Agency Name				Date Stamp	California 80
Oakland Alameda County	Coliseum Authority				
Division, Department, or R	egion (if applicable)	<u>9-9-7</u>		· ·	For Official Use Only
Nate Miley, Commissione	er				
Designated Agency Conta	ct (Name, Title)			n	
Eva Poon				Amendment (Must	t Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 670-5964	eva.poon@acgo	v.org		Date of Original Filing	]:(month, day, year)
Function or Event Inf	ormation				
Does the agency have a	ticket policy? Ye	s 🛛 No 🗖	Face Value of	Each Ticket/Pass \$ _	5,000
Event Description: Baske	tball Game		Date(s) 6	<u>, 13 , 16</u>	1 1
	Provide Title/ Ex	planation		//	
Ticket(s)/Pass(es) provid	ed by agency? Ye	es 🔲 No 🖾	If no: <u>GSW</u>	N	and the state of the
Mag ticket distribution ma	do at the behast v		lf yes: <u>Miley, 1</u>	Name of Source Nate	
Was ticket distribution ma of agency official?	de at the beliest ye	sы No	II yes	Official's Name (Last, Firs	t)
or agency official?		·			
Recipients         • Use Section A to identify the analysis         • Name of Agency, D		Number			· · ·
· /					entify an outside organization. ursuant to the agency's policy
<ul> <li>Use Section A to identify the a</li> <li>A. Name of Agency, D</li> <li>B. Name of</li> </ul>		Number of Ticket(s)/	Describe t		ursuant to the agency's policy
<ul> <li>Use Section A to identify the a</li> <li>A. Name of Agency, D</li> <li>B. Name of</li> </ul>	epartment or Unit	Number of Ticket(s)/ Passes	Describe t	te public purpose made p Identify one of the nonial Role D Other king "Ceremonial Role" or "Other"	e following:
<ul> <li>Use Section A to identify the a</li> <li>A. Name of Agency, D</li> <li>B. Name of (Last, Cast, Cast</li></ul>	epartment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe t	Identify one of the Identify one of the nonial Role D Other king "Ceremonial Role" or "Other" the Coliseum Compl	e following:
<ul> <li>Use Section A to identify the a</li> <li>A. Name of Agency, D</li> <li>B. Name of (Last, Cast, Cast</li></ul>	epartment or Unit Individual First)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe t	Identify one of the Identify one of the Nonial Role Other the Coliseum Compl Dusinesses to maximi nonial Role Other tking "Ceremonial Role" or "Other"	e following:

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	Eva Poon	Administrative Assistant	6/29/16
Signature of Agency Head of Designee	Print Name	. Title	(month, day, year)
Comment: Rendel received 2 tic			

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	ency Report of: eremonial Role Events and Ticket/Pass Distributions				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					· .	
	<b>Designated Agency Contact</b>	(Name, Title)					
	Eva Poon					Amendment (Must Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			#G************************************		To the Explanation in Full of
	(510) 670-5964	eva.poon@a	cgov.org			Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					22 22
	Does the agency have a tic	ket policy?	Yes 🛛 No	o 🗌	Face Value of	Each Ticket/Pass \$	32,00
	Event Description: <u>Baseball game</u> Provide Title/ Ex				Date(s)6	<u>, 19 , 16 </u>	//
					A.I.a.		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No	οM	If no: Oakland	A S Name of Source	
	Was ticket distribution made of agency official?	e at the behest	Yes 🖄 No	o 🗌	If yes: <u>Miley, N</u>		· · · · · · · · · · · · · · · · · · ·

#### 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Arritola	, Kathy	2	Ceremonial Role Other I Income Income I Income To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales
			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)/ Passes	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.

	Eva Poon	Administrative Assistant	6/29/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A A **	l Role Even		455 5150	INGUVIIS	, 	A Public Document
1. Agency Na	me			nin i lanan di kana dagan dagan dan kana dagan dag	Date Stamp	California Form 802
Alameda Co	•					
Division, Dep	partment, or Regi	ion (if applicable)				For Official Use Only
Board of Sup						
	gency Contact (	Name, Title)				
Eva Poon					Amendment (Must	Provide Explanation in Part 3.)
Area Code/Ph	none Number	E-mail				
(510) 670-59	964	eva.poon@acgov.	org		Date of Original Filing	:(month, day, year)
2. Function o	or Event Infor	mation				0.0.00
Does the ag	ency have a ticł	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	32.00
Event Descr	iption: <u>Baseball</u>	game Provide Title/ Expla	anation	Date(s) <u>6</u>	<u>, 17 , 16</u>	//
Ticket(s)/Pa	ss(es) provided	by agency? Yes	🗆 No 🖾	lf no: <u>Oakland</u>		and a second
\\/oo tickot d	istribution mode	at the behavior		lf yes: <u>Miley, N</u>	Name of Source Vate	
of agency c		at the behest Yes	⊠ No∐	n yes	Official's Name (Last, First	9
3. Recipient • Use Section A		cy's department or unit.	• Use Section B to	identify an indivic	lual. • Use Section C to ide	ntify an outside organization.
A. Na	me of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made p	ursuant to the agency's policy
В.	Name of Indi (Last, Fir		Number of Ticket(s)/		Identify one of the	• following:
Moses, Kai			Passes 4	If chec To promote		
				Ceren	nonial RoleOther king "Ceremonial Role" or "Other" of	
	Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
	nclude address and	description)	Passes		<u></u>	

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.

	Eva Poon	Administrative Assistant	6/29/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California Form 802
Alameda County		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name.Title)		

Eva Poon Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 670-5964 eva.poon@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{20}{20}$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Basketball game viewing Date(s) \_\_\_\_\_/\_ 10 / 16 6 . , 16 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾

Was ticket distribution made at the behest Yes X No 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.

If yes: Miley, Nate

Name of Source

Official's Name (Last, First)

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Vizcaino, Stephanie	4	Ceremonial Role Other I 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 sales
Standig, Bina	4	Ceremonial Role Other I 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 sales
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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.

	Eva Poon	Administrative Assistant	6/29/16		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
Comment: <u>6/10/16 tickets given to Stephanie; 6/16/16 tickets given to Bina</u>					

16

A Public Document

						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail	alaan aa ladaa aa dhaalaa da ahay daxaa ahay ahay ahay ahay ahay ahay ahay		. C Amenament (Must	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation			20.00		
	Does the agency have a ticke		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ .	20.00	
	Event Description Warriors v	vs. Thunder		Date(s)5	<u>, 28 , 16</u>	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors <sub>Name of S</sub>	OUICE			
	Was ticket distribution made at the behest No I Yes I If yes: Carso						
	of agency official?	No 🗌 Yes	IX If yes:	Official's Name	(Last, First)		
3.	Recipients						
	• Use Section A to identify the agenc	y's department or	al. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors District 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.			
	B. Name of Individu (Last, First)	B. Name of Individual (Last, First)			Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremon	Other I discribe below.	Income	
					Other Dial 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 pursuar	nt to the agency's policy	
	<u>1</u>			2010/2011 10:00 - 00 - 00 - 00 - 00 - 00 - 00			

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

Comment: \_\_\_\_

1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 002			
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)					
	Steven Jones					zana da antiga da antig	
		E-mail	Amendment (Must p	rovide explanation in Part 3.)			
		steven.jones	@acgov.org	3	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				f Each Ticket/Pass \$ _	\$80/\$20 parking	
	Event Description Baseball game Date(s) 05				, 27 , 16	1 1	
	Event Description	Provide Title/Expl		allen ander ander ander ander ander ander ander ander and			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Oaklar	nd A's		
			Name of So	urce			
	Was ticket distribution made at of agency official?	the behest	, Wilma Official's Name (	last First)			
Entress			Uniciai s ivame (Last, 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, Departmer	it or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing	
	(Last, First)		Pass(es)		identity one of the follow	niy.	
	Martinez, Cheryl			Ceremonial Role		Income	
	Martinez, Cheryi		10/2	-	ial Role" or "Other" describe below:	eld at a County facility in	
					potential County rever		
		an Seven and a contract of the second se		Ceremonial Role		Income	
			10/0		ial Role" or "Olher" describe below:		
			10/2				
			Number of				
	C. Name of Outside Organia (include address and desc	zation ription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			rass(es)				
-000 04540-0							

## 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	06.01.2016
Signature of Agency Head or Designee	Print Name	Tille	(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 05 03 16 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If ves: Chan, 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 Guzman, Silvia 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

	Steven Jones	Central District Director	06.01.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
County of Alameda		Form For Official Use Only				
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)					
Sheriff's Office						
Designated Agency Contact (Name, Title)						
Casey Nice, Assistant Sheriff						
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
510 208-9811 cnice@acgo	v.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information				(monal, buy, rou)		
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$50.00		
Event Description The Who concert	—	Date(s)5	, 19 , 16	, ,		
Event Description Provide Title/Expl	anation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: AEG				
			Name of So	urce		
Was ticket distribution made at the behest	No 🔀 Yes	If yes:	Official's Name (	Loot Eimt)		
of agency official?			Official's Name (			
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or it</li> </ul>	unit elles So	ction B to identify an individ	ual allse Section C to iden	tify an outside organization		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Second Children and	blic purpose made pursuant			
Alameda County Sheriff's Office Employees	To promote attend		ance at an event held ial county revenue fro	at County facility in orde m parking and		
and a first of the first of the second s		concession sales				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
			Other	Income [		
		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)/	Describe the put	blic purpose made pursuant	t to the agency's policy		
	Pass(es)					
<b>`</b>						
4. Verification						
944.1 and			forth above, is in accordance wi	ith the requirements. $\dot{G} - 2I - 1G$		
(	Casey I		Assistant Sheriff			
Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)		
Comment: Tickets received from promote	er and distrik	outed to employees				

C	eremonial Role Events and Tic	CKEUPass	Distributions		A Public Document			
1.	Agency Name	Date Stamp	California 802					
	Alameda County		Form 002					
	Division, Department, or Region (If Applicab	-	For Official Use Only					
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			-				
	Nancy Sa				,			
	Area Code/Phone Number E-mail	. [_] Amendment (Must pr	ovide explanation in Part 3.)					
	(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket policy?	🗇 🛛 🗖 Face Value d	of Each Ticket/Pass \$	30.00				
	Event DescriptionOakland A's vs. Minnes	sota Twins	Date(s)06	8 , 01 , 16	1 1			
	Provide Title/Ex		and a second provide a s					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklai	nd Athletics				
		Name of Sou						
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Valle</u>	, Richard- Supervisor E Official's Name (L	ast, First)			
3								
J.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
		Pass(es)						
				Analasan ay an				
	B. Name of Individual	Number of						
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg;			
	Debre levee		Ceremonial Role		Income			
	Dobro, Joyce	2		ial Role" or "Other" describe below:	at a County facility in			
				To promote attendance at an event held at a County fa order to maximize potential County revenue.				
			Ceremonial Role	Other	Income			
		2		nial Role" or "Other" describe below:				
		Number of		507078070707577757777777777777777777777				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy			
	••••••••••••••••••••••••••••••••••••••	1 405(05)			n na haran kara tang karang			
A	Verification							
4.	l have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	nified that the distribution set f	forth above, is in accordance with	the requirements.			
/		Nancy \$		Supervisor's Assistant	6/27/14			
<i>.</i>	Signature of Agency Head or Designee Print Name							

С	eremonial Role Events and T	Ficket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				Form
	Division, Department, or Region (If Applie	cable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail	. <b></b> 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?	f Each Ticket/Pass \$ _	30.00		
	Does the agency have a ticket policy?       Yes Image: No Image: N			<u>, 13 , 16</u>	///
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Oaklar	nd Athletics	
		st No⊡Yes		Name of So Richard- Supervisor	
	Was ticket distribution made at the behe of agency official?	Richard- Supervisor Official's Name (	Last, First)		
3.	Recipients				
	• Use Section A to identify the agency's department		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Macavoy, Zion			ial Role" or "Óther" describe below:	
		2		ance at an event held potential County rever	
		2	Ceremonial Role	Other ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Ň			
densin					

#### 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	6/27114
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

С	eremonial Role Events ar	nd Ticket	t/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802			
	Alameda County		10111			
	Division, Department, or Region (If )	Applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,	Title)		· · · · · · · · · · · · · · · · · · ·	-	
	Nancy Sa					
	Area Code/Phone Number E-ma		Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6692 nand	y.sa@acgo	ov.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 o			of Each Ticket/Pass \$ _	34.00	
	Event Description Oakland A's vs. Texas Rangers Date(s) 06				<u>6 , 14 , 16</u>	///
	Ticket(s)/Pass(es) provided by ager	cy? Yes	s 🗌 No	If no: Oakla	nd Athletics	
			o □ Yes		Name of Sc	
	Was ticket distribution made at the b of agency official?	, Richard- Supervisor Official's Name (				
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's depart</li> </ul>	rtment or unit.	• Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tifv an outside orαanization.
	A. Name of Agency, Department or Unit		lumber of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	·   ·	lumber of Ticket(s)/ Pass(es)		Identify one of the follow	ing: South States
	Mott, Gilbert			Ceremonial Role	Other X nial Role" or "Other" describe below:	Income
			2		ance at an event held potential County reve	
			2	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description	., I ·	lumber of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
					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.

