or Designee

Supervisor's Assistant

Title

30/14

(Month, Day, Year)

L

	eremonial Role Ever	no and ng	ncur ass			A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nancy Sa				n 24 waa fi faar waa ku wa ku wadan waxaa ku waxaa ku waxaa fi ku ku ku waa dibiya fi ku ku ku waa dibiya fi ku	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation			יין איז	
	Does the agency have a tick	et policy?	Yes 🗵 No [Face Value o	of Each Ticket/Pass \$	5000
	Event Description Warriors	vs. Thunder			<u> </u>	
						uezuumunuzzat uumunuzzat araan aaraa araa araa araa araa araa
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No [If no: Golder	n State Warriors	
					Name of Sou	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Valle,	Richard- Supervisor I Official's Name (L	ast. First)
A						
	• Use Section A to identify the agent	cy's department or	∙unit. • Use Sec	tion B to identify an individu	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 pub	lic purpose made pursuant	to the agency's policy
				·	. *	· ,
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role		Income
	Manning, Billy		4		ial Role" or "Other" describe below:	
				To reward a comm	unity volunteer for his :	service to the public.
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other 🔀	Income
			4			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					· ·	
		CRAME CONTRACTOR AND				884
			1 1			

Comment: Includes 1 parking pass at the value of \$40.

Signature of Agency Head or Designee

Nancy Sa

Print Name

Supervisor's Assistant

Title

301M

(Month, Day, Year)

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) 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 5000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Warriors vs. Thunder 26 05 16 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🛛 Income Ceremonial Role Young, Darris If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Other X Ceremonial Role Income Pitts, Steven If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. 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 (Month, Day, Year, Signature of Agency Head or Designee Print Name Title

Comment: .

4.

5130/14

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)			
Board of Supervisors				
Designated Agency Contact (Name, Title)	,		-	
Nancy Sa				
Area Code/Phone Number E-mail			Amendment (Must pl	rovide explanation in Part 3.)
(510) 272-6692 nancy.sa@a	acdov ord		Date of Original Filing: .	
2. Function or Event Information	logov.org			(Month, Day, Year)
	Does the agency have a ticket policy? Yes ⊠ No □			5000
	Morriere ve Thunder			
Event Description Warriors vs. Thunder	Event Description Warnors vs. Thunder			//
	Golder	n State Warriors		
Ticket(s)/Pass(es) provided by agency?		Name of Sou	urce	
Was ticket distribution made at the behest	No 🗌 Yes	IX If ves. Valle,	, Richard- Supervisor [Official's Name (L	District 2
of agency official?			Official's Name (L	_ast, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
V-ll- Disk and	,	Ceremonial Role		Income
Valle, Richard	2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility order to maximize potential revenue from sales.		
Valle, Andrew	2	-	ial Role" or "Other" describe below:	Income
			o promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
· · ·				
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 Assistant
 Supervisor's Assistant

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

Comment: Includes 1 parking pass at the value of \$40.

