Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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١.	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable		For Chicial Ose Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		6		
	Steven Jones				T	
	Area Code/Phone Number	E-mail	Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				¢05.75
	Does the agency have a ticke	et policy?	of Each Ticket/Pass'\$	\$95.75		
	Event Description Enrique Ig	glesias & Pitbu	II	Date(s) 0	2 , 14 , 15	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No [✓ If no: Golde	en State Warriors Name of Sou	wea
	Mas tisket distribution of	at the believe		Alan	neda County Supervisor	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [⊠ If yes: △Idii	Official's Name (L	ast, First)
,						
٠.	Recipients • Use Section A to identify the agence	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/		ıblic purpose made pursuant	5 - 7	
			Pass(es)			
	+					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	ENVIRONA BENERANDA			Ceremonial Role		Income
	Ortiz, Aaron		2		onial Role" or "Other" describe below:	at a County facility in
			77.0	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role		Income _
			2		onial Role" or "Other" describe below:	
			2			
			5.0			* 1
	C. Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuant	to the agency's policy
				d d		
	Verification	11 Av - 12 - 12 - 12 - 12				
4						
4.	Verification	3944.1 ar	nd 18942. I have ve	erified that the distribution se	et forth above, is in accordance wi	th the requirements.
4.	vermoation	3944.1 an	od 18942. I have ve Steven Je		central District Directo	1.7

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١.	Agency Name	87	Date Stamp	California 802			
	Alameda County		1	TOILII .			
	Division, Department, or Re	gion (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones			,			
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info				(Montin, Day, Year)		
	Does the agency have a tick		of Each Ticket/Pass \$ _	\$450			
			Yes⊠ No l				
	Event Description Basketba	Provide Title/Expl	anation	Date(s)	2 , 20 , 15		
	T			Golde	n State Warriors		
	Ticket(s)/Pass(es) provided	by agency?	Yes No		Name of Sc		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan						
	of agency official?			,00	Official's Name	(Lost, First)	
3.	Recipients						
	Use Section A to Identify the agent	cy's department or	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
				1			
	B. Name of Individ	Number of Ticket(s)/		Identify one of the follow	vina:		
	(Lost, First)		- Pass(es)		identity one of the follow	**************************************	
	Havrilenko, Gene		2		Other Initial Role" or "Other" describe below:		
			2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
					Other 🗆		
			2	If checking "Geremo	nial Role" or "Other" describe below:		
		**************************************	Number of				
	C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
						,	
4.	Vauldiantian	44.1 an	d 18942, I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.	
			Steven J	ones	Central District Direct		
			Print Nan	ne	Title	(Month, Day, Year)	
	Comment:					0.00	

4	A state and Name					6 116 1 6 6 6
1.	Agency Name		Date Stamp	Form 802		
	Alameda County					For Official Use Only
	Division, Department, or Reg	gion (If Applicable		To omoun out only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing:	
_	7. C.	-	s@acgov.org			(Month, Day, Year)
2.	Function or Event Info					\$450
	Does the agency have a tick	The second second	Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Basketba	II Game		Date(s)0	2 , 20 , 15	
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided I	by agency?	Yes ☐ No I	✓ If no: Golde	en State Warriors	
				Alexandra		
	Was ticket distribution made	at the behest	No 🗌 Yes l	If yes: Alam	neda County Superviso	or Wilma Chan
	of agency official? Official's Name (Last, First)					(Last, riret)
3.	Recipients					
	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	ntify 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		
		8				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	The state of the s	Income
	Canada, John		4		onial Role" or "Other" describe below:	
			0.0	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
					Other Donial Role* or *Other* describe below:	Income
	377		4	ir checking Caremo	organ recite or Center describe describe	
	C Name of Outside Orga	nalentlan	Number of	7 8 3 S S S	(1) v	1998 an 301 201 11 11 12
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
					40	
	(-			
			15			
4	* * * * * * * * * * * * * * * * * * *		saccamum line			
		3944.1 an			t forth above, is in accordance v	
			Steven Jo	ones	Central District Direct	
		100000000000000000000000000000000000000	Print Nan	10	Title	(Month, Day, Year)

	Agency Name			9	Date Stamp	California 802	
	Alameda County					FOIII	
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors			^			
	Designated Agency Contact	(Name, Title)	-				
	Steven Jones Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor					(Monin, Day, Year)	
**	Does the agency have a ticket		of Each Ticket/Pass \$	\$450			
			02 , 20 , 15				
	Event Description Basketbal	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided b	w agency?	en State Warriors				
	ricket(a)/r ass(es) provided t	y agency.	Yes No [-	Name of Sour		
	Was ticket distribution made	at the behest	neda County Supervisor	Wilma Chan			
	of agency official?		10.5.100.00 15.00-00.	201 2012/05/2017	Omciars Name (La	ist, First)	
3.	Recipients						
	Use Section A to identify the agence	cy's department or					
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	-		rass(vs)				
					1		
	B. Name of Individu	Number of Ticket(s)/	9	Identify one of the following	ng:		
	(Last, First)		Pass(es)		e 🔲 . Other 🗀	Income	
	Lacon, Colin			Ceremonial Role If checking "Ceren	nonial Role" or "Other" describe below:	1100mg	
	ASSESSED FRANK		4	To promote atten	dance at an event held a	it a County facility in	
				order to maximize potential County revenue from sales.			
					e Other	Income	
			4	If checking "Ceremonial Role" or "Other" describe below:		1 1	
	C Name of Outside Orga		Number of	3 (1 21 -12		
	C. Name of Outside Orga (include address and de	escription)	Ticket(s)/ Pass(es)	Describe the p	public purpose made pursuant	to the agency's policy	
					9		
7	Verification						
ı		8944.1 ar	nd 18942. I have ve	orified that the distribution s	et forth above, is in accordance wit	h the requirements.	
			Steven Jo	ones	Central District Directo	r 03.06.2015	
		_	Print Nan		Title	(Month, Day, Year)	

Comment: _

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Λ	D.	ıbıl	10	Docui	mant
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,	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	jion (If Applicable		, , , , , , , , , , , , , , , , , , , ,		
	Board of Supervisors					39
	Designated Agency Contact	(Name, Title)				
	Steven Jones			the section to Cont 21		
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info	rmation		1	des francis DISC 424	\$450
	Does the agency have a tick	et policy?	Yes⊠ No[Face Value	of Each Ticket/Pass \$	φ450
	Event Description Basketba	Il Game		Date(s)	2 , 20 , 15	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No [If no: Golden State Warriors Name of Source		
	Was tisket distribution made at the behalf of Fig. 16. Ala			Alar	neda County Supervisor	
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes [⊠ If yes: Alta	Official's Name (L	ast, First)
3,	Recipients		20 1 100 200 3	20. 000-000 2000 W 000		
	Use Section A to identify the agent	cy's department or				
	A. Name of Agency, Department	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pe	ublic purpose made pursuant	to the agency's policy
	P ₀					
	1					Į.
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	20-00 SULVE OF SUPERIORS			Ceremonial Role		Income
	Walker, Cianna		4		nonial Role" or "Other" describe below:	at a County facility in
			1/25	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
					e Other nonial Role" or "Other" describe below:	Income
	4		4			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	1 %					
4	Verification			1		
)44,1 a	nd 18942. I have v	rerified that the distribution s	et forth above, is in accordance w	
		_	Steven J	ones	Central District Direct	or 03.05.2015 (Month, Day, Year)

Alame	cy Name eda County on, Department, or Reg	ion (If Applicable)			Date Stamp	Form 802 For Official Use Only
Board	of Supervisors			8		20.10
	n Jones	710110,71107			Amendment (Must o	rovide explanation in Part 3.)
	Code/Phone Number 272-6693	E-mail steven.jones	@acgov.org	*	Date of Original Filing:	
Function or Event Information Does the agency have a ticket policy? Yes \(\subseteq \text{No} \) Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\subseteq \text{No} \)			Date(s)	of Each Ticket/Pass \$ 02 04 15 en State Warriors	\$555	
Was ti	cket distribution made a ency official?		No ☐ Yes [_	Name of So meda County Superviso Official's Name (r Wilma Chan
. Recip	pients	v's department or	idual. • Use Section C to iden	tify an outside organization.		
Α.					ublic purpose made pursuan	
В.	Name of Individu	ual	Number of Ticket(s)/		Identify one of the follow	ring:
Garre	ett, Al		Pass(es)	To promote atter	e Other on ontal Role" or "Other" describe below: adance at an event held e potential County reve	at a County facility in
			1	Ceremonial Ro	le Other Immonial Role" or "Other" describe below:	Income
C.	Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	Describe the public purpose made pursuant to the agency's polic	
				6		
	V.				9	
ı. Veri	fication	18944.1 ar	nd 18942. I have v	erified that the distribution	set forth above, is in accordance v	with the requirements.
			Steven J		Central District Direc	tor 03.05.2015 (Month, Day, Year)
Com	ment:					EPPC Form 802 (4

١.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicable,		For Official Ose Only		
	Board of Supervisors			9		
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must provid	le explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	Month, Day, Year)
2.	Function or Event Infor	mation			do .	
	Does the agency have a ticke	et policy?	Yes 🖾 No [☐ Face Value	of Each Ticket/Pass \$	\$555
	Event Description Basketbal	I Game		Data(s) 0	2 , 04 , 15	1 1
	Event Description	Provide Title/Expla				
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No [☑ If no: Golde	en State Warriors	
			Name of Source			
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Alan	neda County Supervisor W	First)
_						
3,	Recipients • Use Section A to identify the agence	w's department or r	unit a Usa Sac	tion B to identify an individ	tual. • Use Section C to identify a	an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
	У.				i i	3
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Denoga, Michael				onial Role" or "Other" describe below:	Income
			2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role	Other	Income
			2	If checking "Cerem	onial Role" or "Other" describe below:	
				8		3
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to	the agency's policy
	***************************************	H050425 003	rass(es)			
8		,				
				3		
4.	Verification	944.1 an	d 18942. I have vi	erified that the distribution se	t forth above, is in accordance with ti	ne requirements.
	The second second second	0.111.00	Steven Jo		Central District Director	01.29.2015
			Print Nan		Title	(Month, Day, Year)
					11114	

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1.	Agency Name			5	Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Re	gion (If Applicable)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones	3			C Amendment district	worlds available to Day 2.1
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	rmation	*		V	
	Does the agency have a tick	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$	\$555
	Event Description Basketba	III Game		Date(s) 0	2 , 04 , 15	1 1
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No [If no: Golde	n State Warriors	
	Was ticket distribution made at the behest No□ Yes⊠ If yes:					
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes [⊠ If yes: Alan	neda County Superviso	ast, First)
_						William .
3.	Recipients • Use Section A to identify the ager	ocy's department or	unit - Use Sec	tion B to identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			1 455(55)		2 2	i i
					7	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	
			1	N. P. W.	onial Role" or "Other" describe below:	Income
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				[1] 200.45 MART (2007) A 19.00 MART	Other Onial Role" or "Other" describe below:	Income _
			1	0		
	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 polic		to the agency's policy
					¥ K	9
4	Verification			2002 II 2014 II	7/ S	SSX ==300Escar
		in the second	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance wi	ith the requirements.
-			Steven Jo	ones	Central District Directo	
			Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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١.	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Reg	ion (If Applicable)	1	Por Official Ose Office		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail	Amendment (Must pro	CHARLES AND AND AND A CHARLES AND		
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation	1			
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$	\$450		
	Event Description Basketbal	I Game		Date(e) 02	2 , 20 , 15	1 1
	Event Description	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No[☑ If no: Golde	n State Warriors Name of Sou	
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes [⊠ If yes: Alam	neda County Supervisor	ast, First)
_						
 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside or 						ify 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
		*				
						,
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	30,000	Identify one of the followi	ng:
	Elliott, Laura		2		onial Role" or "Other" describe below:	Income
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role If checking "Ceremo	Other onial Role* or *Other* describe below:	Income
2. (5)			2			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	oublic purpose made pursuant to the agency's policy	
		2. 1		ű.	F	
						4
4.	Verification		1 100 10 1 1	added that the distribution on	t forth above, is in accordance wi	th the requirements
		no.				
		_	Steven Jo		Central District Directo	03.05.2015 (Month, Day, Year)