	Nancy Sa	Supervisor's Assistant	6/2714
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

				Date Stamp		
<b>4 1</b>	Agency Name				California 802	
Alameda County			For Official Use Only			
Division, Department, or Re	egion (If Applicable	e)				
Board of Supervisors						
<b>Designated Agency Contac</b>	t (Name, Title)	······				
Nancy Sa				na da de anno a cara dita ha tha ann da anna aird dheann da anna anna dha anna dhaile anna an tha bhaile bhi		
Area Code/Phone Number	E-mail			. Amendment (Must pro	vide explanation in Part 3.)	
(510) 272-6692	nancy.sa@a	acaov.ora		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Info			ад на посрет суд с порагосторита и почет от патем и толого до	annanangan mammaka an mangal di tanan menangang ang terdi tang melakulan di Sabar yang menangan	(Monun, Day, Tear)	
Does the agency have a tic		Yes 🛛 No 🛛	T Face Value o	f Each Ticket/Pass \$	12.00	
= -			—			
Event Description <u>Alamed</u>	Provide Title/Exp	Janation	Date(s)	, 15 , 16	07 04 16	
			. Alame	da County Fair Associa	tion	
Ticket(s)/Pass(es) provided	Yes 🗌 No 🕻		da County Fair Associa Name of Sour	ce		
Was ticket distribution made	Was ticket distribution made at the behest			Richard- Supervisor D	istrict 2	
of agency official?		No 🗌 Yes 🛛	<u> 11 yes.</u>	Richard- Supervisor D Official's Name (La	st, First)	
3. Recipients						
• Use Section A to identify the age	ency's department or	r unit.   ● Use Sect	tion B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Depart	A			Describe the public purpose made pursuant to the agency's policy		
107200000000000000000000000000000000000		Pass(es)	<del>91100000000000000000000000000000000000</del>		. **	
	17777777777777777777777777777777777777		han bahar ang ban sa mananan ang sa		· · · · · · · · · · · · · · · · · · ·	
B. Name of Indivi (Last, First)	dual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
Mitzman, Marshall	Mitzman, Marshall		Ceremonial Role	Dther 🔀	Income	
			To reward a comm	unity volunteer for his s	ervice to the public.	
120201-00-00-00-00-00-00-00-00-00-00-00-00-0		999999 <sup>0</sup> 000000000000000000000000000000	Ceremonial Role	Other		
				ial Role" or "Other" describe below:		
		4				
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
geographie in the same provide the providence of			*****		an on de de William Marine and en en en angeligen payente parte de Minister et la Marine and Andrew et la Marine and a	
· · · · · ·						
4. Verification	agulations 190111		ified that the distribution and t	Iarth above, is in accordance with	the requirements	
I have read and understand FPPC R	egulalions 18944.1 ar				Ine requirements.	
		Nancy S		Supervisor's Assistant	<u>ui ville</u>	
Signature of Agency Head or Desig	Inee	Print Name	2	Title	(Month, Day, Year)	
Comment. Includes one p	arking pass at	the value of \$	10.			
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 12.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 06 15 07 04 16 16 Date(s) Provide Title/Explanation If no: Alameda County Fair Association 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 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. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔀 Income McDonald, Eileen If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for her service to the public. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 4 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) 4 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: .

A Public Document

						A Public Document	
	Agency Name				Date Stamp	California 802	
	Alameda County					1 Olin	
Ī	Division, Department, or Regi	on (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		
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
I	Does the agency have a ticket	t polic <b>y</b> ?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	30.00	
	Event Description Oakland A	's vs. Texas R	angers	Date(s) 06	<u>, 15 , 16</u>	1 1	
	Provide Title/Explanation						
•	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	図 If no: <u>Oaklar</u>	nd Athletics Name of Sour		
			_				
	Was ticket distribution made a of agency official?	t the penest	No 🗌 Yes	If yes: <u>vane</u> ,	Richard- Supervisor D Official's Name (La	ast, First)	
)						la sul a company a successive contra cont	
	<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>					fy an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)		anti da karan da anti da ang ang ang ang ang ang ang ang ang an		
			-				
					·		
•	B. Name of Individua (Last, First)	ıt	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:	
				Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	Income	
	Dutton, John		2		ial Role" or "Other" describe below:		
					ance at an event held a potential County reven		
				Ceremonial Role	Other	Income	
			2		ial Role" or "Other" describe below:		
						,	
•	Name of Outside Organ	ization	Number of			<sup>1</sup>	
1	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
					1999	<u>aan ta maa ta maa waxaa ku waxaa ku </u>	
					state Salition data a data a data data ana any manggang ana ana ana ana ana ana ana ana		
	Verification		an an tanan sa mani ini kata kara da kata kata kata kata kata kata kata		na je na na se na objeto do postoje po postoje postoje postoje kaj kon sveno operate konstruacija do postoje po		

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
 Ul 27114

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

C	eremonial Role Events and Ticł	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County			· · ·	Form CO2	
	Division, Department, or Region (If Applicable)	)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		<u> </u>			
	Nancy Sa					
	Area Code/Phone Number   E-mail			Amendment (Must pr	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					
		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	30.00	
	Event Description Oakland A's vs. Texas R	angers	Date(s)6	, 16 , 16	///////	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no: <u>Oaklar</u>	nd Athletics Name of Sou	Irce	
	Was ticket distribution made at the behest of agency official?	If yes: Valle,	If yes: Valle, Richard- Supervisor District 2			
	Recipients         • Use Section A to identify the agency's department or u         A.       Name of Agency, Department or Unit	unit. • Use Sec Number of Ticket(s)/ Pass(es)		identify an Individual. • Use Section C to identify an outside organization.		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Dutton, John	_	Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income	
		2		o promote attendance at an event held at a County facility rder to maximize potential County revenue.		
	•	2	Ceremonial Role	Other    Ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Describe the p Pass(es)		ne public purpose made pursuant to the agency's policy		
				•		
4.	Verification		L		en an	

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	6/2714
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ...

Agency Name				Date Stamp	California 002
Alameda County					Form 002
Division, Department, or Region (	lf Applicable)				For Official Use Only
Board of Supervisors					
-	e,Title)			-	,
Nanov Sa					
·	nail			Amendment (Must	provide explanation in Part 3.)
		gov.org		Date of Original Filing:	(Month, Day, Year)
	-				(Monin, Day, reary
		Yes 🕅 No l	☐ Face Value o	of Each Ticket/Pass \$	80.00
			/		
			Marting, Oaklar	nd Athletics	
Tickel(s)/Pass(es) provided by ag	ency:			Name of Source	
	e behest	No 🗌 Yes 🛛 If yes: <u>Valle, Richard- Supervisor District 2</u>		District 2	
of agency official?				Official's Name (Last, First)	
• Use Section A to identify the agency's de	epartment or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/	dinitation and address to be a second and a s		
-					
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving: the second s
· · · · · · · · · · · · · · · · · · ·	****		Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below.	
					Income
C. Name of Outside Organizati (include address and descript	on ion)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
		18	To support a non-p community.	profit organization for	its contributions to the
Assists educators with funding strengthen standards in our cor	to nmunity.				
	Board of Supervisors         Designated Agency Contact (Name Nancy Sa         Area Code/Phone Number (510) 272-6692       E-m na         Function or Event Informate Does the agency have a ticket pole Event Description       Oakland A's van Proventies agency official?         Was ticket distribution made at the of agency official?       Oakland A's van Proventies agency official?         Recipients • Use Section A to identify the agency's de A. Name of Agency, Department or (Lest, First)       A.         B.       Name of Individual (Lest, First)         C.       Name of Outside Organization (include address and descript)         Hayward Education Foundation 25965 Industrial Blvd, Hayward, Assists educators with funding to strengthen standards in our cor	Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number       E-mail         (510) 272-6692       nancy sa@ad         Function or Event Information         Does the agency have a ticket policy?         Event Description       Oakland A's vs. Texas Ri         Provide Title/Explain         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 Agency, Department or Unit         B.         Name of Individual (Last, First)         C.       Name of Outside Organization (Include address and description)         Hayward Education Foundation 25965 Industrial Blvd, Hayward, CA 94545         Assists educators with funding to strengthen standards in our community.	Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No         Event Description       Oakland A's vs. Texas Rangers Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes □ No         Was ticket distribution made at the behest of agency official?       No □ Yes         e Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         B.       Name of Individual (Lest, Fist)       Number of Ticket(s)/ Pass(es)         C.       Name of Outside Organization (Include address and description)       Number of Ticket(s)/ Pass(es)         Hayward Education Foundation 25965 Industrial Blvd, Hayward, CA 94545       18         Assists educators with funding to       18	Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number       E-mail         (510) 272-6692       nancy.sa@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes [X] No []       Face Value of         Event Description       Oakland A's vs. Texas Rangers       Date(s)OE         Provide TitleExplanation       Ticket(s)/Pass(es) provided by agency?       Yes []       No []       If no: Oakland         Vas ticket distribution made at the behest of agency official?       No []       Yes []       If yes: Valle         Vas ticket distribution made at the behest of agency official?       No []       Yes []       Describe the put         Pass(es)       Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the put         B.       Name of Individual (text, First)       Number of Ticket(s)/ Pass(es)       Ceremonial Role         If checking "Ceremonial Role (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the put         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the put	Board of Supervisors

4. Verification

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

-	Nancy Sa	Supervisor's Assistant	4/27116
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

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 90.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. Texas Rangers 06 17 16 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Income Ceremonial Role Other 🔲 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. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Hayward Area Historical Society To support a non-profit organization for its contributions to the 3 22380 Foothill Blvd, Hayward, CA 94541 community. Promotes understanding of East Bay's history along with future opportunities.