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

A Public Document

~~~				Biotripatione		A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only			
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)	a Strack Constitution of the active sector and				
	Amy Shrago						
	Area Code/Phone Number	E-mail	an a		Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	5,000.00	
	Event Description Warriors vs. Trailblazers Date(s)			5 , 01 , 16	//////		
		Provide Title/Exp	planation			anti-territoria emotional emotion and a second parameter and a second second second second second second second	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	yaamaaniyaadamayyayayaayayyyyyyaadadadaadaaadahaa ahaaanahaa aa	
				Name of Sour	ce		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (La	st. First)	
					inan baabatan kesampandan soo malaan kemada kana kenanan soon ahar baabatan ke		
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	<b></b>		Pass(es)				
						en e	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	a: 	
				Ceremonial Role	Other 🛛	Income	
	Sanchez, Mina		2	, s	nial Role" or "Other" describe below:		
					y employee for his or he courage staff developme		
				Ceremonial Role		Income	
	Brown, Aisha		2		nial Role" or "Other" describe below:	r ovomplani sonico to	
			<i>i</i>		y employee for his or he courage staff developme		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	plic purpose made pursuant to	o the agency's policy	
		2002 - Manufacture (Marcolle - Andrew -	(/		มสารางของสารางการทางของของ เสียงหนึ่งการการที่สุด <mark>ภาพม</mark> าย	anan an	
		a da da antiga ang ang ang ang ang ang ang ang ang a					
A	Mauifination						
4.	Verification .	ions 18944.1 an	d 18942. I have v	erified that the distribution set f	forth above, is in accordance with	the requirements.	
			Amy Shr		Supervisor's Assistant	05/31/16	
	Signature of Agency Head or Designed	; ;	Print Nan		Title	(Month, Day, Year)	
	Signature of Agency Head or Designed	2	Print Nan	ne	Title	(Month, Day,	

Comment: ____

1.	Agency Name				Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable)						
					-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	Senditem Anomerous and a send of the ST		- ·		
	Amy Shrago						
	Area Code/Phone Number	E-mail	e anna an a	and Change Charles Conversion Conversion Conversion Conversion Conversion Conversion Conversion Conversion Conv	Amendment (Must pl	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$	5,000.00	
	Event Description Warriors v	s. Trailblazers		Date(s)	5 , 03 , 16	1 1	
	Event Description	Provide Title/Exp	anation .	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golde	en State Warriors		
					Name of Sol	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cars	Official's Name (I	ast First)	
10000000							
3.	<b>Recipients</b> • 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 public purpose made pursuant to the agency's policy			
			200 200 000 000 000 000 000 000 000 000		****	geograpping geographic man man and a definition of the factor of the factor of the factor of the factor of the	
	neesta permanan kan katala katala T						
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the followi	ng:	
	(2037, 7 #317		Pass(es)				
	Shrago, Amy			Ceremonial Role	Donial Role" or "Other" describe below:		
			2	To reward a Coun	ty employee for his or h	ner exemplary service to	
				the public or to en	courage staff developm	nent	
				Ceremonial Role		Income	
	Mariam, Abigail		2	-	onial Role" or "Other" describe below:		
					courage staff developm	ner exemplary service to nent	
	C Name of Outside Organ	nization	Number of	·			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy	
	ole and general and a set of the set of						
	Concernances and a summary of the Science and the Science and the summary of the summary of the summary of the						
A	Verification			en a promo a na provena a provins espanya mang pomorana van a and divin divin a mana van a ana			
-7.	I have read	: 18944.1 and	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.	
			Amy Shr	ago	Supervisor's Assistant	05/31/16	
	Signature of Agency Head or Designed		Print Narr		Title	(Month, Day, Year)	

Comment: ...

Comment:

Ceremonial Role Events an	iu lickeurass	Distributions		A Public Documer		
1. Agency Name		nye o na kana ana kana da kana da kana da kana da kana da kana kan	Date Stamp	California 802		
Alameda County				Form GOOZ		
Division, Department, or Region (If A	Division, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, T	Title)	an a	-			
Amy Shrago						
Area Code/Phone Number   E-mai	1	an a	Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6695 amy.s	shrago@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Informatio	n					
Does the agency have a ticket policy	/? Yes 🗌 No	🗙 Face Value	of Each Ticket/Pass \$ _	5,000.00		
Event Description Warriors vs. Trai	5 , 11 , 16	//				
Event Description Provide	e Title/Explanation					
Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌 No	If no: Golde	n State Warriors			
				urce		
Was ticket distribution made at the b of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso			Last, First)		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization						
	Number of					
A. Name of Agency, Department or Ur	nit Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
-	000072G26H0AH6H2AA					
		-				
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:		
	Pass(es)					
Carson, Keith		Ceremonial Role	nial Role" or "Other 🔀	Income		
	4	To review the abili	ty of a facility or its ope	erator to participate in th		
		County's job creati	on goals or job training	g programs		
		Ceremonial Role		Income		
		If checking "Ceremo	nial Role" or "Other" describe below:			
Name of Outside Organization	Number of					
C. Name of Outside Organization (include address and description	Tickot(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
		······································	- 	******************		
1 Varification						
4. Verification	8944.1 and 18942. I have vi	erified that the distribution set	forth above, is in accordance wi	th the requirements.		
	8944.1 and 18942. I have ve Amy Shr		forth above, is in accordance wi Supervisor's Assistan			

# **Agency Report of:**

eremonial Role Eve	ents and Tic	cket/Pass	Distributions		A Public Document
Agency Name	Agency Name				California 802
Alameda County					Form
Division, Department, or R	egion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)	an a			
Amy Shrago					
Area Code/Phone Number	E-mail	<del></del>		Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inf	ormation	n on an			
Does the agency have a tic	•	Yes 🗌 No	🗙 Face Value o	of Each Ticket/Pass \$	5,000.00
Event Description	s vs. Thunder		Date(s) 05	<u>, 16 , 16 </u> .	1 1
	Provide Title/Exp	planation			anananan ana amin'ny soratra amin'ny soratra amin'ny soratra amin'ny soratra amin'ny soratra amin'ny soratra a
Ticket(s)/Pass(es) provideo	by agency?	Yes 🗌 No	If no: Golder	n State Warriors	an a
	_	— — Name of Source			
Was ticket distribution mad of agency official?	e at the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
• Use Section A to identify the age	ency's department o	r unit.   ● Use Sec	tion B to identify an individ	ual. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Depar		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Carter, Shomari		_		ial Role" or "Other" describe below:	Income
	• • •	2		y employee for his or h ourage staff developm	er exemplary service to ent
Sanchez, Mina	oorige und die Berne aan noeweer op gewysettig Standach me		Ceremonial Role If checking "Ceremon	I Other I ial Role" or "Other" describe below:	Income
		2		y employee for his or h ourage staff developm	er exemplary service to ent
C. Name of Outside Or	ganization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy

Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

#### 4. Verification

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

a state a state of the state and the state	Amy Shrago	Supervisor's Assistant	05/31/16
Signature of Agency Hold or Designee	Print Name	Title	(Month, Day, Year)

.

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 5,000.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ... Yes No 🛛 Event Description Warriors vs. Thunder 16 05 18 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 🗌 Yes 🛛 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
			· · · ·
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Carson, Keith		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy
			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
<u></u>			

#### 4. Verification

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

	Amy Shrago	Supervisor's Assistant	05/31/16
Signature of Agency require to Designee	Print Name	Title	(Month, Day, Year)
		,	

Comment: _

## Agency Report of: C

9	eremonial Role Events and Tic		BIOCHBACIONO		A Public Document		
1.	Agency Name	9799 - Fallen M. Folder, 1976 - 1999 - 1999		Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable	)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	14270au (17 <u>20) (1720) (1720) (1720) (1720)</u>	99-1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19				
	Amy Shrago						
	Area Code/Phone Number E-mail			Amendment (Must pl	rovide explanation in Part 3.)		
	(510) 272-6695 amy.shrago(	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	5,000.00		
	Event Description Warriors vs. Thunder		Date(s)5	5 , 26 , 16			
	Provide Title/Expl	anation			nd520376233376407675752468/ booktooksikkinnensettemine ⁽ Excentral-phyliot32666223aat		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors			
				Name of Sou	urce		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?			Official's Name (L	.ast, First)		
,							
ა.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Describe the pu		blic purpose made pursuant to the agency's policy			
		Pass(es)					
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	en la fanon de la constante de		Ceremonial Role	Other 🛛	Income		
	Brown, Aisha	2	-	nial Role" or "Other" describe below:			
		_	To reward a County employee for his or her exemplary service t the public or to encourage staff development				
			Ceremonial Role	Other X			
	Mariam, Abigail			nial Role" or "Other" describe below:			
		2	To reward a County employee for his or her exemplary service to				
			the public or to enc	ourage staff developm	nent		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
		Pass(es)					
		28 mil Inconstanting (1990) and (1990)					
provensities							
4.	Verification <i>I have re</i> ^{&gt;} C Regulations 18944.1 and	18942. I have ve	erified that the distribution set f	forth above, is in accordance wit	h the requirements.		
		Amy Shr		Supervisor's Assistant			

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	)		· .	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)		99999999999999999999999999999999999999	- ·	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation		Benerala en estado en al la constanción y por especial por estado especial especialmente de antes estado estado		(monut, Day, rear)
	Does the agency have a ticke		of Each Ticket/Pass \$	5,000.00		
	Event Description Warriors v	s. Thunder Provide Title/Expla	Yes No	Date(s)5		
	Tielet(a)/Deee(aa) provided b			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				Name of Sou	Irce
	Was ticket distribution made at the behest No 🗌 Yes 🛛			If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, First)
			Ticket(s)/ Pass(es)		1999년 - 2018년 2018년 1871년 1891년 - 1991년 - 1991년 - 1991년 - 1991년 - 1991년 - 1991년	
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Carson, Keith		4		Other 🔀	Income
			4	To obtain oversight County funding or s	of facilities or events t support.	hat have received
				Ceremonial Role If checking "Ceremon	Other X	
	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

#### 4. Verification

l have r

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

Amy Shrago Supervisor's Assistant 05/31/16 ,..... Designee ົ /^ເ. Print Name Title (Month, Day, Year)

Comment: .

G	eremonial Role Even	ts and fic	ket/Pass Dist	ributions	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Lee Ann Fergerson, Superv	visor's Assista	nt			
	Area Code/Phone Number	E-mail		ŦŦĸĸĸĊĸĊĸĨĬĬŎĬĊĊĸĬĬĊĸĬĊĬĬĊĬĬĬĊĬĬĬĊĬĬĬĊĬĬĬŎŎŎŎŎŎŎ	Amendment (Must	provide explanation in Part 3.}
	(510) 272-6691	leeann.ferge	erson@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation			an a	11950
	Does the agency have a ticke	t policy?	Yes 🚺 No 🗖	Face Value	of Each Ticket/Pass \$	14100
	Event Description	INNO		Date(s)	5,19,16	/
		Provide Title/Exp	lanaļion		series )	Mediadoccontributions Alexand. 2
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🖉 No 🗖	lf no:	Name of S	Source
	Was ticket distribution made a	at the hehest	N - 51 No - 52	Ala		visor Scott Haggerty, D 1
	of agency official?	at the beneat	No 🗋 Yes 🔯	if yes:	Ófficial's Nama	(Last, First)
3.	Recipients					
	• Use Section A to identify the agend					
	A. Namerofragency, Departm	ent on Unit	Númber of Tickous/ Pass(es)	Describe the pl	ibiicipuipose made pursua	
	District 1		4 5	E peus	and a con	uty suploy
		annan an a				
	www.www.www.www.www.www.www.www.www.ww			-		South I after the feature attention and and an
	B. Namerofindividu	8	Number of Tickousi		Identify one of thefolio	
	<u>Ya da waka kata kata kata kata kata kata kat</u>			Ceremonial Role	Diher	Income
					onial Role" or "Other" describe below	
	4222-223.223.42742-2247-2247-2247-2247-2247-2247-224				Other	Income 🔲
				Ceremonial Role If checking "Cerem	onial Role" or "Other" doscribe below	
		•				
	C Name of Outside Orga	nization	Number of Tickettel Rass(es)	Describe theip	USIIc;purpose made pursue	int to the agency's policy
		這連續通過和附出	MINI <b>RASA(CA)</b> , 2.5 Julya			。這個個點的制定也是是含意的時間也有少少 <u>。</u>
						анта си и активна и полити и полити и полити и на
	'	·				
	Varification					
4,		944.1 ai	nd 18942. I have verified ll	nat the distribution se	at forth above, is in accordance	with the requirements.
			Lee Ann Fergerse	on	Supervisor's Assista	ant $5/18/16$
	Signature of Agency Heed or Designe	20	Pdni Name			(Month, Day, Yost)
		*				
	Comment:			THE REAL PROPERTY OF THE REAL PROPERTY OF		

4.

				A Public Documen		
	Agency Name					
Alameda County		California Form 802				
Division, Department, or Region (If Applica	ible)	<u>مەمەلىلى ئىلەپ چۈمەمەر بىلەر تەرەپ يېرىمىكە ئىلىكى تەرەپ يېرىكى ئەرەپ يېرىكى ئەرەپ يېرىكى تەرەپ يېرىكى تەرەپ ي</u>		For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)	- California - Andre-Constantion					
- · ·	· •		·			
Lee Ann Fergerson, Supervisor's Assis	tant		Amendment (Must pr			
Area Code/Phone Number E-mail	41-8136-016-016-016-016-016-016-016-016-016-01			oviae explanation in Pert 3.)		
(510) 272-6691 leeann.fer	gerson@acg	ov:org	Date of Original Filing: _	(Month, Day, Yeat)		
2. Function or Event Information						
Does the agency have a ticket policy?	Yes 🖾 No	Face Value o	f Each Ticket/Pass \$	10000		
Suspin Buselprico	) T		,20,16			
Event Description	olanation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes	D If no: Co	Eland A	hetics		
Was ticket distribution made at the behest	No 🗋. Yes	If yes:	neda County Supervisor Sc			
of agency official?	кош, tes	ــــــــــــــــــــــــــــــــــــ	Official's Name (La	sl, First)		
. Recipients	• •					
Vectorial     Vectorial	runit. e Use Se	ntion B to identify on bullyidus	a Line Section C an Identity			
A. A	Number of	1336 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
A. Name of Agency, Department or Unit	Ticket(s)/. Pass(es)/		c purpose made pursuant to	the agency's policy		
	<u>, i i i i i i i i i i i i i i i i i i i</u>					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
B. Name of Individual	Number of Tickel(e)/ Pass(es)	, ,	Identify one of the following			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	To promote atten	dance at a county spo	insored		
Daniel Selfort	U	•	maximize potential co	41119, June		
			oncesion and parking sales.			
		<u> </u>	1 0	·		
		Caremonial Role	Olher	Income 🔲		
		il checking "Coremonial i	Role" or "Other" describe below;	1		
				·		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	purpose made pursuant to th	19 agency's policy		
(menuce address and description)	Pass(os)		ლილარის სადაბალილი — — — — — — — — — — — — — — — — — —			
•		•		•		
		· ·				
				an a fair ann an an an Arlanna gu gu cuana ann a' Albreann g' agu channa ann an ann an Albreann a		
Verification	<u> </u>			۰ ۲		
; 18944.1 and	18942. I have veri	fied that the distribution set forth	ebove, is in accordance with the i	reaulroments.		
	.ee Ann Ferg		pervisor's Assistant	5/21.11A		
L Signature of Agenty Head or Designee	Print Name		Tille	- Marth Day Vised		
	- 110 10406			(Month, Day, Year)		
Comment:			•	,		
			And a second	FPPC Form 802 (4/12)		

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

A Public Document

				· · · · ·	A PUDIC DOCUM
. Agency Name				Date Stamp	California 80
Alameda County		,			
Division, Department, or Reg	ion (If Applicab	le)	<u></u>		For Official Use Only
Board of Supervisors	Board of Supervisors				
Designated Agency Contact	(Name, Title)	-			
Lee Ann Fergerson, Super	isor's Assista	int			
Area Code/Phone Number	E-mail	10001		Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Infor	mation				3900
Does the agency have a ticke	t policy?	Yes 💇 No	o ☐ Face Value o	f Each Ticket/Pass \$	2300
	EBA	1	Date(s)	,20,	1 1
	Provide Title/Exp	anation			annen a
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes 🖉 No 🗌			Land Athle Name of Sour	facs
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes.	eda County Superviso Official's Name (La	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. • Use Se	ection B to identify an individua	al. • 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 publ	c purpose made pursuant t	o the agency's policy
				, γ	
	арар на проток на		· ·	na la de la Balla de Canado da Ostra de Canado da C	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	<b>j:</b>
Veronica Contreras		2		at a county sponsored e ounty revenue for conces	
			Ceremonial Role I	Other  Role" or "Other" describe below:	Income [
C. Name of Outside Organiz (Include address and desci		Number of Ticket(s)/ Pass(es)		purpose made pursuant to	the agency's policy
					•
				a dia kaominina dia kaodim-penangkana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny f	
Verification		1			
	ons 18944.1 and 1	8942. I have ver	ified that the distribution set forth	above, is in accordance with th	e requirements.
ì	Le	ee Ann Ferg	gerson Su	pervisor's Assistant	5/20/14
Signature of Agency Head of Designee		Print Name		Tille	(Month, Day, Year)
Comment:	7/17/10/27/04/27/D4/sdocrossica-06/10/2/2000.00g		1970-1990-1991 - 1991 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 199		a Martin Balance (1971) and a start of the Product on District and All Products of the Annual Start Products of

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 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 OO Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 💇 No 🗋 3572 Event Description Date(s) Provide Title/Explanation (IN/ Ticket(s)/Pass(es) provided by agency? If no: Yes 🖾 No 🗌 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 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 Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) To promote attendance at a county sponsored event in order me Maribel Ponce to maximize potential county revenue for concession and parking sales. 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(es). Verification ons 18944.1 and 18942. I have venified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Print Name Tille Commen

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

4	. Agency Name				T Data Stars	California
1	Alameda County				Date Stamp	California 802
	Division, Department, or Reg	ion (If Applicab	le)	-7°°9'9'9'900'8000000000000000000000000000	For Official Us	
	Board of Supervisors Designated Agency Contact (	(Nomo Titlo)	_			
	Lee Ann Fergerson, Superv Area Code/Phone Number	ISON'S ASSISTA	ant	Na tin an a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	Amendment (Must provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferg	erson@acq	ov ora	Date of Original Filing:	ter segue a de como se se como se se de como se segue y <u>a que se se segue y segue se se</u>
2	Function or Event Inform		croon@20g	ov.org		(Month, Day, Year)
£34	Does the agency have a ticket		Yes 💇 No	Face Value o	of Each Ticket/Pass \$	35.00
	R	STR A	163 🖭 🕅	- 6	2210	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	Yes 💇 No	If no: Dak	cland Athle	etics	
	Hower(and assign provided by agency?		165 M		Name of So	urce sor Scott Haggerty, D 1:
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes.	Official's Name (I	e de la companya de l
3.	Recipients	7				
	• 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)		lle purpose made pursuant	
				and the state of the local data and the second s		
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
		athag general ann an	,	Ceremonial Role	Other	Income
					· .	
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		Ceremonial Role	Other Role" or "Other" describe below:	Income
				in thething Gereintina		
(	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the public	s purpose made pursuant to	o the agency's policy
Gu	Pony Basebal		2	••••••••••••••••••••••••••••••••••••	na ma anna an tha na anna ann ann an tha an tar	ny in china ang pang ang pang pang pang pang pang
	1313 Beatrice Brentwood CI	CT }				
1. N	Perification	1 1 nnd 1	80/2 / hours von	fied that the distribution and fart	h abova is in accordance with t	the requirements
Ľ	4.1 and 18942. I have verified that the distribution set forth					S All
ł	aiginature olyngerify riegu orvesigriee		ee Ann Ferg	jerson St	upervisor's Assistant	Month, Day, Year)
1	(ADCO.	and 1	.1110	Localor A		a-kina di
C	comment:	) and I	Vittle	VE ULUKI 5 H	or your of	UCTSINGNONE
					PC Toll-Eron Helpline: 866	FPPC Form 802 (4/12)

A Public Document

1. Agency Name		san da andar ang kananan kan penerang ang ang kanang kanang kanang kanang kanang penerang kanang kanang kanang Kanang kanang	Date Stamp	California 803		
Alameda County		Form				
Division, Department, or Region (If Ap	plicable)	· .	-	For Official Use Only		
Board of Supervisors						
•	Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's A						
Area Code/Phone Number E-mail	5515(4)1(	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	Amendment (Must p	rovide explanalion in Part 3.)		
	.fergerson@acgo	ov.org	Date of Original Filing:			
2. Function or Event Information	<b>9</b>			(Month, Day, Year)		
Does the agency have a ticket policy?	Yes 💇 No	Face Value o	f Each Ticket/Pass \$	(00.00)		
RATE		2	72.10			
Event Description	Event Description					
	land Athle	tres				
Ticket(s)/Pass(es) provided by agency	? Yes 🖉 No		Name of Sou			
Was ticket distribution made at the beh	iest No 🗆 Yes	Alam	and the second	or Scott Haggerty, D 1		
of agency official?			Official's Name (L	ast, First)		
. Recipients	-					
• Use Section A to identify the agency's departm		ction B to identify an individua	al. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit / Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's pol						
	Pass(es)					
