		JNCI/F 433	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		· <u>- · - , - ,</u> .	1	
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
		o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			· · · · · · · · · · · · · · · · · · ·	
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	149.50
	Event Description Maxwell & Mary J. Blig		2 / 07 / 16	//	
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	en State Warriors			
		Name of So	urce		
	Was ticket distribution made at the behest	on, Keith Official's Name (last First)		
	of agency official?				
3.	• Use Section A to identify the agency's department of	or unit. ● Use Sec	ction B to identify an individ	lual. ● Use Section C to iden	tify 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		
	BOS Dist 5	4	To reward a County employee for his or her exemplary service the public or to encourage staff development		
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ńng:
			Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below:	Income
			Ceremonial Role	Other Donial Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			1		3
	(include address and description)	Ticket(s)/	Describe the pu	blic purpose made pursu	uan

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.

	Amy Shrago	Supervisor's Assistant	12/01/16
gnee	Print Name	Title	(Month, Day, Year)

Agency Report of: nte and Ticket/Pase Distributions

	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	1	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695 amy.shrago(acqov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Information	<u> </u>			(WORR, Day, Year)
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	85.00
	Event Description Not So Silent Night Provide Title/Expla	2 <u>,</u> 09 <u>,</u> 16 <u>_</u>			
	Ticket(s)/Pass(es) provided by agency?	n State Warriors			
	nonel(s)(rass(es) provided by agency :	Name of Sc	purce		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Cars	on, Keith	
	of agency official?			Official's Name ('Last, First)
3.	• Use Section A to identify the agency's department or the section A to identify the agency's department or the section and th	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual	Number of		1	
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Simpson, Sam	4		Deter Solution of the second s	Income
		è	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		Describe the pu	blic purpose made pursuan	t to the agency's policy
	·				

4. Verification

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

					Amy Shrago	Supervisor's Assistant	12/01/16
	1	1	v	ignee	Print Name	Title	(Month, Day, Year)
~							

	oncor uss	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicat	ble)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago					
Area Code/Phone Number E-mail	·····		Amendment (Must pr	rovide explanation in Part 3.)	
(510) 272-6695 amy.shrag	o@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Information			I		
Does the agency have a ticket policy?	Yes 🔲 No	🗙 Face Value d	of Each Ticket/Pass \$	1200	
Event Description <u>Warriors vs. Rockets</u> Provide Title/Ex	xplanation	Date(s)12	2 , 01 , 16	///	
		Golde	n State Warriors		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of So	urce	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
of agency official?			Official's Name (I	Last, First)	
Use Section A to identify the agency's department of Agency, Department or Unit	or unit. • Use Sec Number of Ticket(s)/ Pass(es)		lentify an individual. • Use Section C to identify an outside organization		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:	
	Pass(es)	Ceremonial Role	Other X		
Ferris, Shane	4	If checking "Ceremon To promote attend	nial Role" or "Other" describe below: ance at a County spon		
		Ceremonial Role If checking "Ceremon	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 pursuant	to the agency's policy	

4. Verification

I have the distribution set forth above, is in accordance with the requirements.

			Amy Shrago	Supervisor's Assistant	12/20/16
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		signee	Print Name	Title	(Month, Day, Year)
/ (U				
Comment:					

1.11 B

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	0.1			Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	i on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Infor			·····		(Mohal, Day, Tear)
	Does the agency have a ticke		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	800.00
			2 , 03 , 16			
	Event Description	Provide Title/Expl	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Vee 🗖 Niel	If no. Golde	n State Warriors	
					Name of Sol	urce
	Was ticket distribution made a of agency official?	at the behest	on, Keith Official's Name (I	.ast, First)		
	Use Section A to identify the agency's department or a A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	NUMBER OF THE AV	olic purpose made pursuant	Contraction of the second
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Bartlett, Ben	2		Other 🗹 nial Role" or "Other" describe below: unity volunteer for his	Income	
	Clark, Keith	2		Other other other describe below: unity volunteer for his	Income	
	C. Name of Outside Orga (include address and de	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	

4. Verification

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

		Amy Shrago	Supervisor's Assistant	12/20/16
	esignee	Print Name	Title	(Month, Day, Year)
1 1	V			
Comment:				

C	eremonial Role Even	ts and T	icket/Pass Di	stributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form OOL
	Division, Department, or Reg	on (If Applica	ble)		1	For Official Use Only
	Board of Supervisors					-
	Designated Agency Contact	Name, Title)		· · · · · · · · · · · · · · · · · · ·	1	
	Amy Shrago					
	Area Code/Phone Number	E-mail		Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6695	amy.shraç	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			•••••••••	
	Does the agency have a ticke	t policy?	Yes 🗌 No 🛛	Face Value	of Each Ticket/Pass \$ _	800.00
	Event Description Warriors vs. Pacers Provide Title/Explanation			_ Date(s) _1	2 , 05 , 16	//
	Ticket(s)/Pass(es) provided b	Yes 🗌 No 🛛	If no: Golde	en State Warriors Name of Sc	Durce	
	Was ticket distribution made a of agency official?	at the behest	t No 🗌 Yes 🔀	If yes: <u>Cars</u>	on, Keith Official's Name ((Last, First)
3.	• Use Section A to identify the agence	y's department	or unit. • Use Section	B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	B. Name of Individu (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other 🔀	Income

Barra-Gibson, Mona		Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
		Ceremonial Role Other Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value d	of Each Ticket/Pass \$ _	950.00
	Event Description Warriors v	s. Trailbalzers	2 , 17 , 16	1 1		
		Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Golde	n State Warriors	<u>.</u>
					Name of S	ource
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Carse	Official's Name	(Last, First)
3.	• Use Section A to identify the agenc	v's department or i	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	The state	Number of		blic purpose made pursuar	
	A. Hane of Agenoy, Deparane	Ticket(s)/ Pass(es)	Decentre ine pu	one parpoee made pareau	n to the ugency o pency	
					= .	
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	S. Carrier	Identify one of the follow	ving:
				Ceremonial Role	Other 🛛	income
	Carson, Keith		4	-	nial Role" or "Other" describe below.	
			-	To evaluate the ability of a facility, its operator, or a loca team to attract business and contribute to the local ecor		
				Ceremonial Role	D Other X nial Role" or "Other" describe below.	
				-		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	t to the agency's policy
	(include address and des	scription)	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.

		Amy Shrago	Supervisor's Assistant	12/20/16
	[·] Designee	Print Name	Title	(Month, Day, Year)
•				
Comment:				

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					roim
	Division, Department, or Reg	i on (If Applicable	<i>;)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shragoo	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				000.00
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	600.00
	Event Description Warriors v	s. Jazz Provide Title/Expl	anation	Date(s)2	2 <u>20</u> 16	//
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Golde	n State Warriors	
		,,			Name of Se	ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name	(Last, First)
3	Recipients					
•	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	BOS Dist 5		4		y employee for his or courage staff developr	her exemplary service to nent
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonial Role If checking "Ceremon	Dther niel Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremo	Other D Inial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it 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.

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

ndment (Must p Driginal Filing: Cket/Pass \$ _ 16 /arriors Name of Sc Official's Name ((Month, Day, Year) 450.00
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	For Official Use Only provide explanation in Part 3.) (Month, Day, Year) 450.00
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	provide explanation in Part 3.) (Month, Day, Year) 450.00 //
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	(Month, Day, Year) 450.00
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	(Month, Day, Year) 450.00
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	(Month, Day, Year) 450.00
Driginal Filing: cket/Pass \$ _ _/ 16 /arriors 	(Month, Day, Year) 450.00
cket/Pass \$ _ _/ 16 /arriors _{Name of Sc}	(Month, Day, Year) 450.00
16 /arriors Name of Sc	450.00
16 /arriors Name of Sc	//
/arriors Name of Sc	
Name of Sc	
Name of Sc	
Official's Name (Last, First)
Section C to iden	tify an outside organization.
made pursuant	t to the agency's policy
ne of the follow	ring:
er 🔀	Income
County spor der to maxin	nsored event or event nize potential County rev
	Income
	t to the agency's policy
r h	County spor rder to maxin her ther describe below:

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.

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agency Hear or Designee	Print Name	Title	(Month, Day, Year)

		to and no	Neur daa	Distributions		A Public Do	
1.	Agency Name				Date Stamp	California Form	802
	Alameda County						
	Division, Department, or Reg	i on (If Applicable)		1	For Official U	se Only
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)					
	Amy Shrago					<u>.</u>	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in F	Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	;)
2.	Function or Event Infor	mation				-	
	Does the agency have a ticke	et policy?	Yes 🗌 No 🛛	Face Value	of Each Ticket/Pass \$ _		600.00
	Event Description Warriors	vs. Mavericks		D_{obs} 12	2 <u>,</u> 30 <u>,</u> 16	1	,
	Event Description	Provide Title/Exp	lanation	Date(s)	//	/	/
	Ticket(s)/Pass(es) provided t	ov agency?	Yes 🗌 No	If no: Golde	n State Warriors		
		,, .			Name of So	urce	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith Official's Name (i	(act Eirst)	
	of agency official?				Official s Name (I		
3.	• Use Section A to identify the agend	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organ	ization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's po	licy
	B. Name of Individu	nal	Number of Ticket(s)/		Identify one of the follow	ing	
	(Last, First)		Pass(es)		Identity one of the follow	ing.	110
	Comon Koith			Ceremonial Role			Income
	Carson, Keith		4	-	nial Role" or "Other" describe below: ty of a facility or its ope	arator to particin	ate in the
					ion goals or job training		
	<u>.</u>			Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:		Income
	C. Name of Outside Orga	nization	Number of	Described		444 4ha an	
	(include address and de	scription)	Ticket(s)/ Pass(es)		blic purpose made pursuant	to the agency's po	Jucy

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.