1. Agency Name Date Stamp California Berm							
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	jion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones		14				
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693		@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 \$ _	\$450	
	Event Description Basketba	ll Game		Date(s)0	02 , 20 , 15		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes No [☑ If no: Golde	en State Warriors	ource	
	Was tisket distribution made	at the behant					
	Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)						
3	Recipients					N. W.	
	Use Section A to identify the agen-	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit Num Tic Par			Describe the public purpose made pursuant to the agency's policy			
			5 1				
	B. Name of Individu	ual	Number of			5 S S S S S S S S S S S S S S S S S S S	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
1	Ginsberg, Joel		1		nonial Role" or "Other" describe below		
	V		,	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
			1	Ceremonial Role Other If checking "Geremonial Role" or "Other" describe below:		Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		e the public purpose made pursuant to the agency's policy		
					*		
				71	10		
1	Verification			283780 284 82533 845			
+			d 18942. I have ve	rified that the distribution se	at forth above, is in accordance to	with the requirements.	
			Steven Jo		Central District Direct		

			Date Stamp	California 802			
		Agency Name					
		TOTAL STATE OF THE					
Region (If Applicable,		For Official Use Only					
act (Name, Title)							
			—				
r E-mail			☐ Amendment (Must pr	rovide explanation in Part 3.)			
(510) 272-6693 steven.jones@acgov.org				(Month, Day, Year)			
formation		4 7		4.50			
icket policy?	Yes⊠ No[Face Value	of Each Ticket/Pass \$	\$450			
tball Game		Date(s) 0	2 , 20 , 15	1 1			
Provide Title/Explo	anation						
ed by agency?	Yes ☐ No [If no: Golde	en State Warriors				
35 (5) (3)							
de at the behest	No 🗌 Yes [If yes: Alam	neda County Superviso	ast, First)			
Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.							
artment or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
9		ä	<u> </u>				
				-			
vidual)	Number of Ticket(s)/ Pass(es)	T A.A.	Identify one of the follow				
Nguyen, Kim		Ceremonial Role # checking "Ceremo		Income			
	2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.					
	2			Income			
C. Name of Outside Organization (include address and description)		Describe the pu	scribe the public purpose made pursuant to the agency's policy				
				71			
	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	ith the requirements.			
	Steven Jo	ones	Central District Directo	or 03.05.2015			
			Title	(Month, Day, Year)			
		¥.		4			
	d description)	Organization Number of Ticket(s)/ Pass(es) d 18942. I have verified the Steven Jense Steven Jen	2 To promote attend order to maximize Ceremonial Role If checking "Ceremonial Role If checking "Ceremon	To promote attendance at an event held order to maximize potential County reversed at the c			

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	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Regi	ion (If Applicable,)			(5)
	Board of Supervisors					
-	Designated Agency Contact (Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
,	Function or Event Infor					(manny scay) yeary
	Does the agency have a ticke		Yes ⊠ No I	☐ Face Value of	of Each Ticket/Pass \$	\$39.40
	Event Description Disney On			<u> </u>	2 , 27 , 15	
	Event Description Dishey On	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes □ No [If no. Golde	n State Warriors	
	ricket(s)/r ass(es) provided b	y agoney i	165 LI 140 I		Name of Sou	
	Was ticket distribution made a	at the behest	No ☐ Yes I	If yes: Alam	neda County Supervisor	Wilma Chan
	of agency official?			100	Official's Name (L	ast, i-irst)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec	The second second second	DOLLEG PORTER DE CARTON DE LA RESERVACIONE DE LA CONTRACTOR DE LA CONTRACT	The same of the sa
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	0	8	, ,			
					· ·	ş
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Ginsberg, Malik	Cinchese Mellis		Ceremonial Role	Other onial Role" or "Other" describe below:	Income
	Olloberg, Malik		4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role	Other	Income
			4		onial Role" or "Other" describe below:	
	02		1 7			20 M
			Number of	77		
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
					\$ 35	
4.	Verification		d 18942. I have v	erified that the distribution se	t forth above, is in accordance wi	th the requirements,
			Steven J		Central District Directo	
			- to toll of	ALC: 1.00 MI		

	Agency Name				Data Stamp	The second second second second
1					Date Stamp	California 802
	Alameda County					
Ü	Division, Department, or Reg	ion (If Applicable,)			For Official Use Only
1	Board of Supervisors				1	
ī	Designated Agency Contact	(Name, Title)				
	Steven Jones					
7	Area Code/Phone Number	E-mail			Amendment (Must pre	ovide explanation in Part 3.)
((510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. 1	Function or Event Infor	mation			AND THE SECOND VICE AND THE SECOND	005.75
	Does the agency have a ticke	the state of the s	Yes⊠ No!	☐ Face Value	of Each Ticket/Pass \$	\$95.75
F	Event Description Enrique Ig	jlesias & Pitbu	I	Date(s)	02 , 14 , 15	
	-vent Description	Provide Title/Expl	nation			
1	Γicket(s)/Pass(es) provided b	y agency?	Yes No!	If no: Gold	en State Warriors Name of Sou	, ,
	Was ticket distribution made at the behest No□ Yes⊠ If yes. Ala				meda County Supervisor	
V	of agency official?	at the benest	No 🗌 Yes I	⊠ If yes: △	Official's Name (L.	ast, First)
3. 1	Recipients					
	• Use Section A to identify the agen	cy's department or i	unit. • Use Sec	tion B to identify an indiv	idual. • Use Section C to identi	fy an outside organization.
7	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
- 7						
-	A					
ī	B. Name of Individu	al .	Number of Ticket(s)/ Pass(es)	TI to a	Identify one of the following	ng:
	Aguilar, Luis			Ceremonial Rol	e Other Innovin Role" or "Other" describe below:	Income
	Aguilar, Luis		2	10 C C 1996	dance at an event held a	at a County facility in
					e potential County reven	
				Ceremonial Rol	e Other	Income
			2	If checking "Ceren	nonial Role" or "Other" describe below:	
		*				
(C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the p	public purpose made pursuant	to the agency's policy
-	(include address and de	scription)	Pass(es)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X.
	9					
			-			
4.	Verification					h the companyor
	STATE AND ADDRESS.	(10) (2) (2)			et forth above, is in accordance wit	
			Steven Jo		Central District Directo	r 03.05.2015 (Month, Day, Year)
			770017400		53000	

1. Agency Name					Date Stamp	California 802
	Alameda County				-0.47 (200.2)	FORM
	Division, Department, or Reg	ion (If Applicable))	74		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail	- 1		Amendment (Must pro	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation	Service and the service and			
	Does the agency have a ticke		Yes 🛛 No [☐ Face Value o	of Each Ticket/Pass \$	\$39.40
	Provide Title/Explanation				2 , 26 , 15	
	Ticket(s)/Pass(es) provided b	v agency?	Yes□ No[If no: Golder	n State Warriors	
	rionol(a)/r ass(es) provides a	y agoney.	169 [] 140 [Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes [☑ If yes: Alame	eda County Supervisor Official's Name (L	Wilma Chan ast, First)
3.	Recipients • Use Section A to identify the agence	y's department or t	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	24					
				7 8		e la la
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Dugan, Jamila	Dugan, Jamila		The state of the s	Other D	Income ☐
				order to maximize potential County revenue from sales.		
			4		Other Initial Role* or *Other* describe below:	Income
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
).					
	9					
4.	Verification	100	d 18942, I have ve	rified that the distribution set	forth above, is in accordance wit	th the requirements.
1			Steven Jo		Central District Directo	
			26461126	71100	Countries District Directo	. OUTOUROTO

1.	Agency Name				Date Stamp	California 802	
	Alameda County	v				Form For Official Use Only	
	Division, Department, or Re-	gion (If Applicable)			, or Cincian Oso Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones				Amandment (Must a	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				99-004-040-049-12-01-00-030-04-03-04-79-0-07-7	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				\$39.40	
	Does the agency have a tick		Yes 🛛 No [☐ Face Value of	of Each Ticket/Pass \$ _	φ39.40	
	Event Description Disney C	n Ice: Let's Cel	ebrate anation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No [স If no: Golde	n State Warriors		
		Lance representation	100 🗀 1101	disease .	Name of So		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alame of agency official?					neda County Superviso Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or	unit. • Use Sec	ition B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departr	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	Add with a result in the control of		
				1 1	1		
				** *** ***	4	8	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Byrd, Zelma		4		onial Role" or "Other" describe below:	Income	
			4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
	<u> </u>		4	Ceremonial Role If checking "Geremo	Income		
	C. Name of Outside Org	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
						W.	
	*			8			
4.	Verification	4.1 an	d 18942. I have ve	erified that the distribution set	t forth above, is in accordance w	ith the requirements.	
			Steven Jo		Central District Direct		

	100			-				ď
Α	Pu	ы	IC.	D	OCI	IIY	ieni	ľ

1.	Agency Name				Date Stamp	California 802
	Alameda County				J	For Official Use Only
	Division, Department, or Reg	ion (If Applicable)			To one a sur
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			*	
	Michelle Dianda				Amendment (Must o	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	20 200			
	(510) 272-6692	michelle.diar	nda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		- 10 c	be tell sp is	EE 00
	Does the agency have a ticket	t policy?	Yes⊠ No[of Each Ticket/Pass \$ _	55.00
	Event Description Oakland A	's vs. Texas F Provide Title/Expl	4.64	Date(s)04	, 06 , 15	
	Ticket(s)/Pass(es) provided b	v agency?	Yes□ No [If no: Oakla	nd A's	
		, -,,	16311 1106	750	Name of So	
	Was ticket distribution made	at the behest	No ☐ Yes [If yes: Valle	, Richard- Supervisor I	District 2
_	of agency official?		20.00 - 40.20.00.00.00.00	EST. S.ATTOTACS.	Official's Name (I	.ast, rirst)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
75					1	
	B. Name of Individu	Number of Ticket(s)/ Pass(es)	ing:			
				Ceremonial Role If checking *Ceremon	Other Inial Role" or "Öther" describe below;	Income
	E 6 - 5			Ceremonial Role If checking "Geremon	Other Inial Role" or "Other" describe below:	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
	Hayward Education Found P.O. Box 56444 Hayward,		18	To reward a non-p community	rofit organization for its	s contributions to the
	Provides teachers and stud funding for educational acti				*	
4.	Verification					
		1 and	i 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
	4		Michelle Di	ianda	Supervisor's Aide	430/19
			and the second s	The state of the s		