	an dan ber men an		an de chanal 2017 ai bha anns an an San An Bha Chan Anns an Ann	annen por en annan en 230 (annel et san far besker van de sen annen et san far besker van de sen en sen en gen		
R Name of Individual	Number of	Norman and the State and the				
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
		Ceremonial Role	] Other	Income		
		Il checking "Ceremonial	Role" or "Olher" describe below:			
			1 [7]	and a state of the		
		Ceremonial Role	Other	Income		
		•				
	1 1		/			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy		
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)					
C. Name of Outside Organization (Include address and description) POM BASED OUL	Ticket(s)/		r nonprofit organization			
C. Name of Outside Organization (include address and description) POM BASED OUL 1313 BEATRICE CK	Ticket(s)/ Pass(es)	To Reward a school o	r nonprofit organization			
(Include address and description) POM Baseball 1313 Beatrice CF Brentwood CA	Ticket(s)/ Pass(es)	To Reward a school o	r nonprofit organization			
(Include address and description) POM BASED ALL 1313 BEATRICE CK Brent WOOD CA Verification	Ticket(s)/ Pass(es)	To Reward a school o Its contributions to th	r nonprofit organization le community.	for		
(Include address and description) POM BASED OLL 1313 BEATRICE CK Brent WOOD CA Verification	Ticket(s)/       Pass(es)       (8/2)       1 and 18942. I have veri	To Reward a school o Its contributions to th	r nonprofit organization le community. above, is in accordance with th	for		
(Include address and description) POM BASED OLL 1313 Beatrice CK Brend Wood CD Verification 18944.	Ticket(s)/ Pass(es) (&/2 1 and 18942. I have veri Lee Ann Ferg	To Reward a school o Its contributions to th	r nonprofit organization e community. above, is in accordance with th pervisor's Assistant	for		
(Include address and description) POM BASED OLL 1313 BEATRICE CK Brent WOOD CA Verification	Ticket(s)/       Pass(es)       (8/2)       1 and 18942. I have veri	To Reward a school o Its contributions to th	r nonprofit organization le community. above, is in accordance with th	for		

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

orug.

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions	`	A Public Document	
1.	Agency Name			<b></b>	Date Stamp	California 802	
	Alameda County		· · ·				
	Division, Department, or Reg	ion (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Lee Ann Fergerson, Superv	visor's Assistar	at				
	Area Code/Phone Number	E-mail			_ [_] Amendment (Must	provide explanation in Part 3.}	
	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation			a fa thuga fun a tagailte a tagai	15	
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$ -	<u> </u>			
	Event Description	ors	$\gamma \parallel \gamma \parallel \rho \parallel \rho$				
		Provide Title/Expl	and the second se				
	Ticket(s)/Pass(es) provided b	y agency?	2NU				
				Ala	Name of Source ameda County Supervisor Scott Haggerty, D :		
	of agency official?	ai ine penesi	No 🗋 Yes [	lf yes:	Official's Name		
ጎ	Recipients				anan yan yang mang mang di kalan kanan		
9.	• Use Section A to Identify the agend	y's department or (	unit. • Use Sec	tion B to identify an Individ	ual. • Use Section C to Ide	ntify an outside organization.	
	A. Namerof Agency, Departm	ontion link where	Number of Tickous)/	Describe the put	alle, pu <b>rpo</b> se insdelpursua	it to the agency's policy.	
			Pass(es)				
	,						
						nyystycon marcana syn yw marcana san a yw	
	a searches consider the application of the	u di esti, anothere e com	NUMBER	<b>化合应的构成在"影影器"的合正。</b> 在	和高限的於有限的服務和的影響。		
	B. Name:of/Individu		Number of Ticket(s)/ Pass(os)		Identify one of theffollow	Ming;	
	A I	essentiation - analyticity ste	a a a a a a a a a a a a a a a a a a a	mangan, Gaves and Constant Constant Constant	· · · · · · · · · · · · · · · · · · ·	xome [	
	Scott Hagger	Scott Haggerty		To obtain overs	ight of facilities or ever	nts that have	
	υ ·	J		received County funding or support			
	₩120m0m849201901pt1mm0mmmommommommommommommommommommommommo			Ceremonial Role	Other	income 🗖	
					nial Role" or "Other" describe below		
		•					
		2 		anna a - Al-Anna Al-Antoine ann an			
	C. Name of Outside Orga	nization	Number of Ticket(s)/ Pass(es)	Describe the pu	blic;purpõse;made:pursua	nt to the agency/s policy	
			Pass(es).			這個個的個人也完全認識認定不為	
	1 Великаналандыкалды арар какаларынан какалары какалары какалары какалары какалары какалары какалары какалары как	in a state of the		<u>,</u>		anna an ann an an ann an an an an an an	
	•	•					
				L			
4.	Verification	(RQAd 1 pro	d 18942   hava ve	arified that the distribution set	forth above, is in accordance	with the requirements.	
	Ľ				Supervisor's Assista	and by	
	2	ىرىدىنە بىرىنىيە بىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرىنىيە ئىرى ئىرىنىيە ئىرىنىيە ئىرى	Lee Ann Fei Pdnt Nam	an outstand a second and a	Tille	(Moryh, Day, Yoar)	
						6	
	Comment:			and a firm of the second s	-0-3-1-2-2-2-7-9-4-5		

		011001 033 L	Jiatimutiona	,	A Public Documen
1. Agency Name				Date Stamp	
Alameda County					Form 802
Division, Department, or Reg	ion (If Applica	ble)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	Name, Title)			-	
Lee Ann Fergerson, Superv		and manager that the state of the			
Area Code/Phone Number	E-mail	สกเ		Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691		jerson@acgov.c	8.KA	Date of Original Filing:	•
2. Function or Event Inform		Jerson@acgov.t	org .		(Monih, Day, Year)
Does the agency have a ticket					200
1. ).		Yes 🖉 No 🗖		of Each Ticket/Pass \$	,000
Event Description	Provida Title/Ex		Date(s)	16,16	
		pianațion			
Ticket(s)/Pass(es) provided by	agency?	Yes 😰 🛛 No 🔲	lf no:	Name of Sour	AA
Was ticket distribution made a	I the behest	No 🗋 Yes 💋	Alar	neda County Supervis	or Scott Haggerty, D 1
of agency official?			If yes:	Official's Name (La	
. Recipients					
<ul> <li>Use Section A to Identify the agency</li> </ul>	's department o	r unit. 🔹 Use Section	n B to identify an Individu	al. • Use Section C to identify	/ an outside organization
A. Name of Agency, Departmen	itonUnit	Number of	Describe the pub		
		Rass(es)		le haibéan maraibh an an an	un agency's policy
			الاستيمانية في فرادة بالمنتقبة في <u>المنتقبة من المنافعة من المنتقبة والمنتقبة والمنتقبة المنافعة المن</u>	interest and the second se	and the second
	and a second				20
B.		Number of Tickeusi/			
		Pabel09)		Identity one of the following	
			Ceremonial Role	Other	Income
			li checking "Ceremonia	I Role" or "Other" describe below:	
Barana and Barana and Antonio and A					Poort
			Ceremonial Role	Other D Role" or "Other" describe below:	income 🔲
			•		
C. Name of Outside Organiz	ation	Number of			
A DESCRIPTION AND A DESCRIPTION	Pllon/	Ticket(a)/ Pass(es)		cipurpose made purguant to	the agency's policy
warnore valley wh	Nanowa	\$ 1 T		l or non-protit organiz	
AGSOC.	-			o the community.	
3585 Greenville Roa	1 464				
Livermore CA 9455	50			•	• •
Varification					
n -	3944.1 and	18942. I have verified	That the distribution set fort	h above, is in accordance with th	e moulmments
(		_ee Ann Fergers			KINSII
		Print Name		upervisor's Assistant تالاه	Month, Day, Yoar)
	21	- 1 1 1		Λ	junonin, way, Yoar)
Comment: $A (A0M - DC)$	st org.	Tickets +	oward auct	Ton event to.	cause funds
ą	€ud [#]		ië la	PC Toll-Free Helpline: 866/.	FPPC Form 802 (4/12)

A . A		ALLARI NOC	- PIANINANANANA	•	A Public Docume
1. Agency Name		Date Stamp	California 80		
Alameda County					
Division, Department, or Reg	ion (if Applicat	<b>.</b>	For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	isor's Assista				
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	and a second state of the second of the second of the second second second second second second second second s
2. Function or Event Inform					(Manih, Day, Year)
Does the agency have a ticke	t policy?	Yes 🛍 No	Face Value o	of Each Ticket/Pass \$	500
	MS		5	13,10	
	Provida Title/Exp	planațion	Date(s)	1214	
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🚺 No			
			ty-d	Name of Sol	urce
Was ticket distribution made a of agency official?	t the behest	No 🗋 Yes	🕼 If yes:	field county Superv	isor Scott Haggerty, D
. Recipients				Ófficial's Name (L	.est, First)
Kecipients     Use Section A to identify the agency	's department or	unit a Heo Con	tion B to identify on Individu		,
A. Name of Agency, Department		I Number of	uon e to identity an individu	al. • Uso Section C to ident	ify an outside organization.
		Tickous)/ Pass(es)	Describe the publ	jc;purpose madelpursuant	to.tho!agéncy's policy
Debich		0	To reward a Coup		
MATHOR 1			exemplary service	ity employee for his to the public or to e	or her
1			staff developmen	t to the public of to e	encourage
	-			-	
B. Name of Individual		Number of . Tickey of		Identify one of thefollowing	
		RABE(09)			
			Ceremonial Role	J Other J I Role" or "Other" describe below:	Income [
		·	Ceremonial Role	Other	Income
	•		ll checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organiz		Number of		ulu Manuskov a nutre v attinute	u b feeddaldaest carrier a
I (Include address) and descr	ipuon)	Number of Ticket(e)/ Pass(es)	Describe the public	;purpose made pursuant k	othe agency/s policy
	and the second second second	The second se	<u>и инукластиника тарадала тара т</u>	sa ananya annanying annog a sagu	理性的理想。但是人名德尔思斯默特人名法
· • ·					
<ul> <li></li></ul>	******			90 (2000)	۲. ۲۰۰۰ میں میں میں میں میں اور
Verification				2	
I.	18944.1 and	18942. I have verif	ied that the distribution set forti	h above, is in accordance with (	he requirements. 🖉 🔒
<b>1</b> 2	in the second	ee Ann Ferg		upervisor's Assistant	5/1/11
Signature of Agency Head or Designee	90000000 600000000000000000000000000000	Pdni Name		Title	(Month, Day Year)
$\bigvee$ $\downarrow$ $\downarrow$ $\downarrow$					/ 1
A . A				·	A Public Docume
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUA
Division, Department, or Reg	ion (If Applical	ole)			For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assista	ant		and the state of the	
Area Code/Phone Number	E-mail			Amendment (Mus	t provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing	
. Function or Event Infor					(Month, Day, Year)
Does the agency have _s a ticke		Yes 💋 🛛 N	o 🔲 🛛 🗖 Face Valu	ie of Each Ticket/Pass \$	5,00
Event Description	TANS			5110	
	Provide Tille/Exp	anation	Date(s)	- il	
Ticket(s)/Pass(es) provided by	vagencv?	Yes 🙋 No		TSW)	
		IES AL IN	- La	Name of S	Source
Was licket distribution made a of agency official?	t the behest	No 🗋 Yes	م الآيان الآيان الأرك		visor Scott Haggerty, D
				Òfficiel's Neme	(Løst, First)
Recipients	10 d				· · · ·
• Use Section A to Identify the agency A. Name of Agency, Departing	's department or	unit. • Use Se	ection B to identify an Indi	vidual. • Use Section C to ide	ntify an outside organization.
A. Name or Agency, Departme	ni'onUnit	Number of Tickous)	Describe the	uble purpose maderpursuar	it to the agoncy's policy
	aments proposely	ALTEL REPORT OF	C RINGONDERSKEPRENZUR (CC.A.)		
,					
	and and a second se	· ·			
To the parameters and the second s					
B. Name:of/Individual		Number of Tekeusy			
		RABBIOS)		Identify one of therfollow	
Scott Hanno	rter	. /		ight of facilities or eve	ents that have 👦 🗖
s-on hingyt	* 1 × 1		received county	/ funding or support	
		*			
	ىرىپىيە - مۇمۇمۇمىرىكەر ئۆ <u>لۈ</u> كۈنى ئۆلۈكۈنىكە بەركەرىيە تەركەرىكە بىرىكەرىكە - بەركەرىكە - بەركەرىكە - بەركەرىكە		Ceremonial Role	e 🔲 Olher 🗖	Income
	•			ionial Role" or "Other" describe below:	
		·			
News		NIGHERSE	<u>, "boto this to not over the constant</u>	anna an ann an ann an ann.	for a second state as a second state of the se
C. Name of Outside Organiz	auon Iption)	Number of Ticket(e)/ Pass(es)	Describe the p	Iblicipurpose made pursuant	to the agency/s policy
nen er en sen er en	andraac Themself	nginamadean 19	nue, utibraennurunterimanderia, 195		調理調理,在2.5%等調理15个約4.
		a fan af an fan fan fan fan fan fan fan			
Verification					
in the second se	944.1 and	18942, I have ve	, ified that the distribution set	forth above, is in accordance with	h tha manimumt-
		ee Ann Fer			TIN
· · · · · · · · · · · · · · · · · · ·	Carrier Contraction Contractio	Pdnt Name	traditioning the second s	Supervisor's Assistant	(Month, Day/Yoar)
$\bigcirc \bigcirc \bigcirc$					(MOPIN, Day Yoan)
Comment:					ý

Ceremonial Role EV		1545433	LISUIDUUUIS		A Public Document
I. Agency Name		;		Date Stamp	California 802
Alameda County					Form
Division, Department, or I	Region (If Applicable)		all and an an and a set of the se		For Official Use Only
Board of Supervisors					ч.
Designated Agency Conta	act (Name, Title)	anna an			
Lee Ann Fergerson, Sup	ervisor's Assistan	t		P	
Area Code/Phone Numbe	r E-mail	۰ مرکز میکردی کر کری کری کری کری کری کری کری کری کری	ىدىمۇر ئەركەر ئەركەر ئەركەر ئەركەر	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event In	formation	1			5.000
Does the agency have a ti	cket policy?	Yes 🕅 🛛 No [	Face Value o	of Each Ticket/Pass \$	<u> </u>
Event Description WA	RRIORS		Date(s)	,24,16	//
	Provide Title/Expla	nation	· · · · · · · · · · · · · · · · · · ·	.)	
Ticket(s)/Pass(es) provide	d by agency?	Yes 🖉 🛛 No 🛛	] . If no:	Name of Sou	Irca
Was ticket distribution ma	de at the bebest		a Alam	ieda County Supervisor Sco	
of agency official?		No 🗌 Yes 🛛	If yes:	Official's Name (L	
3. Recipients			-		<u></u>
• Use Section A to identify the ag	gency's department or u	nit. 🔹 Use Sect	ion B to identify an individ		
A. Name of Agency, Depa	机铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁	Number of a Ticket(s)/ Pass(es)	每周,每月4月,每日4月,6月,6月,6月,6月,6月,6月,6月,6月,6月,6月,6月,6月,6月	SIIC purcose made pursuant	to the agency's policy
ngen en syn de syn de syn de sen d	alalah dan manakan seringkan seringkan seringkan seringkan dari dari seringkan dari dari seringkan dari dari s		han fan de ferste fan de ferste fe In de ferste f	annald a childreithe formar ann a bhairte ann an ann ann ann ann ann ann ann ann	enantariar any amin'ny amin'ny arakana amin'ny anatoana amin'ny arakana amin'ny arakana amin'ny amin'ny amin'ny
C 4222244(2)4(2)4(2)4(2)4(2)4(2)4(2)4(2)4(					The second secon
	len en e	Number of	اللون و بر رو تر تخصور و بر المراجع ما اللون و بر رو تر تخصور و بر المراجع ما		
B. Name of Indiv (Last, First)	/idual	Ticket(s)/ Pass(es)		Identify one of the following	1914 - Alexandre Berland, Maria Sanara 1914 - Alexandre Berland, Sanara 1914 - Alexandre Berland, Sanara
Tom Illing	sworth	L	To promote attendan	ice at a county sponsored I county revenue for conce	event in order 🛛 ome 🗖
ferstonistication of the fille state of the		6		Para Print	
			Ceremonial Role	Other Difier of "Other" describe below:	Income
	•				
C. Name of Outside O (Include address and	rganization description)	Number of Ticket(s)/ Pass(es)	Describe the pub	elle purpose made pursuant i	
			· · · ·		
	n di 1971 ng 1974 ng 1 Ng 1971 ng 1974	· · · · · ·			the additional all concerning of an approximation and a second and a second and a second additional of the second addition of the second a
1. Verification					
Ì			•	orth above, Is in accordance with	the requirements.
		ee Ann Ferg		Supervisor's Assistant	
Signature of Agency Heali or Des	agnee	Print Name	1	Title	(Month, Day, Year)
Comment:	Mining Discovery of the state				
					FPPC Form 802 (4/12)

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

V	eremoniai Role Eveni	to and the	Neur ass	Distributions	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	Amendment (Must pr	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Monlh, Day, Year)
2.	Function or Event Inform					5.50
	Does the agency have a licke	t policy?	Yes 🔟 No	Face Value o	f Each Ticket/Pass \$	
	Event Description		mer for	Date(s)	12,16.	
	• .	Provide Title/Expl	anairon 🔾		(LI)	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔯 No		Nama of Sou	Irce
	Was ticket distribution made a	at the behest	No 🗖 Yes	Alaı Alaı		sor Scott Haggerty, D 1
	of agency official?				Ófficial's Name (L	ast, Firsl)
3.	Recipients					
	• Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to Identi	ify an outside organization.
	A. Namerof Agency, Dapartime	nit on Unit	Number of Tickot(s)/	Describe the pup	lic purpose made pursuant.	to the agancy's policy.
			R856(05)			的复数 计可加强处 计符号算法式算机
	,					
	чула у сала сала сала сала сала сала сала	аналана алагануу түрөөдө түрөр түрөр түрөр түрөр түрөөр түрөөр түрөөр түрөөр түрөөр түрөөр түрөөр түрөөр түрөөр				
	R		Number of Tickettel		Identify one of the follow	
			Pass(os)			
	Cont lleanerty		L		ht of facilities or ever	nts that have 🛛 🕬 🗖
	Stall Handaby		1	received county f	unding or support	
	,					
				Ceremonial Role	Other	Income
				(f checking "Ceremon	ial Rolo" or "Other" doscribe below:	
			Number of		的现在是一个人的问题。	
	C. Name of Outside Organ	scription)	Number of Ticket(a)/ Pass(es)	Describe the put	llic purpose made pursuant	to the agency's policy
	1 Source and the set of the se	Alarah Merina ang Publik ing Publi	40 1411111111114(040334-374	THE DEPARTMENT OF STATE		n ya 1999 ya 19
	Lawaren ar en anterna ferde 1000 Prostanten ander en la de la desta de la desta de la desta de la desta de la d	*			•	Construction of the construction of the second s
4.	V-M4141		1			,
	\$	<b>\$9</b> 44.1 an	d 18942. I have v	erified that the distribution set i	forth above, is in accordance wit	h the requirements.
Q	Λ		Lee Ann Fe	rgerson	Supervisor's Assistant	
1	Signalure of Apency Head or Dosignod	0	Print Nar	no	Τίΰθ	(Month, Day, Yoar)
	Comment:		)			

6	eremonial Role Even	is and HC	Kevpass	Distributions	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail				
	(510) 272-6691	leeann.ferge	rson@acgo	/.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor		10			5,000
	Does the agency have a ticke	t policy? さいへつ の つ	Yes 🖄 Nol		of Each Ticket/Pass \$.	
	Event Description	Provide Title/Expl	analian	Date(s)	3410	
	, Tieket(e)/Deee(ee) weevideel b		•	🗖 lf no: 🥑	SW	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🖾 🛛 No 🛛		Name of S	Source
	Was ticket distribution made a	at the behest	No 🗋 `Yes	If yes:		visor Scott Haggerty, D 1
- rices	of agency official?				Ófficiel's Nama	(LƏSI, FIISI)
3.	• Use Section A to Identify the agence	vic department or	unit a Lina Soc	tion B to identify an Individu	unt - a Live Section C to Ide	ntifu an outside omanization
	M. Name of Agency, Lepartin		Tickot(a)/ Pass(es)	Describe ute put	nic hulboas indua huishdi	nt to the agency's polloy.
	,					
	en management and a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-		, 	an na an a	99800029104702-0031021104110411041104104104000000000000	an and the second s
	<b>但</b> 。我們能能不知識能能是那些與認识的?		Numberiof.	用的理想的发展的发展。在这些发		
	B. Name:of/Individu	8)	Number of Ticket(s)/ Pass(cs)		Identify one of the follo	Wing):
	O.D.D.	1.1		(To promote attendan	ice at a county sponsore	d event in order
	Dechee pai	л5 ·	12	to maximize potentia parking sales.	l county revenue for cor	ncession and
				parking success		
				Ceremonial Role	Other	Income 🔲
				ll checking "Ceremor	nial Rola" or "Other" doscribe below	<i>Y</i> :
	NameofOlutantasOroa		Number of		olic purpose made pursua	
	C. Name of Outside Organ	scription)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
		i				
	• ·					
		•	;			
4.	Verification		1 100 40 1 barren	, , , , , , , , , , , , , , , , , , ,	forth above, is in accordance (	with the moulemented
	l have					$\Sigma 17 \chi W_{\star}$
	Signature of Agency Heed or Bosigno		Lee Ann Fei Print Nan		Supervisor's Assista	(Month, Day, Yéar)
	Comment:			an a		

	eremonial Role Even	is and the	Neurass Di	Sumations	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistai	Amendment (Must pro	wide explenation in Part 3 )		
	Area Code/Phone Number	E-mail	91999 - Wy Jun 1			
in the second	(510) 272-6691	and the second sec	rson@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					49.50
	Does the agency have a ticke	t policy?	Yes D No 🗆	Face Value of	f Each Ticket/Pass \$	
	Event Description	<u> </u>	JACCCF	_ Date(s)2	<u>19,16</u> .	//
	Ticket(s)/Pass(es) provided b		Yes 🗐 No 🗌	lf no;G	SW	11-11-11-11-11-11-11-11-11-11-11-11-11-
		· - ·			Nama of Sou neda County Supervi	sor Scott Haggerty, D 1
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🗐	If yes:	Official's Name (Li	
3.	Recipients					na ann an ann an a
	• Use Section A to identify the agenc	and the second				
	A. Name of Agency, Departm	nt on Unit	Number of Tickous) Rass(es)		ljç;pu <b>po</b> se madelpursuant i	
	Dubul		. /	To reward a co	unty employee for hi	s or her
	VIMIE		<u> </u>	exemplary serv	vice to the public	a.a.compose
				· .		
	B. Name of Individual		Numbar of Tickous)/ Pase(cs)		Identify one of metfollown	9
	(1) (1) (1) (2) (1) (2) (M2CONDUMATING ABABILIAN (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	elektrikiste interfolgi i der ete	R PUTTING A CALL TO HUSE	Ceremonial Role	Other	
				If checking "Ceremoni	al Role" or "Other" describe below:	
	#TOCHCCVgTV#TBC+TRUTCHT#TSCC00000M+UNIX0000000M+UNIX00000000			Ceremonial Role		Income
				lf checking "Ceremon.	ial Role" or "Olher" duscribe below:	
	C. Name of Outside Organ	11zation scription	Number of Ticket(e)/ Poss(ee).	Describe the pub	licipurpose made pursuant :	othe agency's policy
		<b>运输和100公司</b> 时期100	a han Masalerd in the	npenenninnenneterinte er i		的时候但我们们不会经常把错误对于这些正言
	•					
	$\bigcap_{i \in \mathcal{I}} (i) = \sum_{i \in \mathcal{I}$			<u></u>	•	
4.	$\lambda$		440640 11	· ·	adh abava is is a secondaries will	the goulgements
]	1. The second	1.1 an			onh above, is in accordance will Supervisor's Assistant	K LOUI
Construction of the local division of the lo	-	1	Lee Ann Ferger	son	Supervisor's Assistant	(Monih, Øay, Yoar)
1	V VII					/ // /
	Comment:		A.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			

4

		A Public Docume
	Date Stamp	California 805
		Form 002
		For Official Use Only
· · · · · · · · · · · · · · · · · · ·		
·		
		ovide explanation in Parl 3.)
cgov.org	Date of Original Filing: _	(Month, Day, Year)
		- 1
No 🗌 🛛 🛛 Face Value d	of Each Ticket/Pass \$	2.t.00
Date(s)_U	13,16	
No 🗌 If no: 💭	Kland A	tiletics_
Yes Hyos: Ala		
(·	Official's Name (La	
	ual. • Use Section C to identify	y an outside organization.
y Describe the publ	lic purpose made pursuant to	o the agency's policy
<b>))</b>		an an an Araba an Anna an Anna an Anna Ar an an Anna an Ar an Anna an A
• • • • • • • •		
<b>y</b> / [	Identify one of the following	8
Ceremonial Role	Other	Income
If checking "Ceremonia	al Role" or "Other" describe below:	
Ceremonial Role		· · · · · · · · · · · · · · · · · · ·
		income
۰.		
/ Describe the public	c purpose made pursuant to t	he agency's policy
To reward a schoo	ol or non-protit organi	zation for
it's contributions	to the community.	
	<b></b>	. <b></b> .
verified that the distribution set fort	h above, is in accordance with the	requirements.
ergerson Si	upervisor's Assistant	
	Tille	(Month, Day, Year)
environment ar	ad quality of 1	6 in the
	in - forming of th	FPPC Form 802 (4/12)
JN WINDUALION FP	PC Toll-Free Helpline: 866/A	SK-EPDC (866/275 7772)
	Date(s) PNo If no: Yes If yes:Ala e Section B to Identify an individu of of of Ceremonial Role [ If checking "Ceremonial Ceremonial Role [ If checking "Ceremonial Ceremonial Role [ If checking "Ceremonial of Describe the public To reward a schoonit's contributions it's contributions e verified that the distribution set form FergersonS Vame	acgov.org       Amendment (Must pr Date of Original Filing:

sugrains a

A Public Document

			o Biodinodione		A Public Docume