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Duditta Darmaria

Cerem	nonial Role Event	ts and Tic	ket/Pass I	Distributions		A Public Document
. Agei	ncy Name				Date Stamp	California 802
	eda County				e e	Form OOZ For Official Use Only
Divisi	ion, Department, or Regi	on (If Applicable)			
	d of Supervisors					
Desig	nated Agency Contact (Name, Title)				
Nand	cy Sa		-		Amendment (Must pr	ovide explanation in Part 3.)
Area	Code/Phone Number	E-mail				
(510)) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Fun	ction or Event Infor	mation				1200
	the agency have a ticke		Yes 🛛 No 🛛		of Each Ticket/Pass \$	
Event	t Description Warriors v	s. Dallas Mav	ericks	Date(s)2	2 , 30 , 16	//
Provide Title/Expla			anation	Coldor	n Stata Marriars	
Ticke	et(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🕻		n State Warriors Name of Sol	urce
Was ticket distribution made at the behest			No 🗔 Van 🕅	Valle	, Richard- Supervisor I	District 2
	gency official?	at the beliest	No 🗌 Yes [△ II yes	Official's Name (I	Last, First)
A.	Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Cau	idillo, Anthony		4	If checking "Ceremo	Other Other nial Role" or "Other" describe below: nunity volunteer for his	Income 🛛
			4	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
).

4. Verification

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

			in mille
	Nancy Sa	Supervisor's Assistant	12/28/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		<u> </u>		
	Nancy Sa		Amendment (Mustor	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				vide explanation in Full 0.7
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				275
	Does the agency have a ticke		Yes 🛛 No 🕻		of Each Ticket/Pass \$	
	Event Description Raiders ve	s. Buffalo Bills		Date(s)	2 4 16	//
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided b	Yes 🔲 No 🛛	If no: Oakla	Name of Source		
	Was ticket distribution made a	No 🗌 Yes [Valle	, Richard- Supervisor D	District 2	
	of agency official?		A If yes:	Official's Name (Last, First)		
3	Recipients					
σ.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy	
		Pass(es)				
					<u> </u>	
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Pass(es)			
				Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:	Income
				Ceremonial Role		Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
	C. Name of Outside Orga	inization	Number of	Decerite the	blic purposo made pursuant	to the agency's policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency s policy
	Alameda County Democra	tic Central	_	To reward a non-p	profit organization for its	contributions to the
	Committee		3	community		
	P.O. Box 3937, Hayward,					
-	To encourage people to vo		7	1		
4	. Verification I have read and understand FPPC Reg	gulations 18944.1 ar	d 18942. I have v	erified that the distribution set	t forth above, is in accordance wi	th the requirements.
	, have read and and ordered in the	,	Nancy		Supervisor's Assistan	1. 0/11
		ee	Print Nar		Title	(Month, Day, Year)
	•			r		
	Comment: Includes 1 park	ing pass at the	e value of \$3	5 		

		A Public Documen
	Date Stamp	California 802
		Form
(If Applicable)		For Officiai Use Only
ne, Title)		
mail	Amendment (Mu	st provide explanation in Part 3.)
	Date of Original Filir	g:(Month, Day, Year)
	Face Value of Each Ticket/Pass S	275
· · · · · ·		
vide Title/Explanation	Date(s)	/ /
	Je Dakland Raiders	
gency? Yes∐ No	Name o	f Source
e behest No 🗌 Yes	If yes: Valle, Richard- Supervis	or District 2
	Official's Nar	ne (Last, First)
lepartment or unit. • Use Se	ction B to identify an individual. • Use Section C to i	dentify an outside organization.
or Unit Number of Ticket(s)/		-
Number of Ticket(s)/ Pass(es)	Identify one of the fol	lowing:
	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe be	Income Iow:
	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe be	lncome
tion Number of Ticket(s)/ Pass(es)	Describe the public purpose made purs	uant to the agency's policy
Foothill 2	To reward a non-profit organization fo community	r its contributions to the
	tion he, Title) mail ancy.sa@acgov.org tion blicy? Yes ⊠ No dianapolis Colts bvide Title/Explanation gency? Yes □ No te behest No □ Yes hepartment or unit. • Use Sec br Unit Number of Ticket(s)/ Pass(es) tion ption) Number of Ticket(s)/ Pass(es) tion ption)	(If Applicable) ie, Title) mail incy.sa@acgov.org tion likey? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ dianapolis Colts ovide Title/Explanation gency? Yes □ No ⊠ If no: Oakland Raiders name or ie behest No □ Yes ⊠ If yes: Valle, Richard- Supervisis Official's Name or runt Number of Pass(es) Describe the public purpose made pursu Pass(es) Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe be It checking "Ceremonial Role" or "Other" de

	Nancy Sa	Supervisor's Assistant	1428/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: Includes 1 parking pass at	the value of \$35		
			EDDC Earm 902 (4/12)

remonial Role Even						
Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ For Official Use Only	
Division, Department, or Reg	ion (If Applicable	e)			Tor Omolar Osc Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)				Amendment (Must provide explanation in Part 3.)	
Nancy Sa						
Area Code/Phone Number	E-mail					
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing	(Month, Day, Year)	
Function or Event Infor	mation					
Does the agency have a ticke		Yes 🗵 No 🛛	Face Value o	of Each Ticket/Pass \$ -	725	
Warriers	vs. Houston R			2, 1, 16	///////	
Event Description	Provide Title/Exp		Date(s)	//		
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 🛛 No 🛙	If no: Golde	n State Warriors		
	y agoney.			Name of S		
Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name		
of agency official?						
Becipients Use Section A to identify the agent A. Name of Agency, Departm		r unit. • Use Sect Number of Ticket(s)/ Pass(es)		blic purpose made pursua		
Use Section A to identify the agen		Number of Ticket(s)/				
Use Section A to identify the agen		Number of Ticket(s)/ Pass(es)				
Use Section A to identify the agen	nent or Unit	Number of Ticket(s)/ Pass(es)			nt to the agency's policy	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu	nent or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursual	nt to the agency's policy	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual blic purpose made pursual ldentify one of the follo Other X nial Role" or "Other" describe below	nt to the agency's policy wing: Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individ (Last, First)	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual blic purpose made pursual ldentify one of the follo Other X nial Role" or "Other" describe below	nt to the agency's policy wing:	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individ (Last, First)	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pul Ceremonial Role If checking "Ceremon To reward a comm	blic purpose made pursual Identify one of the follo Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Do	wing: Income s service to the public.	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individ (Last, First)	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role	blic purpose made pursual Identify one of the follo Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Dother Do	wing: s service to the public. Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individ (Last, First)	nent or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role	blic purpose made pursual Identify one of the follo Identify one of the follo Other Other Identify volunteer for hi Other	wing: S service to the public. Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu (Last First) Garchar, Randy	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Vumber of	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	blic purpose made pursual Identify one of the follo Identify one of the follo Other Identify volunteer for hi Other Other Other Identify volunteer for hi Other Other Identify volunteer Identify volunteer Identify volunteer Identify of ther	wing: s service to the public. Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	blic purpose made pursual Identify one of the follo Identify one of the follo Other Other Identify volunteer for hi Other	wing: s service to the public. Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu (Last First) Garchar, Randy C. Name of Outside Orga (include address and definition)	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	blic purpose made pursual Identify one of the follo Identify one of the follo Other Identify volunteer for hi Other Other Other Identify volunteer for hi Other Other Identify volunteer Identify volunteer Identify volunteer Identify of ther	wing: s service to the public. Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu (Last First) Garchar, Randy	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	blic purpose made pursual Identify one of the follo Identify one of the follo Other Identify volunteer for hi Other Other Other Identify volunteer for hi Other Other Identify volunteer Identify volunteer Identify volunteer Identify of ther	wing: s service to the public. Income v: Income	
Use Section A to identify the agent A. Name of Agency, Departm B. Name of Individu (Last First) Garchar, Randy C. Name of Outside Orga (include address and definition)	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Describe the pul Ceremonial Role If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo	blic purpose made pursual Identify one of the follo Identify one of the follo Other Identify volunteer for hi Other Other Other Identify volunteer for hi Other Other Identify volunteer Identify volunteer Identify volunteer Identify of ther	wing: s service to the public. Income	

	Nancy Sa	Supervisor's Assistant	12/28/14
อเฐกลเนเษ บา ครูยาบร กอลน บา มองเรกซอ	Print Name	Title	(Month, Day, Year)

Comment: ____

······································		Date Stamp	California 802
ency Name			
			Form OO2
able)			For Official Use Offiy
		1	
			numities available in Port 2.)
@acgov.org		Date of Original Filing	(Month, Day, Year)
			1000
	Face Value of	of Each Ticket/Pass \$ -	
Suns	Date(s)12	2 , 3 , 16	//
Explanation			
Yes 🗋 🛛 No [If no: Golde	n State Warriors	Source
	- Valle		
	X If yes:	Official's Name	(Last, First)
Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Income
4			
	To reward a comm	funity volunteer for ne	
			Income
4			τ.
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
	@acgov.org Yes ⊠ No [Suns Explanation Yes □ No [St No □ Yes] At or unit. • Use Sec Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	@acgov.org Yes ⊠ No □ Face Value of Suns Date(s)12 Explanation Date(s)12 Yes □ No ⊠ If no: Golde St No □ Yes ⊠ If yes: Valle At or unit. • Use Section B to identify an individ Number of Ticket(s)/ Pass(es) Describe the pul Number of Ticket(s)/ Pass(es) Ceremonial Role A Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role A Ceremonial Role Yes Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role	@acgov.org ☐ Amendment (Must Date of Original Filing Yes ⊠ No □ Face Value of Each Ticket/Pass \$. Suns Date(s) 12 / 3 / 16 Explanation If no: Golden State Warriors Name of S Yes □ No ⊠ If no: Golden State Warriors Name of S St No □ Yes ⊠ If yes: Valle, Richard- Supervisor Official's Name at or unit. • Use Section B to identify an individual. • Use Section C to ide Number of Ticket(s)/ Pass(es) Describe the public purpose made pursual If checking "Ceremonial Role" or "Other Mescribe below To reward a community volunteer for he If checking "Ceremonial Role" or "Other" describe below 4 Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below 4 Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below

·	Nancy Sa	Supervisor's Assistant	12/28/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: Includes 1 parking pass a	at the value of \$30		
• • • • • • • • • • • • • • • • • • • •			EDDC Earm 902 (4/12)

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

gency Report of: Δ C

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				1 enni
Division, Department, or Region (If Applicab	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	<u>.</u>			
Nancy Sa			Amondment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail		<u> </u>		provide explanation in Fart 3.)
(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information		· · · · ·		675
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ -	675
Event Description Warriors vs. Indiana Pa Provide Title/Ex	acers	Date(s)	2 <u>, 5 , 16</u>	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golde	n State Warriors	
			Name of S	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	(Last, First)
Use Section A to identify the agency's department of A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursual	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremo	Other 🛛 Drial Role" or "Other" describe below	Income [
		Ceremonial Role	Other D onial Role" or "Other" describe below	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
New Haven Schools Foundation; P.O. Box 1574 Union City, CA 94587	4	To reward a non-p community	profit organization for	its contributions to the
Provides financial support for students				