Al Di Bo M Ar (5	Igency Name Ilameda County Ivision, Department, or Reg Ioard of Supervisors Resignated Agency Contact Richelle Dianda Rea Code/Phone Number)	- K	Date Stamp	Form 802 For Official Use Only
Book MAr (5	ivision, Department, or Reg loard of Supervisors esignated Agency Contact Michelle Dianda rea Code/Phone Number)	(1)	60	For Official Use Only
M Ar (5	esignated Agency Contact lichelle Dianda rea Code/Phone Number	(Name, Title)				
M Ar (5	esignated Agency Contact lichelle Dianda rea Code/Phone Number	(Name, Title)				
(5 2. F	rea Code/Phone Number					
(5 2. F	rea Code/Phone Number					N SOCIONADO DA SOCIONA DE MASO DE SA
2. F	510) 272 6602	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	510) 272-6692	michelle.dia	nda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor	mation				00 100000000000000000000000000000000000
	oes the agency have a ticke	and the second second	Yes⊠ No[Face Value o	f Each Ticket/Pass \$	55.00
E	vent Description Oakland A	A's vs. Houstor	n Astros	Date(s)04	, 26 , 15	
		Provide Title/Expl	anation			
Ti	icket(s)/Pass(es) provided b	y agency?	Yes 🗆 No 🛭	☑ If no: Oaklar	nd A's Name of Sou	irce
W	/as ticket distribution made	at the beheet	No ☐ Yes [Valle.	Richard- Supervisor D	
	of agency official?	at the beliest	No ☐ Yes [∆i if yes:	Official's Name (L	ast, First)
3. R	Recipients					
	Use Section A to identify the agend	cy's department or		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
Α	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	8		X	3		
-		90				
В	Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Si di	7		Solution in the contract of th	Other Interpretation of Other describe below:	Income
	, a , y		3	Ceremonial Role If checking "Ceremon	Other I I I I I I I I I I I I I I I I I I I	Income .
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
U P	Jnion City Lions Club P.O. Box 2314 Union City,	CA 94587	18	To reward a non-procommunity	rofit organization for its	contributions to the
	Supports to local youth org and programs to end blind			it		
4. V	erification				Name As an interest of the second second	proprio a anticono contro
		1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
	37		Michelle Di	anda	Supervisor's Aide	350115

1.	Agency Name		Date Stamp California 802				
	Alameda County					For Official Use Only	
	Division, Department, or Reg	gion (If Applicable)		2	To official day only	
	Board of Supervisors					T T	
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation			-	(0.000)	
	Does the agency have a tick	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	55.00	
	Event Description Oakland	A's vs. Detroit I	Lions anation	Date(s)(05 , 25 , 15		
	Ticket(s)/Pass(es) provided I	w agency?	V N- F	⊠ If no: Oakl	and A's		
	ricket(a)/r ass(es) provided t	by agency r	Yes No [Name of So		
	Was ticket distribution made	at the behest	No ☐ Yes [✓ If yes: Vall	e, Richard- Supervisor	District 2	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an indivi	idual. • Use Section C to Iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the po	Describe the public purpose made pursuant to the agency's policy		
	ŗ.						
		Number of					
	B. Name of Individu	Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role If checking "Cerem	e	Income .	
				Geremonial Role If checking "Gerem	e Other or "Other" describe below:	Income	
	C. Name of Outside Orga	nization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	t to the agency's policy	
	League of Volunteers 8440 Central Ave. Newark	CA 94560	18	To reward a non- community	profit organization for its	s contributions to the	
1	Helps with the needs of yo citizens providing safety ne						
Λ	Verification	- 500300			945,0004,1794,0004 (2048-87) (2748-87)	N. 35 (-347), C. 7443, K. 576 (1472).	
) and	f 18942. I have ve	rified that the distribution se	et forth above, is in accordance w	ith the requirements.	
			Michelle Di	ianda	Supervisor's Aide	3/30/15	
		3	- Print Name	0	Title	(Month, Day, rear)	

1.	Agency Name				Date Stamp	California 802	
	Alameda County		14	2 3		Form For Official Use Only	
	Division, Department, or Reg	gion (If Applicable))			r or oriidal dae only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation			a ,		
	Does the agency have a tick		Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	25.00	
	Event Description Oakland	A's vs. Detroit Provide Title/Expl	Lions lanation	Date(s)	5 , 25 , 15		
	Ticket(s)/Pass(es) provided	ov agency?	Yes□ No[If no. Oakla	If no: Oakland A's		
	riolici(o)/r dao(ca) provided	by agonoy.	les 🖂 140 f		Name of Se		
	Was ticket distribution made	at the behest	No ☐ Yes [✓ If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?		Omciai s Name	(Cast, rirst)			
3.	Recipients						
	Use Section A to identify the agent	cy's department or	Number of				
	A. Name of Agency, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
			T dissipary				
	B. Name of Individ	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
			Pass(es)	Ceremonial Role	Other 🗆	Income	
			22		onial Role" or "Öther" describe below		
8							
				Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below	Income	
	C. Name of Outside Org		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuaı	nt to the agency's policy	
	League of Volunteers 8440 Central Ave. Newark	CA 94560	2	To reward a non-p community	orofit organization for i	ts contributions to the	
	Helps with the needs of you				17	y v	
Л	Valification						
			d 18942. I have ve	prified that the distribution se	t forth above, is in accordance t	with the requirements.	
			Michelle D	ianda	Supervisor's Aide	3/30/19	
			Print Nam	ne	Title	(atonth, Day, Year)	
	120 C F C C C C C C C C C C C C C C C C C				1700		
	Comment:						

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m	гu	м	10	Docum	16711	٠.

1		ENGLISHED STREET				
1.	Agency Name			x 3 *	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692		nda@acgov.d	org	Date of Original Filing: .	
_			ida@acgov.c	ng .		(Month, Day, Year)
	Function or Event Infor		V 153 V 15	T Face Value o	of Each Ticket/Pass \$	25.00
	Does the agency have a ticke		Yes⊠ No[75 93
	Event Description Oakland /	A'S VS. HOUSTOR	n Astros	Date(s)	, 26 , 15	
		Provide ThierExpi	anauon	Oakla	nd A'e	*
	Ticket(s)/Pass(es) provided b	y agency?	Yes No [☑ If no: Oakla	Name of Soc	urce
	Was ticket distribution made	at the behest	No ☐ Yes [XI If yes. Valle	, Richard- Supervisor I	District 2
	of agency official?		140 E 169 E	a 11 yes	Official's Name (I	.ast, First)
3.	Recipients					
	 Use Section A to identify the agence 	cy's department or	unit. • Use Sect	tion 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 put	olic purpose made pursuant	to the agency's policy
1						
	B. Name of Individu	Number of			200 K	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			4	Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
				Ceremonial Role	Other 🗆	Income
					nial Role" or "Other" describe below:	
	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
	Union City Lions Club	04.04507	2		rofit organization for its	s contributions to the
	P.O. Box 2314 Union City,	CA 94587		community		
	Supports to local youth org and programs to end blind					
4.	Verification					
			18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
						-11-
			Michelle Di	anda	Supervisor's Aide	2/30/19

						The second secon	
1.	Agency Name				Date Stamp	California 802	
	Alameda County		7			Form For Official Use Only	
	Division, Department, or Reg	gion (If Applicable)	4		Por Official Ose Office	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				200.00	
	Does the agency have a tick		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	300.00	
	Event Description Warriors	vs. Milwaukee Provide Title/Expl	Bucks anation	Date(s)	3 , 04 , 15		
	Ticket(s)/Pass(es) provided I	by agency?	Yes□ No!	DATE OF THE PARTY	If no: Golden State Warriors Name of Source		
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	☑ If yes: <u>Valle</u>	, Richard- Supervisor Official's Name (District 2 (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
	B. Name of Individual (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
	Lara, Daisy	¥	2		inial Role" or "Other" describe below: lance at an event held	at a County facility in	
					potential revenue from		
	TW.		2	Ceremonial Role If checking "Geremo	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	(include address and de						
	(include address and de				E 8 0	×	
	(include address and de					*	
4.							
4.	Verification			erified that the distribution set	forth above, is in accordance w	with the requirements.	
4.					forth above, is in accordance w Supervisor's Aide	ith the requirements.	

1.	Agency Name				Date Stamp	California 802
	Alameda County		- 8	Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)			1	For Official Ose Only
	Board of Supervisors	+				
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				☐ Amendment /Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mall			1 =	
	(510) 272-6692	michelle.dian	da@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		Yes⊠ No[45 1 T 1 10 10 10 1	350.00
	Does the agency have a ticket		of Each Ticket/Pass \$ -			
	Event Description Warriors v	s. Los Angeles Provide Title/Explai				
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No[☑ If no: Golde	n State Warriors	ource
	NATO - Notice distribution modes	at the beheat	, Richard- Supervisor			
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Valle, of agency official?				Official's Name	(Last, First)
2	Recipients			NO. A		
 Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify 						ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy
	B. Name of Individu	al .	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
					Other Onial Role" or "Other" describe below	Income .
	7.1	12		Ceremonial Role If checking "Ceremo	Other Daniel Role" or "Other" describe below	Income _
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	nt to the agency's policy
	Congregations Organizing for Renewal 22634 2nd St, #209 Hayward, CA 94541		4	To reward a non-p community.	orofit organization for	its contributions to the
	Provides programs for hea unaccompanied minors, he					2
4.	Verification	1000		MINER TOLLARS 100 WINDOWS WITH THE WAR	SULFORM COMPLETION OF THE OWNER OF THE ALL	
		and	l 18942. I have ve	erified that the distribution se	t forth above, is in accordance	2/10/10
			Michelle D	ianda	Supervisor's Aide	310/10
	Print Name				- Title	- A

The state of			and the same of th	
Δ	Pulk	Mic	Docum	anni

١.	Agency Name		Date Stamp	California 802		
	Alameda County Division, Department, or Reg	jion (If Applicable)	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					and the evel medica in Day 2.1
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6692	michelle.diar	da@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Info		Valt 8	31 12 1997		250.00
	Does the agency have a tick		Yes⊠ No[of Each Ticket/Pass \$ _	
	Event Description Warriors	vs. Washingtor Provide Title/Expl	3 , 23 , 15			
	Ticket(s)/Pass(es) provided I	by agency?	en State Warriors	ource		
	Was ticket distribution made	at the behest	No ☐ Yes [Valle	e, Richard- Supervisor	District 2
	of agency official?	at the bonest	No LI Test	△ II yes	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	7	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy
						X
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	\	Identify one of the follow	
	Lindsey, Terrance				onial Role" or "Other" describe below	Income L
	Linusey, remance		4			s exemplary service to the
			4	Ceremonial Role If checking *Cerem	Other on Other describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
					S AW	
4.	Verification (
		944.1 an	d 18942. I have ve	erified that the distribution se	et forth above, is in accordance	with the requirements.
			Michelle D	The second second second	Supervisor's Aide	916/15
			Print Nan		Title	