I. Agency Name				Date Stamp	California 80
Alameda County					Form 002
Division, Department, or Reg	lon (If Applicab	le)	n an Barranna a chaireann an an an an an an Anna an Ann		For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	·		-	
Lee Ann Fergerson, Superv	isor's Assista	ant	· .		
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inform					2050
Does the agency have a ticke	t policy?	Yes 💇 No		of Each Ticket/Pass \$	26-55
Event Description	Provide Title/Exp	2000	MHR Date(s)	5,14,15	
Ticket(s)/Pass(es) provided by	agency?	Yes 🖉 No	If no: 1	SW. Name of Sou	transment in the second s
Was ticket distribution made a	the behadt		Alam		or Scott Haggerty, D 1
of agency official?	t the benest	No 🗌 Yes	If yes.	Official's Name (L	
Recipients • Use Section A to identify the agency	's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant (	o the agency's policy
Olerk of the	BOARD		To reward a cour exemplary service	nty employee for his e to the public	or her
	annan an tha	Number of			
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
		f	Ceremonial Role	Other D I Role" or "Other" describe below:	Income
	99400-042049-11951-11964-1264)		Ceremonial Role	Other	Income
C. Name of Outside Organiz (Include address and descr		Number of Ticket(s)/	Describe the public	purpose made pursuant to	the agency's policy
	iption/	Pass(es),	and an	n an	nikka ang da kanang na ang da kanang na sa
			a de la factura de la companya de la		
					· · · ·
Wheitiaation	1944.1 and 1	18942, 1 have ver	ified that the distribution set forth	h above, is in accordance with th	e requirements.
Wheitiaation			ified that the distribution set forth		e requirements. 5/10/18
V/riliantian		18942. I have ver ee Ann Ferg Print Name	gerson Su	h above, is in accordance with th upervisor's Assistant Title	requirements. 5/0/18 (Month, Day, Year)

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					1 UIIII		
	Division, Department, or Reg	ion (If Applicable	)	ann fhannait Sainni ff Carr (ff ei an Ff a bhri ff dan ff fan staff fan staff an an staff an an an an an an an	1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	Name, Title)		Man aya	-			
	Anna Gee				Amendment (Must)	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:			
	(510) 272-6694	anna.gee@a	icgov.org			(Month, Day, Year)		
2.	Function or Event Infor					35.00/112.00/100.00		
	Does the agency have a ticke	•	Yes 🛛 No	Tassad	of Each Ticket/Pass \$ _			
	Event Description Baseball g	jame .		Date(s)4	<u>, 2 , 16</u>	<u>4 , 4 , 16</u>		
	·	Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Oaklar	nd Athletics Name of S	0.0000		
	Was ticket distribution made at the behest No T Yes X If yes. Miley				Juice			
	of agency official?		No 🗌 Yes	If yes: Miley	Official's Name	(Last, First)		
3.	• Use Section A to identify the agenc	v's denartment or i	unit a Use Se	ction B to identify an individu	ual e Use Section C to ide	ntify an outside organization.		
			Number of	-				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy		
	B. Name of Individus (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role	· •	Income		
	Antiola, Kathy	Arritola, Kathy Tangren Linda		To promote attenda		at a County facility in nue from parking and		
·	Tangren Linda			angren Linda		2 If checking "C		
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	t to the agency's policy		
	United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251,		6	To promote health, motivate and provide expanded opportuni to vulnerable populations in the County such as the disabled,				
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in fos	ster care.		
4.	Verification		5			aaroona araa Maarooga aha qoo qoo qoo qoo qoo qoo qoo qoo qoo qo		
	1	ns 18944.1 and	l 18942. I have v	erified that the distribution set f	forth above, is in accordance w	ith the requirements.		
	ne:		Anna G	Bee	Operations Chief	May 23, 2016		
	Signature of Agency Head or Designee		Print Nar	ne	Tille	(Month, Day, Year)		
	Comment: united seniors re	ceived all tix t	o 4/4 game.	arritola received field	d tix to 4/2 game.			
					FPPC Toll-Free Helpline	FPPC Form 802 (4/12 866/ASK-EPPC (866/275-7772		

### 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 (Losi, First)	Number of Ticket(9)/ Pass(es)	Identify one of the following:
Washington, Tanya	2	Ceremonial Role Other I Income I Income I If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role Other I Income I Income I Income Ceremonial Role" or "Other" describe below: Concession sales.
		Ceremonial Role Other I Income I Income I Income II Income III Income II Inc
		Ceremonial Role Other I Income I Income I Income I Income II Income I Incom
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
·		

A						
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region	(If Applicable)	)			For Official Use Only
	Board of Supervisors			,		
	Designated Agency Contact (Nar	me, Title)	Suid		-	
	Anna Gee					
	*****	mail		****	Amendment (Must	provide explanation in Part 3.)
		nna.gee@a	cgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Informa	tion				
	Does the agency have a ticket po	olicy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	27.00
	Event Description	516	4 , 6 , 16			
	Print Description	ovide Title/Expla	nation			(Annual Contract of Contract o
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Oakla	nd Athletics	ластан такжа та
	· · · · · · · · · · · · · · · · · · ·				Name of S	Source
	Was ticket distribution made at th of agency official?	ne behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name	(l ast First)
92309.01						, ,
3.	• Use Section A to identify the agency's of	department or .	unit e Une Sec	ation D to identify an individ	unl a Una Saction C to ide	ntify an outside organization
			Number of			
	A. Name of Agency, Department of	or Unit	Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
			Pass(es)			
			Pass(es)			
	B. Name of Individual		Pase(es)	·	Identify one of the follo	wing:
	B. Name of Individual (Last, First)		Pass(es)	· ·	<u> </u>	
	B. Name of Individual (Last, First)		Pase(es)		Identify one of the follo	Income
	B. Name of Individual (Last, First)		Pase(es)		Other	Income
	B. Name of Individual (Last, First)		Pase(es)		Other	Income
	B. Name of Individual (Lasi, First)		Pase(es)	II checking "Ceremon Ceremonial Role	Other Other Coler or "Other" describe below Other Other	Income [
	B. Name of Individual (Last, First)		Pase(es)	II checking "Ceremon Ceremonial Role	Other Other Conter Con	Income [
	B. Name of Individual (Last, First)		Pase(es)	II checking "Ceremon Ceremonial Role	Other Other Coler or "Other" describe below Other Other	Income [
	(Lest, First)		Pass(es)	II checking "Ceremon Ceremonial Role II checking "Ceremon	Other Other Coller Other Othe	Income [
			Pass(es) Number of Ticket(s)/ Pass(es)	II checking "Ceremon Ceremonial Role II checking "Ceremon	Other Other Coler or "Other" describe below Other Other	Income [
	(Lest, First)	ption)	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	II checking "Ceremon Ceremonial Role II checking "Ceremon Describe the pul To promote health	Other	Income
	(Lest, First) C. Name of Outside Organizat (include address and descrip	otion) Nameda	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	II checking "Ceremon Ceremonial Role II checking "Ceremon Describe the pul To promote health	Other	Income
	C. Name of Outside Organizat (include address and descrip United Seniors of Oakland & A	otion) Nameda	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Il checking "Ceremon Ceremonial Role Il checking "Ceremon Describe the pul To promote health to vulnerable popu	Other	Income [ // Income
4.	C. Name of Outside Organizat (include address and descrip United Seniors of Oakland & A County-7200 Bancroft Ave, Ste Oakland 94605	otion) Nameda	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Il checking "Ceremon Ceremonial Role Il checking "Ceremon Describe the pul To promote health to vulnerable popu	Other  ial Role" or "Other" describe below I Other  nial Role" or "Other" describe below offic purpose made pursua offic purpose made pursua , motivate and provid- lations in the County	Income C
4.	C. Name of Outside Organizat (include address and descrip United Seniors of Oakland & A County-7200 Bancroft Ave, Ste Oakland 94605 SEN OR ADVOCACY	otion) Nameda e 251,	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Il checking "Ceremon Ceremonial Role Il checking "Ceremon Describe the pul To promote health to vulnerable popu underprivileged, se	Other  ial Role" or "Other" describe below I Other  nial Role" or "Other" describe below offic purpose made pursua offic purpose made pursua , motivate and provid- lations in the County	Income [ // Income

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regio	n (If Applicable	<b>`</b>	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (N	ame, Title)			1		
	Anna Gee					provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail		ŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢ		, , , ,	
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation				27.00/22.00	
	Does the agency have a ticket	•	Yes 🔀 🛛 No		of Each Ticket/Pass \$ _	27.00/32.00	
	Event Description Baseball ga	me		Date(s)4	<u>, 15 , 16</u>	<u>    4                                </u>	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 🛛 No	If no: Oaklar	Name of So	ource	
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Miley			
	of agency official?				Official's Name	(Last, First)	
3.	• Use Section A to identify the agency's	s department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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.		49 mm	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Dilater of "Other" describe below:	Income	
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to the agency's policy		
	United Seniors of Oakland & County-7200 Bancroft Ave, S		2		motivate and provide ations in the County s	e expanded opportunities such as the disabled,	
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in fos	ster care.	
4.	Verification						
Sec.	l lane	ons 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.	
			Anna G		Operations Chief	May 23, 2016	
	Signature of Agency Head or Designee		Print Nam	10	Title	(Month, Day, Year)	
	Comment: United seniors rec	eived 4/17 t	ix			commenter a succession and the Delaward State and S	
					FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)	

Date Stamp California Form For Official Use Only 3.)

**A Public Document** 

	Anna Gee				Amendment (Must p	mvide evolenation in Pa	(#3)
	Area Code/Phone Number	E-mail					
	(510) 272-6694	anna.gee@	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 \$ _	27.00/90.00/	32.00
	Event Description Baseball game		Date(s)		<u>, 30 , 16 </u>	5,1,	16
		Provide Title/Exp	lanation	24(0(0)		<i>t</i> .	
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🗖 No 🛛	lf no: <u>Oaklan</u>	nd Athletics		
		, , ,			Name of So	urce	
	Was ticket distribution made a	it the behest	No 🔲 Yes 🔀	If yes: Miley,	Nate		
	of agency official?				Official's Name (I	Last, First)	

#### 3. Recipients

-

1. Agency Name

ο.

Alameda County

**Board of Supervisors** 

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

• 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:			
	1.820(03)	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other I Income Income I Income I Income II Income III Income III Income II Income II Income II Income II Incom			
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			
Woodroe Woods - 750 Fargo Ave, San Leandro 94579	4	To reward a non profit organization for its contributions to the community.			
ALTERNATIVE SCHOOLING	j				
Verification	1 18942   have ve	rified that the distribution set forth above, is in accordance with the requirements.			
10077.1 0.1	Anna G				
Signature of Agency Head or Designee	Print Nam				

WOTW received all tix to 5/1 game. Comment:

### 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	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
		Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Women on the Way to Recover-20424 Haviland Ave, Hayward 94541	_ 20	To reward a non profit organization for its contributions to the community.
SUPPORT FOR THE INCARCERATED		
		· · ·
· · ·		

eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document		
Agency Name	Date Stamp	California 802				
Alameda County				Form OUZ For Official Use Only		
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)					
Board of Supervisors				1		
Designated Agency Contact (Name, Title)	an a					
Anna Gee						
	****		Amendment (Must p	rovide explanation in Part 3.)		
	caov.ora		Date of Original Filing:	(Month, Day, Year)		
· · ·	-3			(Month, Day, Year)		
	f Each Ticket/Pass \$ _	27.00				
Event Description Date(s).						
		uf no. Oaklar	nd Athletics			
Ticket(s)/Pass(es) provided by agency?	Name of So	urce				
Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes			, Nate			
of agency official?		Official's Name (i	Last, First)			
• Use Section A to Identify the agency's department or u	nit. • Use Sec	-				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role		ing:		
<u></u>		Cerem <b>o</b> nial Role	、	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		
United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251,	4					
Oakland 94605 SENIOR ADVOCACY		underprivileged, se	niors and youth in fos	ter care.		
	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Anna Gee         Area Code/Phone Number         (510) 272-6694         Event Cosciption         Baseball game         Provide Title/Expla         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         A.         Name of Individual (Last, Frag)         C.       Name of Outside Organization (Include address and description)         United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251,	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Tille)         Anna Gee         Area Code/Phone Number (510) 272-6694         E-mail (510) 272-6694         Event Or Event Information         Does the agency have a ticket policy?         Yes INO         Event Description         Baseball game         Provide Tille/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes INO         Was ticket distribution made at the behest of agency official?         Number of agency official?         Recipients         • Use Section A to Identify the agency's department or unit.         • Use Section A to Identify the agency's department or unit.         B.         Name of Agency, Department or Unit         Number of Ticket(s)/ Pass(es)         Pass(es)         C.       Name of Outside Organization (include address and description)         United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251,         4	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Anna Gee         Area Code/Phone Number         [510] 272-6694         Boest in ana.gee@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □       Face Value of Event Description         Baseball game       Date(s) 5         Provide Title/Explanation       Date(s) 5         Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no: Oaklar         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes: Miley of agency official?         Recipients       Use Section A to Identify the agency's department or unit.       • Use Section B to Identify an Individual (Last, Fame)         Question A to Identify the agency's department or Unit       Number of Ticket(e)       Describe the pub Pase(es)         B.       Name of Individual (Last, Fame)       Ceremonial Role (I'checking "Ceremonial Role (I'checking "Cer	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (If Applicable)         Board of Supervisors       Designated Agency Contact (Name, Title)         Anna Gee       Image: Contact (Name, Title)         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Function or Event Information       Date of Original Filing:         Does the agency have a ticket policy?       Yes X       No         Function or Event Information       Date(s)       5       /       2         Event Description       Baseball game       Date(s)       5       /       16         Provide Title/Explanation       If no:       Oakland Athietics       Name of So         Was ticket distribution made at the behest of agency official?       No       Yes X       Miley, Nate       Officials Name of Microson Bto Identify an Individual.       • Use Section A to Identify the agency's department or unit.       • Use Section B to Identify an Individual.       • Use Section C to Identify an Individual.       • Use Section C to Identify one of the follow         A. Name of Agency. Department or Unit       Number of Ticket(e)       Describe the public purpose made pursuant Pase(e)         B. Name of Individual (address and description)       Number of Ticket(e)       Other Imagency in Cother describe below:		

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

	Anna Gee	Operations Chief	May 23, 2016
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) 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 27.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ... Yes 🛛 No 🗌 Event Description Baseball game 5 4 16 5 16 16 Date(s) _ Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Miley</u>, 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 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 C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) United Seniors of Oakland & Alameda To promote health, motivate and provide expanded opportunities 4 to vulnerable populations in the County such as the disabled, County-7200 Bancroft Ave, Ste 251, Oakland 94605 underprivileged, seniors and youth in foster care. SENIÓR ADVOCACY Verification  $\Pi$ ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** May 23, 2016 (Month, Day, Year) Print Name Title Signature of Agency Head or Designee

Comment: .

A Public Document

1.	Agency Name				Date Stamp California	
	Alameda County	Alameda County				Form OUZ
	Division, Department, or Regi	on (If Applicabl	'e)		1	For Official Use Only
	Board of Supervisors	·				
	Designated Agency Contact (/	Name,Title)		<del></del>	1	
	Anna Gee					
	Area Code/Phone Number	E-mail	ny anno 2000 Ministratori anna anna anna a		Amenament (Must p.	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation		aparan prosing a sana ang ang ang ang ang ang ang ang ang		
	Does the agency have a ticket		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	27.00
	Event Description Baseball ga	ame		Date(s)5	<u>, 17 , 16</u>	<u>    5                                </u>
				. Oaklar		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oaklar	Name of So	urce
	Was ticket distribution made at the behest No 🗋 Yes 🖾 If yes: <u>Miley</u> ,		, Nate	- 		
	of agency official?				Official's Name (l	Last, First)
3.	Recipients					
	Use Section A to identify the agency		r unit. • Use Sec Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			. 493(00)			
					х ^г	
		(Selfiller				· · · · · · · · · · · · · · · · · · ·
	B. Name of Individua	d	Number of Ticket(s)/		Identify one of the follow	ing:
		<u>eesseesseesse kultuurin kultuurin kultuurin kultuurin kultuurin kultuurin kultuurin kultuurin kultuurin kultuu</u>	Pass(es)	Ceremonial Role	Other D	
					ial Role" or "Other" describe below:	
		1 <b>271-127-14</b> -14-14-14-14-14-14-14-14-14-14-14-14-14-		Ceremonial Role	Other	Income
					L Other L ial Role" or "Other" describe below:	income
						4. •
		Norgana Kata Antonio P	100 - 100 <b>- 1</b> 00 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	United Seniors of Oakland 8		. 499(08)	To promoto hastit	motivate and provide	expanded opportunities
	County-7200 Bancroft Ave,		4		ations in the County s	expanded opportunities uch as the disabled,
	Oakland 94605			underprivileged so	niors and youth in fost	'er care
	SENIOR ADVOCACY					
4.	Vertification					
		ns 18944.1 an	nd 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	th the requirements.
			Anna G		Operations Chief	May 23, 2016
	Signature of Agency Head or Designee		Print Nam	10	Title	(Month, Day, Year)

Comment: .

С	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable	)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				-		
	Anna Gee						
	Area Code/Phone Number	E-mail		٢٣٠ ٢٩٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠ - ٢٠٠٠	_ C Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	acdov ord		Date of Original Filing:		
<u>ົ</u> ງ	Function or Event Inform		.0901.019	-		(Month, Day, Year)	
đa r	Does the agency have a ticket			Eace Value	of Each Ticket/Pass \$ _	35.00/100.00	
			Yes 🔀 No	Incure			
	Event Description Baseball g	Provide Title/Expl	anation	Date(s)	5 <u>, 19 , 16</u>	5 , 20 , 16	
				and Athletics			
	Ticket(s)/Pass(es) provided by agency? Yes D No				Name of Sc	ource	
	Was ticket distribution made at the behest No 🔲 Yes 🛛		If yes: Mile	y, Nate			
	of agency official?				Official's Name (	Last, First)	
3.	Recipients			annan gegenen an an an an general general mean an argen an searce a beer b			
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the pu	Iblic purpose made pursuan	t to the agency's policy	
			Pass(es)				
						22 Typ 2001 Ministration Scheme Security and a security of the second security of the second security of the sec	
					,		
	B. Name of Individua		Number of			-	
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other		
				If checking "Ceremo	onial Role" or "Other" describe below:		
	generation and a second						
				Ceremonial Role	Other onial Role" or "Other" describe below:	Income	
				" checking ocrome			
						х	
	Name of Outside Organ	zation	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	United Seniors of Oakland 8	Alamoda		To promoto bealth	motivate and provide	expanded opportunities	
	County-7200 Bancroft Ave, 3		4	to vulnerable popu	lations in the County s	such as the disabled.	
				· · · ·		·	
	Oakland 94605			underprivileged, se	eniors and youth in fos	ter care.	
2000 0000	SENIOR ADVOCACY	and the second				n na sensa kaj dia mandra al senan nago suba desenandan dena desena de antina en antina en antina en antina en	
4.	Verification				<b></b>	11. 11 · · · · · · · · · · · · · · · · ·	
-	1	ons 18944.1 and			forth above, is in accordance wi		
	and the second sec		Anna G		Operations Chief	May 23, 2016	
	Signal Ure of Agency Head or Designee		Print Nam	10	Tille	(Month, Day, Year)	
	Commont: united seniors rec	ceived field tiv	k to both gar	nes. MUG BAK	wall veron	1 5/20 ths	
	Comment:		in an	WELL OW	<u> </u>	FPPC Form 802 (4/12)	
					FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)	

### 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 (Lost, Fire)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
		Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom	
		Ceremonial Role Other I Income	
		Ceremonial Role Other I Income	
		Ceremonial Role Other I Income I Income I Income I Income II Income I Incom	
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	
Castro Valley Rotary - PO Box 2117, CV 94546-SERVICE ORGANIZATION	10,	To reward a non profit organization for its contributions to the community.	
Proctor Elementary School PTA - 17520 Redwood Road, CV 94546-SUPPORT	4	OF SCHOOL. To reward a non profit organization for its contributions to the community.	
REACH - 16335 E. 14th St, San Leandro 94578-PROGRAM FOR YOUTH	, 4	To reward a non profit organization for its contributions to the community.	