4. Verification

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

Nancy Sa Supervisor's Assistant

Signature of Agency Head or Designee Print Name Title

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

• •	Name, Title) E-mail nancy.sa@a nation	acgov.org		Date Stamp	California 802 For Official Use Only
ision, Department, or Regi ard of Supervisors ignated Agency Contact ( ncy Sa a Code/Phone Number 0) 272-6692 nction or Event Inforr es the agency have a ticket ont Description Oakland A	Name, Title) E-mail nancy.sa@: nation : policy?	acgov.org			For Official Use Only
ard of Supervisors <b>Signated Agency Contact</b> ( ncy Sa <b>a Code/Phone Number</b> 0) 272-6692 <b>nction or Event Inform</b> es the agency have a ticket ont Description Oakland A	Name, Title) E-mail nancy.sa@: nation : policy?	acgov.org			provide explanation in Part 3.)
ignated Agency Contact ( ncy Sa a Code/Phone Number 0) 272-6692 nction or Event Inforr es the agency have a ticket ont Description Oakland A	E-mail nancy.sa@a nation policy?				· · ·
ignated Agency Contact ( ncy Sa a Code/Phone Number 0) 272-6692 nction or Event Inforr es the agency have a ticket ont Description Oakland A	E-mail nancy.sa@a nation policy?				· · ·
a Code/Phone Number 0) 272-6692 nction or Event Inforr es the agency have a ticket ent Description Oakland A	nancy.sa@a nation policy?		46-08-09-09-09-09-09-09-09-09-09-09-09-09-09-		· · ·
a Code/Phone Number 0) 272-6692 nction or Event Inforr es the agency have a ticket ent Description Oakland A	nancy.sa@a nation policy?				, , ,
nction or Event Inforr es the agency have a ticket ont Description Oakland A	mation t policy?		Menskilskelandersoner menskelandersoner	Date of Original Filing:	
es the agency have a ticket ont Description <u>Oakland A</u>	policy?				(Month, Day, Year)
ont DescriptionOakland A					
	's vs. Texas	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of			38.00
				6 , 17 , 16	1 1
(et/s)/Pass(es) provided by	Provide Title/Exp		Date(s)		Second
(ci(a)) ass(ca) provided by	/ agency?	Yes 🗌 No	If no: Oakla	and Athletics	
			Name of Source		
	t the behest	No 🗌 Yes	If yes: Valle, Richard- Supervisor District 2		Listrict 2 (Last. First)
	's department or	∙unit.   • Use Sec	tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	•		•		
Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				—	Income
					Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the p		Describe the p	e public purpose made pursuant to the agency's policy		
en Area YMCA 1 Palisade St, Hayward, (	CA 94542	2	To support a non- community.	profit organization for i	ts contributions to the
ovides resources for heal ild care, and education.	thy living,				
	agency official? cipients se Section A to identify the agency Name of Agency, Departme Name of Individua (Last, First) Name of Outside Organ (include address and des len Area YMCA 1 Palisade St, Hayward, ( povides resources for heal ild care, and education. rification	Cipients See Section A to identify the agency's department of Name of Agency, Department or Unit Name of Individual (Last, First) Name of Outside Organization (include address and description) Then Area YMCA 1 Palisade St, Hayward, CA 94542 povides resources for healthy living, ild care, and education.	agency official?         cipients         se Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         en Area YMCA 1 Palisade St, Hayward, CA 94542       2         pvides resources for healthy living, ild care, and education.       2	cipients         is Section A to Identify the agency's department or unit.       • Use Section B to identify an indivi         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pu         Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Ceremonial Role         Name of Individual (Last, First)       Ceremonial Role       Ceremonial Role         If checking "Ceremonial Role       Ceremonial Role       Ceremonial Role         Name of Outside Organization (Include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pu         Name of Questide Organization (Include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pu         Pass (es)       To support a non- community.       To support a non- community.	agency official?       Official's Name (         cipients       es Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify and identify an identify andidentify and identify and identify and iden

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

Comment: ...

4/27/4

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 38.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's vs. Los Angeles Angels 18 16 06 Date(s) Provide Title/Explanation If no: Oakland Athletics 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Eden Area YMCA To support a non-profit organization for its contributions to the 2 951 Palisade St, Hayward, CA 94542 community. Provides resources for healthy living, child care, and education. 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	4/2714
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ...

-	eremonial Role Events and Ticl	keurass	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			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		e navernan éneran no est circular participation est provisiones		
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	40.00
	Event Description Oakland A's vs. Los Angeles Angels Date(s)				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	Name of Source		
	Was ticket distribution made at the behest	No 🗋 Yes	Valle, Richard- Supervisor District 2		District 2
	of agency official?			Official's Name (	Last, First)
3.	Recipients <ul> <li>Use Section A to identify the agency's department or used</li> </ul>	7	tion 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)/ Pass(es)	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:
	Romero, Kathleen				
		2	Image: Section B to identify an individual.       • Use Section C to identify an outside organization is ther of ket(s)/ sides)         Image: Ceremonial Role       Other       Image: Ceremonial Role       Image: Ceremonial Role <td< td=""><td></td></td<>		
		2	Ceremonial Role	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	plic purpose made pursuan	t to the agency's policy
			1		
					•

#### 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	u/2nle
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

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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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -Yes 🛛 No 🗌 Event Description Oakland A's vs. Milwaukee Brewers 21 06 16 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other 🛛 Income Ceremonial Role Flores, Antonio 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. 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.

	Nancy Sa	Supervisor's Assistant	le/271le
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

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	<i>.</i> )			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail			. [_] Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value c	of Each Ticket/Pass \$	30.00
	Event Description		Date(s)06	<u> </u>	//
	Ticket(s)/Pass(es) provided by agency?	Yes No X If no: Oakland Athle		nd Athletics Name of So	burce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (	District 2
3.	Recipients <ul> <li>Use Section A to identify the agency's department or</li> </ul>	unit e Use Ser	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)		blic purpose made pursuant	
			*		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Flores, Antonio			Dther X nial Role" or "Other" describe below:	Income
		2		ance at an event held potential County rever	
		2	Ceremonial Role	Other Diher describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
				2017-112-2018, 1244-712-47-1247-001-001-001-001-001-001-001-001-00-00-0	
lesianii					

#### 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	4 chille
	Signature of Agency Head or Designee	Print Name	Title	(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 52.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Oakland A's vs. San Francisco Giants 29 16 06 Date(s) Provide Title/Explanation If no: \_Oakland Athletics 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Olher" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Sunol Glen Community Club To support a non-profit organization for its contributions to the 2 11601 Main Street Sunol, CA 94586 community. Provides volunteer and financial help with the programs/events at Sunol Glen.

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

Comment: \_

C	eremonial 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)	)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Nancy Sa					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information				(month, Day, roal)	
		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	56.00	
	Event Description Oakland A's vs. San Fra	ncisco Gian				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oaklai	nd Athletics		
	Hereits)/Fass(es) provided by agency :		hanna	Name of Sol		
	Was ticket distribution made at the behest	No 🗖 Yes	If yes: Valle	If yes: <u>Valle, Richard- Supervisor District 2</u> Official's Name (Last, First)		
	of agency official?	·		Official's Name (L	ast, First)	
3.	• Use Section A to identify the agency's department or to		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 pub	olic purpose made pursuant	to the agency's policy	
	· · · ·					
				945-94-1		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng: a state of the second s	
	Valle Dishard		Ceremonial Role		Income	
	Valle, Richard	2		ilal Role" or "Other" describe below: t of facilities or events t support.	that have received	
	· · · ·	2	Ceremonial Role	Other D	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				In the second state of the	

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

-	I	Nancy Sa	Supervisor's Assist	ant $u/2$	mle
Signature of Agency Head or Designee		Print Name	Title	(Month	, Day, Year)

100000000					1		
1.	Agency Name		Date Stamp	California 802			
	Alameda County				]	Form For Official Use Only	
	Division, Department, or Regio	on (If Applicable	e)	and a second			
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)					
	Steven Jones	·					
				Amendment (Must	provide explanation in Part 3.)		
		E-mail	s@acgov.org		Date of Original Filing		
	(510) 272-6693		Swacyov.org			(Month, Day, Year)	
2.	Function or Event Inform		f Each Ticket/Dece	\$12 pass / \$10 parking			
	Does the agency have a ticket		Ye's 🛛 No 🛛				
	Event Description Alameda C	ounty Fair		Date(s)6	<u> </u>		
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛛	If no: Alame	eda County Fair Name of Source		
	Mar Halad distribution morely -	t the hehert					
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: <u>Chan</u>	Official's Name (Last, First)			
<b>6707</b> 097							
3.	• Use Section A to identify the agency	/s department or	runit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
			Number of		blic purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)				
	Alameda County Board of Supervisors -					her exemplary service to	
	District 3		30 pass		ourage staff develop		
	1221 Oak St., Oakland, CA	94612					
			8 park				
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the follo	wing:	
	(Last, First)		Pass(es)				
				Ceremonial Role	Other	Income	
				It checking "Ceremor	nial Role" or "Other" describe below	<i>.</i>	
	a bit she was a subscript of the bit of the subscript of the subscript of the subscript of the subscript of the			Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below	· · · · · · · · · · · · · · · · · · ·	
						· ·	
	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the put	olic purpose made pursua	nt to the agency's policy	
	(include address and des	cription)	Pass(es)	Describe the put		nic to the agency a policy	
	The second s						
						anna an	
Regarding							

## 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	07/12/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

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		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Steven Jones				۲. 	
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	· ·	s@acgov.org	I	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information		a na ga na ana ang sanan na ana ang na panana na ang na na ang na na ang na			
	Does the agency have a ticket policy?	Face Value c	of Each Ticket/Pass \$ _	\$12 pass		
	Event Description <u>Alameda County Fair</u> Provide Title/Exp		Date(s)06	<u>, 15 , 16</u>	07 , 04 , 16	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No I	If no: Alame	da County Fair	urce	
	Was ticket distribution made at the behest	If yes: Chan	, Wilma			
	of agency official?		Official's Name (	Last, First)		
	• Use Section A to identify the agency's department of <b>A</b> . Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant		
	Alameda County Fire Department -		To promote attenda	p promote attendance at an event held at a County facility i		
	Station 22	20 000	order to maximize	potential County rever	nue	
	427 Paseo Grande, San Lorenzo, CA 94580				· .	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Other Divid Role" or "Other" describe below:	Income	
			Ceremonial Role	Dther	Income	
	C. Name of Outside Organization (include address and description) Numb Ticke Pass		Describe the put	olic 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	07/12/2016
U Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$12 pass Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 07 04 16 06 15 16 Date(s). Provide Title/Explanation If no: Alameda County Fair 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 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role 🛄 , Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Various (reference attached 62 pass spreadsheet) 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: 62 pass Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

	Steven Jones	Central District Director	07/12/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Name	No. of 2 for 1
ivame	tickets rcvd
Gerald Schock	2
Jason Cheng	2
Eric Murphy	2
Diane Wydler	2
Estelle Clemons	2
Sylvia Stadmire	2
Ted Dang	2
Emily Cheng	2
Dawnelle Castro	2
Loranne Shoptaw	2
Margant Wright	2
Marilyn Wise	3
Glen Wong	2
Meish Yom	2
K. Fong	3
Art Shanks	2
Dennis Jordan	2
Jesse Patineo	2
Natalie Kent	2
Karen Hallett	2
Albertina Padilla	2
Jenny	2
Amelia McKiney	4
Derrick Reboton	4
Almira Hoang	2
Helen Martin	1
Jerry Kelly	4
Matthew Welch	1
TOTAL TICKETS	62
DISTRIBUTED:	V2-

•

A Public Document

1.	Agency Name				Date Stamp	California 000
	Alameda County				· · · · · ·	Form <b>OUZ</b>
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor			2012/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02/2020/02		
	Does the agency have a ticke		Yes 🛛 No [	☐ Face Value o	f Each Ticket/Pass \$	\$12 pass
	Event Description Alameda (				, 15 , 16	07 , 04 , 16
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	Yes 🗌 No 🛛		eda County Fair Name of Source		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: <u>Chan</u>	, Wilma Official's Name (Le	ast, First)
<ul> <li><b>3. Recipients</b></li> <li>• Use Section A to identify the agency's department or</li> </ul>			r unit. • Use Sect	tion B to identify an individu	ial. • 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	to the agency's policy
		99111111111111111111111111111111111111				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
				Ceremonial Role If checking "Ceremon	D Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant f	to the agency's policy
	Various (reference attached spreadsheet)	d	255		ance at an event he potential County reven	ld at a County facility in ue
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	07/12/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

			No. of 2 for 1
Organization	Address	Organization description	tickets rcvd
Acts Full Gospel Church	1034 66th Ave, Oakland, CA 94621	Christian ministry providing the basic necessities of food, and clothing to those in need	50
East Bay Asian Youth Center	2025 E 12th St, Oakland, CA 94606	Non-profit seeking to connect Asian American youth with caring and understanding adults who can affirm their cultural identity.	20
Girls Inc. of the Island City	1724 Santa Clara Ave, Alameda, CA 94501	Inspires all girls to be strong, smart, and bold through innovative programs, activities, and advocacy and to provide before and after school child care services supporting youth and their families through Alameda Island Kids.	50
San Leandro Boys and Girls Club	401 Marina Blvd, San Leandro, CA 94577	Invests in the future of youth by providing programs and opportunities which nurtures their capacity to become self sufficient, responsible and fulfilled members of our community.	50
San Lorenzo Village Homes Association	377 Paseo Grande, San Lorenzo, CA 94580	Local homeowner's association	50
Satellite Affordable Housing Associates	1835 Alcatraz Avenue, Berkeley, CA 94703	Provides quality affordable homes and services that empower people and strengthen neighborhoods	5
Cypress Mandela Training Center, Inc	977 - 66th Avenue, Oakland, CA 94621	Community based organization dedicated to improving the lives of the people it serves by providing pre- apprentice construction and life skills training along with employment assistance.	30
		TOTAL TICKETS DISTRIBUTED:	255

**A Public Document** 

~						AT ubito Booument
1.	Agency Name	an a			Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicabl	le)	940-010-07-01-010-01-0-0-0-0-0-0-0-0-0-0-0		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	)			
	Steven Jones					
	Area Code/Phone Number E-mail				Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	I	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
			Face Value o	f Each Ticket/Pass \$ _ <del>\$</del> 8	30 Ticket/\$20 Parking	
			Date(s)6	, 15 , 16	11	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	⊠ If no: <u>Oaklar</u>	nd A's Name of Sour	~~
		t the helent		Chan		
Was ticket distribution made at the behest No □ of agency official?			No 🗌 Yes	⊠ If yes: <u>Chan</u>	, VVIIMa Official's Name (Last, First)	
	Recipients					
• Use Section A to identify the agency's department or unit. • Use Section B to identify an i					ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit			Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)			
	D Nama of Institution	- I	Number of			
	B. Name of Individue (Last, First)	aı	Ticket(s)/ Pass(es)		Identify one of the followin	<b>G:</b>
	<b>Constant of the second s</b>			Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income	
					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	o the agency's policy
	Rains Lucia Stern: 2300 Cc Blvd #500, Pleasant Hill, C/		18+4p.		ance at a(n) event he potential County revenu	ld at a County facility in ie
	full-service litigation law firn emphasis on representing p		\$		· .	