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433777						THE RESIDENCE OF THE PROPERTY
A	gency Name		Date Stamp	California 802		
Al	ameda County			Form For Official Use Only		
Div	/ision, Department, or Reg	ion (If Applicable		For Official Ose Office		
В	pard of Supervisors					1
	signated Agency Contact	(Name, Title)				
M	chelle Dianda		10			
	ea Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)		
	10) 272-6692		nda@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor					(110101) 1007
	es the agency have a tick		of Each Ticket/Pass \$ _	350.00		
		7./	Yes⊠ No [03 . 21 . 15	
Ev	ent Description Warriors	Provide Title/Expl	anation	Date(s)	70 / 21 / 10	
Tie	:ket(s)/Pass(es) provided t	w agency?	Yes□ No D	If no: Gold	en State Warriors	
	sket(a)/r daa(ea) provided t	y agonoy .	Jes III INO E	-	Name of S	
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle,					e, Richard- Supervisor	District 2
0	f agency official?		Omciai's Name	(Cast, Pilot)		
 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 individual. 						
• (Jse Section A to identify the agen	cy's department or				
A. Name of Agency, Department or Unit Number of Ticket(s)/				Describe the public purpose made pursuant to the agency's policy		
_			r ass(vs)			
V						
-						
В	. Name of Individe	ual ,	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Rol	e 🔲 Öther 🔲	Income
				If checking "Ceren	nonial Role" or "Other" describe below	
			, ,			
_				Ceremonial Rol	e Other	Income [
					monial Role" or "Other" describe below	21.
						X
C	Name of Outside Orga		Number of Ticket(s)/	Describe the p	oublic purpose made pursua	nt to the agency's policy
_	" (include address and d	escription)	Pass(es)			
	ames Logan High Schoo		4	To reward a scho	ool for its contributions	to the community.
1	1800 H Street, Union City CA 94587		-			
F	rovides education for gra	des 9-12				
				*		
-	erification	\				
V		-Xr-v 18944.1 an	nd 18942. I have ve	rified that the distribution s	set forth above, is in accordance	with the requirements.
	and and and an arrange of					/ 117 //
V			Michelle Di		Supervisor's Aide	

Agency Report of:

rigerioy riel	3011 011		
Ceremonial	Role Events	and Ticket/Pass	Distributions

,6	remonial Role Even	ico cirici i ro				A Public Doc	
	Agency Name				Date Stamp	California Form	R02
	Alameda County	1		Name of Street, or other Persons			
	Division, Department, or Reg	jion (If Applicable)		N S	For Official Use	Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda	7				1	
	Area Code/Phone Number	TE-mail			Amendment (Must p.		rt 3.)
	(510) 272-6692	michelle.dia	nda@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	_
-	Function or Event Info					68	ASSESSED TO
	Does the agency have a tick		Yes⊠ No[T Face Value	of Each Ticket/Pass \$ _	1	25.00
	Event Description Charlie W	3 , 27 , 15					
	Event Description						
	Ticket(s)/Pass(es) provided l	n State Warriors					
	Ticket(a)/i daa(ea) provided i	Name of So					
	Was ticket distribution made	at the behest	No ☐ Yes [, Richard- Supervisor	District 2	_	
	of agency official?				- Onicial s realing p	Luai, I may	
	Recipients • Use Section A to identify the agen	aula department pro	unit a Hea Sac	tion B to identify an individ	lual - a Use Section C to iden	tify an outside organiz	ation.
	_		Number of		blic purpose made pursuant		
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pu	biic purpose made pursuam	to the agency a poin	-y
							- 1
			1				
	100				70	lis .	
	B. Name of Individual		Number of Ticket(s)/	9	Identify one of the follow	ring:	
	(Lost, First)		Pass(es)		Other 🗵		Income [
	Galendo, Michael		4		onial Role" or "Other" describe below:		income: L
				To promote attend	dance at an event held	at a County facili	ity in
				order to maximize	potential revenue fron	n sales.	*
				Ceremonial Role			Income
			4	If checking "Geremo	onial Role" or "Other" describe below:		
	G.				5		
	- to the control		Number of	and American			
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's poli	сy
						99	
	Verification					3. 6. 5. 6.	
	To Announced /	44.1 a	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	with the requirements.	
			Michelle D	ianda	Supervisor's Aide	3	12/1
							-

1 Δ	gency Name				Date Stamp	California OOO
	ameda County		Date Stamp	Form 802		
	vision, Department, or Reg	ion (If Applicable)		For Official Use Only		
				17		8 8
	oard of Supervisors esignated Agency Contact	(Name Title)				='1
		N. C.				
100	ichelle Dianda ea Code/Phone Number	[E-mail			Amendment (Must pre	ovide explanation in Part 3.)
	10) 272-6692	michelle.dian	nda@acgov.d	org	Date of Original Filing: _	(Month, Day, Year)
	unction or Event Info					(mornin, is ay, reary
	oes the agency have a tick		of Each Ticket/Pass \$	600.00		
e.	vent Description Warriors			Date(s) 03	3 , 18 , 15	, ,
EV	rent Description	Provide Title/Expla	nation			
Tic	cket(s)/Pass(es) provided	by agency?	n State Warriors	1000		
			, Richard- Supervisor [
	as ticket distribution made of agency official?	at the behest	No 🗌 Yes [⊠ If yes: Valle	Official's Name (L	ast, First)
	ecipients					
	Jse Section A to identify the agen	cy's department or i	ual. • Use Section C to ident	ify an outside organization.		
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pul	Describe the public purpose made pursuant to the agency's poli-	
		8			÷	
-					16	8 8
В	Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role If checking *Ceremon	Other Inial Role" or "Other" describe below:	Income
				Ceremonial Role	Other 🗆	Income [
	· · · · · · · · · · · · · · · · · · ·				nial Role" or "Other" describe below:	1
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's police	
	Carpenters Local 713 1050 Mattox Rd., Hayward CA 94541		4	To promote attend order to maximize	lance at an event held potential revenue from	at a County facility in sales.
	dvocating for workers rig are and safe working cor					
4. V	erification \	5/8///25	With the last	CONTRACTOR AND	NAMES OF THE PARTY.	
		144.1 and			forth above, is in accordance wi	th the requirements.
			Michelle D		Supervisor's Aide	
		# 1970 7.00 (130 MS S) W2-14#4 (1970	Print Nan		. Title	(Month, Day, roan)
	Includes 1 park	ang pass at the	value of \$30	J		

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-	eremoniai Role Even	to alle lie	1001 000	Distributions		A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County		1 1	Form For Official Use Only		
	Division, Department, or Reg	jion (If Applicable)			For Official Ose Only
	Board of Supervisors				¥	
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	mation				8000
	Does the agency have a ticke	et policy?	Yes⊠ No[Face Value	of Each Ticket/Pass \$	\$300
	Event Description Basketba	II Game		Date(s)0	3 , 04 , 15	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes □ No [If no: Golde	en State Warriors	
				Alam		
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes I	If yes:	neda County Superviso	ast, First)
_			-			
3,	Recipients • Use Section A to identify the agen-	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. * Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	Manager and Company	Number of Ticket(s)/	The second second second	blic purpose made pursuant to the agency's policy	
			Pass(es)	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EVENT REPORT
			100			
	_	Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Anna de la companya del companya de la companya de la companya del companya de la			Ceremonial Role	Other 🗆	Income
	Prola, Diana		1	If checking "Geremonial Role" or "Other" describe below:		
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
à				Ceremonial Role		Income
					onial Role" or "Other" describe below:	
			1	- 19		
			- 00			
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy
	(include address and de	escription)	Pass(es)	Label Control		
					31	x 2
4.	Verification	244 4 22	d 18042 I house in	ariffed that the distribution as	t forth above, is in accordance wi	th the requirements.
		44.1 an				
		_	Steven Jo		Central District Directo	03.05.2015 (Month, Day, Year)
			778177887		830	
	Comment;					

			0404000					
1.	Agency Name		Date Stamp	California 802				
	Alameda County			FOIII				
	Division, Department, or Re	gion (If Applicable		For Official Use Only				
	Board of Supervisors					V r		
	Designated Agency Contact	(Name, Title)						
	Steven Jones							
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)		
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Info					(monn, pay, real)		
	Does the agency have a tick		Yes ⊠ No l	☐ Face Value	of Each Ticket/Pass \$	\$300/\$30parking		
	Event Description Basketba	II Game	3 , 04 , 15	7 7				
	Event Description	Provide Title/Expl	1					
	Ticket(s)/Pass(es) provided	by agency?	en State Warriors .					
			Name of So					
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	If yes: Alan	neda County Superviso	Last, First)		
2								
٥.	Recipients • Use Section A to identify the agen	cv's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy				
			Pass(es)	202000000000000000000000000000000000000				
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Prola, Jim	-	, , , , , ,	Ceremonial Role	Other Donal Role" or "Other" describe below:	Income		
	20579374355741		1/1park	To promote attend	dance at an event held potential County rever			
			1/1park	Ceremonial Role # checking "Ceremo	Other on other on other of the other of the other of the other of the other o	Income 🔲		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant	to the agency's policy		
				(S)	(t)	#\ _ If		
	*		×	(V)	te e			
4.	Verification		f 18942. I have ve	rified that the distribution se	t forth above, is in accordance wi	ith the requirements.		
		001.76	Steven Jo		Central District Directo			
			Print Nam	10	. Title	(Month, Day, Year)		
	Comment:				+	y		

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-	A 11					0.00
1.	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Reg	jion (If Applicable		1 37 3711031 334 3717		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					t) t
	Area Code/Phone Number	IE-mail	-		Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Info					(Month, Day, Your)
-	Does the agency have a tick		Yes 🖾 No	☐ Face Value	of Each Ticket/Pass \$ _	\$250+\$30 parking
	Event Description Basketba	Provide Title/Expli	anation	Date(s)	3 , 21 , 15	
	Tiele Manager	104/2010/01/01/01/01/01/01			n State Warriors	
	Ticket(s)/Pass(es) provided b	by agency?	Yes ☐ No I	_	Name of Se	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan					or Wilma Chan
	of agency official?		Official's Name	(Last, First)		
3.	Recipients				<u> </u>	
	Use Section A to identify the agen-	cy's department or	unit. • Use Sec	tion 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 public purpose made pursuant to the agency's p		t to the agency's policy
		į.				
			1	4		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role Other Inc. If checking "Ceremonial Role" or "Other" describe below:		
			7 455(65)			
	mamor of occingo		4+1park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role		Income 🔲
			4+1park	n chacking colonia	nonial Role" or "Other" describe below:	
				į į	0.00	20
	C. Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
4.	Verification					
		944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
			Steven Jo	ones	Central District Direct	or 03.10.2015
		11	Print Narr	10	- Title	(Month, Day, Year)