Castro High School Baseball - 19400 Santa Maria Ave, CV 94546-SUPPORT	4	OF BASEBALL PROGRAM. To reward a non profit organization for its contributions to the community.	

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors	Board of Supervisors				
	•	Designated Agency Contact (Name, Title)				
	Anna Gee				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
	Arrea Code/Phone Number	E-mail	Amendment (Must pr	rovide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a			Date of Original Filing:	
	Function or Event Infor		cgov.org		<b>.</b>	(Month, Day, Year)
۷.	Does the agency have a ticke		V 1571 N 1		f Each Ticket/Pass \$	32.00
		• •	Yes 🔀 No			
	Event Description Baseball g	Jame Provide Title/Expla	nation	Date(s)6	<u>, 17 , 16</u>	<u>    6                                </u>
			nd Athletics			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No		Name of Sou	Irce
	Was ticket distribution made a	at the behest	No 🔲 Yes	If yes: Miley,	Nate	
	of agency official?			<u>11</u> h ycs	Official's Name (L	.ast, First)
3.	Recipients			an a		
	Use Section A to identify the agency	y's department or u	nit. 🔹 Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	
					al Role" or "Other" describe below:	
	Industry Conductor Statement Statement (Statement Statement Statement Statement Statement Statement Statement St					
				Ceremonial Role		Income
				If checking "Ceremon	al Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 455(65)		<u></u>	
	Dominican Sisters Vision of 34th Ave, Oakland 94601- 0		2	to the community.	DN. To reward a non	profit for its contributions
					,	
	Castro Valley Library-3600		2		READING. To reward	a non profit for its
an a	Ave, Castro Valley 94546-P	ROGRAMS	<u> </u>	contributions to the	community.	
4.	Verification				alter at an anta ta ta construction of the	
	I have read and understand FPPC Regu	lations 18944.1 and				
		, Marana Marana Marana Marana Marana M	Anna G	and a second	Operations Chief	May 23, 2016
	Signature of Agency Head or Designee	,	Print Nam	1 <del>0</del>	Tille	(Month, Day, Year)
	Comment: library received 6	6/17 tix.				
					and the second	

### **Agency Report of:** Ceremonial Role Events and Ticket

t/Pass Distributions		A Public Document
	Date Stamp	California Form 802
		For Official Use Only

	Alameda County					
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		1		
	Amy Shrago				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				F 000 00
	Does the agency have a ticke	t policy?	Yes 🗌 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	5,000.00
	Event Description Warriors v	s. Rockets		Date(s)04		///
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: <u>Golder</u>	n State Warriors Name of Sour	ce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Carso</u>	on, Keith Official's Name (La	st, First)

#### 3. Recipients

1. Agency Name

• 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:	
Carson, Keith		Ceremonial Role  Other  Ceremonial Role  Other  Ceremonial Role" or "Other" describe below:	Income
	4	To review facilities or events that may require support in the near future or to gather informat	
	Via 200 vitikiemen na serie n	Ceremonial Role Dother I If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the	agency's policy
Varification			
Verification I hav ions 18944.1 a	nd 18942. I have ve	rified that the distribution set forth above, is in accordance with the re	quirements.
	Amy Shr	ago Supervisor's Assistant	05/01/16
	Print Nam		(Month, Day, Year)

Comment: _

11

U

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable	e)		-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		,				
	Amy Shrago						
	Area Code/Phone Number E-mail	ann ann an Star Canad Canada ann a bha ann an An	nnan e an an an ann a' lean da na tha th' lean (Ching Ching Ching an Ching Ching Ching Ching Ching Ching Ching	_ [_] Amendment (Must)	provide explanation in Part 3.)		
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Information				F 000 00		
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	5,000.00		
	Event Description Warriors vs. Rockets Provide Title/Expl	lanation		i <u>,</u> 27 <u>,</u> 16	/		
	Ticket(s)/Pass(es) provided by agency?	n State Warriors _{Name of S}	ource				
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Carso</u> of agency official?			on, Keith Official's Name	(Last, First)		
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Carson, Keith	998		Other X ial Role" or "Other" describe below:	Income		
		4			equire County funding or formation about the opera		
	· .		Ceremonial Role If checking "Ceremon	Other D	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
4.	Verification I have read Ilations 18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.		
	1.	Amy Shr	ago	Supervisor's Assistar	nt 05/01/16		
	Signe v v v	Print Nam	an a	Title	(Month, Day, Year)		

.

Comment: __

C	eremonial Role Events and Ticl	(et/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If Applicable)		s,÷359-226-um, um, seren en e		For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	Area Code/Phone Number E-mail	0110200703999990000000000000000000000000000	ungu mungu munun kana kana kana kana kana kana kana	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6695 amy.shrago@	))acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information					
	Does the agency have a ticket policy?	Yes 🗌 No	🛛 Face Value d	of Each Ticket/Pass \$	35.00	
	Event Description Athletics vs. Giants	nation	Date(s)	, 02 , 16	///////	
	Ticket(s)/Pass(es) provided by agency?	nd Athletics Name of So	urce			
	Was ticket distribution made at the behest		If yes: Carso			
	of agency official?	No 🗌 Yes	It yes:	Official's Name (i	Last, First)	
3.	Recipients					
	• Use Section A to identify the agency's department or u	1	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ribe 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 follow	ing:	
	Decker, Breeanna	Ceremonial Role		Dther X ial Role" or "Other" describe below:	Income	
		2	To reward a Count	y employee for his or l	ner exemplary service to	
				ourage staff developm		
			Ceremonial Role	ial Role" or "Other" describe below:	Income	
		×				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy	
Spirewasse			·			
4.	Verification Thave ons 18944.1 and	18942. I have ve	erified that the distribution set I	forth above, is in accordance wi	th the requirements.	
		Amy Shr	ago	Supervisor's Assistan	t 05/02/16	
		Print Nan		Title	(Month, Day, Year)	
	Comment:			esere sene en anticipant de la completitation de la completation de la completation de la completation de la co	4	

A Public Document

-				Bietinoatione		A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Regi	on (If Applicable	e)	одососология на полосии на полосони и собити на полосони на полосони на полосони на полосони на полосони на пол		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago				Amondmont (Muster	ovido ovolanation in Rod 3 \
	Area Code/Phone Number	E-mail			. Amendment (Must pro	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				25.00
	Does the agency have a ticke	• •	Yes 🗌 No		f Each Ticket/Pass \$	
	Event Description Athletics v	s. White Sox		Date(s)04	0416	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 🛛 No 🛛	If no: Oaklar	nd Athletics Name of Sou	Irco
	Mon tiplet distribution mode	+ +ha hahaat		Carec		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)
			uutuututututututa enny kotyytykenny ologitatyeense			
ა.	• Use Section A to identify the agency	/'s department or	unit. 🔹 Use Sec	tion B to identify an individu	ıal. ● Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
		9-11-11-1-11-11-11-11-11-1-1	Pass(es)	·		14 - M M M M M M M M
						•
					<u>an an a</u>	
	*				er z z z z z z z z z z z z z z z z z z z	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Shrago, Amy			Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
			2	-		er exemplary service to
					ourage staff developm	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		ain <u>na i a sa an an an</u> an	·····		annan sana karana sa kana ana ang sa karana sa kara	
	<u> </u>		264332, an 87 an an team an an an an Aran 2523 (1972) An			
4.	Verification					
		lations 18944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
			Amy Shra	ago	Supervisor's Assistant	05/02/16
	Designee		Print Nam		Title	(Month, Day, Year)
	Commonti					•
	Comment:					

**A Public Document** 

A	A monou Nomo				Data Starra	California	
1.	Agency Name		Date Stamp	California Form 802			
	Alameda County	on (If AnnK++-		For Official Use Only			
	Division, Department, or Reg	ion (II Applicable					
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Amy Shrago		Amendment (Must p	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail				, , , , , , , , , , , , , , , , , , ,	
	(510) 272-6695	amy.shrago(	@acgov.org	•	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				27.00	
	Does the agency have a ticke		of Each Ticket/Pass \$				
	Event Description Athletics v	s. White Sox	<u>, 07 , 16</u>	///			
	· · · · · · · · · · · · · · · · · · ·	Provide Title/Expl	anation				
•	Ticket(s)/Pass(es) provided b	y agency?	nd Athletics Name of So	urce			
	When ticket distribution made at the behast of the second state of the carse				on. Keith		
	Was ticket distribution made at the behest No I Yes I If yes: Carso of agency official?				Official's Name (I	Last, First)	
2	Recipients						
υ.	Use Section A to identify the agence	y'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, Departme	Number of Ticket(s)/	Describe the pub	ublic purpose made pursuant to the agency's policy			
			Pass(es)				
		1111.00-1-7-10-17-0-00000000000000000000					
	· .						
			Number of				
	B. Name of Individu (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
			. 400(00)	Ceremonial Role	Other 🛛	Income	
	Spencer, Scott		2	If checking "Ceremon	ial Role" or "Other" describe below:		
				To promote attenda	ance at a County spon	sored event or event	
						nize potential County rev	
				Ceremonial Role	Other describe below:	Income	
				" checking ociemon			
	C Name of Outside Organ		Number of	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(include address and des	scription)	Ticket(s)/ Pass(es)		no harbose mane haranant	to the agonor o policy	
		۰.,					
4.	Verification						
	l have	lations 18944.1 and	1 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
			Amy Shr	ago	Supervisor's Assistant	t05/02/16	
	Under of Agency Figure of Designed	3	Print Nam	1e	Title	(Month, Day, Year)	
	Commont					ана (1	
	Comment:		\$79mmt [™] terrala radio nelse sure e minue timo)			FPPC Form 802 (4/12)	

# **Agency Report of:**

Ceremonial Role Events and Ticket/Pass Distributions		A Public Docu
1. Agency Name	Date Stamp	California
Alameda County		1 ei III
Division, Department, or Region (If Applicable)		For Official Use C

ument

27.00

	Board of Supervisors	Agency Contact (Name, Title)       Image: Contact (Name, Title)         o       Image: Contact (Name, Title)         o       Image: Contact (Name, Title)         Phone Number       E-mail         S695       amy.shrago@acgov.org         or Event Information       Date of Original Filing:(Montified explanation)         ency have a ticket policy?       Yes Integer No Image: Contact (Name, Title)         iption       Athletics vs. Angels         Provide Title/Explanation       Date(s)         Oakland Athletics					
	Designated Agency Contact (	Name, Title)			· · · · · · · · · · · · · · · · · · ·		
	Amy Shrago				Amendment (Must pr		in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Y	/ear)
2.	Function or Event Infor	mation			нд ула до лине на на на на села на лине на 2 на обруст ја на кал на на одруга за на на на одруга за на на на од На на		07 (
	Does the agency have a ticke	t policy?	Yes 🔲 No 🛛	Face Value o	f Each Ticket/Pass \$	an a faile with the fail in the fail of th	27.0
	Event Description <u>Athletics</u> v	s. Angels		Date(s)		/	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: <u>Oaklar</u>	nd Athletics Name of Sou	rce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Carso</u>	on, Keith Official's Name (L	ast, 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 Ur	it 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:	
Spencer, Scott		Ceremonial Role D Other S If checking "Ceremonial Role" or "Other" describe below:	Income
	2	To promote attendance at a County sponsore held at a County facility in order to maximize p	
		Ceremonial Role D Other I If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description	) Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the	agency's policy
Verification I have C Regulations 18	1 1944 _. 1 and 18942. I have ve	rified that the distribution set forth above, is in accordance with the r	equirements.
	Amy Shr	ago Supervisor's Assistant	05/02/16
Designee	Print Nam		(Month, Day, Year)

# Agency Report of:

Ceremonial	Role	<b>Events</b>	and	<b>Ticket/Pass</b>	Distributions	

	eremonial Role Events and the				A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				
	Division, Department, or Region (If Applicabl	• ·	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	and a standard and a standard and a standard and a standard a standard a standard a standard a standard a stand	олого на селото и селото и селото на село 1 .	-	(
	Amy Shrago				
	Area Code/Phone Number E-mail	_ C Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				adyaa yaxwaxaa xa qaxaa wa mara mada ayoo muraamiyoo adaa baasaa wa adaa waxayayoo ay
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	27.00
	Event Description <u>Athletics vs. Royals</u>	_	Date(s)	4 , 15 , 16	
	Event Description Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency?	nd Athletics	energy was a second of the		
		Yes 🗌 No		Name of So	urce
	Was ticket distribution made at the behest of agency official?	on, Keith Official's Name (	ast First)		
1000300					
3.	• Use Section A to identify the agency's department or	runit e Use Ser	ction B to identify an individ	ual ettse Section C to iden	tify an outside organization.
		blic purpose made pursuant to the agency's policy			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuam	to the agency's policy
		х.			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	(Løst, First)	Pass(es)		<b>F</b>	
	Carson, Keith		Ceremonial Role	Definition of the contract of	Income
		2	-	ance at a County spor	sored event or event
			held at a County fa	acility in order to maxin	nize potential County rev
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of		<u></u>	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				gyydr — a dwiaiddiaid a falwaar ar	
E-1223					
4.	Verification	nd 18942   have v	erified that the distribution set	forth above, is in accordance wi	th the requirements.
	processory summaries and a second second	Amy Shr Print Nan		Supervisor's Assistan	(Month, Day, Year)

С	eremonial Role Even	ts and Tic		A Public Document		
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago			Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation		~~ ~~		
	Does the agency have a ticket policy? Yes ☐ No ⊠			Face Value o	of Each Ticket/Pass \$	90.00
	Event Description <u>Athletics vs. Royals</u> Provide Title/Explanation			Date(s)	, 16 , 16	
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No 🛛	If no: <u>Oakland Athletics</u> Name of Source		rce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Carso</u>	on, Keith Official's Name (Li	ast, 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)	Identify one of the following:
Carson, Keith		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
	4	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
	Number of	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

<u>I</u> hav

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

Amy Shrago Supervisor's Assistant 05/02/16 Print Name Title (Month, Day, Year)

Comment: ..

Ceremonial Role Even	its and lic	ket/Pass	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Rec	jion (If Applicable	-	For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)		₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	-	
Steven Jones					
Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6693	steven.jone	s@acgov.org	I	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Info	rmation				¢E 000
Does the agency have a tick	et policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$	\$5,000
Event Description Basketba	II Game Provide Title/Exp	4 <u>,</u> 18 <u>,</u> 16	//		
				en State Warriors Name of Sol	urce
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	neda County Superviso Official's Name (I	r Wilma Chan
3. Recipients			stion R to identify on individ	duale lise Section C to iden	tify an outside organization.
• Use Section A to identify the agency's department of Agency, Department or Unit		Number of Ticket(s)/		iblic purpose made pursuant	
		Pass(es)		an a la mañ de mar anna a de canañ e la mar com a na a la mé de gran a para ana an an an de c	an a
B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Chan, Zoe	an tan kan an Andrew Angeloge og kan styrige pop er ser og som	2		. Other . onial Role" or "Other" describe below: dance at an event held	Income [
			order to maximize	potential County rever	nue from sales.
C. Name of Outside Organization (include address and description)		2	Ceremonial Role	onial Role" or "Other" describe helow:	Income
		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	t to the agency's policy
· ·					
4. Verification	itions 18944 1 a	nd 18942 Thave v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
,	100113 10744.1 d	Steven J		Central District Directo	
-	kalanga dinakan karmada dina sarman	Print Nar	Contraction of the Contraction o	Title	(Month, Day, Year)
Comment:					

A Public Document

1. A	gency Name				Date Stamp	California 802
	lameda County					
	ivision, Department, or Regi	on (If Applicable		For Official Use Only		
R	oard of Supervisors					
	esignated Agency Contact (i	Name, Title)		nna fan menen an		
S	teven Jones					
	rea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation In Part 3.)
(5	510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Inform	nation	· · · · · · · · · · · · · · · · · · ·			\$5,000
	oes the agency have a ticket		f Each Ticket/Pass \$ _			
E۱	vent DescriptionBasketball	Game		Date(s)04	18 16	//
L		Provide Title/Exp				
Ti	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Gold				n State Warriors _{Name of So}	urce
۱۸	Was ticket distribution made at the behest No Tyes Ves If yes: Alan				eda County Supervisc	
	of agency official?		No 🗍 Yes 🛛	<u>A</u> If yes:	Official's Name (	Last, First)
3. F	Recipients					
÷	Use Section A to identify the agency	/'s department o	- I want to be a second se	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
, jî	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	***********				a standard for de far forman an an de far de far far te ser an an de far de far an anna an an de far de far an	
					, annun an a' Alvala a' a seagann à Mithelion Marine (a Verandra anna an anna a	
<b>a</b> tion			Number of		yn yw ar an ar	
E	Name of Individua (Last, First)	ai -	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
· •		n a na ann an ann ann ann ann ann ann a		Ceremonial Role		Income
. E	3rekke-Meisner, Lukas		2	To promote attend	nial Role" or "Other" describe below: ance at an event held potential County revel	at a County facility in nue from sales.
	n na mana na mana mana mana mana mana m	an a			Other	Income
					nial Role" or "Other" describe below:	_
			2	•		
Ō	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
-					gan nya kapananananya mang nyang kabani kara pang nyang n	
				·		
	/erification	Nono 19044 4 -	nd 19042 1 hours	uified that the distribution set	forth above, is in accordance w	ith the requirements
	ha	10013 10944.18	Steven Jo		Central District Direct	
-	aaaaa 	enitational and an analysis	Print Nam		Title	(Month, Day, Year)
-						
C	Comment:			anna ann an ann a' an galla a galla fha fhair an an ann an ann an ann ann ann ann an		' FPPC Form 802 (4/1

A Public Document

						AT upile Boeumone	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Reg	ion (If Applicable			For Onicial 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	steven.jones	s@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				¢c 000	
	Does the agency have a ticket policy? Yes 🛛 No			Face Value o	of Each Ticket/Pass \$	\$5,000	
	Event Description Basketball Game					1 1	
	Event Description Provide Title/Explanation				and a second	annonen an	
	,Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	If no: Golder	n State Warriors	irce	
					Name of Sol	r Wilma Chan	
	Was ticket distribution made a	at the behest	No 🗌 Yes [	If yes: Alam	eda County Superviso Official's Name (L	ast, First)	
	of agency official?						
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B</li> </ul>			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 put	olic purpose made pursuant	to the agency's policy		
		<u>ne na na here de la desta d</u>					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Kubo, Theresa			Ceremonial Role		Income	
			2		nial Role" or "Other" describe below:		
				To promote attend order to maximize	ance at an event held potential County rever	at a County facility in ue from sales.	
					Other	Income	
			2	If checking "Ceremoi	If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Organization Number of (include address and description) Pass(es)						
			Describe the pul	blic purpose made pursuant	to the agency's policy		
	, De la companya de la c						
esester A	Varifiantian						
4.	Verification						

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director	05/02/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

Comment: ....

Ce	remonial Role Even	ts and Ticl	ket/Pass [	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
Ì	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 p	rovide explanation in Part 3.)	
	(510) 272-6693		steven.jones@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗆	] Face Value c	f Each Ticket/Pass \$ _	\$5,000/\$40parking	
	Event Description Basketbal			Date(s)04	, 16 , 16	1 1	
ļ	Event Description	Provide Title/Expla	anation		-	presentation and an and a second s	
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛			d If no: Golde	n State Warriors	ан на Малиро у ф. к. на страниција и се средо се из так и полити политика и колу и "Коладинија Политика	
				-	Name of So		
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Superviso Official's Name (	Last. First)	
	of agency official?				,		
3.	Recipients	ula desartment er	unit a Lleo Soof	ion B to identify an individ	al. • Use Section C to iden	tifv an outside organization.	
		Number of	ction B to identify an individual. • Use Section C to identify an outside organiza Describe the public purpose made pursuant to the agency's policy				
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pu Pass(es)		unic purpose made pursuant to the agency's policy		
			Number of				
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
				Ceremonial Role		Income	
			3+1park	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
			3+1park	Ceremonial Role	Other D nial Role" or "Other" describe below:	Income	
			Number				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the pr Pass(es)		olic purpose made pursuan	it to the agency's policy	