4. Verification

and teachers of NHUSD

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	12/28/14
อเมแลเนเล กา พิลิลาควิ มคลด กา กองทินออ	Print Name	Title	(Month, Day, Year)

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

	Agency Name			Date Stamp	California 000	
	• •				Date Stamp	California Form 802
	Alameda County Division, Department, or Regi	on (If Applicat			-	For Official Use Only
Ľ	Division, Department, or Regi	on (II Applicat				
	Board of Supervisors					
Ī	Designated Agency Contact (Name, Title)				
	Nancy Sa					provide explanation in Part 3.)
7	Area Code/Phone Number	E-mail				, -
	(510) 272-6692	nancy.sa@)acgov.org		Date of Original Filing	(Month, Day, Year)
	Function or Event Inform	mation				
I	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	_ Face Value	of Each Ticket/Pass \$	1100
	Event Description Warriors v	s. Portland ⁻	Trail Blazers	Data(a) 1	2 , 17 , 16	
	Event Description	planation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🔲 No 🛙	d If no: Golde	en State Warriors	
	nonotion addied provided b	, agonoy:			Name of 3	
1	Was ticket distribution made at the behest No I Yes If yes: Valle, Richard- Supervisor			r District 2		
	of agency official? Official's Name (Last, First)				e (Last, First)	
	A. Name of Agency, Departing	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	B. Name of Individu		Ticket(s)/	Describe the pu	blic purpose made pursua	
	B_ Name of Individu		Ticket(s)/ Pass(es)	Describe the pu	Identify one of the follo	owing:
	B_ Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem	Identify one of the follo	owing: Income
	B. Name of Individu (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem	Identify one of the follo	owing:
	B. Name of Individu (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To reward a comi	Identify one of the follo Other I onial Role" or "Other" describe belo nunity volunteer for h	owing: Income
	B. Name of Individu (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role	Identify one of the follo Other I onial Role" or "Other" describe belo nunity volunteer for h	income is service to the public.
	B. Name of Individu (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role	Identify one of the follo Other onial Role" or "Other" describe belo nunity volunteer for h Other	income is service to the public. Income
	B. Name of Individu (Lest, First) Kaminsky, Barry	al	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role If checking "Cerem	Identify one of the folio Other Some of the folio onial Role" or "Other" describe belo nunity volunteer for h Other Other or "Other" describe belo	wing: Income is service to the public. Income
	B. Name of Individu (Last, First) Kaminsky, Barry	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role If checking "Cerem	Identify one of the follo Other onial Role" or "Other" describe belo nunity volunteer for h Other	wing: Income is service to the public. Income
	B. Name of Individu (Last, First) Kaminsky, Barry C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role If checking "Cerem	Identify one of the folio Other Some of the folio onial Role" or "Other" describe belo nunity volunteer for h Other Other or "Other" describe belo	wing: Income is service to the public. Income
	B. Name of Individu (Last, First) Kaminsky, Barry C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role If checking "Cerem	Identify one of the folio Other Some of the folio onial Role" or "Other" describe belo nunity volunteer for h Other Other or "Other" describe belo	wing: income is service to the public. Income w:
	B. Name of Individu (Last, First) Kaminsky, Barry C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To reward a comi Ceremonial Role If checking "Cerem	Identify one of the folio Other Some of the folio onial Role" or "Other" describe belo nunity volunteer for h Other Other or "Other" describe belo	owing: Income is service to the public. Income

142 Nancy Sa Supervisor's Assistant l Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: <u>Includes 1 parking pass at the value of \$30</u>

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

eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County				0 d	Form
Division, Department, or Reg	gion (If Applicable			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	1			
Nancy Sa					
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	rmation				4000
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	1000
Event Description Warriors	vs. Utah Jazz		Date(s)2	2 , 20 , 16	///
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of So	urco
	-146-56-1-1	_			
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes:	, Richard- Supervisor	Last, First)
 Recipients Use Section A to identify the agent 	icv's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization
		Number of			
A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
		Number of			
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other 🛛	
			If checking "Ceremor	nial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	L Other L nial Role" or "Other" describe below:	Income
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Teamsters 856 453 San Mateo Ave, San	Bruno 94066	4		ance at an event held potential revenue from	
Represents members from employers for safe and fai					
. Verification					
I have read and understand FPPC Re	aulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
		Nancy	Sa	Supervisor's Assistan	t 12/28/11
 Signature of Agency Head or Design 	nee	Print Nan	ne	Title	(Month, Day, Year)

C	eremonial Role Eve	nts and Tic		A Public Document			
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OOZ For Official Use Only	
	Division, Department, or R	egion (If Applicable	<i>э)</i>		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	ct (Name, Title)			1		
	Nancy Sa					rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infe	ormation				1125	
	Does the agency have a tic	ket policy?	Yes 🛛 No 🗋	Face Value of	of Each Ticket/Pass \$ _		
	Event Description Warrior	s vs. Toronto Ra	aptors	_ Date(s)12	2 , 28 , 16	//	
	•	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 🛛 No 🔀	If no: Golde	n State Warriors Name of So	urce	
	Was ticket distribution mad	e at the behest	No 🗌 Yes 🛛	Valle	Ile, Richard- Supervisor District 2 Official's Name (Last, First)		
	of agency official?			If yes:	Official's Name (Last, First)	
3.	Recipients	. =		<u> </u>			
	Use Section A to identify the age	ency's department or		B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
	B. Name of Indiv	idual	Number of				
	D. (Last. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremo	Dther X nial Role" or "Other" describe below:	Income	
				Ceremonial Role	Dother nial Role" or "Other" describe below:	Income	
	C. Name of Outside Outside Outside address and		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	

To reward a non-profit organization for its contributions to the League of Women Voters- Eden Area 4 P.O. Box 2234, Castro Valley, CA 94546 community. Informs and encourages active participation in government by citizens 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	2/28/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

	remonial Role Events and Tick	(eui a33 i	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				C. CATOR
ī	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		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@ad	caov.ora		Date of Original Filing:	(Month Day Vear)
2	Function or Event Information	<u> </u>			(wonan, Day, rear)
		Yes 🛛 No [f Each Ticket/Pass \$ _	149.50
	Event Description Mary J. Blige Concert Provide Title/Expla	nation	Date(s)	<u>, 7 , 16</u>	//
	Ticket(s)/Pass(es) provided by agency?	V	If no. Golder	n State Warriors	
	nexel(s)/Fass(es) provided by agency:	Yes 🗌 No 🛙		Name of Sc	
	Was ticket distribution made at the behest	No 🗌 Yes 🛙	If yes: Valle	Richard- Supervisor	District 2
	of agency official?			Last, First)	
	 Use Section A to identify the agency's department or u Name of Agency, Department or Unit 	Init. • Use Sect Number of Ticket(s)/ Pass(es)		al. • Use Section C to iden	
	B. Name of Individual (Last Ficial)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other 🔀	Income
	Garcia, Skeeter	4	0	ial Role" or "Other" describe below:	5 6 0
			To reward a comm	nunity volunteer for he	er service to the public.
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role		Income
				nial Role" or "Other" describe below:	
		4			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(include address and description)	Pass(es)			

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	1428/11.
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Was ticket distribution made at the behest

Name of Agency, Department or Unit

Name of Individual

(Last First)

Name of Outside

(include address a

of agency official?

3. Recipients

Α.

Β.

C.

Padaong, Alia

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) 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 85 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Not So Silent Night 16 12 9 16 12 10 Event Description Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾

No 🗌 Yes 🕅

Number of

Ticket(s)/ Pass(es)

Number of

Ticket(s)/

Pass(es)

• 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.

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	2/28/We
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

Comment: .

Name of Source

Official's Name (Last, First)

If yes: Valle, Richard- Supervisor District 2

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

Identify one of the following:

. .



			-
Organization nd description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
	4	Ceremonial Role Other Other Income	נ
	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.]

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					discrete a
	Division, Department, or Regio	n (If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Nancy Sa				Amondmont (Mustr	rovide explanation in Part 3.)
	· · · · · · · · · · · · · · · · · · ·	E-mail		<u> </u>		Tovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				125
	Does the agency have a ticket	policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	<u> </u>
	Event Description Hip-Hop Ho	liday Concer	t	Date(s)	2 , 18 , 16	///
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛽	If no: Golder	n State Warriors Name of Sc	
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes:	, Richard- Supervisor Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency		Unit. • Use Section Number of			
	A. Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Fa55(C5)	Ceremonial Role	Other 🛛	
	Frausto, Anastacia				nial Role" or "Other" describe below:	
			4	To reward a comr	nunity volunteer for he	er service to the public.
				Ceremonial Role	Other	
					nial Role" or "Other" describe below:	
			4			
	C Name of Outside Organization		Number of	<u> </u>		
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	It to the agency's policy
			1 1			

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

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			Distributione		A Fublic Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable)		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1			
	Sarah Oddie						
	Area Code/Phone Number E-mail			Amendment (Must pi	ovide explanation in Part 3.)		
	(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Information			·			
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	149.50		
	Event Description Maxwell & Mary J. Blige		—	2 <u>07</u> 16	<i>,</i> ,		
	Event Description	anation	Date(s)		//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no. Golde	n State Warriors			
	Hole(o)/ doc(co) provided by agency :			Name of So	urce		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	i, Wilma			
	of agency official?			Official's Name (I	.ast, First)		
3.	Recipients						
	Use Section A to identify the agency's department or		ction 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)/ Describe the pub Pass(es)		blic purpose made pursuant	to the agency's policy		
		_					
				·····			
	B. Name of Individual	Number of					
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Anderson Ordeland		Ceremonial Role		Income		
	Anderson, Carl Juan	2		nial Role" or "Other" describe below:			
				ance at a(n) event n potential County reven	eld at a County facility in		
			Ceremonial Role				
				nial Role" or "Other" describe below:	Income		
		2					
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy		
	(include address and description)	Pass(es)		one purpose made pursuant	to the agency s policy		
	Urban Strategies Council, 1720	2	To reward a school or nonprofit organization for its contribution		ion for its contributions		
	Broadway, Oakland, CA 94612	2	to the community				
	Mission is to eliminate persistent poverty				<u> </u>		
	in the Bay Area						
4.	Verification	<u> </u>	l				
	I have bard and understand FDDO Bhavelations 10044.1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	h the requirements.		
		Sarah Oo	ddie	Supervisor's Assistant	12.19.2016		
				· · · · · · · · · · · · · · · · · · ·			