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)

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 06 15 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 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role . Other If checking "Ceremonial Role" or "Olher" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Alameda Boys & Girls Club | 1900 3rd St, To reward a . . . nonprofit organization for its contributions to the 2 Alameda, CA 94501 community Supports and promotes positive youth

development 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	07/01/2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 06 19 16 Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 7 Yes X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Lam, Ho If checking "Ceremonial Role" or "Other" describe below: 2 To reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

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

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 18 16 06 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 🛛 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) Ceremonial Role . Other Income Diaz, Nick 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 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.

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

Ce	eremonial 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)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Steven Jones				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 steven.jones(	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
<u>ົ</u>	Function or Event Information				(Wollin, Day, Tear)
£.,		Yes 🛛 No		f Each Ticket/Pass \$	\$27
	Event Description Baseball game Date(s) 06				
	Oaklar			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)
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ngi
				Other	Income
	Davis, Leon	2	-	ial Role" or "Olher" describe below:	
			To reward a comm public	nunity volunteer for his or her service to the	
		. 2	Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuant	to the agency's policy
				9499999999999999999999999999999999	

| have read and understand FPPC Regulations 18944.1 and 18942. | 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)

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicable,	)	<u>* 17 1</u>	-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	<u></u>			
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Va			Face Value c	of Each Ticket/Pass \$ _	\$27
				Date(s)06	<u> </u>	//////
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oak			If no: Oaklar	nd A's Name of So	JUICE
	Was ticket distribution made at the behest $N_0 \square$ Yes $\square$			If yes: Chan		
	Was ticket distribution made at the behest No ☐ Yes ⊠ of agency official?			IT yes:	Official's Name (	′Last, First)
3.	Recipients					
. •	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individua				ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	. Describe the public purpose made pursuant to the agency's policy		
		9994974-0-2497494-0			an a	aanaa kaan galaana daa daa daa ahaa daa kaa daga daa daga daga daga daga
						Marina ana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana dia
	D Name of Individual		Number of			
	B. Name of Individu (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
					Other	Income
			,	If checking "Ceremor	nial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
	Name of Outside Overse	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Communities United for Re		2		l or nonprofit organiza	ation for its contributions
	Youth Justice   2289 Int'l Bl	vd, Uakland		to the community		
	Supports youth that have b by the criminal justice syste					
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: \_\_\_\_
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A Public Document

					A PUDIIC DO	Journem
Agency Name				Date Stamp	California	802
Alameda County						
Division, Department, or Regio	on (If Applicable)		For Official U	se Only		
Board of Supervisors						
Designated Agency Contact (A	lame, Title)					
Lee Ann Fergerson, Supervis	sor's Assistan	t		<b></b>		
-			endisensinen mitte at 2006 FRAMA STRATES BODY STRATER VERVERA	Amendment (Must p	provide explanation in F	Part 3.)
(510) 272-6691	leeann.ferger	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year	)
Function or Event Inform	nation				MA OSI	
Does the agency have a ticket	policy?	Yes 😰 No	Face Value o	f Each Ticket/Pass \$ <u>-</u>	10.00	
Event Description BASED	all-ca	ang Y	2 Date(s)	1, Z, 16	1	/
	Provide Title/Expa	națion (			elt is	
Ticket(s)/Pass(es) provided by	agency?	Yes 😰 No	$\Box$ If no: $\underline{QQ}$	kland At	hlestics_	
Mon ticket distribution mode at	the behast	NELV	Alar			gerty, D 1
	the benest	NO 12 Yes	L If yes:	and the second		
•	s department or u	nit.   • Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organ	ization.
A. Name of Agency, Departmer	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's po	licy
		Pass(es)				
an and an	ar meneren en son en son en service de la		-			
	h leherdenneet	Number of			aasha biyoba	anto no súa i
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
NUCHIDING	5					icome
NICKVAIVW ,S	ara Dow	ncam,		county revenue for conc	ession and	
Kevin Koenig,		$\psi$	parking sales.			ł
Alexanoloc	-		Coremonial Data			
			-			
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		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's pol	lcy
(include address and desc	ription)	Pass(ès)				
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Verification 🛛						
	-	Warden and A			e la	alit-
					t(2/2	50/10
Signature of Agency Head or Designee		Print Narr	1 <del>0</del>	ille	(ponth,	uay, rear)
Comment:						
	Alameda County Division, Department, or Region Board of Supervisors Designated Agency Contact (A Lee Ann Fergerson, Supervise Area Code/Phone Number (510) 272-6691 Function or Event Inform Does the agency have a ticket Event Description Dicket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departmer B. Name of Individual (Lest Firet) NICKVALVW, S. KEVIN KOCN 19, Alexa Joba C. Name of Outside Organiz (Include address and desc Verification 1 Signature oligency Head of Designee	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistan Area Code/Phone Number (510) 272-6691 E-mail leeann.ferger Function or Event Information Does the agency have a ticket policy? Event Description Division made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit B. Name of Individual (Last First) NICKVAL'VW, Sava Daw KeVM Koen IG, Alexa Jobe C. Name of Outside Organization (Include address and description) Verification	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number       E-mail         (510) 272-6691       E-mail         Does the agency have a ticket policy?       Yes IP No         Event Description       EMALL - GAMME Y         Provide Title/Expansion       No IP Yes         Ticket(s)/Pass(es) provided by agency?       Yes IP No         Was ticket distribution made at the behest of agency official?       No IP Yes         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         B.       Name of Individual (Last Fina)       Number of Ticket(s)/Pass(es)         NICLAVAL/VW, Sava Dow Nam, Key IN Koen IG, Mumber of Ticket(s)/Pass(es)       Pass(es)         Niclaval volue       Aux fina)       Number of Ticket(s)/Pass(es)         Verification       Iteleformation       Ticket(s)/Pass(es)         Verification       Iteleformation       Ticket(s)/Pass(es)         Verification       Iteleformation       Ticket(s)/Pass(es)         Verification       Iteleformation       Ticket(	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number       E-mail         (510) 272-6691       Ieeann.fergerson@acgov.org         Function or Event Information       Does the agency have a ticket policy? Yes IP No Face Value o         Event Description       Provide Title/Expansion         Icket(s)/Pass(es) provided by agency? Yes IP No Face Value o       If no: Oa         Was ticket distribution made at the behest no IP Yes       If yes: If yes: If yes: If yes: Value of agency official?         Recipients       • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual fact rate for         A. Name of Agency, Department or Unit       Number of Ticket(s)/Pass(es)         Pass(es)       Ceremonial Role (II received)         Pass(es)       Describe the public received (II received)         Pass(es)       Describe the public received (II received)	Alameda County       Division, Department, or Region (// Applicable)         Board of Supervisors       Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant       Immediate (Maus)         Area Code/Phone Number       E-mail         [510] 272-6691       Date of Original Filling:         Function or Event Information       Date of Original Filling:         Does the agency have a ticket policy?       Yes I No       Face Value of Each Ticket/Pass \$         Event Description       Provide Title/Agenation       If no:       Date (S)         Provide Title/Agenation       If no:       OutPass (S)       Name of Supervisor Social S	Agency Name       Date Stamp       California         Alameda County       Division, Department, or Region (// Applicable)       Division, Department, or Region (// Applicable)         Board of Supervisors       Department, or Region (// Applicable)       Division, Department, or Region (// Applicable)         Board of Supervisors       Department, or Region (// Applicable)       Division, Department, or Region (// Applicable)         Board of Supervisors       Sasistant       Date of Original Filing:

1. Agency Name					
			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 80
Alameda County				·	U GARAN
Division, Department, or Regi	ion (If Applicabl	e)	an a		For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)		ann an	-	· · ·
Lee Ann Fergerson, Supervi	corie Arcieta	n.			
	E-mail		• مەربىيە مەربىيە بىرىيە بىر	Amendment (Must	provide explanation in Parl 3.)
(510) 272-6691			011.017	Date of Original Filing:	
	leeann.ferge	erson@acg	ov.org	Data of Original Filing:	(Monih, Day, Yeni)
. Function or Event Inform		()			21 00.
Does the agency have a ticket	policy?	Yes D No	D Face Value o	of Each Ticket/Pass \$_	-Z.y.
Event Description	COCCE Provide Title/Expl	anation	Date(s)	12/14	
Ticket(s)/Pass(es) provided by	agency?	Yes		kland So Name of So	
Was ticket distribution made at of agency official?	the behest	No 🔲. Yes	If yes: <u>Alar</u>	meda County Supervisor S Official's Name (I	Scott Haggerty, District 1
Recipients					
<ul> <li>Use Soction A to identify the agency's</li> </ul>	s department or u	ınit.   ♦ Use Se	ction B to identify an individu	al Use Section G to ident	Ny an outside organization.
A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(co)	Describe the publ	ic purpose made pursuant	to the agencyls policy
• •				an a	
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				Na na sea ann an an ann an an ann an ann an ann an a	
B. Name of Individual		Number of Ticket(s) Pass(as)		Identify one of the followin	ġi:
B. Name of Individual (List-First)	idey .	Tickettel	event in order to	Identify one of the followin Idance at a county sp maximize potential c esion and parking sal	oonsored <sub>me</sub>
(Last:First)	ud <i>e</i> y	Tickettel	event in order to revenue for conce	idance at a county sp maximize potential c esion and parking sal	oonsored me
chev we loc		Tičkół(6)/ Pose(06)	event in order to revenue for conce Coremonial Role	Idance at a county sp maximize potential c esion and parking sal 	oonsored me county es.
chev we loc	, 	Tickettel	event in order to revenue for conce Coremonial Role	Idance at a county sp maximize potential c esion and parking sal	oonsored me county es.
(List-First)	, 	Number of Ticket(s)	event in order to revenue for conce Coremonial Role	Idance at a county sp maximize potential c esion and parking sal 	ionsored me county es.
Cheve Loc	, 	Number of Ticket(s)	event in order to revenue for conce Coremonial Role	Idance at a county sp maximize potential c esion and parking sal 	oonsored me county es.
Charles of Outside Organizat (include address and description)	, 	Number of Ticket(s)	event in order to revenue for conce Coremonial Role	Idance at a county sp maximize potential c esion and parking sal 	oonsored me county es.
Chan of Outside Organizat (include address and description)	llon stion) s 18944.1 and 18	Number of Tickot(s) Number of Tickot(s) Pasa(s)	event in order to revenue for conce Coremonial Role If checking "Ceremonial Describe the public	Idance at a county sp maximize potential of esion and parking sal Other [] Role" or "Other" describe befow; purpose made pursuant to ebove, is in accordance with th	oonsored me county es. Income [ The agency's policy
CHANNE Loc	llon stion) s 18944.1 and 18	Number of Tickot(s) Number of Tickot(s) Pasa(os)	event in order to revenue for conce Coremonial Role il checking "Ceremonial Describe the public ified that the distribution set forth gerson Su	Idance at a county sp maximize potential of esion and parking sal ] Other [] Role* or "Other" describe below; purpose made pursuant to	nonsored me ( county es. Income ( the agency's policy