						an na an a	
	Verification	n 100 11 1	d 19042 / have us	rified that the distribution set	forth above, is in accordance w	vith the requirements.	
	1 h	5 10944,1 8h			Central District Direct		
	Signature of Agency Head or Design	Steven Jones			(Month, Day, Year)		

A Public Document

A Anonau Alama	Date Stamp California 80				
	Agency Name Alameda County				
•					
Division, Department, or Region (If Applie	cable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Steven Jones					
Area Code/Phone Number E-mail		taased .	ovide explanation in Part 3.)		
(510) 272-6693 steven.jc	ones@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information	Function or Event Information				
Does the agency have a ticket policy?				\$5,000/\$40parking	
Event Description <u>Basketball Game</u>		Date(s)	4 <u>27 16</u>		
Provide Title	e/Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛙	If no: Golde	n State Warriors		
			Name of Sou		
Was ticket distribution made at the beha	est 🛛 No 🗖 Yes [	⊠ If yes: <u>Alam</u>	eda County Superviso Official's Name (L	ast First)	
of agency official?			Omoral 9 Maria (2		
3. Recipients			L Use Castion C to ident	the an outside organization	
• Use Section A to identify the agency's departme	ent or unit. • Use Sec Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	1 433(63)			<u>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	
				мада — Слити Влатовичини, на селото на состати и полновически стати на селото на селото на селото на селото се На селото на	
· · · · · · · · · · · · · · · · · · ·					
R Name of Individual	Number of	an a	Elemtify one of the followi		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing,	
		Ceremonial Role		Income	
Cohen, Shane	2+1park	If checking "Ceremonial Role" or "Other" describe helow: To promote attendance at an event held at a County facilit order to maximize potential County revenue from sales.		et e County facility in	
	Zinpain			at a County facility in tue from sales.	
			Other D		
·			nial Role" or "Other" describe below:	iliconie - E	
	2+1park	_			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
			· ·	,	
4 Morifiontion					
.4. Verification	Verification the tions 18944.1 and 18942. I have verified that the distribution set.				
	Steven Jo		Central District Director 05/02/2016		
aare adverticed komme	Print Nan		Title	(Month, Day, Year)	
Comment:	Comment:				

Signature of Agency Head or Designee

Comment: .

Ceremonial Role	Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name	Agency Name				California 802
Alameda County			Form 6022 For Official Use Only		
Division, Department	or Region (If Applical		For Ghicial Use Only		
Board of Supervisor	3				
Designated Agency C	ontact (Name, Title)				
Steven Jones					
Area Code/Phone Nu	nber E-mail	talaan di taatalah ka di katang ang diti katang mang diti katang sa	99999994, n. 1999, n. 1994, n. 1	Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	steven.jon	es@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Even	t Information				¢5,000
Does the agency have	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value				\$5,000
Event Description Ba	Event Description Basketball Game Date(s) Date(s)				<u> </u>
Tielest/s)/Dess/co) pr				n State Warriors	
ncket(s)/Pass(es) pro	Mued by agency?	Yes 🗌 No [		Name of Se	
Was ticket distribution of agency official?	made at the behest	No 🗍 Yes	If yes: Alam	eda County Superviso Official's Name	or Wilma Chan (Last, First)
3. Recipients • Use Section A to identify	the agency's department	or unit.   • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.
а.			Describe the public purpose made pursuant to the agency's poli		
Hange and the second and a second					
	B. Name of Individual (Last, First)		Identify one of the following:		ving:
			Ceremonial.Role		Income
McCormick, Mike	McCormick, Mike		To promote attend	nial Role" or "Other" describe below ance at an event held potential County reve	l at a County facility in
	anna ann an tha ann ann an tha ann		Ceremonial Role	Other	Income
		1	If checking "Ceremo	nial Role" or "Other" describe below	
	C. Name of Outside Organization (include address and description)		Describe the pu	Describe the public purpose made pursuant to the agency's	
		Pass(es)			
	anna an an Anna an Anna ann an Anna ann an Anna an Ann				
4. Verification	5000 Doculations 18944.1	and 18942. I have ve	I erified that the distribution set	forth above, is in accordance v	with the requirements.
		Steven Je		Central District Direct	

Print Name

Title

(Month. Day, Year)

<u> </u>			(evi 433	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	on (If Applicable)		For Official Use Only			
	Board of Supervisors Designated Agency Contact (	Nomo Tillo)					
		Name, nue)					
	Anna Gee		<b>1</b>		Amendment (Must	provide explanation in Part 3,)	
	Area Code/Phone Number	E-mail				, , ,	
constaller	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation			•		
	Does the agency have a ticke		Yes 🔀 🛛 No	Face Value o	f Each Ticket/Pass \$ _		
	Event DescriptionBasketball	game		Date(s)	, 16 , 16	4 , 18 , 16	
		Provide Title/Expla	nation			entitientimententitienti mententitienentimententi errenententi	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: <u>GSW</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					Name of Sc	ource	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley,	Nate		
	of agency official?				Official's Name (	Last, First)	
3.	Recipients		•				
	• Use Section A to identify the agency	/'s department or u		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)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			Pass(es)				
	B. Name of Individua (Last, First)	U	Number of Ticket(s)/		Identify one of the follow	ing:	
	Franklin, Mary		Pass(es)	Ceremonial Role	Other      Other      other      other      other:		
			2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
	Standig, Beena			Ceremonial Role If checking "Ceremoni	Other 🔀	Income	
			2	concession sales.			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
<b>1</b> .	Vadification	lations 18944 1 and	18942   have ve	arified that the distribution set fo	orth above, is in accordance w	ith the requirements	
$\leq$	eyu.	ישנטווט וטטיד, ו מווע	Anna G		Operations Chief	May 2, 2016	
	Signature of Agency Head or Designee	• 	Print Nam		Title	(Month, Day, Year)	
	Comment: Standig and Fran	klin received 4	1/16 tix.		:		



#### 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:
Pete, Geoffrey	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: 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
Hackney, Carl	2	Ceremonial Role Other Other Income Income Income Ceremonial Role" or "Other" describe below: Concession sales.
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I 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

Ceremonial Role Even	its and Tic	A Public Document					
1. Agency Name		Date Stamp	California 802				
Alameda County							
Division, Department, or Reg	jion (If Applicable,	•	For Official Use Only				
Board of Supervisors							
<b>Designated Agency Contact</b>	(Name, Title)	-					
Anna Gee							
Area Code/Phone Number	E-mail		, •	Amendment (Must)	provide explanation in Part 3.)		
(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Infor	mation				(monal, Day, real)		
Does the agency have a ticke		Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _			
Event Description Basketba				<u>, 16 , 16</u>			
Event Description	Provide Title/Expla	anation	Date(s)				
Ticket(s)/Pass(es) provided b	v agencv?	Yes 🔲 No	If no: GSW		ч.		
,	,			Name or So	burce		
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name	// //		
of agency official?				Official s Name	(Last, First)		
3. Recipients <ul> <li>Use Section A to identify the agend</li> </ul>	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, Departm	A. Name of Agency, Department or Unit		f Describe the public purpose made pursuant to the agency's				
BOS district 4 staff		2	2 To promote attendance at an event he order to maximize potential County re				
			concession sales.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:		
Pratt. Linda	Pratt, Linda		Ceremonial Role	Other X ial Role" or "Other" describe below:	Income		
			•		at a County facility in		
· · ·			order to maximize	potential County reve	nue from parking and		
			Ceremonial Role	Other	Income		
Scalice, Sierra	Scalice, Sierra			ial Role" or "Other" describe below:			
			concession sales.				
Name of Outside Orga	nization	Number of					
	C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuan	t to the agency's policy		
					I		
	gynnefiget an old fallen de barnen generatien en generatien generatien generatien generatien generatien generat						
	ulations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.		
		Anna G	ee	<b>Operations</b> Chief	May 23, 2016		
Signature of Agency Heart or Designe	θ	Print Narr	ne	Tille	(Month, Day, Year)		
Pratt, Scalice, B	eckum receive	d 5/18 tix.			·		
Comment:							
# 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 (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Beckum, Leonard	2	Ceremonial Role C Other C Income Income I Checking "Ceremonial Role" or "Other" describe below: 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
Jackson, Dwight	2	Ceremonial Role C Other S Income Income C Income C Income C If checking "Ceremonial Role" or "Other" describe below: Concession sales.
		Ceremonial Role Other I Income Income I Income I Income I Income II Income III Income II Income II Income
		Ceremonial Role D Other D Income I Inco
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 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 (Lead, First)       Number of Ticket(s)/Pass(es)       Identify one of the following:         Castillo, Joyce       2       Ceremonial Role Other Isole of the describe below:         To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			S and nor	.cur a33		· ·	A Public Documen
Animical County       For Official Use Only         Division, Department, or Region (If Applicable)       For Official Use Only         Board of Supervisors	1.	Agency Name				Date Stamp	California 802
Board of Supervisors         Besignated Agency Contact (Name, Title)         Anna Gee         Arrae Codde/Phone Number         [610] 272-6694         anna.gee@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □         Face Codde/Phone Number         Event Description         Basketball game         Provide TitleExplanation         Ticket(s)/Pass(es) provided by agency?         Yes ⊠ No □       Face Value of Each Ticket/Pass \$         Was ticket distribution made at the behest no □ Yes ⊠       If no: GSW         Was ticket distribution made at the behest no □ Yes ⊠       If yes: Miley, Nate         •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       Number of Ticket(s)/ Pass(es)       Income if alceding: Commonial Role or Other ⊠ is come if alceding: Commonial Role or Ticket(s)/ Pass(es)       Income if alceding: Commonial Role or Other ⊠ is come if alceding: Commonial Role or Other ⊠ is come if alceding: Commonial Role or Other ⊠ is come if alceding: Commonial Role or Other ⊠ is a County facility in order to Toker (describe below:		-					
Designated Agency Contact (Name, Title)         Arna Gee         Area Code/Phone Number (510) 272-6694       E-mail anna.gee@acgov.org       Image of Original Filling:		Division, Department, or Regio	on (If Applicable)				For Official Use Only
Anna Gee		Board of Supervisors					
Area Code/Phone Number (510) 272-6694       E-mail anna.gee@acgov.org       Date of Original Filing: (Month, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       No       Face Value of Each Ticket/Pass \$		Designated Agency Contact (A	lame, Title)				
Area Code/Phone Number (510) 272-6694       E-mail anna.gee@acgov.org       Date of Original Filing:		Anna Gee				Amondmont (Must	The symbol of the production of the symbol o
2. Function or Event Information              (Month, Day, Year)             (Month, Day, Year)          2. Function or Event Information             Does the agency have a ticket policy?             Yes ⊠ No □             Face Value of Each Ticket/Pass \$		Area Code/Phone Number	E-mail				provide explanation in Part 3.)
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass \$         Event Description       Basketball game       Date(s)       5       1       16       5       3       16         Ticket(s)/Pass(es) provided by agency?       Yes X       No X       If no:       GSW       Name of Source         Was ticket distribution made at the behest of agency official?       No Yes X       If yes:       Miley, Nate       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)/ Pase(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Find)       Use Section B to identify one of the following:       Income if to the following:         Castillo, Joyce       2       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 concession sales.         Cordova, Yoli       2       Ceremonial Role or "Other describe below: concession sales.       Income         C.       Name of Outside Organization       Number of Ticket(s)/ Pase(for Other of the for the public purpose made pur		(510) 272-6694	anna.gee@ao	cgov.org		Date of Original Filing:	(Month, Day, Year)
Event Description       Basketball game       Date(s)       5       1       16       5       3       16         Fronde TitleExplanation       Date(s)       5       1       16       5       3       16         Ticket(s)/Pass(es) provided by agency?       Yes       No       Xes       Name of Source       Name of Source         Was ticket distribution made at the behest of agency official?       No       Yes       If no:       GSW       Name of Source         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)       Ceremonial Role       Other       Other       Income if Checking 'Caremonial Role' or 'Other' describe below:         Castillo, Joyce       2       Ceremonial Role       Other       Other Maximum and County facility in order to maximize potential Role' or 'Other' describe below:       Income if Checking 'Caremonial Role' or 'Other' describe below:       Income         Cordova, Yoli       2       Ceremonial Role       Other Maximum and County facility in order to maximize potential Role' or 'Other' describe below:       Income	2.	Function or Event Inform	nation				
Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no:       GSW         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes:       Miley, Nate         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 (usu Find)       Number of Ticket(s)/ Pass(es)       Ceremonial Role □       Other ⊠       Income         Castillo, Joyce       2       Ceremonial Role □       Other ⊠       Income       Income         Cordova, Yoli       2       Caremonial Role □       Other ⊠       Income       Income         Cordova, Yoli       2       0       Describe the public purpose made pursuant to the agency's policy       Income         Cordova, Yoli       2       0       Ceremonial Role □       Other ⊠       Income         Cordova, Yoli       2       0       Describe the public purpose made pursuant to the agency's policy		Does the agency have a ticket	policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	
Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no:       GSW         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes:       Miley, Nate         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 (sad Frig)       Number of Ticket(s)/Pass(es)       Ceremonial Role □       Other ⊠       Income         Castillo, Joyce       2       Ceremonial Role □       Other ⊠       Income       Income         Cordova, Yoli       2       Caremonial Role □       Other ⊠       Income       Income         Cordova, Yoli       2       0       Ceremonial Role □       Other ⊠       Income         Cordova, Yoli       2       0       Ceremonial Role or Other ⊠       Income         Concession sales.       Number of       To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and corder to maximize potential Role or Other ⊠       Income         Cordova, Yoli       2       0       Describe the public pur		Event Description Basketball	game		Date(s)5		5 , 3 , 16
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Miley, Nate         If yes: Miley, Nate       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 Teket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, Find)       Number of Teket(s)/ Pass(es)       Identify one of the following:         Castillo, Joyce       2       Ceremonial Role Other Mathematic County facility in order to maximize potential County revenue from parking and order or "Other" describe below:       Income         Cordova, Yoli       2       Ceremonial Role Other Mathematic County facility in order to maximize potential County revenue from parking and Ceremonial Role" or "Other" describe below:       Income         Cordova, Yoli       2       Ceremonial Role Other Mathematic County facility in order to maximize potential County revenue from parking and Ceremonial Role" or "Other" describe below:       Income         Cordova, Yoli       2       Cordova or "Other" describe below:       Income         Concession sales.       Income       Income       Income       Income			Provide Title/Explai	nation			
Was ticket distribution made at the behest of agency official?       No rest       If yes:       Miley, Nate (Jest, 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 (stad, Find)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Castillo, Joyce       2       Ceremonial Role removes and event held at a County facility in order to maximize potential County revenue from parking and Cordova, Yoli       Ceremonial Role removes and event held at a County facility in order to maximize potential County revenue from parking and Income It 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 Income       Income         Cordova, Yoli       2       Ceremonial Role regencial Role or 'Other' describe below: Concession sales.       Income         C. Name of Outside Organization (Include a address and description)       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy		Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: GSVV	Name of Sc	aurce
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)/ Ticket(s)       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:         Castillo, Joyce       2       Ceremonial Role Other Iso for Other Other Iso for the following to the county facility in order to maximize potential County revenue from parking and order to maximize potential County revenue from parking and Ichecking "Ceremonial Role" or "Other Iso for "Other Iso for Other Iso for the follow:         Cordova, Yoli       2       Ceremonial Role Other Iso for "Other Iso for the follow:         C. Name of Outside Organization       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy		Mas ticket distribution made at	the heheet		Milev		
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, Finit)       Number of Ticket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         Castillo, Joyce       2       Ceremonial Role Other Iso Other Iso To Ticket(s)/Pass(es)       Income         Cordova, Yoli       2       Ceremonial Role Other Iso Ot			the benest	No 🗋 Yes	If yes:	Official's Name (	Last, First)
• Use Section A to Identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to identify an outside organization.     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)     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy     Describe the public purpose made pursuant to the agency's policy	<u>г</u>						
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:         Castillo, Joyce       2       Ceremonial Role       Other X       Income If checking "Ceremonial Role" or "Other" describe below:         Cordova, Yoli       2       Ceremonial Role       Other X       Income         Cordova, Yoli       2       Number of Ticket(s)/ Pass(es)       Income         Cordova, Yoli       2       Number of Ticket(s)/       Income         Cordova, Yoli       2       Other X       Income         Cordova, Yoli       2       Describe the public purpose made pursuant to the agency's policy	<b>J</b> .		's department or u	nit. • Use Sea	ction B to identify an individu	ual. ● Use Section C to iden	tify an outside organization.
Pass(es)         B.       Name of Individual (Last, Fired)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Castillo, Joyce       2       Ceremonial Role       Other       Income If checking "Ceremonial Role" or "Other" describe below:         Cordova, Yoli       2       Ceremonial Role       Other       Income         Cordova, Yoli       2       Ceremonial Role       Other       Income         Concession sales.       Other to maximize potential County revenue from parking and income       Income         C.       Name of Outside Organization (include address and describition)       Number of Ticket(s)'       Describe the public purpose made pursuant to the agency's policy		A. Name of Agency, Departmen	nt or Unit		Describe the pub	lic purpose made pursuan	t to the agency's policy
B.       Name of individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Castillo, Joyce       2       Ceremonial Role □ Other ⊠ Income If checking "Ceremonial Role" or "Other" describe below:       Income         Castillo, Joyce       2       Ceremonial Role □ Other ⊠ Income       Income         Cordova, Yoli       2       Ceremonial Role □ Other ⊠ Income       Income         Cordova, Yoli       2       Ceremonial Role □ Other ⊠ Income       Income         Cordova, Yoli       2       Ceremonial Role □ Other ⊠ Income       Income         If checking "Ceremonial Role □ Other ⊠ Income       Income       Income         Cordova, Yoli       2       Ceremonial Role □ Other ⊠ Income       Income         If checking "Ceremonial Role □ Other ⊠ Income       Income       Income         If checking "Ceremonial Role □ Other ⊠ Income       Income       Income         If checking "Ceremonial Role □ Other ⊠ Income       Income       Income         If checking "Ceremonial Role □ Other ⊠ Income       Income       Income         If checking "Ceremonial Role □ Other I Income       Income       Income         If checking "Ceremonial Role □ Other I Income       Income       Income         If checking "Ceremonial Role □ Other I Income       Income       Income      <							
Castillo, Joyce       Ceremonial Role       Other       Income         2       2       Ceremonial Role       Other       Income         2       2       To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and         Cordova, Yoli       2       Ceremonial Role       Other       Income         2       Cordova, Yoli       2       Income       Income         Concession sales.       2       Other       Income       Income         Concession sales.       Number of       Income       Income       Income		B. Name of Individual (Last, First)		Ticket(s)/		Identify one of the follow	ing:
Cordova, Yoli       2       Ceremonial Role I Other I Income       Income         Cordova, Yoli       2       Ceremonial Role I Other I Income       Income         Concession sales.       Number of       Ticket(s)/       Describe the public purpose made pursuant to the agency's policy		Castillo, Joyce					Income