A Public Document

1.	Agency Name			Date Stamp	California 000
	Alameda County		Form OUZ		
	Division, Department, or Region (If Applica	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		<u> </u>	-	
	Sarah Oddie				
	Area Code/Phone Number E-mail				rovide explanation in Part 3.)
	(510) 272-6693 sarah.odd	lie@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				0.5
	Does the agency have a ticket policy?	Yes 🔀 🛛 No 🗌] Face Value of	of Each Ticket/Pass \$ _	85
	Event Description <u>Not So Silent Night</u>		$-$ Date(s) $\frac{12}{3}$	2 <u>,</u> 09 <u>,</u> 16	
	Provide Title/E	Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No 🗵	If no: Golde	n State Warriors Name of So	11700
	Was ticket distribution made at the behes		If yes: Chan		0.00
	of agency official?	it No 🗌 Yes 🗵	If yes:	Official's Name (I	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of			ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
					·····
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Commonial Bala		
			Ceremonial Role If checking "Ceremo	Dial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	hial Role" or "Other" describe below:	
			Ū.		
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy
	First 5 Alameda County, 115 Atlantic		To reward a schoo	l or nonprofit organiza	tion for its contributions
	Ave, Alameda, CA 94501	2	to the community		
	Helps yng child. grow up healthy & rea	ady			
_	to learn during most imp. time in dev.				
4.	Verification		15 - J. 16 - 1. 16 J'- 1. 76 - 17	fault also in in an and a	
	l i ulations 18944.1			forth above, is in accordance wi	
	- Marine 14	Sarah Odo	······	Supervisor's Assistan	
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				
					FPPC Form 802 (4/12

A Public Document

						Party and a second s	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Region	(If Applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Nal	me,Title)					
	Sarah Oddie						
	Area Code/Phone Number E-	mail				provide explanation in Part 3.)	
	(510) 272-6693 s	arah.oddie@)acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	ation				05	
	Does the agency have a ticket p	olicy?	Yes 🛛 No 🗌] Face Value of	of Each Ticket/Pass \$ _	85	
	Event Description Not So Silent	t Night		Date(s)12	2 , 09 , 16	//	
	Pi	rovide Title/Explai	nation				
	Ticket(s)/Pass(es) provided by a	gency?	n State Warriors				
	Was ticket distribution made at the	ha hahaat		Sui Ce			
	of agency official?	ne penesi	No 🗌 Yes 🛛	If yes: Chan	Official's Name	(Last, First)	
3	Recipients						
	Use Section A to identify the agency's	department or u	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	S 1		Pass(es)				
						e	
	R Name of Individual		Number of				
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
	O Nome of Outside Organiza	tion	Number of				
	C. Name of Outside Organiza (include address and descri		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
	Satellite Affordable Housing A	ssociates		To reward a schoo	l or nonprofit organiza	ation for its contributions	
	1835 Alcatraz Ave. Berkeley,		2	to the community	a or nonprone organize		
	Non-profit offerdeble beueing	developer			,,,,,,,,_,,_,_,_	·	
	Non-profit affordable housing	developer					
4.	Verification						
- •		ons 18944.1 and	18942. I have ver	ified that the distribution set	forth above, is in accordance w	vith the requirements.	
			Sarah Od	die	Supervisor's Assistar	nt 12.19.2016	
M	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/12	

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1.	Agency Name			Date Stamp	California 000
	Alameda County		Form 802		
	Division, Department, or Region (If Applicable)	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			{	
	Sarah Oddie				<u> </u>
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	acdov ord		Date of Original Filing: _	
2		gacgov.org			(Month, Day, Year)
۷.	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value			of Each Ticket/Pass \$	85
		Yes 🛛 No [
	Event Description Not So Silent Night Provide Title/Explain	nation	Date(s)	2 / 10 / 16	//
	Coldor			n State Warriors	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛		n State Warriors Name of Sou	rce
	Was ticket distribution made at the behest	No 🗌 Yes [If yes: Chan	, Wilma	
	of agency official?			Official's Name (L	ast, First)
3.	• Use Section A to identify the agency's department or u	nit allso Sor	tion B to identify an individu	ual allse Section C to identi	fy an outside organization
	A. Name of Agency, Department or Unit	Number of		plic purpose made pursuant	
		Ticket(s)/ Pass(es)		parte care parte and	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
		Pass(es)	Ceremonial Role	Other D	
				nial Role" or "Other" describe below:	income
	· · ·		Ceremonial Role If checking "Ceremor	Other D	Income
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	First 5 Alameda County, 115 Atlantic Ave, Alameda, CA 94501	2	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Helps yng child. grow up healthy & ready to learn during most imp. time in dev.			(*)	
4.	Verification				· · ·
	I have s 18944.1 and			forth above, is in accordance with	
		Sarah Oo	ddie	Supervisor's Assistant	12.19.2016

			12.19.2010
signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

-						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region (If Applicable)				1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)			{	
	Sarah Oddie	. ,				
		-mail			Amendment (Mus	t provide explanation in Part 3.)
		arah.oddie@))acgov.org		Date of Original Filing	g:(Month, Day, Year)
2.	Function or Event Inform	ation				05
	Does the agency have a ticket p	oolicy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	85
	Event Description Not So Silent Night Date(s) 12				2 , 10 , 16	//
	Provide Title/Explanation					······································
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	<u> </u>
				Name of	Source	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan				n, Wilma Official's Name	(lock First)
_	of agency official?				Oniciai's Name	
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of			ual. • Use Section C to id	entify an outside organization.	
			A. Name of Agency, Department or Unit Ticket(s)/ Describe the pu			
	A. Name of Agency, Department	t or Unit		Describe the pu	blic purpose made pursua	Int to the agency's policy
	A. Name of Agency, Department	t or Unit	Ticket(s)/	Describe the pul	blic purpose made pursua	int to the agency's policy
	A. Name of Agency, Department B. Name of Individual (Last. First)	t or Unit	Ticket(s)/	Describe the pul	blic purpose made pursua	•
	B. Name of Individual	t or Unit	Ticket(s)/ Pass(es)	Describe the pul		•
	B. Name of Individual	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	owing:
	B. Name of Individual	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follo	owing: Income
	B. Name of Individual	ation	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo	Identify one of the folio Other nial Role" or "Other" describe belo Other nial Role" or "Other" describe belo	owing: Income
	B. Name of Individual (Last. First)	ation ription)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the folio Other nial Role" or "Other" describe belo Other nial Role" or "Other" describe belo blic purpose made pursua	owing: Income Income W:

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

_		Sarah Oddie	Supervisor's Assistant	12.19.2016
7	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

С	eremonial Role Event	s and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Regio	on (If Applicable))		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)			-		
	Amy Shrago						
		E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inforn	nation			I		
	Does the agency have a ticket	policy?	Yes 🗌 No [🗙 Face Value d	of Each Ticket/Pass \$ _	275.00	
	Event Description Raiders vs.		1 <u>, 27 , 16</u>	1 1			
		Provide Title/Expla	/	//			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Oakia	nd Raiders		
					Name of S	ource	
	Was ticket distribution made at of agency official?	t the behest	No 🗋 Yes	If yes: Carse	Official's Name	(Last First)	
_							
3.	• Use Section A to identify the agency	's department or I	unit e Uso Soc	tion B to identify an individ	ual Ise Section C to ide	ntify an outside organization	
	A STATE AND A STATE OF A STATE		Number of		La la sur	Constant and the second	
	A. Name of Agency, Department or Unit Ticket(s)/ Des Pass(es)			Describe the put	cribe the public purpose made pursuant to the agency's policy		
	<u></u>		Number				
	B. Name of Individua (Last, First)		Number of Ticket(s)/		Identify one of the follow	wing:	
			Pass(es)	Ceremonial Role	Other 🛛		
	Burton, Carol				nial Role" or "Other" describe below		
			4	To promote attendance at a County sponsored event o			
						mize potential County rev	
				Ceremonial Role		"Income	
			-	If checking Ceremo	nial Role" or "Other" describe below		
	C Name of Outside Organ	ization	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
				3			
				I			

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.

	Amy Shrago	Supervisor's Assistant	12/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

	eremoniai Kole Eveni	s and no	Keurass	Distributions		A Public E	ocument)
1.	Agency Name				Date Stamp	California	802
	Alameda County		Form	002			
	Division, Department, or Regi	on (If Applicable	<i>)</i>		-	For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)			1		
	Amy Shrago						-
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation i	n Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Ye	ar)
2.	Function or Event Inform	nation			*	(monin, buy, ro	
	Does the agency have a ticket		Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _		150.00
	Event Description Mana: Latino Power Tour Date(s) 11				1 , 11 , 16	/	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no:				n State Warriors		
					Name of So	urce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>C</u> of agency official?				Official's Name (Last. First)	
_							
3.	• Use Section A to identify the agency	's denartment or	unit e Use Ser	tion B to identify an individ	ual Allse Section C to iden	tifv an outside oro	anization
			Number of			11311 2.2	1.64
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's p	oolicy	
				To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	B. Name of Individua (Lasi, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremon	Dther nial Role" or "Other" describe below:		Income
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:		Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's	policy
				,			
			1				