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

4			a slatingualia		A Public Docume
1. Agency Name		,		Date Stamp	California 80
Alameda County					Form
Division, Department, or Regi	on (If Applicat	ile)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Varne, Title)			- ·	
Lee Ann Fergerson, Supervi	sor's Assista	, ant			
	E-mail		*	Amendment (Must pr	ovide explanation in Part 3.)
		erson@acg	OV:0ff	Date of Original Filing: _	
2. Function or Event Inform			• · · · · ·		(Manih, Dey, Year)
Does the agency have a ticket		Yes D N	- Maria Face Value o	f Each Ticket/Pass \$	80,00.
Rei	010000	Tes ber Ivi	ويتعاقبهم المحالية ا	$7 \cdot 2 1/2$	<u></u>
Event Description	Provide Title/Exp	lanation	Date(s)	Lisile -	
Ticket(s)/Pass(es) provided by		Yes		Keland DA	hletics
Was ticket distribution made at	the behest	No 🗍. Yes	If yes:	meda County Supervisor Sc	
of agency official?		··· • 드/, 166	( · · · · · · · · · · · · · · · · · · ·	Official's Name (Las	st, First)
. Recipients				• • •	
• Use Soction A to identify the agency's	department or	unit.   « Use Se	ction B to identify an individu	al. • Use Section C to Identify	an outside organization.
A. Name of Agency, Department	or Unil	Number of Ticket(s)/. Pass(cs):	Describe the publ	ic purpose made pursuant to	the agency's policy
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	karan timer olar van en kernen kernen fan gebieren.		· ·		49 19 9 19 19 19 19 19 19 19 19 19 19 19
B. Name of Individual (intrini)	• • •	Number of Tickel(e)/ Pass(ce)		Identify one of the following	
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	v <u>er mannen i måvend</u> dörötröri dör - ve <b>gg</b>		Coremonial Role	Other .	Income
C. Name of Outside Organizat (include address and descrip	lon stion)	Number of Ticket(s)/ Pass(os)	Describe the public	purpose made pursuant to th	ie agency's policy
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Varification					
Verification	s 18944.1 and 1	8942. I have ven	ified that the distribution set forth	above, is in accordance with the	enulramonte
				above, is in accordance with the r	equirements.
		8942. I have ven 20 Ann Ferg Print Name	jerson Su	ebove, is in accordance with the i pervisor's Assistant Tille	equirements.  (Monih, Day, Year)

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

4.

		sa Distributions		A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County Division, Department, or Region (	If Applicable)	anti-turn and a second floor on the Stationer of Stationer of Stationer of Stationer of Stationer of Stationer		Form
	n Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name	e, Title)			
Lee Ann Fergerson, Supervisor's	s Assistant			
Area Code/Phone Number E-m		an a	Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leea	ann.fergerson@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informati				
Does the agency have a ticket polic	cy? Yes 🖗 N	lo 🗌 🛛 🛛 Face Value o	of Each Ticket/Pass \$ _	112,50
Event Description	all	Date(s)	,29,16	, ,
	de Tille/Explanation		Co ob	//
Ticket(s)/Pass(es) provided by age	ncy? Yes ZDN	o 🗆 If no: 📿	kland Dr Name of Sol	thetics
Was ticket distribution made at the l	behest 💿 No 🗔. Ye	If yes:	meda County Supervisor S	Scott Haggerty, District 1
of agency official?		(	Official's Name (L	ast, First)
Recipients • Use Section A to Identify the agency's depa	artment or unit. • Use S	ection B to identify an individue	al a lise Section C to Manual	
A. Name of Agency, Department or U	I Number of	Describe the publi	ic purpose made pursuant i	to the agency's policy
B. Name of Individual (Last, Firet)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	9i
Glibert, Robin, Christian A Charolette Lillava Mast, Jen & Austin Lillavd	mador		dance at a county sp	
Charolette Lillard	18/		maximize potential c	
must, son caustin linaval		revenue for conce	sion and parking sale	2S.
1 mr. Shirley Lillard		Ceremonial Role	Other .	
J 1998 Shir ley Lillard Secur, Anthony & Ana ( Scotty & Alisa Hackbarth	Brien		Role" or "Other" describe below:	
Scotty & Misa Hacklowich				
	Number of		an a	
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Cambron Lee		2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 -	anta a transmission a sta da anna gunda anna anna anna anna anna anna anna	
		·		
erification				
	44.1 and 18942 I have ver	ified that the distribution set forth a		
5.00-				requirements.
Signature of Agen¢y Head or Designee	Lee Ann Ferg		pervisor's Assistant	6/29/16
$\cup$ ()			1415	(Month, Day,/Year)
omment:			•	

0	eremonial Role Even	is and the	verrass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		J	Form COLL For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)	)	анан - ус <mark>анууну</mark> канан - кай <sup>н</sup> байн		
	Board of Supervisors	,				
	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistan	it	A Description of the second	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:	(Monih, Day, Year)
2.	Function or Event Infor		V	T Eace Value c	of Each Ticket/Pass \$ -	600,61
	Does the agency have a ticke	· · · ·	Yes 🛛 Nol	1-	19,19,10	Acceleration of the second
	Event Description	Provide Title/Expla	mation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🙋 No I	🗆 lf no: <u>G</u> e	5W	
	•		•	Ala	Name of S meda County Super	ource visor Scott Haggerty, D 1
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes,	If yes:	Official's Name	
2						
J.	• Use Section A to Identify the agence	y's department or u	unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Departm	nt on Unit	Number of Tickous/	Describe the put	olic:puppose made pursual	it to the agency's policy.
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				· .		
	B. Nameoringlyiqu	a	Numbar of . Ticket(s)/ Rass(cs)/		Identify one of the follo	ving:
	Fernandora	Mas	2	Ceremonial Role	sial Bala" as tAthar" docodha balau	Income 🗌
	Fernando Car David Alder	11-07		To promote att	endance at a	county Sponsored
	1/aura Alder		2	event to ma	ximize potatic	el courity revenue
	Construe of California and a second			Ceremonial Role	Other	Income
				Arc concess	nial Role" or "Other" describe below 1001 and part	-king sales.
						0
	C. Name of Outside Orga	nization	Number of Ticket(s)/ Pass(es)	Describe the pu	6lic;purpose made pursua	it to the spency's policy
	(include address) and de	scription)	FASE(01)			金袖间隙地下的空影。 <sup>20</sup> 期期的不能,
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A	Verificatiøn		ļ			
1	νσητικατιψτι	(8944.1 and	d 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.
ę		_	Lee Ann Fe	rgerson	Supervisor's Assista	nt 0124/16
	Signature of Agency Head or Designa	0	Print Nan	10	Tille	(Monih, Day, Yoar)
	Comment:					

4.

					A Public Docume
1. Agency Name			•	Date Stamp	California 802
Alameda County		·			(Form
Division, Department, or Re	gion (If Applical	ble)	an a		For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	ant			
Area Code/Phone Number	E-mail			- Amendment (Musi pi	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	jerson@acg	OV:0FO	Date of Original Filing: .	
. Function or Event Infor	1				(Month, Day, Yent)
Does the agency have a ticke		Yes 😰 No	Face Value	of Each Ticket/Pass \$	5200
12.	0/0000			 	
Event Description	Provide Title/Exp	planation	Date(s)	1,2,6	
Ticket(s)/Pass(es) provided b	y agency?	YesZDNo	If no: Do	kland A	hletics
Was ticket distribution made a	at the behest	No 🗍. Yes	If yes:Ali	ameda County Supervisor So	cott Haggerty, District 1
of agency official?	, 		(.	Official's Name (La	ist, First)
Recipients	• • • •			· · ·	· · ·
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A. Name of Agency, Departme	nt or Unit	T(¢ket(s)/ Pass(en)	Describe the pub	ilic purpose made pursuant t	the agency's policy
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B. Name of Individua (Last: First)	f .	Number of Ticket(e)/ Pass(es)	1 1 1 1 1	Identify one of the following	
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Loudon	_	4	<u></u>		
			Coremonial Role [ Il checking *Ceremonia	Other	Income 🔲
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C. Name of Outside Organiz (include address and desc	ription)	Number of Ticket(s)/ Pass(os)	Describe the publi	ic purpose made pursuant to t	he agency's policy
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	3944.1 and	18942. I have veri	fied that the distribution set for	Ih above, is in accordance with the	requirements,
		ee Ann Ferg		upervisor's Assistant	6/24/110
อนุมายเกระ การเรียนไร เมตรก การเริ่มแลง		Print Name		Tile	(Month, Day, Year)
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A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🚺 No 🗌 Date(s) **Event Description** Provide Title/Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🗌 Yes 🗌 If yes Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Pass(es) Β. Identify one of the following: (Last, First) Income Other 🗌 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Number of Name of Outside Organization Ċ. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4 344.4 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

> Lee Ann Fergerson Print Name

Supervisor's Assistant

Title

Comment: .

Signature of Agency He

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

4.

A A gongu Maria				A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County Division, Department, or Regi	on (Il Applicable)			Form For Official Use Only
	on (ii Applicatile)			For Onicial cost Only
Board of Supervisors				
Designated Agency Contact (	•			
Lee Ann Fergerson, Supervi	sor's Assistant			
	E-mail	₩	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acg	jov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform				01 00
Does the agency have a ticket	policy? Yes D N	lo 🗌 🛛 Face Value d	of Each Ticket/Pass \$	fri . OU .
Event Description	elsall (	Date(s)	1218	<i>,</i> , ,
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3. Recipients		. <i>(</i> .		SI, FITSI)
Vise Section A to Identify the agency's	s department or unit. • Use S	ection B to Identify an Individu	101 - a Hea Santian C an Identit	· · · · · · · · · · · · · · · · · · ·
A. Name of Agency, Departmen	i i i i i i i i i i i i i i i i i i i	Describe the pub	lic purpose made pursuant to	the agency's policy
		<u>n station and the second s</u>		edul Milital (Statistic Parality)
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B. Name of Individual	Number of Ticket(a) Pass(cs)		Identify one of the following	
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		Coremonial Role L	Other [] of Role" or "Other" describe below;	Income 🛄
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Signature of Agenty Heby or Hebignee	Lee Ann Fei Print Nam		upervisor's Assistant	(Month, Day, Year)
Comment:			۰,	
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1 Agency Name				A Public Documer
1. Agency Name		l	Date Stamp	California 802
Alameda County Division, Department, or Region ( <i>II Applic</i>	able)			Form
	abicj			For Official Use Only
Board of Supervisors		Performance of the State of Concerning of the state of th		
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assis	stant			
Area Code/Phone Number E-mail		, .	Amendment (Musip	
	rgerson@acg	Jov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?				7-700
Br. d. al	Yes D N	lo 🗌 🛛 Face Value o	f Each Ticket/Pass \$	dif
Event Description	Volanation	Date(s)	, 19, 16	
Ticket(s)/Pass(es) provided by agency?	Yes	o If no: Ca	kland Dr	hletics
Was ticket distribution made at the behest	L No 🗔 . Ye:	Alar	Name of Sou	
of agency official?		s If yes:	neda County Supervisor So Official's Name (La	cott Haggerty, District 1
Recipients				
• Use Section A to identify the agency's department of	or unit. • Use Se	ection B to identify an individua	I. ● Use Section C to identify	/ an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	
	FABBIES	and the second		
Ć				
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	
		Ceremonial Role	Other	Income
		If checking *Ceremonial I	Role" or "Olher" describe below:	
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		Ceremonial Role	Other .	
			tole" or "Other" describe below:	
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Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public <b>p</b>	ourpose made pursuant to th	e agency's policy
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94604				
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	.ee Ann Ferge			equirements.
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Provide hand	1.6.	h. (1 -		(Month, Day, Year)
mment: <u>IVOMO tes Nealt</u>	uy sui	staunable Com	manthes by	making
Dicycling fun ar	rd'acce	essible FPPC	C Toll-Free Helpline: 866/AS	FPPC Form 802 (4/12) K-FPPC (866/275-7772)