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1.	Agency Name Alameda County		Date Stamp	California 802			
	Division, Department, or Reg Board of Supervisors	jion (If Applicable)		*	For Official Use Only	
	Designated Agency Contact	(Name, Title)					
	Steven Jones				_	- X	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info			Easa Valua	of Each Ticket/Dans S	\$300+\$30 parking	
	Does the agency have a tick		Yes 🗵 No l	_	of Each Ticket/Pass \$		
	Event Description Basketba	II Game Provide Title/Expl	3 , 23 , 15				
	Ticket(s)/Pass(es) provided b	by agency?	en State Warriors .				
	West-lated distribution in de-	at the behave	neda County Superviso	TO TO TO 1.			
	Was ticket distribution made of agency official?	at the benest	No ☐ Yes I	☑ If yes: △Ian	Official's Name (I	ast, First)	
3	Recipients				100000000000000000000000000000000000000		
٠.	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant	to the agency's policy		
				W		*	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Krefetz, Fred	i i	2+1park	Ceremonial Role # checking "Ceremonial Role # Company of the Compa	onial Role" or "Other" describe below:	Income	
				To promote attendance at an event held at a County facili order to maximize potential County revenue from sales.			
	C. Name of Outside Organization (include address and description)		2+1park	Ceremonial Role If checking *Cerem	le Other Incommonial Role" or "Other" describe below:		
			Number of Ticket(s)/ Pass(es)	Describe the po			
					10	9	
				*			
4.	Verification	1.1 and	l 18942. I have ve	rifled that the distribution se	t forth above, is in accordance wi	th the requirements.	
			Steven Jo		Central District Directo		
			Print Nam	0	Title	(Month, Day, Year)	
	Comment:						

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1.	Agency Name		Date Stamp	California 802			
	Alameda County	alon /// Applicable				For Official Use Only	
	Division, Department, or Re	gion (if Applicable					
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)					
	Steven Jones				☐ Amendment (Must p	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info		0.16		\$350		
	Does the agency have a tick	10. (0)	Yes ⊠ No [of Each Ticket/Pass \$		
	Event Description Basketba	all Game		Date(s)03	3 , 14 , 15		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[If no: Golde	n State Warriors	ource	
	Was ticket distribution made	at the beheet	☑ If yes: Alam	eda County Superviso			
	of agency official?	at the beliest	Official's Name (Last, First)			
3	Recipients			10	37.3800.00000000		
٥.	Use Section A to Identify the age	ncy's department or	tion B to identify an individ	ual « Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the publi Pass(es)		blic purpose made pursuant to the agency's policy		
			7 333(43)		A 100 Page 1		
				1			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)			ring:	
	Wydler, Diane				e . Other . Income nonial Role" or "Other" describe below:		
	× *		2	To promote attendance at an event order to maximize potential County			
	V.			Ceremonial Role	Other	Income	
			2	If checking "Geremonial Role" or "Other" describe below:			
	T.		7	872		(4)	
	C. Name of Outside Org		Number of Ticket(s)/ Pass(es)				
			. Pass(es)				
					•		
4.	Verification	dd 1 an	d 18942. I have ve	orified that the distribution set	forth above, is in accordance w	with the requirements.	
		7-4. 7 017	Steven Jo		Central District Directo		
			Print Nam		- Title	(Month, Day, Year)	
	Comment:						

				-				
Α	Рυ	ы	IC.	D	OCL	ım	en	Ŷ

1.	Agency Name				Date Stamp	California Q02
	Alameda County	1		Form OUZ		
	Division, Department, or Reg	gion (If Applicable)		* 8	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must pro-	vide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation			V	\$300
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$	\$300		
	Event Description Basketba	lanation	Date(s)	3 , 11 , 15		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: ☐			☑ If no: Golde	n State Warriors	
			100 🗀 110 1		Name of Sour	
H	Was ticket distribution made	at the behest	No ☐ Yes [If yes: Alam	eda County Supervisor Official's Name (La	vviima Gnan
_	of agency official?				Omaio Triame (
3.	Recipients • Use Section A to identify the agent	scy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursuant to	
	V 90 19 10 1901 100		Pass(es)	a managazinea ma	AND THE RESERVE OF THE PARTY.	-94 II (24,111,114,114,114,114,114,114,114,114,1
	,			La company de la		
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	March Duame				ollal Role" or "Other" describe below:	Income
	Marsh, Dwayne		2	To promote attend	lance at an event held a potential County revenu	t a County facility in ue from sales.
		7		Ceremonial Role		Income
			2	If checking "Geremo	nial Role" or "Other" describe below:	
	C. Name of Outside Org		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	o the agency's policy
			2			
			8			· ·
+	\/!#!					
4.	Verification)44.1 ar	nd 18942. I have ve	, erified that the distribution set	forth above, is in accordance with	the requirements.
-	The second second		Steven Jo		Central District Director	
			Print Nan		Title	(Month, Day, Year)
	Comment:	0 1/2		10.		

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1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Re	gion (If Applicable)		1	For Official Use Only	
	Board of Supervisors	*	-				
	Designated Agency Contact	(Name, Title)					
	Steven Jones						
	Area Code/Phone Number	[E-mail			☐ Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov org		Date of Original Filing:		
2.	Function or Event Info		egacgov.org	,		(Month, Day, Year)	
	Does the agency have a tick		Yes 🗵 No	□ Eace Value o	of Each Ticket/Pass \$ _	\$39.40	
		The state of the s					
	Event Description Disney O	Provide Title/Expl	enation	Date(s)	3 , 01 , 15		
	Tieles/-VP/		n State Warriors				
	Ticket(s)/Pass(es) provided I	by agency?	Name of So	urce			
	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan						
	of agency official?						
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.						
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
			, , , , , ,				
		4					
ī					(0)	×.	
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	(Lost, First)	ual	Ticket(s)/	Ceremonial Role	Identify one of the follow	ling:	
	B. Name of Individu	ual	Ticket(s)/ Pass(es)	If checking "Ceremon	Other I	Income 🗆	
	(Lost, First)	ıal	Ticket(s)/	If checking "Ceremon To promote attenda	Other I	tncome □	
	(Lost, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize	☐ Other ☐ Ital Role* or "Other" describe below: ance at an event held potential County reven	at a County facility in nue from sales.	
	(Lost, First)	ıal	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other or "Other" describe below: ance at an event held potential County reven	at a County facility in nue from sales.	
	(Lost, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other old Role" or "Other" describe below: ance at an event held potential County reven	at a County facility in nue from sales.	
	(Lost, First)	zal	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other old Role" or "Other" describe below: ance at an event held potential County reven	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	Lee, Nancy	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other old Role" or "Other" describe below: ance at an event held potential County reven	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	Lee, Nancy Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other identification of the control of the contro	at a County facility in nue from sales.	
	C. Name of Outside Orga	inization iscription)	A Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon Describe the pub	Other identification of the control of the contro	at a County facility in nue from sales. Income	
	C. Name of Outside Orga	inization iscription)	A Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon Describe the pub priffed that the distribution set if	Other	at a County facility in nue from sales. Income It to the agency's policy	

ΑP	ubl	ic	Docum	ent
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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)					
Steven Jones						
Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 272-6693	steven.jones	@acgov.org)	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Infor	mation	-				
Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	\$300+\$30 parking			
Event Description Basketball	Game		Data(a) 03	3 , 11 , 15	1 1	
	Provide Title/Expli	nation				
Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	☑ If no: Golde	n State Warriors		
10/		No ☐ Yes	743	Name of Sou		
Was ticket distribution made a of agency official?	it the behest	eda County Supervisor Official's Name (L.	ast. First)			
	%			omail o riamo (Li		
 Recipients Use Section A to identify the agency 	y's department or u	ınit. • Use Sec	tion B to identify an individ	ual Use Section C to identi	fv an outside organization.	
A. Name of Agency, Departme	Number of	The second of the second				
A. Hame of Agency, Departme	ant or onit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
				<u></u>		
B. Name of Individua	ıl	Number of Ticket(s)/	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Identify one of the following	ng:	
		Pass(es)	Ceremonial Role	Other 🗆	Income	
Russell, Julie		0.4		oial Role" or "Other" describe below:	moone L	
		2+1park	To promote attendance at an event held at a County facili order to maximize potential County revenue from sales.			
					ue from sales,	
			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income	
		2+1park	, and any	married of Circle desicine boots.		
					*	
C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuant t	to the agency's policy	
(include address and des	cription)	Pass(es)	beachine the par	nic purpose made pursuant i	to the agency a policy	
			8	9		
		(a		2		
I. Verification						
I have read and understand EDBC Beau	lations 18044,1 and					
		Steven Jo		Central District Director		
	-	Print Nam	0	Title	(Month, Day, Year)	
Comment:					ii	

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ī	Alameda County		5 8	N.	Date Stamp	California 802			
ï				Agency Name					
	mt total management of management	Alameda County				Form For Official Use Only			
	Division, Department, or Reg	ion (If Applicable		Por Official Ose Only					
-1	Board of Supervisors	25. 25.2	188						
	Designated Agency Contact (Name, Title)							
ý	Amy Shrago		Amendment (Must provi	ide explanation in Part 3.1					
7	Area Code/Phone Number E-mail								
. /	(510) 272-6695 amy.shrago@acgov.org				Date of Original Filing:				
2.	Function or Event Information								
	Does the agency have a ticke	Yes 🗆 No 🛭		of Each Ticket/Pass \$					
Į	Event Description Warriors v	s. Mavericks Provide Title/Expl	2 , 04 , 15						
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No [If no: Golden State Warriors Name of Source					
1	Was ticket distribution made at the behest No ☐ Yes ☒ If ye				es: Carson, Keith				
	of agency official?			Official's Name (Last, First)					
3.	Recipients								
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
8	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		the agency's policy			
				V					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	Brooks, Rodney				Other Donial Role" or "Other" describe below:	Income			
			4	To reward a County employee for his or her exemplary service to the public or to encourage staff development					
					Other on Other describe below:	Income			
	C. Name or Outside Organization		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy				
,					¥ .	3			
	ă.		2						
4.	Verification		d 18942. I have ve	nrified that the distribution se	t forth above, is in accordance with	the requirements.			
			Amy Shr	ago	Supervisor's Assistant	03/05/15 (Month, Day, Year)			

						rit dishe becamen			
1.	Agency Name		Date Stamp	California 802					
	Alameda County					- Cim			
	Division, Department, or Reg	ion (If Applicable		For Official Use Only					
	Board of Supervisors	V 170 700							
	Designated Agency Contact	(Name, Title)							
	Amy Shrago			1					
	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 Information								
	Does the agency have a ticket			of Each Ticket/Pass \$ _	66.70				
				2 , 21 , 15					
Event Description Monster Jam Date(s) 02 , 21 , 15									
	Ticket(s)/Pass(es) provided b	v agency?	If no: Golde	en State Warriors					
					Name of S	ource			
	Was ticket distribution made at the behest No ☐ Yes			If yes: Carson, Keith Official's Name (Last, First)					
_	of agency official?	1			Omciai a Name	(Leoi, rholy			
3.	Recipients								
		• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of							
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the Pass(es)		e public purpose made pursuant to the agency's policy				
					X				
				3.,					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		ving:			
	Williams, Sharifa		4	Ceremonial Role	Other D	Income			
				To promote attendance at an event held at a County facility in order to maximize potential County revenue					
					Other	Income			
	Shrago, Amy		0	U.S. (2.1 (10.1 (10.1)) (11.4) (11.1	onial Role" or "Other" describe below				
			4	To reward a County employee for his or her exemplary service to the public or to encourage staff development					
	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					
						9 12			
	2			,	<u> </u>				
1	Verification								
Ŧ.		1 000	d 18942. I have ve	orified that the distribution set	forth above, is in accordance v	with the requirements.			
٠.		, un				and the same of the control of the c			
*.			Amy Shr	ago	Supervisor's Assista				