4. Verification

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

_		Amy Shrago	Supervisor's Assistant	12/01/16
	Signatule of Agency Heat of Designee	Print Name	Title	(Month, Day, Year)

ocrem			neur ass	Distributions		A Public Document		
1. Ageı	ncy Name		Date Stamp	California 802				
Alam	eda County							
Divisi	on, Department, or Rec	jion (If Applicable	ə)			For Official Use Only		
Board	d of Supervisors							
Desig	nated Agency Contact	(Name, Title)						
Amy	Shrago			· .				
Area	Code/Phone Number	E-mail			_	rovide explanation in Part 3.)		
(510)) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Fund	ction or Event Info	mation				105.00		
Does	Does the agency have a ticket policy? Yes I No X Face Valu			🗙 Face Value d	of Each Ticket/Pass \$	105.00		
Event	Description Lil Wayne)		Date(s) 1'	1 , 10 , 16	///		
Lven		Provide Title/Exp	lanation					
Ticket	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Gol				n State Warriors			
				Name of So	urce			
	ticket distribution made gency official?	at the behest	No 🗌 Yes	If yes: Cars	Official's Name (i	l ast First)		
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	Number of			Contraction and		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
А.	I I I I I I I I I I I I I I I I I I I		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
BOS	BOS Dist 5			To reward a Count	y employee for his or h	ner exemplary service to		
			4	the public or to end	courage staff developm	nent		
В.	Name of Individu (Last, First)	ual	Number of Ticket(s)/	には中心と必要	Identify one of the follow	ing:		
			Pass(es)					
					nial Role" or "Other" describe below:	Income		
				Ceremonial Role	nial Role" or "Other" describe below:	Income		
				in thething torento				
C.	Name of Outside Orga (include address and de	nization	Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
		actipuoli)	Pass(es)					
•								

4. Verification

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

		Amy Shrago	Supervisor's Assistant	12/01/16
·/ · · ·	signee V	Print Name	Title	(Month, Day, Year)

Agency Report of: . . . C

0	eremonial Role Even	ts and fic	Ket/Pass D	istributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	»)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)			-	
	Amy Shrago					· · · · · · · · · · · · · · · · · · ·
	Area Code/Phone Number E-mail				Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes 🔲 No 🔀				of Each Ticket/Pass \$ _	148.00
	Event Description Family Br	dges		Date(s) 1'	1 <u>, 15 , 16</u>	1 1
	Event Description	Provide Title/Expl	anation			//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: <u>Golde</u>	n State Warriors	
				Coro	Name of Sol	Irce
	Was ticket distribution made at the behest No I Ye of agency official?			If yes: Carse	Official's Name (L	.ast. First)
					· · · · · · · · · · · · · · · · · · ·	
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sectio	n B to identify an individ	ual. • Use Section C to ident	ifv an outside organization.
		Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	en en en	Identify one of the follow	ng:
				Ceremonial Role If checking "Ceremo	Dther nial Role" or "Cther" describe below:	Income
				Ceremonial Role	Other nial Role" or "Other" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy

Asian Community Collaborative To reward a school or nonprofit organization for its contributions 4 to the community

4. Verification

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

_		Amy Shrago	Supervisor's Assistant	12/01/16
	Signature of Agency mean of Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California 807	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🗌 No 🛛	🗙 Face Value d	of Each Ticket/Pass \$	1400	
	Event Description Warriors v	s. Thunder		Date(s) 11	, 03 , 16	//	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of Sou	1/20	
				- Carso		u ce	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	If yes: Carso	Official's Name (L	.ast, First)	
-							
3.	• Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	County Administrator's Offic	ce	4	4 To reward a County employee for his or her exemplary service the public or to encourage staff development			
	B. Name of Individu (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
			rass(es)	Ceremonial Role	Other D		
					aial Role" or "Other" describe below:		
		<u> </u>		Ceremonial Role If checking "Ceremor	Other describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/01/16
Signalage of hydricy river of pros. Se	Print Name	Title	(Month, Day, Year)

Comment: _____

	No. 1. 12	Deer	
AF	JIIQU	Docu	ment

Cere		ts and no	net/1 a33	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
Ala	Alameda County					A ANAL
Div	vision, Department, or Reg	ion (If Applicable	ə)			For Official Use Only
Bo	pard of Supervisors					
	signated Agency Contact	(Name,Title)				
An	ny Shrago					
	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(51	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fu	unction or Event Infor	mation		· · · · · · · · ·	····	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Do	es the agency have a ticke	t policy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	600
-	ent Description Warriors	s. Pelicans			, 07 , 16	/
EVe	ent Description	Provide Title/Exp	lanation	Date(s)		
Tic	:ket(s)/Pass(es) provided b	v agencv?	Yes 🔲 No	If no: Golde	n State Warriors	
		,			Name of Sc	burce
	as ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (
OT	f agency official?				Ufficial s Name (Last, First)
	ecipients Ise Section A to identify the agend	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, Departm	ent or Unit	Number of Ticket(s)/ Describe the public purpose made pursuant to the agend Pass(es)			t to the agency's policy
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other	Income
Va	anHook, Lawrence		2	, i i i i i i i i i i i i i i i i i i i	nial Role" or "Other" describe below:	an han ann inn ta tha
				public	unity volunteer for his	or her service to the
				Ceremonial Role		Income
Re	eems, Brondon		2		nial Role" or "Other" describe below:	or har convice to the
			· · · · · ·	public	unity volunteer for his	of their service to the
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/01/16
Signati, , , , , , , , , , , , , , , , , , ,	Print Name	Title	(Month, Day, Year)

A Public Document

_						At able becament	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form OUL			
	Division, Department, or Regi	on (If Applicable)]	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		-			
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(Macdov ord		Date of Original Filing: .		
2	Function or Event Infor					(Month, Day, Year)	
۷.	Does the agency have a ticke		V (***) V (*		of Each Ticket/Pass \$	1,200	
	÷ -		Yes 🗌 No 🛛				
	Event Description Warriors v	S. IVIAVEFICKS Provide Title/Expl	anation	Date(s)1		//	
					n State Warriors		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛		n State Warriors Name of Sou	ırce	
	Was ticket distribution made a	it the behest	No 🗋 Yes [If yes: Carso	on, Keith		
	of agency official?				Official's Name (L	.ast, First)	
J .	Recipients Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit			ection B to identify an individual. • Use Section C to identify an outside organi Describe the public purpose made pursuant to the agency's pol			
	A Nume of Ageney, Departing		Ticket(s)/ Pass(es)	Booting and par			
	BOS Dist 5		20	To reward a County employee for his or her exemplary service the public or to encourage staff development.			
			Number of				
	B. Name of Individua (Lest, First)	al	Ticket(s)/ Pass(es)	新的教育部	Identify one of the follow	ing:	
					Other Inter Other Other Delow:	Income	
	<u> </u>			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income	
			Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/01/16
Vesignee	Print Name	Title	(Month, Day, Year)
, ,			

Α	Pub	lic	Doc	umen
~	I UN	110		union

	· · · · · · · · · · · · · · · · · · ·					A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			•		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation			1		
	Does the agency have a ticke	et policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	450.00	
	Event Description Warriors	vs. Suns			, 13 , 16	//	
	Event Description	Provide Title/Expl	anation	Date(s)	//	/	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	<u></u>	
		, , ,			Name of Sol	urce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	On, Keith Official's Name (L	act First)	
	of agency official?				Official's Name (E		
э.	• Use Section A to identify the agence		unit. • Use Sec	tester and the second second			
A. Name of Agency, Department or Unit			Ticket(s)/ Pass(es)				
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Role	Other 🛛	Income	
	Connor, Brandy				nial Role" or "Other" describe below:	income _	
			4	To reward a comm public.	unity volunteer for his	or her service to the	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy	
						-4-	

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.

	Amy Shrago	Supervisor's Assistant	12/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

	to and not	Neur ass	Distributions		A Public Documen
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	
Amy Shrago					
Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes□ Nol	Face Value	of Each Ticket/Pass \$	600.00
– Warriors v				l , 26 , 16	, ,
Event Description	Provide Title/Expla	anation	Date(s)		/
Ticket(s)/Pass(es) provided b	v agency?		If no. Golde	n State Warriors	
nekel(3)/1 ass(es) provided b	y agency:			Name of So	urce
	at the behest	No 🗌 Yes 🛛	If yes: Carse	on, Keith	
of agency official?			-	Official's Name (I	Last, First)
-	y's department or u	1	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	icket(s)/ Describe the public purpose made pursuant to the agency's policy			
B. Name of Individu (Last. First) Carson, Keith	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the followi	ing: Income
		4	To review facilities	or events that may red	
					Income
		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticked Event Description Warriors V Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agence A. Name of Agency, Departm Carson, Keith	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Event Description Warriors vs. Timberwolv Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or Unit B. Name of Individual (Last, First) Carson, Keith	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Information Does the agency have a ticket policy? Yes No Event Description Warriors vs. Timberwolves Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Carson, Keith 4	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No X Face Value of Event Description Warriors vs. Timberwolves Date(s) 14 Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golde Was ticket distribution made at the behest of agency official? No Yes Yes: Carsion A to identify the agency's department or unit. • Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pull Pass(es) Carson, Keith 4 Ceremonial Role if there is support in the neal if there is there is support in the neal if there is there is the is there is the is there	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Image: Amendment (Must pulse) Area Code/Phone Number E-mail (510) 272-6695 army.shrago@acgov.org Function or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes Into X Event Description Warriors vs. Timberwolves Provide Title/Explanation Date(s) 11 / 26 / 16 Ticket(s)/Pass(es) provided by agency? Yes Into X Vas ticket distribution made at the behest of agency official? No X Anem of Agency, Department or unit. •Use Section B to identify an individual. •Use Section C to identify an individual. •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an individual. •Use Section A to identify the agency's department or unit. •Use Section B to identify one of the follow Official's Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant Carson, Keith 4 Ceremonial Role Inflored describe below: To refuse Galifies or events that may r

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors			Date Stamp	California Form	802
Division, Department, or Region (<i>If Applicable</i>) Board of Supervisors				Form	002
Board of Supervisors					New York (Constraint)
				For Official	Use Only
Designated Agency Contact (Name, Title)					
Amy Shrago					
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in	Part 3.)
(510) 272-6695 amy.shrago@	acgov.org		Date of Original Filing: _	(Month, Day, Yea	ar)
Function or Event Information				(//////////////////////////////////////	
Does the agency have a ticket policy?	res 🔲 No	Face Value o	of Each Ticket/Pass \$		600.00
Event Description Warriors vs. Hawks	l <u>, 28 , 16</u>				
Event Description Provide Title/Explan	nation	Date(s)1		/	_/
Ticket(s)/Pass(es) provided by agency?	res□ No∣	If no: Golde	n State Warriors		
			Name of Sou	rce	
	No 🗌 Yes	If yes: Carso	on, Keith		
of agency official?			Official's Name (La	ist, First)	
• Use Section A to identify the agency's department or un	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identit	fy an outside orga	nization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's p	olicy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin Other Other Nial Role" or "Other" describe below:	ıg:	Income
			Other Other describe below:		Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant t	o the agency's p	olicy
McClymonds High School 2607 Myrtle Street Oakland CA 94607	4	To reward a school to the community	l or nonprofit organizatio	on for its conti	ributions