Cordova, Yoli     It checking "Ceremonial Role" or "Other" describe below: concession sales.       C.     Name of Outside Organization (include address and description)     Number of Ticket(s)/     Describe the public purpose made pursuant to the agency's policy				2			
2     concession sales.       C.     Name of Outside Organization (include address and description)       Number of Ticket(s)/     Describe the public purpose made pursuant to the agency's policy				1	Ceremonial Role	Other 🔀	Income
Concession sales. C. Name of Outside Organization Number of (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Cordova, Yoli		2		ial Role" or "Other" describe below:	
C. Walle of Guistide Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				_	concession sales.		
				Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
		<u>in na senten na senten na senten na senten na senten de senten de senten de senten de sente de senten de senten</u>					
						V.	
						ал <u>а</u> у ау ау ал ан	
4. Verification	4.		tions 18044 1 and	18042 / hours	arifad that the distribution and	odh abovo is in accordance wi	ith the requirements
ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	and and and	uie 1	10015 10944.1 and '				
		Cinnalum of Administration of a part	Chaldren and an and a second			a second seco	May 23, 2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year		Signature of Agency Head of Designee		Pnnt Nan	ne	HUC 5,	(Month, Day, Year)
Comment:Castillo and Cordova received 5/1 tix.		Comment: Castillo and Cordo	ova received §	5/1 tix.			

# 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
	55 <b>a</b> .th.	
		4 99
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Linton, Donna	2	Ceremonial Role Conter
Davis, Celeste	2	Ceremonial Role Other S Income I Income Concession sales.
		Ceremonial Role Other I Income I Income I Income I Income II Income I Incom
		Ceremonial Role Other Income 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

Ceremonial Role Events and Ticl	kevPass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County			N.	Form 002
Division, Department, or Region (If Applicable)			-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	ann yn arlle yn gelfegen a fan an ar ann an ar ann ar a		-	
Anna Gee				
Area Code/Phone Number [E-mail	and 27 fit fit as a company of the second		Amendment (Must )	provide explanation in Part 3.)
(510) 272-6694 anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🔀 No 🛛	_ Face Value of	of Each Ticket/Pass \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Event Description Basketball game			, 26 , 16	///////
Event Description Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛙	If no: <u>GSW</u>		
			Name of Sc	buřce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes 🕻	If yes: <u>Miley</u>	V, Nate Official's Name	(Last Eirst)
			Oniciais Name	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or u</li> </ul>	unit a Lion Soni	ion R to identify on induid	ual a Lies Section C to ider	tifu an outside organization
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
			x.	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other 🛛	income
Juarez, Mario	2		nial Role" or "Olher" describe below:	
			ance at an event held potential County reve	
			, seed the set of the	
Pete, Geoffrey		Ceremonial Role If checking "Ceremon	nial Role?; or "Other" describe below:	income
· · · · ·	2	concession sales.		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
(include address and description)	Pass(es)		•	
		Innaharan alalah bili siyabiyi bayya tiya ayar ayar ayar ayar a	1 -	 
/			×	
1				9 
· · ·			nen men en e	n an an ann an tha tha gao ann ann an 1976. An tha ann an tha ann an tha ann an tha ann ann ann ann an ann an a
yulations 18944.1 and			forth above, is in accordance w	ith the requirements.
· · · · · · · · · · · · · · · · · · ·	Anna Ge		Operations Chief	May 23, 2016
ee	Print Name	2	Tille	(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) 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 157.50/149.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗖 Event Description _____Rihana/The Who concert 7 16 5 19 16 5 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🗋 No 🛛 Name of Source If yes: <u>Miley</u>, 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) Board of Supervisors district 4 staff To promote attendance at an event held at a County facility in 2 order to maximize potential county revenue from parking and concession sales. Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) .Other 🔀 Ceremonial Role income Kanegson, Andrew 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 Fakhorey, Maurice 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) Verification s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** May 23, 2016 (Month, Day, Year) Print Name Title Signature of Agency mean-or-pesignee District 4 staff received 5/7 tix. Comment:

v		is and nu	160293	Distributions		A Public Document
1.	Agency Name		a <del>la </del>		Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable)		na i fanna pina a na antara a san antara ang ang ang ang ang ang ang ang ang an		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Anna Gee			· .	Amondmont (11)	
	Area Code/Phone Number	E-mail	anna an	dina adam ama a fananda malama ana a fanal Adam (Adam) (Adam) (Adam)	Amenament (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🔀 No	bmann	f Each Ticket/Pass \$	
	Event Description KMEL Sun	nmer Jam/The Provide Title/Expla		nion Date(s) <u>6</u>	<u>, 12 , 16</u>	4 , 23 , 16
	Ticket(s)/Pass(es) provided by	/ agencv?				
			Yes 🗌 No		Name of So	urce
	Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: <u>Miley</u>				ast First)
-					Official's Name (I	_aoi, r'iioij
3.	• Use Section A to identify the agency	l'e denartment er "	init alles Sa	tion B to identify an individu	alles Section C to iden	tifu an outside organization
			Number of			
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors 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			
		₩ ² ₩		concession sales.		
	B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Haro, Luzmiriam		2	1	Other 🔀 al Role" or "Other" describe below: t for outsanding schol	Income 🗖
	Pata Geoffroy	an na an a		Ceremonial Role	Other X	Income
	Pete, Geoffrey		2	To promote attenda	ance at an event held potential county reven	at a County facility in ue from parking and
			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					:	yet.
4.	Verification			I		
• •			18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
	2		Anna G	iee	Operations Chief	May 23, 2016
	[™] Signḋtura₀of Agency Head or [®] Designee		Print Narr	18	Title	(Month, Day, Year)
	concession sales	. District 4 sta	aff received	4/23 tix.		
	Comment:	·····		ar en fan skiper fan skrieter en ser en ser en skrieter fan skrieter fan skrieter fan skrieter fan skrieter skr		FPPC Form 802 (4/12)

~			NCDI 433	Distributions		A Public Document	
1.	Agency Name			a	Date Stamp	California Form 802	
	Alameda County						
,	Division, Department, or Reg	ion (If Applicable	)	nan skanna se skala med a lære spillern fra jelen med er med formalet er men en en er er er er er er er er er e		For Official Use Only	
	Board of Supervisors	•					
	Designated Agency Contact	Name, Title)					
	Anna Gee			al mana ang kana mana mana kana mana mana na ang kang kang kang kang kang kang			
	Area Code/Phone Number			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					(monal, buy, real)	
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	134.00\126.00	
	Event Description Carrie Und		n Bieber		<u>, 10 , 16</u>	3, 18, 16	
				If no:	Name of Sc	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (	Last, First)	
3.	Recipients • Use Section A to identify the agenc	y's department or i	ual. ● Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan		
	BOS district 3 staff		4	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 Individua (Lasi, Firsi)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Fitzgerald, Colleen		4	To promote attenda	Other 🛛 Ial Role" or "Other" describe below: ance at an event held potential county reven		
				Ceremonial Role	Other County rever		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
					2 		
4.	Verification	'ons 18944.1 and	l 18942. I have v	erified that the distribution set f	orth above, is in accordance w	th the requirements.	
			Anna G		Operations Chief	May 23, 2016 (Month, Day, Year)	
	Comment:	ed 3/18 tix.		a na kaominina dia mandritra dia dala	Start and a start and a start and a start and a start a	EPPC Form 802 (4/12	

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) 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 158.00/93.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Bruce Springsteen/Festival of Laughs 3 13 16 3 5 16 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? lf no: _ Yes 🗌 No 🛛 Name of Source If yes: <u>Miley</u>, 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) BOS district 4staff To promote attendance at an event held at a County facility in l order to maximize potential county revenue from parking and concession sales. Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role · Other 🔀 Income Gums, Marcella 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 Gums, Keith If checking "Ceremonial Role" or "Other" describe below: 2 concession sales. 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 lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Operations Chief** Anna Gee May 23, 2016 (Month, Day, Year) Print Name Tillə Gumes received 3/12 FPPC Form 802 (4/12)

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



#### Agency Name

Alameda County

 $\hat{c}_{2}$ 

#### 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 (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Alexander, Toni	3	Ceremonial Role Other I Other I Income I Income 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 I Income Concession sales.
		Ceremonial Role Other I Income
		Ceremonial Role Other I 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
· · · · · · · · · · · · · · · · · · ·		

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 \$5.000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗋 Event Description <u>Basketball</u> Game 05 30 16 Date(s) Provide Title/Explanation 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 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 Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🔲 Other 🔲 Income . . . Chan, Daren 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 Number of Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

#### 4. Verification

Α.

Β.

C

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	05.30.2016	
	Print Name	Title	(Month, Day, Year)	
	. · · · ·			
Comment:				

A Public Document

A Public Document

1.	Agency Name				Date Stamp	California <b>202</b>
	Alameda County					Form OUZ
	Division, Department, or Regio	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	lame, Title)	-			
	Steven Jones		-			
	Area Code/Phone Number	E-mail		<b>and a second second</b>	Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	1	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation			ne a se a	<u>ጵ</u> ፍ
	Does the agency have a ticket	• •	Yes 🗵 No	🗂 🛛 Face Value d	of Each Ticket/Pass \$ .	\$5,000
	Event Description	Game		Date(s)5	<u>, 26 , 16</u>	
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golden			n State Warriors Name of S	ource	
	Was ticket distribution made at the behest No 🗋 Yes 🛛 If yes: Alame			eda County Supervis		
	of agency official?			In yes:	Official's Name	(Last, First)
3.	Recipients	s department or i	unit. e Lise Ser	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	• Use Section A to identify the agency's department or unit.     • Use Section B to identify      A. Name of Agency, Department or Unit      Number of      Tickat(s)/      Descril				lic purpose made pursuar	
			Ticket(s)/ Pass(es)	Describe the put		it to the ugency a policy
			0.0 <b>0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0</b>			
					99999999999999999999999999999999999999	
			Number of			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	(Last, First)		Ticket(s)/	Ceremonial Role		
	B. Name of Individual (Last, First) Cohen, Dan		Ticket(s)/ Pass(es)	If checking "Ceremor	Other     Other     iel Role" or "Other" describe below	Income E
	(Last, First)		Ticket(s)/	If checking "Ceremor To promote attend	Other D ial Role" or "Other" describe below ance at a(n) event l	Income E : neld at a County facility in
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor To promote attenda order to maximize	Other ial Role" or "Other" describe below ance at a(n) event h potential County reve	Income E : neld at a County facility in enue
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor To promote attends order to maximize Ceremonial Role	Other ial Role" or "Other" describe below ance at a(n) event h potential County reve	Income E neld at a County facility in nue
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor To promote attends order to maximize Ceremonial Role	Other D ial Role" or "Other" describe below ance at a(n) event H potential County reve Other D	Income E neld at a County facility in nue
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor To promote attends order to maximize Ceremonial Role	Other D ial Role" or "Other" describe below ance at a(n) event H potential County reve Other D	Income E neld at a County facility in nue
	(Last, First)	zation	Ticket(s)/ Pass(es) . 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor	Other D ial Role" or "Other" describe below ance at a(n) event H potential County reve Other D	Income C neld at a County facility in enue Income C
	(Last, First) Cohen, Dan	zation	Ticket(s)/ Pass(es)	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor	Other Other Other Content describe below Other	Income C neld at a County facility in enue Income C
	(Last, First) Cohen, Dan	zation	Ticket(s)/ Pass(es) . 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor	Other Other Other Content describe below Other	Income [ neld at a County facility in enue Income [
	(Last, First) Cohen, Dan	zation	Ticket(s)/ Pass(es) . 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor	Other Other Other Content describe below Other	Income [ neld at a County facility in enue Income [
	(Last, First) Cohen, Dan	zation	Ticket(s)/ Pass(es) . 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor	Other Other Other Content describe below Other	Income C neld at a County facility in enue Income C

(

1	Steven Jones	Central District Director	05.25.2016
Signature of Agendy Head or Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable	)		-	For Official Use Only	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)	-				
Steven Jones					
Area Code/Phone Number E-mail	111117-1711-18-18-18-18-18-18-18-18-18-18-18-18-1	nça suçulyılmış tuğu gurunu unu su sunu anı sunu VGtaGL	Amendment (Must )	provide explanation in Part 3.)	
(510) 272-6693 steven.jones	@acgov.org	a	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(Wonth, Day, Year)	
	Yes 🗵 No	Face Value (	of Each Ticket/Pass \$ _	\$5,000 tkt/\$40 parking	
Event Description Basketball Game		Date(s)		///	
	anation	Goldo	n State Warriers		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		n State Warriors Name of So	Durce	
Was ticket distribution made at the behest	No 🗌 Yes	M Ifves. Alam	eda County Superviso	or Wilma Chan	
of agency official?		мануез	Official's Name	(Last, First)	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
Nichols-Franz, Jan	2+1park	To promote attend	nial Role" or "Other" describe below:	Income	
	2+1park	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
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.

_1 ~			
	Steven Jones	Central District Director	05.25.2016
olynature of Agency i lead of Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable)		21-2021/2010/2010/2011/2011/2011/2010/2010		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		nggan gangan ng manganggang manakan akaran kata kata di kata di kata di kata di k		
Steven Jones			NATIONAL MANAGEMENT AND AN AND AN AND AND AND AND AND AND A	
Area Code/Phone Number E-mail	an an an an air an	ta a biblio da mandra a de Videna de La de Videna d	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 steven.jones	@acdov.ord	r	Date of Original Filing:	
2. Function or Event Information	6900901.015			(Month, Day, Year)
	Yes 🛛 No	Eace Value o	f Each Ticket/Pass \$	\$5,000
Event Description Basketball Game Provide Title/Expla	Date(s)	, 18 , 16		
	If no: Golder	n State Warriors		
Ticket(s)/Pass(es) provided by agency?	Name of Sou			
Was ticket distribution made at the behest	eda County Superviso	· Wilma Chan		
of agency official?			Official's Name (L	ast, First)
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Bass, Evan	2	To promote attenda	Other D lal Role" or "Other" describe below: ance at an event held a potential County reven	
	2	Ceremonial Role	Other	
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
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	05.24.2016
Signature of Agency Head or Designee		Print Name	Tille	(Month, Day, Year)

Comment: _

**A Public Document** 

1	Agonov Nomo						
Τ.	Agency Name				Date Stamp	California Form 802	
	Alameda County			For Official Use Only			
	Division, Department, or Regi	ion (If Applicabl	e)			i of official coo only	
	Board of Supervisors						
	Designated Agency Contact (	(Name, Title)		0x779664024497264440044044440444444444444444444444444	·		
	Steven Jones					n för standa av den standa standa standa för standa standa standa standa standa standa standa standa standa sta	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693		s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation	9910-070-09920-09920-09920-05-09-0275-000-0-000-0-09				
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	\$5,000 / \$40 parking	
	Event DescriptionBasketball	Game		Date(s)5	, 18 , 16		
	Event Description	Provide Title/Exp	/				
	Ticket(s)/Pass(es) provided by	v agency?	n State Warriors	•			
		j ugonoj i	Name of So				
	Was ticket distribution made a	at the behest	eda County Superviso	r Wilma Chan			
	of agency official?				Official's Name (l	Last, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individu				ial. • Use Section C to ident	tify aπ outside organization.	
	A. Name of Agency, Department or Unit Ticket(s Pass(et			Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	<b>74</b>	
	(Last, First)		Pass(es)		dentity one of the follow	ing.	
	Brown Fred			Ceremonial Role		Income	
	Drown, r reu	Brown, Fred		-	ial Role" or "Other" describe below: ance at an event held a	at a County facility in	
					potential County reven		
	noncentra and population of the population of the standard standard standard standard to the standard standard			Ceremonial Role	Other	Income	
			2+1park		ial Role" or "Other" describe below:		
	Name of Outside Organ	Incitors	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		<u>, , , , , , , , , , , , , , , , , , , </u>	en <u>en en e</u>			N. N. L. LINE CLASS LALE COLLEGE STREET	
						BALLYNNAR A THUR O'R MANNAR A THUR DE MANNA	

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.

-		5	Steven Jones	Central District Director	05.24.2016
	Signature of Agen Head or Designee		Print Name	Title	(Month, Day, Year)
				,	

С	eremonial Role Events and Tick	<pre>(et/Pass</pre>	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable)	9992 M. C. C. Kirlen en lange al de de Chiel Martine		-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	this and sproce as a general second source of the second second second second second second second second second	,				
	Steven Jones						
	Area Code/Phone Number E-mail		<u></u>	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6693 steven.jones	@acgov.org	3	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 \$	\$5,000 / \$40 parking		
	Event Description Basketball Game Provide Title/Expla	5 , 03 , 16					
	Ticket(s)/Pass(es) provided by agency?	n State Warriors					
		Name of So					
	Was ticket distribution made at the behest	If yes: Alam	eda County Superviso Official's Name (I	r Wilma Chan			
dual among	of agency official?			Official's Name (1			
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 pul	olic purpose made pursuant	to the agency's policy		
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Lad, Emily	2	To promote attend	Other D nial Role" or "Other" describe below: ance at an event held potential County rever			
		2	Ceremonial Role If checking "Ceremon	Other D	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy		
Λ	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	05.24.2016
Signature of Agendy Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$5,000/\$40parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Basketball Game 05 / 01 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 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 B Ticket(s)/ Identify one of the following: (Last. First) 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 C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification A I have read and understand EBPC 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
 05/02/2016

 Organization of Agenicy Fredu of Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: ...

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California <b>B02</b>	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)		1	•		
	Steven Jones				112101120121212121212121212121212121212		
	Area Code/Phone Number	IE-mail			Amendment (Must pl	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acdov.or	a ·	Date of Original Filing: .	(Marthe Dave March	
2	Function or Event Infor		G			(Month, Day, Year)	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$5,000	
	Event Description Basketball	Provide Title/Expl	<u>, 11., 16</u>				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				n State Warriors		
				Name of Sou			
	Was ticket distribution made a	at the behest	No 🗍 Yes	If yes: Alame	eda County Superviso	r Wilma Chan	
	of agency official?			•	Official's Name (L	ast, 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, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)				
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	MaQannall Quan	nnall Crag		Ceremonial Role		Income	
	McConnell, Greg		2	-	ial Role" or "Other" describe below:	at a County facility in	
					ance at an event held a potential County reven		
		indinin'i falimmy ary gy paratria a stàitich a dary gan		Ceremonial Role	Other 🗌		
					lal Role" or "Other" describe below:		
			2				
		ana ana amin'ny faritr'o amin'ny amin'n					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(include address and des		Pass(es)				
	•					20Maan da kaamaa adda dha Cadhin A Macammy ar ay siya ay a	
Distantia							
4.	Verification						
	lh	itions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with		
	-		Steven Jo		Central District Directo		
			Print Nan	ne	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 \$5,000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description _____Basketball Game 05 11 16 Date(s) _ Provide Title/Explanation 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 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. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role D Other Income Waters, Don 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. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification 4. l have 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 05.24.2016 Print Name Title (Month, Day, Year)