1.	Agency Name			Date Stamp California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	jion (If Applicable		r or orinani oso only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		1.7		
	Amy Shrago		☐ Amendment (Must pr	ovide evolunation in Part 3.1		
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info	mation				20.40
	Does the agency have a tick	et policy?	Yes ☐ No [of Each Ticket/Pass \$	
	Event Description Disney or	n Ice		Date(s)0	2 , 26 , 15	
		Provide Title/Expl	lanation) b
	Ticket(s)/Pass(es) provided t	by agency?	Yes ☐ No [☑ If no: Golde	en State Warriors	irce
	Was ticket distribution made	at the behest	No ☐ Yes I	⊠ If yes: Cars	son, Keith	
	of agency official?	at the bones	△ II yes	Official's Name (L		
3.	Recipients					
	Use Section A to identify the agen	cy's department or		tion B to identify an indivi	dual. * Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy
			Pass(es)			
	No. 1				is K	
	B. Name of Individ	Number of Ticket(s)/		Identify one of the follow	ner.	
	(Last, First)	700	Pass(es)	ļ.		
	Lopez, Daisy			Ceremonial Role	Other Other Other Other	Income
	Lopez, Daisy		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development		
				Ceremonial Role	Other 🗌	Income
				If checking "Gerem	ionial Role" or "Other" describe below:	
				18		
	C. Name of Outside Orga	anization	Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
9	(include address and de	escription)	Pass(es)			
					8	
4.	Verification	14.4 %	nd 18942 I have w	adfied that the distribution of	et forth above, is in accordance wi	Ith the requirements.
		4, 1 ar			Supervisor's Assistan	
			Amy Shr		Supervisor's Assistan	(Month, Day, Year)
	, ,			***	7	North College
	Comment:					

_	or or marriage mare					TTT distro is o o difficille	
1.	Agency Name		Date Stamp California 802				
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	5	Por Official Ose Only			
	Board of Supervisors				2		
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr		
	(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		of Each Ticket/Pass \$	39.40	
	Event Description Disney or	lce		Data(s) 0:	2 , 28 , 15	1 1	
	Event Description	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No l	☑ If no: Golde	n State Warriors		
		9/8/2 3/8/3/2 3/2			Name of Sou	irce	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Cars of agency official?				Official's Name (L.	ast, First)	
_							
3.	Recipients • Use Section A to identify the agence	cv's department or	lual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departm	Number of Ticket(s)/		blic purpose made pursuant			
			Pass(es)				
				2		y	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Jenkins, Kevin		4	Ceremonial Role Other M Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development			
						Income	
			Vi.	Ceremonial Role # checking *Ceremo	Other Linial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
		4				(C)	
				#		¥ - D	
4.	Verification	-	V 1000000000000000000000000000000000000	in and the second	A	- 47 (1 - 1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4	
		an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.	
			Amy Shr	ago	Supervisor's Assistant	03/05/15	
			Print Nan	10	Title	(Month, Day, Year)	

						711 distro socialitette
١.	Agency Name		13	Date Stamp	California 802	
	Alameda County		4	For Official Use Only		
	Division, Department, or Re-	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@acgov.org			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	Yes□ No!	☐ Face Value of	of Each Ticket/Pass \$	39.40
	Event Description Disney or	n Ice Provide Title/Expl	lanation	Date(s)	2 , 27 , 15	
	Tieket(e)/Decedee) availed t			If no. Golde	n State Warriors	
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No I	× 11110.	Name of Sou	rce
	Was ticket distribution made	at the behest	No ☐ Yes I	If yes: Cars	on, Keith	C. C
	of agency official?				Official's Name (L.	ast, First) .
3.	Recipients		4		wasin ocusio Mawii amba wasinchi isa	
	Use Section A to identify the agen	cy'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, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	to the agency's policy
		18		9. 1		#
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Jacob, Mike			Ceremonial Role	Other I	Income
	outous, miles		4		nunity volunteer for his o	or her service to the
				Ceremonial Role	Other 🗆	Income
				If checking *Ceremo	nial Role" or "Other" describe below:	
					5 .	
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		0.25200.212.300.400.4	rass(vs)			
			1 5			
					JI	
						3.3
	Varification		d 18942 I have ye	orified that the distribution set	forth above, is in accordance with	h the requirements
		"	Amy Shr		Supervisor's Assistant	
		-	Print Nam		Title	(Month, Day, Year)
	/					75 AF AF A STATE OF A
	Comment:					

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1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form SUZ		
	Division, Department, or Reg	jion (If Applicable		For Chicial Ose Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				П	
	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 Info	mation				20.10
	Does the agency have a tick	et policy?	Yes ☐ No		of Each Ticket/Pass \$	39.40
	Event Description Disney or	lce		Date(s) 0	3 , 01 , 15	1 1
	Liverit Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided I	y agency?	Yes □ No!	If no: Golden State Warriors Name of Source		
	Was ticket distribution made at the behest No□ Yes⊠			Cars		rco
	VVas ticket distribution made at the behest No ☐ Yes of agency official?			☑ If yes: Cars	Official's Name (L	ast, First)
2	Recipients				F3/200140301991500	2000A0935 +0
э.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to identi	fy 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		
	74					D 8
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the following	
	(Last, First)	80	Pass(es)		Identify one of the following	<u> </u>
	Allison, Elonda		4	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public		
			8	Ceremonial Role If checking *Ceremo	Other Other Other describe below:	- Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy	
	1			77	£	
1	Varification					
		and	d 18942. I have ve	orified that the distribution se	t forth above, is in accordance with	the requirements.
			Amy Shr	ago	Supervisor's Assistant	03/05/15
		_	Print Nam	10	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802	
	Alameda County					To the second	
	Division, Department, or Reg	gion (If Applicable))		3.50	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	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info					(monar, pay, roar)	
	Does the agency have a tick		Yes□ No1	Face Value of	of Each Ticket/Pass \$ _	125.00	
	Event Description Charlie W	25 10 20 20 20 20 20 20 20 20 20 20 20 20 20			3 , 27 , 15		
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided I	by agency?	n State Warriors				
			Name of So	urce			
	Was ticket distribution made of agency official?	at the behest	on, Keith Official's Name (Last, First)			
_						Min M	
3.	Recipients	cy's department or	unit a Use Sec	tion B to identify an individ	ual a Use Section C to iden	tify an outside organization.	
			Number of		dentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the pur	DHC purpose made pursuan	to the agency's policy	
	B. Name of Individ	ual	Number of Ticket(s)/	14	Identify one of the follow	ing:	
	(Last, First)		Pass(es)				
	Carson, Keith				inial Role" or "Other" describe below:	Income 🔲	
			4		in oversight of facilities or events that have received		
				County funding or			
					Other	Income	
				If checking "Geremo	nial Role" or "Other" describe below:	4	
	C. Name of Outside Orga	anization	Number of			A A S. Maria a secondar de Nasa	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy		
				4			
						8	
÷		-			101		

4.	Verification						
		an		*	forth above, is in accordance w		
		_	Amy Shr		Supervisor's Assistar		
			Print Nan	10	Title	, (Month, Day, Year)	
	Comment:						

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1.	Agency Name Alameda County		Date Stamp	California 802			
	Division, Department, or Reg	jion (If Applicable		For Official Use Only			
	Board of Supervisors					181	
	Designated Agency Contact	(Name, Title)					
	Amy Shrago	1			☐ Amendment (Must pi	wulde evolunation in Part 3 \	
	Area Code/Phone Number	E-mail		1 1			
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation	0-42			300.00	
	Does the agency have a ticket		Yes ☐ No [of Each Ticket/Pass \$	300.00	
	Event Description Warriors	/s. Bucks Provide Title/Expl	anation	Date(s)	3 , 04 , 15		
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors Name of Soi	urce			
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes [☑ If yes: Carse	on, Keith Official's Name (L	.ast, First)	
3.	Recipients • Use Section A to identify the agence	cy's department or	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		2				90	
						2	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	1	Identify one of the follow	ing:	
	Carson, Keith		4	Ceremonial Role Other M Income			
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	<u> </u>	1					
						Ŷ	
4.	Verification)	d 18942. I have ve	nrified that the distribution set	forth above, is in accordance wi	th the requirements.	
-			Amy Shr	ago	Supervisor's Assistan	t 03/25/15	
			Print Nam		Title	(Month, Day, Year)	

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	remonal Role Ever					A Public Document
1.	Agency Name			Date Stamp California Form		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	gion (If Applicable		For Official Ose Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number			Amendment (Must pre	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info	mation				A STATE OF THE STA
	Does the agency have a tick	et policy?	Yes □ No!		of Each Ticket/Pass \$	450.00
	Event Description Warriors vs. Mavericks Date(s) 03			3 , 06 , 15	, ,	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided t	by agency?	Yes□ No!	If no: Golde	n State Warriors	
					Name of Sou	rce
	Was ticket distribution made at the behest No Ye of agency official?			☑ If yes: Cars	Official's Name (L.	ast, First)
_						T. (1)
3.	Recipients • Use Section A to identify the agen	cv'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, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			rass(us)	Д		1
					1 ,	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role	30 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Income
	Brown, Aisha		4	If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to		
			1/28	the public or to encourage staff development		
						Income
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic		to the agency's policy
	(include address and description)		Pass(es)			
						A
4.	Verification	1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
			Amy Shr		Supervisor's Assistant	
			Print Nan		Title	(Month, Day, Year)

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1.	Agency Name		Date Stamp	California 802			
	Alameda County				For Official Use Only		
	Division, Department, or Region	on (If Applicable)	8		For Official Use Only	
	Board of Supervisors			100			
	Designated Agency Contact (/	lame, Title)		7			
	Amy Shrago	,					
		E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: _	(Month Day Year)	
2.	Function or Event Inform					Assessed	
-	Does the agency have a ticket		Yes□ No I		of Each Ticket/Pass \$	300.00	
	Event Description Warriors vs				3 , 11 , 15	, , , , ,	
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No[☑ If no: Golde	n State Warriors		
	monotopi acotopy promaca sy		169 🗀 140 [Name of Sou	rce	
	Was ticket distribution made a	t the behest	No ☐ Yes [✓ If yes: Cars	on, Keith Official's Name (Li	act First)	
_	of agency official?		Official's Name (Co	uoi, riioiy			
3.	Recipients					6. as autolite assessination	
	Use Section A to identify the agency		Number of		Allegation with the first party of the second line, and	Stewaring Commence California Section	
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant (to the agency's policy	
			1				
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)				
	Lam, Joe	•		Ceremonial Role	Other 🗵	Income _	
	Lam, ooe		4	To reward a County employee for his or her exemplary service to			
					courage staff developm		
				Ceremonial Role	Other	Income	
				If checking "Geremo	onial Role" or "Other" describe below:		
		*					
		Valid to be too	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
			Pass(es)				
						8	
	· · · · · · · · · · · · · · · · · · ·					γ·	
4.	Verification	lations 10044 1 an	d 18942. I have us	edfied that the distribution set	t forth above, is in accordance with	h the requirements	
		i an					
			Amy Shr		Supervisor's Assistant	03/25/15 (Month, Day, Year)	
			-ma wan	76	7100	(month, buy, real)	
	Comment:						