Ceremonial Role Eve	ents and lick	evrass Dis	riputions	•	A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or R	egion (If Applicable)			•	For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)				
Lee Ann Fergerson, Supe	ervisor's Assistan	t		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail	_			
(510) 272-6691		son@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info				at any to make the stands and	104.00
Does the agency have a tic	ket policy?			of Each Ticket/Pass \$ _	
Event Description	<u>er Hours</u> Provida Tille/Expla	Concert	Date(s)	0,25,16	///
Ticket(s)/Pass(es) provided		Yes 🙋 No 🗔	If no: Ges	ω	
	, ., .g, .			Nama or Si	visor Scott Haggerty, D
Was ticket distribution mad of agency official?	e at the behest	No 🗋 Yes 🚺	If yes:	Ófficial's Name	
3. Recipients				<u></u>	
Use Section A to Identify the age	ency's department or u		3 to identify an individ	ual. • Use Section C to Idea	ntify an outside organization.
A. Name of Agency, Depar	tment on Unit	Númber of : Tickol(s)/ Rasc(es)	Describe the pu	jic:briboae wadaibrii.angu	t to the agency's policy.
Clerkofth	e Bravd	Press and a second		inty employee for hi ce to the public or to	
of Supervi	15222		taff developme	•	
B. Name of Ingly	alai	Numbar of Tickeusi/ Rase(cs)		lidentify one of therfollow	ving:
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	and the second secon				
			Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below	Income [
		Numberof		加回热流和游戏家和中心的问题	
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4. Verification			•		
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Signature of Agency Hebb.or Los	Carteria and a second s	Lee Ann Ferger Pdnt Name	son	Supervisor's Assista	(Month, Day, Year)
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Comment:					

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

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	100 MIN 11	VNGUL 43		•	A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	gion (If Applicat	ole)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	ant			
Area Code/Phone Number	E-mail			- C Amendment (Must	provide explanation in Part 3.}
(510) 272-6691	leeann.ferg	erson@acg	iov.org	Date of Original Filing:	
2. Function or Event Infor	mation				(Monih, Day, Year)
Does the agency have a ticke	et policy?	Yes 🗷 N	o 🔲 🛛 Face Value	of Each Ticket/Pass \$ _	20.00
Event Description	WIS VIE	wing	Dauly 1		
	Provide Title/Exp		party Date(s)	<u> </u>	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔁 No	o∏ lfno: <u>GS</u>	ŝ	
	•			Name of So	UICO
Was ticket distribution made a of agency official?	at the behest	Notev	s 🔲 lf yes:	inteda County Superv	visor Scott Haggerty, D 1
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• Use Section A to Identify the agency		I Number of	ection is to identify an individ	luel. • Use Section C to Iden	tify an outside organization.
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			Ceremonial Role	Other 🔲	Income
	•			al Role" or "Other" describe below:	
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C. Name of Outside Organit	ation ription)	Ticket(a)/	Describe the publ	lc.purpose made pupuent i	o the agency/sipolicy
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Verification					
vynuauon	944.1 and	18942. I have ve	, ified that the distribution set to	rth above, is in accordance with	
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Signature of Agency Head or Davigneo		ee Ann Ferg	Contractor Contra	Supervisor's Assistant	6/16/16
				1144	(Month, Day, Year)
Comment:	Por posini, Tr Paraguanti de concernante de concernante				

**A Public Document** California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: leeann.fergerson@acgov.org (510) 272-6691 (Month, Day, Year) 2. Function or Event Information ),00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? (es 🚺 🛛 🗆 θ Date(s) Event Description Provide Title/Explanatior If no: Ticket(s)/Pass(es) provided by agency? Yes 🕢 No 🗌 Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No Ves If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Income Ceremonial Role Other 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) Verification is 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Supervisor's Assistant Lee Ann Fergerson Print Name Tille Month Dav Year Signature of Agency Head or Designee

Comment:

4.

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

	CO WILL III	NOUL 02		13	•	A Public Docume
1. Agency Name		Contraction of Contraction Powers			Date Stamp	California 80
Alameda County						
Division, Department, or Reg	ion (If Applicabl	e)				For Official Use Only
Board of Supervisors						
Designated Agency Contact (	Name, Title)					
Lee Ann Fergerson, Superv	isor's Assista	nt		┝		
Area Code/Phone Number	E-mail				Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org		Date of Original Filing: .	(Monih, Day, Year)
2. Function or Event Inform	nation			- Longer		
Does the agency have a ticket	t policy?	Yes 🔲 No	Face Val	lue of l	Each Ticket/Pass \$	10,000
Event Description	15-FIND	il G	Date(s) _	6	,13,16	*
	Provide Title/Expl	anațion		$\overline{}$	· )	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: 🤳	501	N	
Was ticket distribution made a	t the heheet			Alam	Name of Sou eda County Supervi	nce sor Scott Haggerty, D
of agency official?	r me benesi,	No 🗋 Yes	s 🗋 lf yes: 🕳		Official's Name (Le	
. Recipients						
. Use Section A to Identify the agency	's department or	unit. 🔹 Use Se	ection B to identify an Ind	dividual.	• Use Section C to Identif	iv an outside organization.
A. Name of Agency, Departmen	itonUnit	Number of	Describeline	a nublici		
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B.		Number of Ticket(s)/ Pase(es):			lentify one of the followin	<b>9)</b>
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Grat Aresty	4	4	received cou	inty fu	inding or support	and have
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C	eremonial Role Event	s and Tic	ket/Pass	s Distributions		A Public Document
1	. Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (/	lame, Title)	<b></b>			
	Lee Ann Fergerson, Supervis	sor's Assistar	nt			
		E-mail			Amendment (Must µ	provide explanation in Part 3.)
		leeann.ferge	rson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Inform	nation				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
•	Does the agency have a ticket	policy?	Yes 🖄 No	Face Value o	f Each Ticket/Pass \$ _	21.00
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	Event Description 75/10	Provide Title/Expla	anatión		A C C C C A X	14A. Hor
	Ticket(s)/Pass(es) provided by	agency?	Yes 😰 No	If no:	Name of So	HALLETICS_
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υ.	• Use Section A to identify the agency'	s department or u	unit.   ♦ Use Se	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 publ				lic purpose made pursuant	to the agency's policy
			Pass(es)			
		ng physical and a second s			annag na su an	n Na na na na haifi da da ang ang ang ang ang ang ang ang ang an
	B. Name of Individual		Number of			
	D, (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	income
				in checking Geremonia	al Role" or "Olher <sup>"</sup> describe below:	
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	C. Name of Outside Organiz (Include address and desci		Ticket(s)/ Pass(es)		lo purpose made pursuant	
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	38991 Farwell Dr	We we		it's contributions	to the community.	
	To diverse 1 and 1	~ 71		element.		
	room of gy	536		<b>-</b>	· · ·	
4.	Verification					
·		8944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	h the requirements.
			.ee Ann Fer		Supervisor's Assistant	16, 56pt.21
	Signature of Agency Head of Designee	. 0	Print Nam		Tille	(Month, Day) Year)
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	of DALAM	-1		F	PPC Toll-Free Helpline: 8	F柏C Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
	endarin.			•		

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1	. Agency Name				Date Stamp	California 802
	Alameda County	70000000000		_		
	Division, Department, or Reg	ion (If Applica		For Official Use Only		
	Board of Supervisors	,				
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Superv	isor's Assis	tant			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.fer	gerson@acg	ov.org	Date of Original Filing:	
2.	Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🕢 N	o 🗌 🛛 Face Value d	of Each Ticket/Pass \$ _	0,000
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	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛃 No	b If no:	ŚW	
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	Was ticket distribution made a of agency official?	t the behest	Nc /e	s 😰 lf yes:		isor Scott Haggerty, D 1
58					Ófficial's Nama (I	.øst, First)
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	A. Name of Agency, Department	nronunit (	Tickotia)/	Describe the pub	lic purpose made pursuant.	to the agancy's policy
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		and the second secon				
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(	Comment:				,	
						EPPC Form 802 (4/42)

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1. Agency Name				Date Stamp	California 802
Alameda County	Page - manager - mana				ronn
Division, Department, or Reg	ilon (If Applicabl		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assista	nt		Amendment (Must p	
Area Code/Phone Number	E-mail				•
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Infor					0 TOD
Does the agency have a ticke	•			of Each Ticket/Pass \$ 上	0,000
Event Description	<u>FUDVCS</u> Provide Title/Expl	<u>HINA</u>	LS_ Date(s)_LQ	1516	
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- ·				Ófficial's Nama (L	est, First)
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			Ceremonial Role	Other	Income
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1	. Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Tille)		τα ματαγραφιατία το το το διαγοριατικο το		
	Lee Ann Fergerson, Superv	isor's Assista	int			i
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@aca	ov.ora	Date of Original Filing:	
2,	Function or Event Inform					(Monih, Day, Year)
	Does the agency have a ticket		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	5,000
	11/200	riors			<u>5,30,10</u>	
	Event Description	Provide Title/Exp	lanațion	Date(s)		
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		- •		, et al.	Name of Sou	JIČ <del>O</del>
	Was ticket distribution made a	t the behest	No 🗖 Yes	If yes:	neda County Superv	sor Scott Haggerty, D 1
	of agency official?				Ófficial's Name (L	əst, Firsi)
},	Recipients					
	Use Section A to Identify the agency	's department or	unit. • Use Se	iction B to identify an individu	tol. • Use Section C to ident	ify an outside organization.
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		NUMBER OF T		rified lhat the distribution set for		the requirements,
	Signature of Agency Head or Dosignoo)		ee Ann Fer	Contractor and Contra	Supervisor's Assistant	- UNIVE
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1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicab		For Official Use Only		
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	ant			
Area Code/Phone Number	E-mail			_ L Amendment (Must	provide 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					1-1×1
Does the agency have a tick	et policy?	Yes 🗖 No	Face Value of	of Each Ticket/Pass \$ .	15/150
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Was ticket distribution made	at the hehest		Ala	Name of S meda County Super	visor Scott Haggerty, D
of agency official?		No 🗋 Yes	If yes:	Official's Name	
. Recipients					
. Use Section A to identify the agence	y's department or	unit. 🔹 Use Se	ection B to identify an individu	ual. • Use Section C to Ider	itify an outside organization.
A. Name of Agency (Departm	ni onUnit	Number of Tickoual/	Describe the pub	lc purpose made pursuan	t to the anoncy's policy.
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1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (if Applicat	nle)			For Official Use Only
Board of Supervisors	· .				
<b>Designated Agency Contact</b>	(Name, Title)		nin konzegne y – w na na – Aldelanders zaza konzeg gantatati meter produktioner		
Lee Ann Fergerson, Super	visor's Assista	ant		alli alla dan bahan si sa si sa ka diga di sa mana si si sa managan ka sa managan ka sa managan sa sa sa sa sa Arama s	
Area Code/Phone Number	E-mail	an an an a' fairm ann an an an an an Ann		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	rmation				
Does the agency have a tick	et policy?	Yes 🕢 No 🗌	] Face Value o	of Each Ticket/Pass \$ _	060,0
Event Description	CLIDY S		Date(s)	, 2,10	1
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of agency official?	ai ine penesi	No 🗋 Yes 🗌	] If yes:	Official's Name (L	sof Scott Haggerty, D
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Verification					
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1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	<b>jion</b> (If Applicab	le)			For Official Use Only
Board of Supervisors	١				
<b>Designated Agency Contact</b>					
Lee Ann Fergerson, Superv		int		Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail	-			
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
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Event Description	Provide Tille/Exp	lanation	Date(s)	1/2/10	·
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Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes	If yes:		visor Scott Haggerty, D 1
- ·				Ófficial's Name (	Lest, First)
<ol> <li>Recipients         <ul> <li>Use Section A to identify the agency</li> </ul> </li> </ol>	/'s department or	unit. e i tse Se	ction B to identify an inductor		ATEA_1.1
	1217 用用用 301	NAMANONAL	2. 当然我们不能帮助你的时间的时候。	an. • Use Section C to iden	to the agency's policy
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Internet phim	VYX U AU		to maximize potenti parking sales.	ial county revenue for co	ncession and
	,		parking sales.		
			Ceremonial Role	Other	Income 🔲
				Role" or "Other" describe below:	
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C. Name of Outside Organi ((Include) address) and desc	npuon)	Number of Ticket(s)/ Pass (es)	Describe the publi	ç purpose mada pursuant.	to the sgency/s policy
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		e-cons redific		Tille	(Monin, Day, Year)
Comment:			al brancourse de la compacta de la c		

1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Alameda County Fair 04 16 06 15 16 07 Event Description Date(s) Provide Title/Explanation If no: Alameda County Fair Association 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other 🛛 Income Espiritu, Joan If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Other X Ceremonial Role Income Gonzalez, Daniel If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

Verification 4.