4. Verification

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

			Amy Shrago	Supervisor's Assistant	12/01/16	
Sigr	U	ignee	Print Name	Title	(Month, Day, Year)	
Commont						
C	eremonial Role Event	s and Ticl	ket/Pass	Distributions		A Public Document
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1.	Agency Name		Date Stamp	California 802		
	Alameda County			Ponni		
	Division, Department, or Regi	on (If Applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Vame, Title)	4			
	Amy Shrago					
	Area Code/Phone Number	E-mail			_ Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	of Each Ticket/Pass \$ _	450.00		
	Event Description Warriors ve	s. Nuggets	1 <u>, 02 , 17</u>	1 1		
	Event Description	//				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of S	ource
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Carso	Official's Name	(Last_First)
						(), , , , , , , , , , , , , , , , ,
3.	• Use Section A to identify the agency	department or i	unit e Lise Sec	tion B to identify an individ	ual a Lise Section C to ide	ntify an outside organization
			Number of			Hereit Hard Hard
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Coromonial Bala	Other 🛛	
	Eustis, Evan			Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below	
		4		To reward a comm	nunity volunteer for his	s or her service to the
				public		
				Ceremonial Role		Income
				If checking "Ceremo.	nial Role" or "Other" describe below	
	C. Name of Outside Organ	ization	Number of	ender Hinder I.	1.75	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			1			

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agency Hillad or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Documen	Α	Pub	olic	Do	cun	nen	1
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					A Public Document		
1. Agency Name				Date Stamp	California 802		
Alameda County					i onn		
Division, Department, or Regio	on (If Applicable,)		1	For Official Use Only		
Board of Supervisors							
Designated Agency Contact (N	lame, Title)	1					
Amy Shrago				Amondment (1/			
Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)		
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2. Function or Event Inform	nation			<u> </u>			
Does the agency have a ticket		Yes 🗌 No	🗙 Face Value o	of Each Ticket/Pass \$ _	800.00		
Event Description Warriors vs	. Trailblazers	anation	Date(s)01	, 04 , 1 7	//		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sol	urce		
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Carso	on, Keith			
of agency official?			,	Official's Name (l	ast, First)		
3. Recipients • Use Section A to identify the agency'	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 BOS Dist 5		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy			
		4		To reward a County employee for his or her exemplary service to the public or to encourage staff development			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		1 433(53)		Other intermediate and the second sec	Income		
			Ceremonial Role If checking "Ceremor	Other inter interview of "Other" describe below:	Income		
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of regency , issue of Jesignee	Print Name	Title	(Month, Day, Year)

Comment: _____

		NGUI 433	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or F	Region (If Applicable)		1	For Official Use Only
Board of Supervisors					
Designated Agency Conta	ict (Name, Title)				
Amy Shrago					revide evelopetion in Dert 21
Area Code/Phone Number	E-mail	·		_ C Amendment (Must pi	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inf	formation				
Does the agency have a ti	cket policy?	of Each Ticket/Pass \$	800.00		
Does the agency have a ticket policy? Yes I No X Face V Event Description Warriors vs. Grizzlies Date(s Provide Title/Explanation Date(s				1 , 06 , 17	///
	Provide Title/Expl				
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No [If no: Golde	n State Warriors Name of So	
					urce
of agency official?	de at the benest	No 🗌 Yes	If yes: Cars	Official's Name (I	Last, First)
3. Recipients • Use Section A to identify the ag	aency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depa		Number of		blic purpose made pursuant	
A, Name of Agency, Depa	intent or onit	Ticket(s)/ Pass(es)	Describe the pu	bie purpose made pursuant	to the agency a policy
B. Name of Indiv	vidual	Number of Ticket(s)/		Identify one of the follow	ina:
(Last. First)		Pass(es)			y.
Comon Kaith			Ceremonial Role		Income
Carson, Keith			-	nial Role" or "Other" describe below:	erator to participate in the
				ion goals or job training	
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of			
C. Name of Outside C (include address and		Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		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.

			Amy Shrago	Supervisor's Assistant	12/20/16
(V	Designee	Print Name	Title	(Month, Day, Year)
Comment: _	_				

m - 1 - 12 -

A Public Documer

			BiethBattono		A Fublic Documen
1. Agency Name				Date Stamp	California 802
Alameda County				0	ACCOUNT OF THE OWNER
Division, Department, or Regi	on (If Applicable,)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Vame, Title)				
Amy Shrago					un vide eventeeretien (n. Deut 0.)
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	nation				050.00
Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	950.00
Event Description Warriors vs. Heat			Date(s) 01	1 , 10 , 17	//////
	anation				
Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: Golde	n State Warriors		
					urce
Was ticket distribution made at the behest No Yes X of agency official?			If yes: Cars	Official's Name (1	(ast First)
 Recipients Use Section A to identify the agency 	<i>i</i> 's department or i	unit • Use Sec	tion B to identify an individ	ual • Use Section C to iden	tify an outside organization.
	-1.5-1	Number of			
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
<u> </u>					
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below:	Income [
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
Peter Pan Cooperative Nurs 4618 Allendale Ave. Oaklar		4	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
Peter Pan Cooperative Nurs	sery School	Pass(es)	To reward a schoo	A STREET OF THE	all A stat

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.

			Amy Shrago	Supervisor's Assistant	12/20/16
Si		signee	Print Name	Title	(Month, Day, Year)
	U				
Comment:					

Ceremonial Role Events and	l Ticket/Pass	Distributions		A Public Document		
1. Agency Name	Date Stamp	California 802				
Alameda County				Form OOZ For Official Use Only		
Division, Department, or Region (If Ap	Division, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, Tit	Designated Agency Contact (Name, Title)					
Amy Shrago						
Area Code/Phone Number E-mail		·	Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6695 amy.sl	hrago@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	-			0.400		
Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	2,100		
Event Description Warriors vs. Cava	1 <u>, 16 , 17</u>	///				
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warnors Name of Source						
Was ticket distribution made at the be	hest No 🗖 Yes	If yes: Cars	on, Keith			
of agency official?			Official's Name (Last, First)		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Uni	Number of	Describe the public purpose made pursuant to the agency's policy				
BOS Dist 5	20		y employee for his or l courage staff developn	her exemplary service to nent		
B. Name of Individual	Number of Ticket(s)		Identify one of the follow	ring:		
	Pass(es)	Ceremonial Role	Dther nial Role" or "Other" describe below:	Income		
		Ceremonial Role	Dother niai Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy		

4. Verification

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

	Amy Shrago	Supervisor's Assistant	12/20/16
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Agency Report of: С

Ceremonial Role Events and Ticket/Pass Distributions					A Public Docum		
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Pomi			
	Division, Department, or Reg	ion (If Applicable	;)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amenament (Must pl	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				075.00	
	Does the agency have a ticket policy? Yes □ No ⊠ Face \			🗙 Face Value 🤇	of Each Ticket/Pass \$ _	275.00	
	Event Description Raiders vs. Colts Date(s).			Date(s)	2 / 24 / 16	1 1	
	Provide Title/Explanation				/	//	
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Oakla	nd Raiders		
	Was ticket distribution made a	at the behast		If yes: Cars	Name of Sou on. Keith	urce	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (I	Last, First)	
3.	• 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 ident	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	BOS Dist 5		4		y employee for his or h courage staff developm	ner exemplary service to nent.	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Role	Other nial Role" or "Other" describe below:	Income	
				Ceremonial Role	Other	Income	

4. Verification

C.

Name of Outside Organization (include address and description)

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

Number of

Ticket(s)/ Pass(es)

	Amy Shrago	Supervisor's Assistant	12/20/16
Signalure of Agency read of Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role

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

If checking "Ceremonial Role" or "Other" describe below:

Comment: .

U	eremonial Role Events and Tici	kel/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County						
	Division, Department, or Region (If Applicable,)		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Amy Shrago						
	Amy Shrago Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6695 amy.shrago@	ma vonací		Date of Original Filing			
2	Function or Event Information	guogov.org			(Month, Day, Year)		
۷.		Yes 🗌 No		of Each Ticket/Pass \$ -	125.00		
	Event Description KMEL Hip Hop Holiday I	2 <u>18</u> 16	//				
		n State Warriors					
	Ticket(s)/Pass(es) provided by agency?	en State Warriors Name of S	ource				
	Was ticket distribution made at the behest No Yes X If yes: Carson, Keith						
	of agency official?		⊠ nyes	Official's Name	(Last, First)		
3	Recipients						
0.	Use Section A to identify the agency's department or it	unit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit	blic purpose made pursuar	nt to the agency's policy				
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/		Identify one of the follow	wing:		
		Pass(es)	Ceremonial Role	Other 🔀			
	Lewis, Reako			onial Role" or "Other" describe below			
		4	To promote attend	ance at a County spo	nsored event or event		
			held at a County fa	acility in order to maxi	mize potential County rev		
			Ceremonial Role	Other	Income		
			If checking "Ceremo	onial Role" or "Other" describe below	Υ.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	Iblic purpose made pursual	nt to the agency's policy		
	(Pass(es)	in the second second				

4. Verification

I ha control to the test second and the sequence of the second and the second and the second and the sequence with the requirements.						
	Amy Shrago	Supervisor's Assistant	12/01/16			
Signaluje of Agency Head or Designee	Print Name	Title	(Month, Day, Year)			

Comment: ___

Agency Report of: C

U	eremonial Role Even	its and LIC	Ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)	-			
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amenament (Must p	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				105.00
	Does the agency have a ticket policy? Yes ☐ No ⊠ Fa				of Each Ticket/Pass \$ _	125.00
	Event Description G-Eazy and Friends Provide Title/Explanation			Date(s) 1	2 , 14 , 16	//
	Event Description					
	Ticket(s)/Pass(es) provided by agency? Yes □ No			If no: Golde	en State Warriors Name of So	Durce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: _				on, Keith Official's Name	(Last, First)
3.	• Use Section A to identify the agend	cy's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	BOS Dist 5		4		ty employee for his or courage staff developr	her exemplary service to nent
*	B. Name of Individu	ıal	Number of			
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below:	Income
	, , , , , ,			Ceremonial Role	Other	Income

4. Verification

C.