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1.	Agency Name		Date Stamp California 80			
	Alameda County			Form OUZ		
	Division, Department, or Reg	jion (If Applicable		To onicial ose only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				☐ Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info	mation				
	Does the agency have a tick	et policy?	Yes□ No!		of Each Ticket/Pass \$	300.00
	Event Description Warriors	/s. Knicks Provide Title/Expl	anation	Date(s)	3 , 14 , 15	
	Ticket(s)/Pass(es) provided to	w agency?	v	If no. Golde	en State Warriors	
	ricket(s)/rass(es) provided t	by agency :	Yes ☐ No [M 1110.	Name of Sou	rce
	Was ticket distribution made	at the behest	son, Keith			
	of agency official?				Official's Name (L.	ast, First)
3.	Recipients					
	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	to the agency's policy
				<u>e</u>		
	B. Name of Individu	ral	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Carson, Keith			Ceremonial Role If checking "Cerem	Other Other onial Role" or "Other" describe below:	Income
	9		4	To obtain oversig County funding or	ht of facilities or events t support	that have received
į.				Ceremonial Role	Other 🗌	Income
				If checking "Cerem	onial Role" or "Other" describe below:	
		1020070207000	Number of			
	C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuant	to the agency's policy
		4			11.0	
	i					
4.	Verification	1 and	d 18942. I have ve	orified that the distribution se	et forth above, is in accordance wit	h the requirements.
			Amy Shr		Supervisor's Assistant	
			Print Nam	10	Title	(Month, Day, Year)
	. / ~					()
	Comment:					

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1.	. Agency Name			Date Stamp California 802		
	Alameda County			FOIII		
	Division, Department, or Reg	gion (If Applicable		For Official Use Only		
	Board of Supervisors					X.Q.
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				D Amountment (to a	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail		10		
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation		2001		350.00
	Does the agency have a tick	10 CH 11 CH 10 CH	Yes ☐ No [of Each Ticket/Pass \$ _	350.00
	Event Description Warriors	vs. Lakers Provide Title/Expl	anation	Date(s)	3 / 16 / 15	
	Ticket(s)/Pass(es) provided I	by agency?	en State Warriors			
	ricket(s)/Fass(es) provided i	by agency:	Name of So	urce		
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Cars				son, Keith	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	Manager Committee of Committee of the Co	undiscussion manufactures		
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	V					
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	dna:
	(Last, First)		Pass(es)			
	Brown, Elaine		329	Ceremonial Role	Other 🗵	. Income
	Drown, Elaino		4	나 보고 하는 그는 그 그리가 있어요? 사용하다 하는 것이다. 함,		her exemplary service to
					courage staff developr	
			i i		Other 🗆	Income
	0.00			If checking "Gereme	onial Role" or "Other" describe below:	
				1.3	1)	
	C. Name of Outside Orga	anization	Number of	December the ma	ublic purpose made pursuan	t to the agency's policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the pt	ublic purpose made pursuan	t to the agency's policy
			7			
4	Verification					
					t forth above, is in accordance w	
		,	Amy Shr		Supervisor's Assistar	
	// "		Print Nam		Title	(Month, Day, Year)
	Comment:	7772				*

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1.	Agency Name		Date Stamp	California 802		
	Alameda County			For Official Use Only		
	Division, Department, or Re-	gion (If Applicable		To one and one		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago		(4)			
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month Day Year)
2	Function or Event Info		Genegatives	2		(Month, Day, rear)
	Does the agency have a tick		Yes□ No[∇I Face Value	of Each Ticket/Pass \$	350.00
			162 [] 140 [,
	Event Description Warriors	VS. Jazz Provide Title/Exp.	lanation	Date(s)	3 , 21 , 15	
		an and a second	Yes□ No[Golde	en State Warriors	
	Ticket(s)/Pass(es) provided	by agency?	Name of So	urce		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Ca				on, Keith	
	of agency official?			,	Official's Name (Last, First)
3.	Recipients			7 -		100 R000 G1 NO
70	Use Section A to identify the ager	cy's department or	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 public purpose made pursuant to the agency's p		to the agency's policy
	*	× 11			i .	Ø
						.2
			Number of		20 Was 12 20 CO - 201 PA - 10 PO 1 PROPERTY IN	
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Carson, Keith			Ceremonial Role	Other Donal Role" or "Other" describe below:	Income
			4	To review facilities support in the nea	하는 마이지 않는데, 하는 사람이 보면서 어때로 하는데 되었다면 하는데 되었다. 바다 이 때문에	quire County funding or
				· Ceremonial Role	Other	Income
				If checking "Ceremo	onial Role" or "Other" describe below:	
				22		8
			Number of		AND THE PROPERTY OF THE PARTY O	an account of the control of the con
	C. Name of Outside Org		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy
			, 4454667			
	h 9			. 6	9	9
_	V 10 - 11					
A.	Varification	ar	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
-			Amy Shr		Supervisor's Assistar	
		-	Print Nan		Title	(Month, Day, Year)
	1 0			S.	1000	
	Comment:					

Ceremonial Role Eve					A Public Docum
1. Agency Name				Date Stamp	California 80
Alameda County Division, Department, or Re	gion /// Applicable)			1	Form
Division, Department, or Re	gion (# Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assistant			П.A	
Area Code/Phone Number	E-mail			Amendment (Must p.	
(510) 272-6691	leeann.fergerso	n@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticked Event Description Characteristics Ticket(s)/Pass(es) provided but Was ticket distribution made a	et policy? Provide Tille/Explanation y agency? Yes	PNo P	Date(s)	Name of Sounded a County Supervisor Sounded County Supervisor Supervisor Sounded County Supervisor Supe	1 25.00
of agency official? Recipients		(Official's Name (La	st, First)
Use Section A to identify the agency	r's department or unit.	e Use Sect	tion B to identify an individua	il Use Section C to identify	/ an outside organization.
A. Name of Agency, Departme	nt or Unit Nu	mber of cket(s)/ ass(es)		c purpose made pursuant to	The state of the s
			v ^S		
				8	
B. Name of Individual	Tie	nber of ket(s)/ ss(es)		ldentify one of the following:	4
Vanersa Johns	on (+	To promote attend to maximize poten parking sales.	ance at a county sponsored lial county revenue for conc	event in order ne lession and
0			Ceremonial Role If checking *Ceremonial I	Other	Income 🔲
C. Name of Outside Organiza (include address and descri	ntion) Tick	ber of et(s)/ s(es)	Describe the public	purpose made pursuant to th	e agency's policy
		± ,		1	
					9
/erification	and 18942. I	have verifie	d that the distribution set forth	above, is in accordance with the n	anulraments.
	Lee An	n Ferger		pervisor's Assistant	_3-12-15
	P	rint Name		Title	(Month, Day, Year)

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Agency Name				Date Stamp	California 802	
Alameda County				A PRODUCT OF STANSANCES	101111	
Division, Department, or Re	gion (If Applicable)			For Official Use Only	
Board of Supervisors					1	
	(Name, Title)			- / -		

	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
		nda@acgov.	org	Date of Original Filing: .	At all Ban Vand	
· Carlo Facility and Carlo Carlo		inadega o go ri	×.9		(Month, Day, Year)	
		Ves 🖾 No	☐ Face Value	of Each Ticket/Pass \$	25.00	
			- 511			
Event Description	Provide Title/Expl	lanation	Date(s)	1 10 1 10		
Ficket(s)/Pass(es) provided	by agency2	Ves D. Nel	If no. Oakla	and A's		
neket(a)/r ass(es) provided	by agency :	Tes [] NO		Name of So		
	at the behest	e, Richard- Supervisor I	District 2			
of agency official?				Official's Name (L	.ast, First)	
Recipients						
•	Salar Salar	-	100000000000000000000000000000000000000	officers and the contract of the surface of the sur	Managara and a sample of the s	
A. Name of Agency, Department or Unit		Ticket(s)/	Describe the public purpose made pursuant to the agency's			
		r assigns/				
				ii ii		
	ual	Number of Ticket(s)/		Identify one of the follow	ina:	
(Last First)		Pass(es)			1000	
lhita .lvoti					Income	
orma, oyou		2		35.000 TO THE PROPERTY OF THE	at a County facility in	
	1					
	E C		Ceremonial Role	Other 🗆	Income [
		1 7 1	If checking "Cerem-	onial Role" or "Other" describe below:		
		Number of				
		Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy	
		1 455(55)				
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Mahisiantian						
Makifiantian		d 18942. I have ve	orified that the distribution se	et forth above, is in accordance wi	th the requirements.	
Makisiantian	n	d 18942. I have ve		et forth above, is in accordance wi	th the requirements.	
AD BE VECTOR IN THE PERSON OF	Alameda County Division, Department, or Resident of Supervisors Designated Agency Contact Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Info Does the agency have a tick Event Description Oakland Ticket(s)/Pass(es) provided Vas ticket distribution made of agency official? Recipients Use Section A to identify the agent A. Name of Agency, Department A. Name of Individ (Last, First) Uhita, Jyoti Name of Outside Org	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [510) 272-6692	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Wichelle Dianda Area Code/Phone Number E-mail michelle.dianda@acgov.org Function or Event Information Does the agency have a ticket policy? Yes \(\times \) No \(\times \) Face Value Event Description \(\times \) Oakland A's vs. Minnesota Twins Date(s) \(\times \) Date(s) \(\times \) Date(s) \(\times \) Oakland A's vs. Minnesota Twins Date(s) \(\times \) Oakland A's vs. Minnesota Twins Date(s) \(\times \) Oakland (contact distribution made at the behest No \(\times \) Yes \(\times \) If yes; \(\times \) Valid of agency official? Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an indivious Number of Ticket(s)/ Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pure of Outside Organization Number of Ticket(s)/ Pass(es) Ceremonial Role if chacking 'Ceremonial Role if chacking 'Ceremonial Role if chacking 'Ceremonial Role if the pure of Outside Organization Number of Ticket(s)/ Pass(es) Name of Outside Organization Number of Ticket(s)/ Pass(es) Number of Outside Organization Number of Ticket(s)/ Pass(es) Number of Outside Organization Number of Ticket(s)/ Pass(es)	Alameda County Division, Department, or Region (#Applicable)	

Agency Report of:

Ceremonial	Role Events	and Ticket/Pass	Distributions

	promomar rese Even	10 0110 110			-	A rabile becament
1.	Agency Name	7			Date Stamp	California 802
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda				Amendment days	ende evalentia in Ded 3.1
	Area Code/Phone Number	E-mail	Amendment (Must pi	rovide explanation in Part 3.)		
	(510) 272-6692	michelle.dia	nda@acgov.d	org	Date of Original Filing: .	(Month, Day, Year)
	Function or Event Infor	mation				500.00
	Does the agency have a ticke		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	500.00
	Event Description Warriors \	/s. Portland Ti	railblazers Janation	Date(s)	4 , 09 , 15	
	Ticket(s)/Pass(es) provided b	v agency?	Yes □ No [If no: Golde	n State Warriors	
	West areas of the least the second	2015 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	103 🗀 110 🛭		Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle			, Richard- Supervisor I	District 2	
_	of agency official?				Omciai s Name (i	adat, Friday
١.	Recipients		unit - Hen Soci	tion B to identify an individ	lual - Use Section C to ident	tify an outside organization
	Use Section A to identify the agency's department or unit. Number of				OR ALL CRANTELLE CALL CONTROL OF THE PROPERTY	S PARTICIPATION AND AND AND AND AND AND AND AND AND AN
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
		-				
						2.4
Ü						
						7
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🗌	Income
				If checking "Ceremon	nial Role" or "Other" describe below:	
				O	П оп П	facens F
				Geremonial Role If checking "Geremon	Other onial Role" or "Other" describe below:	Income
		7		- 7/4		
					Ų.	1
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
	(include address and de	scription)	Pass(es)	. Second the par	one perpose mass person	
19	A.C. Deputy Sheriff Activiti	es League	1	To reward a non-p	orofit organization for its	s contributions to the
	16378 E. 14th St., #100 Sa	an Leandro	4	community.		THE LOCAL PROPERTY OF THE PROP
	Provide recreational and le					
	activities for youth through			I.		
1	Verification					
1			nd 18942. I have ve	orified that the distribution set	forth above, is in accordance w	ith the requirements.
1			nd 18942. I have ve Michelle D		forth above, is in accordance w Supervisor's Aide	ith the requirements.