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

Nancy Sa

Print Name

Pass(es)

Supervisor's Assistant

Tille

Includes 1 parking pass at the value of \$10 each. Comment:

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

A Public Document California

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 \$35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 **Baseball** game 06 30 16 Date(s) Event Description Provide Title/Explanation If 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 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role . Other Aguilar, Julian If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below 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

| 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	07/01/2016
Signature & Agency Head or Designee	Print Name	. Title	(Month, Day, Year)
Comment:			

U.		ts and no	Acui ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			· · ·	
	Nancy Sa					
	Area Code/Phone Number	E-mail	*****	<b>2000 - Child V / 2006 en Children i Anna Anna Anna Anna Anna Anna Anna A</b>	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 Infor	mation		an and a second s		
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	12
	Event Description <u>Alameda (</u>	County Fair		Date(s)06	<u>, 15 , 16</u>	070416
	·					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: <u>Alameda County Fair Association</u>		
	Was ticket distribution made at the behest No 디 Yes IX			rza , Valle.	, Richard- Supervisor	
	of agency official?		No 🗌 Yes	If yes:	Official's Name (	
3.	Recipients	(karren babasergen al overen en barsteren e				
	<ul> <li>Use Section A to identify the agenc</li> </ul>	y's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				· ·		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Raymundo, Gloria		4		ial Role" or "Other" describe below:	Income
				To promote attenda	ance at an event held potential revenue from	
	O amaia O anaia			Ceremonial Role		Income
	Garcia, Susie	Garcia, Susie		To promote attenda	<sup>ial Role" or "Other" describe below:</sup> ance at an event held potential revenue from	
	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	
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4.	Verification				anna a' ann a' a' an	
,	I barra waad aad madawalaad FMMA Dawi	.'-"-~ 18944.1 an	d 18942. I have ve Nancy		orth above, is in accordance wi Supervisor's Assistan	1 100 111
-	Signalure of Agency Head or Designee	;	Print Nan		Title	(Month, Day, Year)
				, see the second s		
	Comment: Includes 1 parkir	ig pass at the	value of \$10	Jeach.		

Ph. . I. I. .

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy ′′			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
Anthony, Mark		Ceremonial Role D Other I Income I Income I Income			
	4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
Chao, Wern		Ceremonial Role D Other S Income Income If checking "Ceremonial Role" or "Other" describe below:			
	3	To reward a community volunteer for her service to the public.			
Ortiz, John		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
	3	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
Estrada, Marissa		Ceremonial Role Other Income Income Income			
	3	To 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 public purpose made pursuant to the agency's policy			

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) Nancv 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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 04 06 15 16 07 16 Date(s). Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role , Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Union City Kids Zone | 725 Whipple To reward a non-profit organization for its contributions to the 20 Road, Union City CA 94587 community. Promotes cradle to career success by empowering youth and families 4 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

A Public Document 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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description <u>Alameda</u> County Fair 04 16 15 16 07 06 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If ves: <u>Valle</u>, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role . Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Tiburcio Vasquez Health Center | 33255 To reward a non-profit organization for its contributions to the 40 Ninth Street, Union City, CA 94587 community. Provide quality health care to uninsured residents 4 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Nancy Sa Supervisor's Assistant

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

Ceremonial Role Events an	a licket/Pass	s Distributions		A Public Document
1. Agency Name	· · ·		Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If A	Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, 7	Title)		- - -	
Nancy Sa				
Area Code/Phone Number E-mai	l		_ C Amendment (Must prov	vide explanation in Part 3.)
(510) 272-6692 nanc	y.sa@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informatio	n			10
Does the agency have a ticket policy	/? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	12
Event Description <u>Alameda County</u> Provide	Fair Title/Explanation	Date(s)6	6 <u>15 16</u>	07 , 04 , 16
Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌 No	In If no. Alame	eda County Fair Associa	tion
			Name of Source	Ce
Was ticket distribution made at the b of agency official?	ehest No 🗌 Yes	If yes: Valle	, Richard- Supervisor Di Official's Name (Las	strict 2 st, First)
3. Recipients • Use Section A to identify the agency's depart	fment or unit a Use Se	action B to identify an individu	ual a lies Section C to identifi	
A. Name of Agency, Department or Ur	Number of			
A. Name of Agency, Department of Of	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to	o the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	
		If checking "Ceremon	nial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description	Ticket(c)/	Describe the pub	lic purpose made pursuant to	the agency's policy
Ruggieri Senior Center   33997 Alvardo-Niles Road, Union City CA	A 9458 20	To reward a non-pr community.	rofit organization for its o	contributions to the
Provide quality services to seniors Union City	in			
4. Verification I have read and understand FPPC Regulations 18	1944.1 and 18942. I have v	erified that the distribution set fi	orth above, is in accordance with t	the requirements
/	Nancy		Supervisor's Assistant	(0/2011/0
Signature of Agency Head or Designee	Print Nan		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) 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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 04 15 16 07 16 06 , Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Income Ceremonial Role , Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Life ElderCare | 3300 Capitol Ave., To reward a non-profit organization for its contributions to the 40 Fremont, CA 94538 community. Empower seniors to live with independence and interdependence 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.

 Nancy Sa
 Supervisor's Assistant
 Ululuu

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

Comment: \_

**A Public Document** 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancv 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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 04 15 16 07 16 06 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🕅 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role , Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Centro de Servicios | 525 H street, Union To reward a non-profit organization for its contributions to the 40 City, CA 94587 community. Provides services to low-income immigrant families Verification 4 d 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
 U/Lo/LLe

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

Comment: \_\_

V			ACUI 033	Distributions		A Public Document
1.	Agency Name			and personal and an an an and a second s	Date Stamp	California 802
	Alameda County					FOILE
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail		·	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				(month), buy, roury
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	12
	Event Description Alameda	County Fair		00	, 15 , 16	07 , 04 , 16
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	Ist If no: Alame	da County Fair Associ	ation
					Name of Sou	irce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2
	of agency official?				Official's Name (L	ast, First)
3.	• Use Section A to identify the agency	y's department or	unit. 🔹 Use Sec	stion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
	Gonzalez, Yesenia		2		ial Role" or "Other" describe below:	
				To promote attendance at an event held at a County facil order to maximize potential revenue from sales.		
				Ceremonial Role	Other 🔀	Income
	Clark, Stuart		2	-	ial Role" or "Other" describe below:	
					ance at an event held a potential revenue from	
	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
	Verification					
÷.	VEITILALIUN					

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	6/20/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: Includes 2 parking passe	s at the value of \$10 each.		

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
,				
· · · · · · · · · · · · · · · · · · ·				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Nunez, Emmanuel		Ceremonial Role Other Income Income 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.		
Fagalde, Diane	_	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
	2	To reward a community volunteer for her service to the public.		
Camacho, Soledad	6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
	0	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
Olivares, Lily		Ceremonial Role Other Income Income Income		
	3	To 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 public purpose made pursuant to the agency's policy		
		· · · · · · · · · · · · · · · · · · ·		
		·		

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 07 04 16 06 15 16 Date(s) \_ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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 Singh, Manisha 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. Other 🗙 Ceremonial Role Income Parra, Manuel 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. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4

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	6/20/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Includes 4 perking peaces	at the volue of \$10 each		

Comment: Includes 4 parking passes at the value of \$10 each.

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
		·	
·			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Jensen, Whitney		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:	
Jensen, Whitney	2	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	
McEvoy, Kenny	4	Ceremonial Role Dother Income Income Income If checking "Ceremonial Role" or "Other" describe below:	
		To reward a community volunteer for her service to the public.	
Mott, Gilbert	2	Ceremonial Role D Other I Income Income I Income	
		To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	
· ·		Ceremonial Role Other 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	

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	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 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 Infor	mation	*******			
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	12
	Event Description Alameda	County Fair		Date(s)6	<u> </u>	07 04 16
	•••••	Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Alame	da County Fair Assoc Name of So	iation
	Mas ticket distribution mode	t the heheet				
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes:	, Richard- Supervisor Official's Name (	Last, First)
2	Recipients					
v.	• Use Section A to identify the agenc	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, Department or Unit		Number of Ticket(s)/ Pass(es)			
						· ·
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	•				Other D ial Role" or "Other" describe below:	. Income
				Ceremonial Role If checking "Ceremon	Other is a contract of the con	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
	4C's of Alameda County   2 Center Drive, Hayward CA		40	To reward a non-pr community.	ofit organization for its	contributions to the
_	Provides access affordable, care	quality child				
4.	Verification I have read and understand FPPC Regu	lations 18944.1 and				
	-		Nancy S	Da	Supervisor's Assistant	6/20/16

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

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description <u>Alameda</u> County Fair 04 07 16 06 15 16 Date(s) Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) , Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) SAVE | 1900 Mowry Ave., Ste. 201 To reward a non-profit organization for its contributions to the 20 Fremont CA 94538 community. Provides shelter and services to victims of domestic violence 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	6/20/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 12 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Alameda County Fair Date(s) \_\_\_\_\_ / 15 07 04 16 16 Provide Title/Explanation If no: Alameda County Fair Association 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. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role 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) FESCO | 21455 Birch Street, Box 5, To reward a non-profit organization for its contributions to the 20 Hayward, CA 94541 community. Serves low-income homeless families with emergency services 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 U/U/U/U Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_
					A Public Document
1. Agency Name		Date Stamp	California Form 802		
Alameda County					
Division, Departme	nt, or Region (If Applical		For Official Use Only		
Board of Supervis	ors				
Designated Agency	/ Contact (Name, Title)				
Nancy Sa					
•	Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6692	nancy.sa@	)acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	ent Information	nanna na chuir Aile Inni Aostain an Star an Star ann an Anna Anna			
Does the agency h	Does the agency have a ticket policy? Yes X No Face Value of				12
Event Description	Event Description <u>Alameda County Fair</u> Date(s) <u>06</u>				07 , 04 , 16
Ticket(s)/Pass(es)	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Alamed			da County Fair Assoc Name of Sc	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle, of agency official?				District 2 (Last, First)
3. Recipients	ify the agency's department o	ual. • Use Section C to iden	tify an outside organization.		
A	8			lic purpose made pursuan	
B. Name	B. Name of Individual (Last, First)			Identify one of the follow	ring:
Green, Jackie		4		ial Role" or "Other" describe below:	Income
				ance at an event held potential revenue fron	
Archuleta, Michell	Archuleta, Michelle		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
			To 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)		Describe the pub	lic purpose made pursuan	t to the agency's policy
	X				
				· · · · · ·	
4. Verification	nan - Neuropa a na anna a na anna ann ann ann ann a	L		n gapan kangkangkan kana kana kana kana kana	
l have read and understan	d FPPC Regulations 18944.1 a	nd 18942. I have ve Nancy \$		orth above, is in accordance w Supervisor's Assistan	1. 1. 0. 1.
Signature of Agency H	ead or Designee	Print Nam		Tille	(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
· · · ·		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Valanza, Ana		Ceremonial Role Other Income Income Income Income 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.
Aro-Valle, Barbara	1	Ceremonial Role D Other D Income I Income I Income C Inco
		To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
	,	Ceremonial Role Other 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

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🕅 No 🗖 Event Description <u>Alameda County Fair</u> 15 16 07 04 16 06 Date(s) Provide Title/Explanation If no: Alameda County Fair Association 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 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) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

 Viola Blythe Community Center
 40
 To reward a non-profit organization for its contributions to the community.