Name of Outside Organization

(include address and description)

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

Number of Ticket(s)/ Pass(es)

	Amy Shrago	Supervisor's Assistant	12/01/16
Signature of Agency riead of DesigNee	Print Name	Title	(Month, Day, Year)

If checking "Ceremonial Role" or "Other" describe below:

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

Comment: _

Ceremonial Role Ever	ts and Tic	cket/Pas	s Distributions	۰ 	A Public Docume
1. Agency Name			······································	Date Stamp	California 80
Alameda County					Form For Official Use Only
Division, Department, or Reg	ion (If Applicabl		For Onicial Ose Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	isor's Assista	nt			
Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
. Function or Event infor	mation			(VE
Does the agency have a ticke	t policy?	Yes 📐 No	Face Value o	of Each Ticket/Pass \$	82-20
Event Description	5N	2, 10,16	1 1		
	Provida Tille/Expl				
Ticket(s)/Pass(es) provided by	agency?	Name of Sou			
and the state of the second of			Ala	meda County Supervi	
Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	2 If yes:	Officiel's Neme (L	
Recipients		•	M		5. <u>6</u>
Use Section A to Identify the agency			ction B to identify an Individu	al. • Use Section C to identif	ly an outside organization.
A. Name of Agency, Departme	ñt on Unit	Number of Tickole/	Describe the pub	ic purpose made pursuant t	o the agency's policy
		Pase(es)			
1.1					
·····				an a	
		Numberiof			同時代表記名的可能開始的
B.		Number of Ticket(s)/ Pase(os)		dentity one of the followin	9
		(1		ince at a county sponsored	· · · · · · · · · · · · · · · · · · ·
Lason []]e	1ers	IΨ		ial county revenue for con	cession and
) *	0	N N	parking sales.		
			Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
a server the design of the server server is a server server server server server server server server server se					
C. Name of Outside Organi	zation	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant ic	the agency spolicy
1. Mirciude audress/andides	是是这种问题	Pass(es)			加斯派派的是普密的错误和称为
4 · · · · · · · · · · · · · · · · · · ·	an a				
				•	
\square					
Verification	KIAA 4 2004	18942 I have up	rified that the distribution set fo	th above, is in accordance with t	he requirements
1					12.9.11
	L	ee Ann Fer		Supervisor's Assistant	(Month, Day, Year)
Comment:					

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

Gency Report of: Ceremonial Role Even Agency Name				Date Stamp	Form OOL
Alemeda County			-	For Official Use Only	
Division, Department, or Re	gion (If Applicable,				
Board of Supervisors					
Designated Agency Contac	t (Name, Title)			and blackstoness hereit (\$ -\$ -) yes (and) and (Des and the second of the second distance of
Lee Ann Fergerson, Supe		nt		Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	(Manth, Day, Year)
(510) 272-6691		rson@acgov.o	rg 		
Function or Event Info	ormation		Face Value (of Each Ticket/Pass \$ -	125,00
Does the agency have a tic	ket policy?	Yes 🖉 No 🗆	}	2.14.16	
Event Description	Provide Tille/Expl		Date(s)		Bentings (Part Andre State Control of State Of S
				Name of S	
Ticket(s)/Pass(es) provided	I by agency?	Yes M No 🗆		meda County Super	visor Scott Haggerty, D 1
Was ticket distribution mad		No 🗋 Yes 📰	If yes:		And a second
of agency official?				COLUMN TRANSFER	in and the second s
B. Recipients • Lise Section A to Identify the age	. B C. Provide The .		- n to identify an indivit	tual. • Use Section C to Ide	ntify an outside organization.
 Lise Section A to identify the age 	ancy's department or	unit. • Use Secur	A B to then by	bijc porpose mede pursua	it to the agency's policy
A Name of Agency, Depar	iment on Unit	Number of Tickous/ (Pass(es)	Describeare		
	NEW BELLEVERSEL	S. MILLS STREET, SAN AND AND AND			
					میں اور میں بین اور میں ہے۔ میں اور میں اور اور اور اور اور میں میں
			从外来的 是我是我们们们的。"		
Name of Indiv	Idual	Number of Tickeyell		lidentity one of the folio	WIN9
		STREET STREET	To obtain overs	ight of facilities or ev	vents that have no L
T T		41	received county	/ funding or support	-
Dominich	ager	12			\;
	<u></u>		Ceremonial Role	e 🔲 Other 🗍	Income
Concernence of the second s			K checking *Cerem	nonial Role" or "Other" describe below	N:
			and the second state of the second		
C Name of Cutaice C	rganization	P Number of Ticket(9) Foss(9)	Describe thep	denc purpose made purou	nt to the agoncy spores
C. (Include address)and	Idescription), Fille		at house have been as		
					a na sa ang ang ang ang ang ang ang ang ang an
			مىلىيى يەرىپىيە بەتەرىغانىيەر بەر ئېرىيە بەر يېرىغانىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە يېرىپىيە بېرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەرىپىيە بەتەر		
					and the second state and second and second states and second second second second second second second second s
		NAMES OF TAXABLE PARTY.	r og fal sigt som at starraderskalering	and and a state of the second s	
	ionid 1 i	and 18942. I have ve	fied that the distribution s	et forth above, is in accordance	with the requirements.
4. Verification				A L A - stat	
4. Verification	0344.1			Supervisor's Assist	(Month, Day, Year)
4. Verification		Lee Ann Fer	gerson	Supervisor's Assist	(Month, Cay, Year)

eremonial Role Even	its and 11	CREVIT dS			A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County			-	Form 002 For Official Use Only	
Division, Department, or Reg	Division, Department, or Region (If Applicable)				T of Onicial Ose Only
Board of Supervisors	<u> </u>				
Designated Agency Contact					
Lee Ann Fergerson, Superv	visor's Assista	ant		Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6691	1	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform) (00
Does the agency have a ticke	t policy?	Yes 🗋 No	Face Value o	of Each Ticket/Pass \$ _	1,100
Event Description	Provide Title/Exp	lanation	Date(s) 2	=,7,16	//
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	[] If no:	Name of So	
Was ticket distribution made a	the bebeet	a. 🗂 a	Ala	meda County Superv	isor Scott Haggerty, D :
of agency official?	a are benest	No 🗋 Yes	II If yes:	Official's Name (I	.ast, First)
Recipients				· · · · · · · · · · · · · · · · · · ·	
• Use Section A to Identify the agency	's department or				
A. Name of Agency, Departme	nt on Unit	Number of Tickol(s)	Describe the pub	lic purpose made pursuant	to the agency's policy
9月16日第二月1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		E Pase(es)			
-					
		Numberiof			的目标也不是这些问题的问题。
B. Name of Individual		Number of Ticket(s)/ Pass(os)		Identify one of the following	9
Tun Il-		11 ,	To promote attenda	ince at a county sponsore	devent in order 🛛 🙀 🗌
11m Hopin	1	4	to maximize potent parking sales.	ial county revenue for cor	ncession and
) (parking sales.		
	····		Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
	The state of the second second				
ومسروقية استلكتي وموادو تسرور والتتكم مرم ويعتبه التكولو والمتكر والتتكر والتناقي والمتكور والتناقي والت	zation	Number of Ticket(s)/ Pass(es)	Describe the pilbi	c purpose made pursuant i	
Include address and desc	rintion - sin th				o min effected a holies
C. Name of Outside Organia (Include address and desc	inplion)	Pose(es)			o dia agairy applicy
C. Name of Outside Organi 1: (Include address) and desc	10101)	141 R453(26)	una nagotaenna kastanasteri a cacu	<u>ul, understandenstander (* 1537</u>	With States, applies
C Include address and desc		14:11 -20:23(29) 	aan naderiininininininininini (1997).		
C Institution address and desc		<u>44 2495(69), 24</u>	aan koodennakabaann <u>akan</u> in <u>en (</u>		
) <u>(*) Rússi(@4), *</u> ;;	ne egosellakasiyon er		
Verification			10	·	
	1944.1 and	16942. I have ve	rified that the disbibution set for	th abova, is in accordance with	
	1944.1 and		rified that the disbibution set for gerson S	·	

Ceremonial Role Ever	nts and Ti	cket/Pass Dis	stributions		A Public Document
1. Agency Name			a da serie de la companya de an a serie de la companya de la	Date Stamp	California 802
Alameda County			Form 002		
Division, Department, or Re	gion (If Applicat	nie)			For Official Use Only
Board of Supervisors				· · ·	
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	D Amount (Mount	provide explanation in Part 3.)		
Area Code/Phone Number	E-mail		and the second of the second		
(510) 272-6691	leeann.ferg	erson@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				800.00
Does the agency have a tick	et policy?	Yes 🕢 No 🗖	Face Value o	of Each Ticket/Pass \$ _	000
Event Description	10rs/H	ornets	Date(s)		
4	Provide ^l Title/Exj			511)	
Ticket(s)/Pass(es) provided t	by agency?	Yes 🚺 No 🗍	lf no:	Name of Sc	00700
Was ticket distribution made	at the behest	No 🗌 Yes 🗖	Alar If yes:		visor Scott Haggerty, D 1
of agency official?				Official's Name (Lest, Firsi)
. Recipients	* Q // /				na n
Use Section A to identify the agent	y's department or	unit. • Use Section B	to identify an individu	al. • Use Section C to Iden	tlly an outside organization.
A. Name of Agency, Departin	ent on Unit		Describe the pub	ic purpose made pursuan	to the agency's policy
TY LEASE A MULLIO PROPERTY. DIVELOUP ME	en justine renderation.	Solution and the second second	CONTRACTOR OF THE OWNER	and <u>Calend and Standards Africa and s</u>	and the second secon
an a			and a second		
B. Name of Individu	el al la	Number cf. Tickeus) Rass(op)		Identify one of the follow	n9 :
	2.4.102.214.000.000.00		tailliteinilliteine fe er viert		ne
					;
مىتىنى بىرىمىيە بىرىپىرىنى بىرىمىيە بىرىمىيە يەرىپىرىنىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىي ھەرىپەر بىرىمىيە بىرىمىيە بىرىپىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە بىرىمىيە ب	15 cuiver de caracter a par son en rege		Ceremonial Role	Other	Income
			••••••	al Role" or "Other" describe below:	inconto (mai
			THE CONTRACT PROPERTY OF CONTRACTOR	THE REPORT OF STREET, MILLION	terra de la competición de la
C. Name of Outside Organ	ization cription)	- Numberon Tickettev Paseteel	Describe the publi	c purpose made pursuant	to the agency's policy
		and the second se	APHINALIASIAPHONE CONTRACTOR		
TRIVAUET CO	IN SERVER	NCH	To reward a	school or non-profit	organization for
icher 1. Korch-1-k	1 . Picka			ntributions to the co	
1457 MIST St.,	CIUCINE	enc			
Warifiantian		dar met ge a ballan in	a dans at 1 and a second a	JI BEELL FANGE	andalari — 1996 — dalah Jugahan nganganangan yanan dalah (1996 A
	144.1 and	18942. I have verified tha	t the distribution set for	th above, is in accordance will	the requirements.
	·	Lee Ann Fergerson	nS	Supervisor's Assistant	12/12/14
- × 1		Print Name		1144	(Monin, pay, radi)
Comment: An aucti	on Hem -	to help Sup	port the	Conservance	4-Nov, 4, 2016
11/1	\use i	e Ant	AT UF	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
James V	www. a	ma isvery	LAT JUDO		
Comment: On and i "Lans & Polsenve Land, C	onnect (opmunite	s, Enrich	Lite,"	