Comment:

**A Public Document** 

1.	Agency Name				Date Stamp	California	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable	e)	y zastrzu wysani bie za miejska u Bienie do bie i dobio 1978 – 1976 – 1976 – 1977 – 20 społad – 1977 – 20 społ		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)		N Mark Charles and a substantian second s			
	Steven Jones	. /					
	Area Code/Phone Number	E-mail	Terre and a second s		Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693		s@acgov.org	l	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				ሰር በሰሳ	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$5,000	
	Event Description	Game	<u>, 01 , 16</u>	//			
		Provide Title/Expl		<u>Anizanza (Internet Anizan)</u> permananan kananan di kelanti (Internet) .			
	Ticket(s)/Pass(es) provided by	/ agency?	n State Warriors	and a feature of the state of the			
			Yes 🗍 No		Name of Sou ada County Supervised		
	Was ticket distribution made a of agency official?	t the behest	No 🗍 Yes	If yes: Alame	eda County Superviso Official's Name (L	ast First)	
North Honory					Chicai S Ivallie (L		
	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, 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)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Траницининин «««««««»»»»»»»»»»»»»»»»»»»»»»»»»»	алан жана алан тайлаган тайлаг		Ceremonial Role	D Other	Income	
	Murphy, Nora		2	If checking "Ceremonial Role" or "Other" describe below:			
			_		ance at an event held a potential County reven		
	• • • • • • • • • • • • • • • • • • •		2	Ceremonial Role If checking "Ceremon	Other C ial Role" or "Olher" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Λ	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	05/02/2016
- Contract	gnee	Print Name	Title	(Month, Day, Year)
,				

Comment: ____

**A Public Document** 

1.	Agency Name		Date Stamp	California 802		
	Alameda County			· .		For Official Use Only
	Division, Department, or Region	(If Applicable)	)			Por Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nai	ne, Title)				
	Steven Jones				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-	mail		a shan ta sa		
			@acgov.org	9	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informa					\$5,000 / \$40 parking
	Does the agency have a ticket po	•	Yes 🛛 No		f Each Ticket/Pass \$ _	
	Event Description Basketball Ga	ame		Date(s)	<u>, 03 , 16</u>	
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗍 No		Name of S	ource
	Was ticket distribution made at th	ne behest	No 🗌 Yes	If yes: Alame	eda County Supervis	or Wilma Chan
100000000	of agency official?				Official's Name	(Last, First)
3.	• Use Section A to identify the agency's of	lepartment or u	unit. ⊚Use Seo	ction B to identify an individu	ual. ⊸ Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department		Number of			
		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					<del>e na stade la dela da antica d</del>	
	· ·					
	B. Name of Individual		Number of			
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	McCormick, Mike		Ceremonial Role		Income	
	WICCONTINCK, WIKE	2+1park	-	ial Role" or "Other" describe below. ance at an event held	at a County facility in	
					potential County reve	
		ann ann an		Ceremonial Role	Other	Income
			2+1park	If checking "Ceremon	ial Role" or "Olher" describe below.	
	Name of Outside Organizat	Number of				
	(include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
		and a subsection of the				an ya ya wasa ka mala m
4.	Verification	100				с
	I h C Regulations 18944.1 and 18942. I have verified that the distribution set					
	Vesignee	and the second	Steven Jo		Central District Direct	or 05/02/2016 (Month, Day, Year)
	<i>า</i> ฮงเนูเเฮีย		r ant wan		INC	(Monun, Day, Tear)
	Comment:	ter a filling and an		976-7256-7260-726-726-726-7276-7276-7276-7276-7		
					FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

#### 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$5,000 / \$40 parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description _____Basketball Game 05 16 16 Date(s) _ Provide Title/Explanation 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: 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 Boskovich, Alex 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 C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification 4. I ha gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Central District Director** Steven Jones 05.24.2016 nee Print Name Title (Month, Day, Year) Comment:

A Public Document

A Public Document

Division, Department, or Region (if Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693         E-mail steven.jones@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	n OUZ ficial Use Only ion in Part 3.) y, Year) \$5,000							
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number         Area Code/Phone Number         (510) 272-6693         Steven.jones@acgov.org         Date of Original Filling:         (Month, Day,         2. Function or Event Information         Does the agency have a ticket policy?         Yes []       No []         Face Value of Each Ticket/Pass \$         Event Description         Basketball Game         Provide Title/Explanation         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 Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside of Ticket(s)         Pass(es)       Pass(es)       Describe the public purpose made pursuant to the agency:         B.       Name of Individual (aut.read)       Number of Ticket(s)         Pass(es)       Identify one of the following:         Pass(es)       Ceremonial Role [] <td< th=""><th>ficial Use Only ion in Part 3.) y, Year) \$5,000</th></td<>	ficial Use Only ion in Part 3.) y, Year) \$5,000							
Division, Department, or Region (if Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693         E-mail steven.jones@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	ion in Part 3.) y, Year) \$5,000 /							
Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes No       Face Value of Each Ticket/Pass \$	y, Year) \$5,000 /							
Designated Agency Contact (Name, Title)         Steven Jones         Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes No       Face Value of Each Ticket/Pass \$	y, Year) \$5,000 /							
Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org       Image: Construction of the following: Date of Original Filling:	y, Year) \$5,000 /							
Area Code/Phone Number (510) 272-6693       E-mail steven.jones@acgov.org       Image: Construction of the following: Date of Original Filling:	y, Year) \$5,000 /							
(510) 272-6693       steven.jones@acgov.org       Date of Original Filing:(Month, Day.         2. Function or Event Information       Does the agency have a ticket policy? Yes 🛛 No □       Face Value of Each Ticket/Pass \$         Event Description       Basketball Game       Date(s)       05       16         Event Description       Basketball Game       Date(s)       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: Alameda County Supervisor Wilma Cha         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 of Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency' Pass(es)         B. Name of Individual (stat, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other □       Other □       Other □	\$5,000							
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$	\$5,000							
Event Description       Basketball Game       Date(s)       05       16       16	/							
Event Description       Basketball Game       Date(s)       05       16       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:       Alameda County Supervisor Wilma Cha 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 of Ticket(s)/ Pass(es)         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency'         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other								
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Alameda County Supervisor Wilma Charon of agency 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 of Ticket(s)/ Pass(es)         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency'         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other □	han							
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Alameda County Supervisor Wilma Charon of agency 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 of Ticket(s)/ Pass(es)         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency'         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other □	han							
of agency 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 of Ticket(s)/ Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Other	ian							
3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside of Ticket(s)/ Pass(es)         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's Pass(es)         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Other								
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to identify an outside of     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency'     Pass(es)     B. Name of Individual     (Last, First)     Reverting the following:     Ceremonial Role     Other     Other     Describe the public purpose								
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency'         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:	• 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.							
B.     Name of individual (Last, First)     Ticket(s)/ Pass(es)     Identify one of the following:       Ceremonial Role     Other	/'s policy							
B.     Name of individual (Last, First)     Ticket(s)/ Pass(es)     Identify one of the following:       Ceremonial Role     Other								
	Income							
Elliott, Laura  If checking "Ceremonial Role" or "Other" describe below:  2 To unsure the attendance of an excert held at a Country	c 111 1							
To promote attendance at an event held at a County order to maximize potential County revenue from sal								
2 Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income							
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency	's policy							
4. Verification								

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

-		Steven Jones	Central District Director	05.24.2016
	Designee	Print Name	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Tenin ~ ~ ~	
Division, Department, or Region (If Applicable	9)	74		For Official Use Only	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)	•				
Steven Jones					
Area Code/Phone Number E-mail	n de Tarac la de cale de la companya por portante en cale en	n y y en gy y gy y an an y an y y y an y en an an a de al de la dela de la della de la della de la della de la	Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 steven.jones	@acgov.org	g	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				\$80	
Does the agency have a ticket policy?	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				
Event Description Baseball game					
Provide Title/Expl	anation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's		
			Name of So	urce	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	If yes: <u>Chan, Wilma</u> Official's Name (Last, First)		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuant		
B. Name of Individual (Last, Firei)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremon	Other	Income	
<u>, , , , , , , , , , , , , , , , , , , </u>		Ceremonial Role If checking "Ceremon	Other is a construction of "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
Parent Voices   5232 Claremont Ave Oakland, CA   94618	4	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions	
Grassroots organization working improve access to quality, affordable child care			-		
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.

22(Crot2-buryanet	Steven Jones	Central District Director	May 24, 2016
ee	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: _ steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Baseball game 05 17 16 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 Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Income Edwards, Janice 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 "Olher" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 11 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 05/31/2016 Print Name Title (Month, Day, Year)

Comment: .

4.

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County				Form OOZ For Official Use Only		
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)					
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)		011-0111-011-01-001-00-0-0-0-00-00-00-00	an			
Steven Jones			1925-1938-1946-1946-1946-1946-1946-1946-1946-1946			
Area Code/Phone Number E-mail			_ C Amendment (Must pi	rovide explanation in Part 3.)		
(510) 272-6693 steven.jones	@acgov.org	g	Date of Original Filing: .	(Month, Day, Year)		
2. Function or Event Information		u z zana la na konzelego zana go				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$80/\$20 Parking		
			5 <u>, 17 , 16</u>	, ,		
Provide Title/Expla	anation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	Ist If no: Oakla	nd A's			
			Name of Sou	Irce		
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes: Chan	I, VVIIMA Official's Name (L	ast 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		blic purpose made pursuant			
	Ticket(s)/ Pass(es)					
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ngt		
	Pass(es)	Ceremonial Role	Other	Income		
Steneberg, Jennifer	<b>A</b> 1 <b>A</b> 1 <b>b</b>		nial Role" or "Other" describe below:			
	4+1 pk		ance at a(n)… event he potential County reven	eld at a County facility in ue		
	97 70-00 10 10 10 10 10 10 10 10 10 10 10 10 1	Ceremonial Role	Other	Income		
	4+1 pk	If checking "Ceremor	nial Role" or "Other" describe below:			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's noticy		
(include address and description)	Pass(es)		sic pupose nade pusuan	to the agency's poincy		
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	04/08/2016
	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 \$80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description _____Baseball game Date(s) ______ / 17 , 16 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If yes: <u>Chan, Wilma</u> Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Seefer, Jake 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 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.

RESIDENCE.	Steven Jones	Central District Director	05.24.2016	
	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 \$80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ... Yes 🛛 No 🗌 Event Description Baseball game 05 , 17 16 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 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 Β. Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Ceremonial Role D Other Income Bernzweig, Jane 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 1 ha 1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 05.24.2016 Print Name Title (Month, Day, Year) Comment: __

						A Public Document			
1.	Agency Name				Date Stamp	California Form 802			
	Alameda County								
	Division, Department, or Regio	n (If Applicable)		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (Na	ame, Title)	•						
	Anna Gee								
	Area Code/Phone Number E	-mail			. C Amendment (Must	provide explanation in Part 3.)			
	(510) 272-6694 a	anna.gee@ao	cgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	ation							
	Does the agency have a ticket p	•	Yes 🔀 No	Face Value c	of Each Ticket/Pass \$ _	125.00/75.00			
	Event Description La Arrolladora/Legends of Love Date(s) Date(s)				, 13 , 16	2 / 14 / 16			
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	区 If no:	Name of S				
	· · · · · ·			ource					
	Was ticket distribution made at to of agency official?	the behest	No 🔲 Yes	If yes: Miley	, INALE Official's Name	(Last First)			
ა.		• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	it to the agency's policy			
	BOS district 4staff		1	To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and					
				concession sales.					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
	Rodriguez, Rosa		nere en	Ceremonial Role	ial Role" or "Other 🔀	Income			
			4			l at a County facility in nue from parking and			
				Ceremonial Role	Other 🔀	Income			
	Alexander, Toni		1	If checking "Ceremon concession sales.	ial Role" or "Other" describe below.				
				· ·					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	nt to the agency's policy			
					www.commune.com.com.com.com.com/ani/bios/waid/fignet/Pios/Pios/Pios/Pios/Pios/Pios/Pios/Pios				
	(								
Ą	Varification								
2	PC Regulat	ions 18944.1 and '		erified that the distribution set f					
	Signature of Agency Head or Designee		Anna G	20-0	Operations Chief	March 15, 2016 (Month, Day, Year)			

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



#### Agency Name

Alameda County

#### 3. Recipients

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

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

9		to and ther	cur ass	DISTINUTIONS		A Public Document
1.	Agency Name		4000-00-00-00-00-00-00-00-00-00-00-00-00		Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	<del></del>	ਗ਼ਗ਼ਗ਼ਫ਼ਫ਼ਸ਼੶ਖ਼ੑਫ਼੶ਗ਼ੑਲ਼ਫ਼ੑੑਗ਼੶ਖ਼੶ਖ਼ਫ਼ਖ਼ਖ਼ਗ਼ਖ਼ਖ਼ਖ਼ਖ਼ਫ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼		
	Anna Gee					
	Area Code/Phone Number	E-mail		The level of the second sec	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	30.50/55.50
	Event Description Disney on	Ice		Date(s) 2	, 24 , 16	2 , 25 , 16
v		Provide Title/Explai	nation	Date(3)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no:				Name of So	
			_	—		urce
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Miley	Official's Name (i	Last, First)
) )						
ο.	• Use Section A to identify the agenc	y's department or u	nit. 🔹 Use Sec	ction B to identify an individu	al. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	
	<b> </b>		Ticket(s)/ Pass(es)		no parpeoo maao parouam	to the agency o poincy
	B. Name of Individua (Lesi, Firel)	ar (1997) 1970 - State	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Rodriguez, Coco		A		Other 🔀 al Role" or "Olher" describe below: Ance at an event held	Income
			. 1		potential county reven	
	Miley, Sarah	nanoszta kanan (* 22 gelete els terrentere	8		Other 🗹	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	$\frown$					
Į.	Verification	ations 18944 1 and	18942   have v	enfied that the distribution set fi	orth above, is in accordance wi	th the requirements
6		2.0.10 10074.1 010	Anna G		Operations Chief	March 15, 2016
	📟 อาษีแลเพ้อ กาษสิญญร เเออก กา กองเสียออ	nonversion and the second diversion of the second sec	Print Narr	4.5% Company	Title	(Month, Day, Year)
	Rodriguez receiv	ed 2/25 tiv			I.	
	Comment:					

U		is and nor	\CUF d33	DISTINUTIONS		A Public Documen			
1.	Agency Name				Date Stamp	California 802			
	Alameda County								
	Division, Department, or Regi	on (If Applicable)		an a	-	For Official Use Only			
	Board of Supervisors	Board of Supervisors							
	Designated Agency Contact (Name, Title)				- ·				
	Anna Gee								
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	mation							
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	55.50			
	Event Description Disney on	Ice Provide Title/Expla	nation	Date(s)	, 26 , 16	2 , 27 , 16			
	Ticket(a)/Pass(as) provided by			FT If no:					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			Name of So	urce				
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Miley	, Nate				
	of agency official?			-	Official's Name (I	Last, First)			
3.	Recipients	Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
			Number of						
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy			
	general sectors and the sector and the se					an a			
	B. Name of Individua (Last, Firei)	J	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
	Muhammad Ansar El			Ceremonial Role	· · ·	Income			
	Muhammad, Ansar El		4	I T	ial Role" or "Other" describe below: ance at an event held	at a County facility in			
					potential county reven				
				Ceremonial Role	Other	Income			
	Chim, Angela		4	If checking "Ceremon	ial Role" or "Other" describe below:				
			-r	concession sales.		••			
			Number of						
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy			
			1 405(05)						
						<b></b>			
	$\int$								
A	Verification								
4.		lations 18944.1 and	18942. I have v	erified that the distribution set f	orth above, is in accordance wi	th the requirements.			
	:		Anna G		Operations Chief	March 15, 2016			
	signature of Agency Head of Designee	and a second	Print Nan		Title	(Month, Day, Year)			
					1				
	Comment: Muhammad rece	ived 2/26 tix.	Provide States States States	99-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	•	ana ang ang ang ang ang ang ang ang ang			

9			1001 033	Distributions		A Public Document			
1.	Agency Name				Date Stamp	California Form 802			
	Alameda County								
	Division, Department, or Region	n (If Applicable)		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (Na	ame, Title)							
	Anna Gee								
	Area Code/Phone Number E	-mail			Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6694 a	anna.gee@a	cgov.org		Date of Original Filing: .	(Month, Day, Year)			
2.	Function or Event Inform	ation							
	Does the agency have a ticket p		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	55.50			
	Event Description Disney on Ic	e Monsi Provide Title/Explai	Per Jan	Date(s)	<u>, 28 , 16</u>	2 , 20 , 16			
	Ticket(s)/Pass(es) provided by a	agency?	· Name of Sol	Irce					
	Was ticket distribution made at t	the behest	No 🗌 Yes	If yes: Miley,	Nate				
	of agency official?			E 11 y 00.	Official's Name (L	.ast, First)			
3.	Recipients  • Use Section A to identify the agency's	Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.							
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	BOS district 5 staff		4		nce at an event held a potential County reven				
				concession sales.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	97.279999929999929299992999999999999999			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:			
				Ceremonial Role If checking "Ceremoni	Other D	Income			
				Ceremonial Role If checking "Ceremoni	Other D ial Role" or "Other" describe below:	Income			
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	Meals on Wheels of Alameda Swan Way, Ste 120-Oakland		4	To reward a nonpro community.	fit organization for its	contributions to the			
	PROVIDES HOT MEALS DEI HOMEBOUND SENIORS	LIVERY TO			÷				
Į.	Verification				a mana kalang kang dalam kang kang kang pang kang bang pang kang kang kang kang pang kang kang kang kang kang k L	ni kan minan kana kana kana kana kana kana kana			
	ulati	ions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wil	h the requirements.			
		- Decideration encourse	Anna G		Operations Chief	March 15, 2016			
	Signature of Agency Head or Designee		Print Nam	1e	Tille	(Month, Day, Year)			
	Comment: Meals received 2/2	8 tix			ŝ				

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

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