 Promotes, supports and advocates for social services for the community
 For 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	6/20/1Ce
Signature of Agency Head or Designee	 Print Name	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				1 OIII
	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 p.	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	en lananezo antenna estenza lucantezoa.			
	Does the agency have a ticket policy?	f Each Ticket/Pass \$	20		
	Event Description Warriors vs. Cavaliers w Provide Title/Expla	, 16 , 16	//		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If n			n State Warriors Name of So	IIICA
	Was ticket distribution made at the behest	If yes: Valle,	Richard- Supervisor I		
	of agency official?	Official's Name (I	_ast, First)		
3.	Use Section A to identify the agency's department or u	nit. ● Use Sec Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ident	
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Belich, Joshua	4.	To promote attenda	Other D ial Role" or "Other" describe below: ance at an event held potential revenue from	
		4	Ceremonial Role	Other X 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
	Varification				

#### 4. Verification

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

 Nancy Sa
 Supervisor's Assistant
 U/22/U

 Signature of Agency Head or Designee
 Print Name
 Title

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					
	Designated Agency Contact (Name, Title)			-		
	Nancy Sa					
	Area Code/Phone Number E-mail			. 🔲 Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(Mohin, Day, Tear)	
		Face Value c	of Each Ticket/Pass \$	10,000		
	Event Description Warriors vs. Cavaliers	Date(s)6	<u>, 19 , 16</u>			
	Ticket(s)/Pass(es) provided by agency?	If no. Golder	n State Warriors			
	Ticket(s)/Fass(es) provided by agency?		Name of So			
	Was ticket distribution made at the behest	If yes: Valle,	, Richard- Supervisor I	District 2		
	of agency official?			Official's Name (I	ast, First)	
•	• Use Section A to identify the agency's department or to         • A.    Name of Agency, Department or Unit	unit. • Use Sec Number of Ticket(s)/ Pass(es)		to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
		Number of	•			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
			Ceremonial Role	Other 🛛	Income	
	Johnstone, Andrew	4	If checking "Ceremon	ial Role" or "Other" describe below:		
		4	To reward a comm	o reward a community volunteer for his service to the public.		
		4	Ceremonial Role	Other X ial Role" or "Other" describe below:		
		-				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	·		an a			
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	6/22/110
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

ncy Name				Date Stamp	California 802	
and County		I				
neda County						
ion, Department, or Regi	on (If Applicable	)			For Official Use Only	
rd of Supervisors						
•	Name, Title)					
cv Sa						
•	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
		cgov.org		Date of Original Filing: _	(Month Day Yoar)	
					(Month, Day, Tear)	
		Yes 🛛 No l	Face Value o	f Each Ticket/Pass \$	10,000	
Event Description Provide Title/Explanation Date(s)						
				n State Warriors		
	agonoy:			Name of Soul		
	t the behest	No 🗌 Yes	⊠ lf yes: <u>Valle,</u>			
gency official?				Official's Name (La	ast, First)	
Recipients						
			tion B to identify an individu	ial. • Use Section C to identif	fy an outside organization.	
Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
				27 - 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 201	yynnigan ar ar ddallad a ddar yw ar	
B. Name of Individual		Number of	Identify one of the following:			
(Last, First)		Pass(es)				
Dichard					Income	
		4	Ū		t a County facility in	
			•			
		4				
		4				
				10000000000000000000000000000000000000		
		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
(include address and des		Pass(es)	-	-	<b>-</b>	
			anna mu mu ma su tha su th			
fication						
	rd of Supervisors gnated Agency Contact ( cy Sa Code/Phone Number 1) 272-6692 retion or Event Inform a the agency have a ticket t Description Warriors vant et(s)/Pass(es) provided by ticket distribution made a gency official? ipients Section A to identify the agency Name of Agency, Departme Name of Individua (Last, First) e, Richard Name of Outside Organ (include address and des fication	rd of Supervisors gnated Agency Contact (Name, Title) cy Sa Code/Phone Number E-mail nancy.sa@a in the agency have a ticket policy? at Description Warriors vs. Cavaliers Provide Title/Expla- et(s)/Pass(es) provided by agency? ticket distribution made at the behest gency official? ipients Section A to identify the agency's department or unit Name of Agency, Department or Unit Name of Individual (Lest, First) a, Richard Name of Outside Organization (include address and description)	gnated Agency Contact (Name, Title)         ccy Sa         Code/Phone Number       E-mail         nancy.sa@acgov.org         iction or Event Information         a the agency have a ticket policy?         yes ⊠ No         it Description         Warriors vs. Cavaliers         Provide Title/Explanation         et(s)/Pass(es) provided by agency?         yes □ No □         ticket distribution made at the behest         gency official?         iplents         Section A to identify the agency's department or unit.         Name of Agency, Department or Unit         Name of Individual (Last, First)         Pass(es)         a, Richard         4         Name of Outside Organization (include address and description)         Number of Ticket(s)/ Pass(es)	rd of Supervisors gnated Agency Contact (Name, Title) cy Sa Code/Phone Number   ) 272-6692   nancy.sa@acgov.org ction or Event Information s the agency have a ticket policy? Yes ⊠ No □ Face Value of to bescription Warriors vs. Cavaliers Provide Title/Explanation et(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder ticket distribution made at the behest No □ Yes ⊠ If yes: Valle, gency official?  tiplents Section A to identify the agency's department or unit. • Use Section B to identify an individu Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual (Last, Finit) a, Richard A Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremonial Role (I' checking * Ceremon To promote attendd order to maximize p Ceremon Ceremo	Ind of Supervisors       Image: Supervisors         gnated Agency Contact (Name, Title)       Image: Supervisors         Code/Phone Number       E-mail         1) 272-6692       Date of Original Filling:	

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

Signature of Agency Head or Designee

Nancy Sa

Print Name

Supervisor's Assistant

Title

 $Q_{l}$ 

'2<u>2</u>

(Month, Day, Year)

16

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicable	э)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			-		
	Nancy Sa						
	Area Code/Phone Number	E-mail		anna an	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 Infor	mation		, .		20	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	20	
	Event Description Warriors v	s. Cavaliers V Provide Title/Exp			, 10 , 16	//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		n State Warriors Name of Sc		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor District 2 Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. 🔹 Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Lara, Daisy	-		Ceremonial Role	Other X nial Role" or "Other" describe below:	Income	
			4	-	unity volunteer for his	service to the public.	
			4	Ceremonial Role If checking "Ceremo	Other X 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	
		1950 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 -					
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 Print Name Signature of Agency Head or Designee Title fonth Day Year

Comment: .

(

<i>,</i> (	eremonial Role Events a					A Public Documen		
Agency Name				Date Stamp	California Form 802			
	Alameda County					For Official Use Only		
	Division, Department, or Region (	lf Applicable	)					
	Board of Supervisors							
	Designated Agency Contact (Name	ə, Titlə)						
	Nancy Sa							
	Area Code/Phone Number E-m	nail			. L Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692 nar	ncy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Informat	ion			I			
					f Each Ticket/Pass \$ _	10,000		
	Event Description Warriors vs. Cl	<u>, 2 , 16</u>						
Event Description <u>Warnors vs. Cleverand Cavallers</u> Date(s) <u>Date(s)</u>								
	Ticket(s)/Pass(es) provided by age	encv?	Yes 🗌 No	Ist If no: Golder	n State Warriors			
		511091			Name of So			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Valle,				Richard- Supervisor Official's Name (	District 2		
	of agency official?				Official's Name (	Last, First)		
	Recipients							
	Use Section A to identify the agency's de	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 Individual		Number of					
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role	Other 🛛	Income		
	Turman, Lisa		2		ial Role" or "Other" describe below:			
				To reward a community volunteer for her service to the publ				
					[·····]			
	Rico, Ramona			Ceremonial Role	ial Role" or "Other" describe below:			
	Noo, Namona		2		unity volunteer for her	service to the public.		
	C Name of Outside Organizatio	on	Number of	<b>.</b>				
	(include address and descripti		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy		
	<b>(</b> 7)							
			1					
				·				
	Varifiantian			·				
	Verification	s 18944.1 and	1 18942, I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.		
	Verification	∽ 18944.1 anc	1 18942. I have ve Nancy S		orth above, is in accordance wi Supervisor's Assistan	1.1.2.1		

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

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 10.000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗋 Event Description Warriors vs. Cleveland Cavaliers 6 5 16 Date(s) Provide Title/Explanation If no: <u>Golden State Warriors</u> 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. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other 🛛 Income Ceremonial Role Valle, Richard 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 revenue from sales. Other 🛛 Ceremonial Role Income Harris, Darrell 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)

#### 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

Nancy Sa

Print Name

Supervisor's Assistant

**A Public Document** 

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

U	eremonial Role Events and Ticł	(et/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		,	Amendment (Must p	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		(month, Edy, Todi)		
	Does the agency have a ticket policy?	f Each Ticket/Pass \$ _	20		
	Event Description Warriors vs. Cavaliers W Provide Title/Expla	<u>, 8 , 16</u>	//		
	Ticket(s)/Pass(es) provided by agency?	n State Warriors			
		Name of Sc			
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle of agency official?			Richard- Supervisor	Last. First)
	• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Garcia, Kyra	2		ial Role" or "Other" describe below:	Income C
	Gomez, Conny	2	-	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.

Nancy Sa

Print Name

Supervisor's Assistant

2 ιve (Month, Day, Year)

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

Signature of Agency Head or Designee

C	eremonial Role Even	ts and Tic	ket/Pass	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)			1	
	Nancy Sa					
	Area Code/Phone Number				Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value				of Each Ticket/Pass \$	104
	Event Description The After Hours Show Date(s)			, 25 , 16		
	Provide Interexpranation				energian and an and a second se	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gol			If no: Golder	n State Warriors	
				—	Name of Sol	
	Was ticket distribution made at the behest No 🗌 Yes 🖂			If yes: <u>valle</u> ,	, Richard- Supervisor [ Official's Name (L	ast First)
	of agency official?				omoia o Name (r	
3.	Recipients	w's denartment or	unit a llea Sac	tion B to identify an individu	ual a Uso Soction C to ident	ify an outside organization
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individ					
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy		
		, , , , , , , , , , , , , , , , , , ,				
						•
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng:
	1500, 1807		Pass(es)	O survey in the day		Income
	Holcomb, Christine			Ceremonial Role	Dther X nial Role" or "Other" describe below:	
			4	To reward a comm	unity volunteer for her	service to the public.
	• .	**************************************				
				Ceremonial Role		
	·		4	If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Organ	nization	Number of		14.531114/11.64.0414.0414.0414.0419.0419.0419.0419.041	annatisisisisisisisisisisisisisisisisisisis
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
					*****	en e
	<b>21</b> 44/14/17/17/17/17/17/17/17/17/17/17/17/17/17/			an all an		
Λ	Verification					
<b>۳</b> .		· · · 18944.1 and	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance wil	h the requirements.
			Nancy \$	Sa	Supervisor's Assistant	4/22/14

Signature of Agency Head or Designee

Print Name

Title

(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 12 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Alameda County Fair 07 04 16 06 15 16 Date(s) Provide Title/Explanation If no: Alameda County Fair Association 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 Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other 🛛 Trullinger, Andy If checking "Ceremonial Role" or "Other" describe below: 3 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below 3 Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

#### 4. Verification

Comment:

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

Nancy Sa

Print Name

Supervisor's Assistant

A Public Document

Includes 1 parking pass at the value of \$10 each.

Title

1.	Agency Name	Date Stamp	California 802			
	Alameda County		Form COZ			
	Division, Department, or Region (If App	- -	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title	3)	1,999,4 million et a y esta con esta parte esta parte esta parte esta esta parte esta parte esta parte esta par			
	Steven Jones			Amondmont (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail		provide explanation in Part 3.)			
	(510) 272-6693 steven.	jones@acgov.org	)	Date of Original Filing	(Month, Day, Year)	
2.	<b>Function or Event Information</b>		¢00			
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ .	\$20			
	Event Description Warriors Watch Pa	5 , 28 , 16	//			
	Provide Ti		· · ·			
	Ticket(s)/Pass(es) provided by agency	n State Warriors	COLIFCE			
	Was ticket distribution made at the beh	eda County Supervis				
	of agency official?	Official's Name	(Last, First)			
3	Recipients					
0.	• Use Section A to identify the agency's departm	ual. • Use Section C to ide	ntify an outside organization.			
				blic purpose made pursuar	nt to the agency's policy	
		Pass(es)				
		· · · ·				
	•					
			-			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
			Ceremonial Role	,	Income	
	Tremblay, Connie	4	-	nial Role" or "Other" describe below		
				dance at an event held at a County facility in potential County revenue from sales.		
		· · · ·	Ceremonial Role		Income	
				nial Role" or "Other" describe below		
		4				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
		Pass(es)				
				4.		
				81.5778-5778-5578-55-5-75 in 1-5-55 million and Maran Maran Maran Maran Sanagawa ya pamana amina a		
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4.	Verification					

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

Signature of Agency Head or Designee	Steven Jones	Central District Director	06/03/2016
	Print Name	Title	(Month, Day, Year)

Comment: \_

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