+ Communices, three lite,

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Agency Report of:			
Ceremonial Role Event	s and	Ticket/Pass	Distributions

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Ceremonial Role Events	and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name	•			Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Region	(If Applicable))			
Board of Supervisors					
Designated Agency Contact (Nar	ne, Tille)	- 40 year 10		1	
Lee Ann Fergerson, Superviso		Amondment (Must	provide explanation in Part 3.)		
	mail		and a support of the second		
· · · · · · · · · · · · · · · · · · ·	eann.ferge	rson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
Function or Event information	tion			_	27500
Does the agency have a ticket p		Yes 🗖 No		of Each Ticket/Pass \$ -	
Event Description RAU	DERS ovide Tille/Expla	nalion	Date(s)	$\frac{2}{4}, \frac{4}{16}$	
Ticket(s)/Pass(es) provided by a	aency?	Yes 🗌 No	🗋 lf no:	Name of S	ource
			Ala	meda County Super	visor Scott Haggerty, D
Was ticket distribution made at the of agency official?	ne behest	No 🛛 Yes	If yes:	Officiei's Nama	(Last, Firsl)
• Use Section A to Identify the agency's	department of U	mit. • Use Sec	tion B to identify an individ	uai. • Uso Section C to Ide	ntify an outside organization.
A Name of Agency Department		Number of	Describe the nu	hic purpose made pursuar	it to the agency's policy
A. Nameror/Augent //Dupakurati		Pass(es)			
					an an ang mga nga nga nga nga nga nga nga nga nga n
B. Name of advand		Number of A		Identify crie of theffollow	vng;
		Rass(05)	To obtain oversi	ght of facilities or ev	ents that have no D
Scan McNeil 8	Wife	11/	received county	funding or support	
Scan McNeil8 Mark Williams	Invest	VI		_	
	U vezi	7 (Ceremonial Role	Other	Income
			Geremoniai Kole Il checking "Ceremo	nial Role" or "Other" describe below.	
				nahilali va galetteta ta hadhe etallit	art og stradskalande
C. Name of Outside Organiza	llon	Number of Tickel(s)/ Pass(es)	Describe the pu	blic;purpose made pursuer	it to the agency's policy
i (Include address) and desch		Pose(es)			AND AND MUCH THE ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF
a Barran a se y a a para para de la Calego de San	an a sa an				n nie fan de
Voldflastian	han t hA(1 18942. I have ve	erified that the distribution set	forth ebove, is in accordance v	vith the requirements.
(Lee Ann Fei		Supervisor's Assistan	
Signature of Agency Head or Dayignee	property of the last of the	Print Nen		Title	(Month, Day, Year)
orbitating on adough upper a safety					
Comment:			ang palaminen (allen y kan juli) an		FPPC Form 802 (4/12

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

-MDees Distributions

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A	gency Report of: eremonial Role Event	ts and Ticl	(et/Pass	Distributions		A Public Document
	Agency Name	and the second	Date Stamp	California 802		
	Alameda County				54	For Official Use Only
	Division, Department, or Region (If Applicable)					
	Board of Supervisors Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Supervi		Amendment (Must p.	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:	
-	(510) 272-6691	leeann.ferger	son@acgo			(working Day, reen)
2.	Function or Event Inform Does the agency have a ticket	t policy?	Yes 🛐 No		of Each Ticket/Pass \$_	85.00
	Event Description NOTS	Provide Title/Explan	TNIGH			
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	Ala	Name of So	urce Isor Scott Haggerty, D 1
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	I If yes:	Ófficlel's Nama (I	.est, Firsi)
3.	• Use Section A to Identify the agency	/s department or u	nit. + Use Sec	ction B to identify an individ	ual. • Use Section C to Iden	lfy an outside organization.
	A. Namerof Agency, Departing	filten Unit	Number of S Tickot(s) (Pase(es)	Describe the put	lic purpose made pursuant	to thu agoncy a policy.
	Been of the second s	2 C				
		an faithe ann an guir Marta State			ang an ang ang ang ang ang ang ang ang a	
						and the sector water and and the sector
	B. Name of Individua		Number of Ticket(s)/ Pass(os)		Identify one of the follow	ng;
	Christina Rich	ardson	4	event in c	e attendance at a cou order to maximize pol for concession and p	ential county
	en e			Ceremonial Role If checking "Ceremon	Other D	Income
					Diametric is associate in conductor ODD.	en e secondari en contra contre
	C. Name of Outside Organ	ization crinilon)	Number of Tickel(s) Pase(es)	Describe the pu	alls purpose made purpuant	to the agency's policy
4.	Verification 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
			ee Ann Fe		Supervisor's Assistan	1 12-6-16
	Signature of Agencyrrieso or posignos		Print Nar		Title	(Month, Day, Year)
	Comment:	ng daga kalan sa galang gi		an far an		FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

FPPC Toll-Free Helpline: 85 1 ì

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A Public Document

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Ceremonial Role Even	(S and Honour dee 210		Date Stamp	California 802		
1. Agency Name				Form OOL		
Alameda County Division, Department, or Regi	ion (If Applicable)	•	For Official Use Only			
Board of Supervisors Designated Agency Contact (Alama Tillel					
-						
Lee Ann Fergerson, Superv		Amendment (Must provide explanation in Part 3.)				
Area Code/Phone Number	E-mail leeann.fergerson@acgov.org		Date of Orlginal Filing:(Month, Day, Year)			
(510) 272-6691				7 -		
2. Function or Event Inform		f Each Ticket/Pass \$	25.00			
Does the agency have a ticke	though the the the	12	- 1,16	1 1 -		
Event Description	Provide Title/Explanation	Date(s)		and the second se		
		lf no:	TSW			
Ticket(s)/Pass(es) provided by	y agency? Yes 🔝 No 🗖	Name of Sou neda County Supervi	sor Scott Haggerty, D 3			
Was ticket distribution made a	at the behest 🛛 No 🗂 Yes 🔯	If yes:	Official's Name (L			
of agency official?	the second se		er g			
3. Recipients		a triantify on individu	al	fy an outside organization.		
• Use Section A to Identify the agenc	Number of Number of Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
A. Name of Agency, Departme		Describe the pup				
	(ISE PECTRONIC) A MILKER AND THE					
board of Su	Dernisons Z		ard a county employe			
Pichack		e	exemplary service to t	ne public		
11shrid		Martin Martin Martin - 413		的 · · · · · · · · · · · · · · · · · · ·		
B. Name of Individual	E TEKOLO		Identify one of the following	9		
	Rabe(09): 1	tenting and the second second	A - Alfannia wenne ar an	ne L		
				J.		
		Ceremonial Role	Other	Income		
		• ·	ial Role" or "Other" describe below:			
				ere o confiditional statica da		
C. Name of Ortal de Ortal	nzauon ncketa) pasion pasion	Describe the pub	Nc.burpose made pursuant:	o the agency's policy		
(include address) and de				and an an an an and the second se		
6			an a the second seco			
1. A						
4. Verification	18944.1 and 18942. I have verified th	orth above, is in accordance with	the requirements.			
	Lee Ann Fergerso	Supervisor's Assistant	12-1-16			
	Print Name			(Month, Day, Year)		
Comment:	na da managera a la su a construction de la seconda de		FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)		

_	Ceremonial Role Eve	nts and Tie	cket/Pass	s Distributions	•	A Public Docume		
1	. Agency Name		Date Stamp	California 802				
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors				For Official Use Only			
				1				
	Designated Agency Contact (Name, Tille)							
	Lee Ann Fergerson, Super	rvisor's Assista						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:(Month, Day, Year)			
)	. Function or Event Information					775		
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$ _	105				
		Provide Title/Exp	-110	///////				
	Ticket(s)/Pass(es) provided by agency? Yes 🖉 No 🗖				Name of Se			
	Was ticket distribution made of agency official?	at the behest	No 🎦 Yes	Ala if yes:	Meda County Super	/isor Scott Haggerty, [/Last, First)		
	 Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual. Use Section C to Identify an outside organization. 							
	A. Name of Agency Departm		Numbertor		ilc pulboae insde pulsuan			
			Tickotis)/ Pass(es)		nichai héac hisrophilaran			
	· · · · · · · · · · · · · · · · · · ·							
	B. Name of Individ		I Number of Ticket(s)/ Pass(co)		Identify one of thefollow	1995 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -		
	Curtis Taylor		2/	To promote attend	ance at a county sponsor tial county revenue for co	ed event in order 🛛 🗤 🕫		
		19 V	1	parking sales.				
				Ceremonial Role	Other D	Income		
	C. Name of Outside Orga		- Nümberof Ticket(s)/ Fase(s).	Describe, the pub	lic;purpose made pursuant	to the sgency's policy		
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					5			
	\sim							
	2.0 dos)	· · · · · · · · · · · · · · · · · · ·			u			
6944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirem						th the requirements.		
				Supervisor's Assistant				
	Signature of Agency Head of Dosigne)	Print Nort	e	Title	(Month, Day, Year)		
	Comment:							