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Board of Superv Designated Agen Anna Gee Area Code/Phone (510) 272-6694 2. Function or E Does the agency Event Description	nent, or Region (If Applica visors cy Contact (Name, Tille) Number E-mail anna.gee(<i>ble</i>) @acgov.org Yes⊠ No		Date Stamp Amendment (Must pro				
Division, Departing Board of Superviolesignated Agen Anna Gee Area Code/Phone (510) 272-6694 2. Function or E Does the agency Event Description	nent, or Region (If Applications) cy Contact (Name, Title) Number E-mail anna.gee@ vent Information have a ticket policy? basketball game	@acgov.org		The state of the s	For Official Use Only ovide explanation in Part 3.)			
Board of Superv Designated Agen Anna Gee Area Code/Phone (510) 272-6694 2. Function or E Does the agency Event Description	risors cy Contact (Name, Title) Number E-mail anna.gee@ vent Information have a ticket policy? basketball game	@acgov.org		The state of the s	ovide explanation in Part 3.)			
Anna Gee Area Code/Phone (510) 272-6694 2. Function or E Does the agency Event Description	e Number E-mail anna.gee@vent Information have a ticket policy?			The state of the s				
Anna Gee Area Code/Phone (510) 272-6694 2. Function or E Does the agency Event Description	Number E-mail anna.gee@ vent Information have a ticket policy? basketball game			The state of the s				
Area Code/Phone (510) 272-6694 P. Function or E Does the agency Event Description	anna.gee@ vent Information have a ticket policy? basketball game			The state of the s				
(510) 272-6694 2. Function or E Does the agency Event Description	anna.gee@ vent Information have a ticket policy? basketball game			The state of the s				
2. Function or E Does the agency Event Description	anna.gee@ vent Information have a ticket policy? basketball game			Date of Original Filing: _	44-4-5			
Does the agency Event Description	have a ticket policy? basketball game	Yes⊠ No			(Month Day Year)			
Event Description	basketball game	Yes 🖾 No			(moral, pay, roal)			
	basketball game		☐ Face Value of	of Each Ticket/Pass \$	300			
	Provide Title/F	V 000 1000	1 11001 T	, 4 , 15	, ,			
Ticket(s)/Pass(es	r royard ritters.	xplanation	Date(s)					
) provided by agency?	*						
		Yes ☐ No		Name of Sour	rce			
Was ticket distribe of agency officia	ution made at the behest	No ☐ Yes	☑ If yes: Miley	, Nate Official's Name (L.	ast Eiret			
	i r			Ometar's Name (Co	iai, riray			
	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 Age	ency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
					, Kili			
			Sec. 1994		V			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:			
1100	Mart, Anne		Ceremonial Role If checking "Ceremon To promote 140 at a conny fi	other & niel Role or pether describe below:	crataniveth			
			Ceremonial Role	Other International Role of Other describe below:	Income			
	C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's policy					
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251			To provide health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, u					
Oakland,CA 94605 SENIOR ADVOCACY			derprivileged, seni	ors and youth in foster	care.			
Verification		and 18942 I have u	redified that the distribution set	forth above, is in accordance with	h the requirements			
	10	Anna C		Operations Chief	3/26/15 . (Month, Day, Year)			

1.	Agency Name				Date Stamp	California 800
	Alameda County			•		Form 004
	Division, Department, or Regi	on (If Applicable	;)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Title)	_			
		rvame, moj				
	Anna Gee			No Extended Commence and Commen	Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Deta of Original Fillians	
avioliana	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation		•		450
	Does the agency have a ticket	t policy?	of Each Ticket/Pass \$ _	450		
	Event Description basketball	game		Data(s) 3	, 6 , 15	
	Event Description	Provide Title/Expl	anation	Date(s)	economic economic consequences of eyes your make the street makes	economic and a second section of the second section of the second second second section of the second section of the second second section of the s
	Ticket(s)/Pass(es) provided by	/ agency?	Yes□ No	IXI If no:		•
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,9, -	103 🛄 110		Name of So	urce
	Was ticket distribution made a	t the behest	No 🔲 Yes	✓ If yes: Miley	v, Nate	
	of agency official?	•			Official's Name (L	ast, First)
3.	Recipients					
	• Use Section A to identify the agency	/'s department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit Tic Pa			Describe the public purpose made pursuant to the agency's policy		
	Board of Supervisors	2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from concession and			
•				parking.	e e e e e e e e e e e e e e e e e e e	
	B. Name of Individua	il.	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				3	Other Inial Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income
			,	If checking "Ceremo	nial Role" or "Other" describe below:	
	· · · · · · · · · · · · · · · · · · ·			·		•
					, and the second	
	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		to the agency's policy
	United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251		2	To provide health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, un		
	Oakland,CA 94605 SENIOR ADVOCACY	And the second s		derprivileged, seni	ors and youth in foster	care.
4.	Verification					
-	I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have v	erified that the distribution set	forth above, is in accordance wi	th the requirements.
			Anna G	See	Operations Chief	3/26/15

1.	Agency Name		Date Stamp	California 802		
	Alameda County			THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER		
	Division, Department, or Regi	on (If Applicable)	- 4011-1		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail	0000 x29/EMP0 EXCENSIVE E		Amendment (Must p	rovide explanation in Part 3.)
			cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		-9			(Month, Day, Year)
	Does the agency have a ticker		Vaa 🔽 Na	☐ Face Value o	of Each Ticket/Pass \$ _	300/350
	Spiritual Committee					
	Event Description basketball	Provide Title/Expla	11 , 15	3 , 14 , 15		
	Ti-1-1/->/D/->					
	Ticket(s)/Pass(es) provided by	y agency?	Name of So	urce		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Miley, Nate					
	of agency official?			,	Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or u		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
		makammaka makada matanda matand			***************************************	
	B. Name of Individua	31	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	With the second			I .	Other	Income [
	Macias, Rogelio		4		nial Role" or "Other" describe below:	-976 - 11 411
			To promote an event held at a County facility in order to maximize potential County revenue from concession sales and parking.			
			ANTICOCTURATION OF THE PROPERTY OF THE PROPERT		Other	Income
				1	nial Role" or "Other" describe below:	
						•
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(include address and des	scription)	Pass(es)			
	Roots Community Health Center - 9925 International Blvd, Oakland 94603			To provide health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, un-		
	OFFERS FREE HEALTHC/INCOME RESIDENCE	ARE TO LOW		derprivileged, seni	ors and youth in foster	care.
4.	Verification		· .			
	I have read and understand FPPC Regu	ılations 18944.1 and	18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Anna G	iee	Operations Chief	3/26/15
					•	

ĺ.	Agency Name		Date Stamp California 202				
	Alameda County					Form 004	
	Division, Department, or Region	on (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)					
	Anna Gee						
		E-mail			Amendment (Must	t provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing	J:(Month, Day, Year)	
))	Function or Event Inform					(Month, Day, Tear)	
	Does the agency have a ticket		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$.	600/350	
	Event Description basketball				, 16 , 15	3 , 20 , 15	
	Event Description	Provide Title/Explai	nation	Date(s)	accuracy enterior and accuracy enterior and accuracy enterior photographics		
	Ticket(s)/Pass(es) provided by	agency?					
	. , , , , , , , , , , , , , , , , , , ,		_	Name of S	Source		
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Miley	, Nate Official's Name	e (I ast First)	
	•				Omorar o Nume	(243, 173)	
\$.	Recipients • Use Section A to identify the agency	da danarimani ar II	nit allea Sac	stion R to identify an individ	ual a Usa Saction C to ide	antify an outside organization	
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
						•	
						######################################	
	•]	·			
			Number of				
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	**************************************		4	Ceremonial Role	Other 🗵	Income [
	Kennedy, James				nial Role" or "Other" describe below	•	
				To promote an eve	ent held at a County f	facility in order to maximize sion sales and parking.	
				Ceremonial Role		Income	
	Standig, Beena				nial Role" or "Other" describe below		
			4			facility in order to maximize	
	•			potential County revenue from concession sales and parkir			
	C. Name of Outside Organization Nur			Describe the pul	public purpose made pursuant to the agency's policy		
	(include address and des	cription)	Pass(es)				
		*					
2000000							
4.	Verification	1-11	40040 11	and the of the of the - SH-LOO - O	foutbalance to to account	with the requirements	
	I have read and understand FPPC Regu	iations 18944.1 and					
	Own the second		Anna G		Operations Chief	3/26/15 (Month, Day, Year)	
	Signature of Agency Head or Designee		Print Nan	ne	Title	(WOHIII, Day, Teal)	
	Comment: Kennedy - 3/20						

1.	Agency Name		Date Stamp California Form			
	Alameda County	-1 (# 4				For Official Use Only
	Division, Department, or Reg	jion (II Applicable)				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee				П	
	Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🗵 No	☐ Face Value	of Each Ticket/Pass \$	95.75/66.70
	Event Description Harlem G	lobetrotters Provide Title/Explai	2 , 14 , 15	02 , 21 , 15		
	Ticket(s)/Pass(es) provided b	ov agency?	If no:			
			Name of Sou	ırce		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Miley, Nate Official's Name (Last, First)					and Electi
	of agency official?		1		Official's Name (L	.ast, rirst)
3.	Recipients					
	Use Section A to identify the agent	ALLEGE STREET, STORING	Number of	VALUE OF RESIDENCE OF		
	A. Name of Agency, Departm	Ticket(s)/. Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors	4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
				concession sales.	3.3	
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Rodriguez, Rosa			Ceremonial Role #checking *Ceremo	Other Donal Role" or "Other" describe below:	Income 🔲
			4		fance at an event held a potential County reven	
					Other	Income
				# checking **Ceremo concession sales.	onial Role" or "Other" describe below;	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
	62				H,	90
'		*		1		14
Λ	Varifidation	1 and	18942. I have ve	erified that the distribution set	t forth above, is in accordance wi	th the requirements.
		1	Anna G		Operations Chief	03/04/15
		-	Print Nan		Title	(Month, Day, Year)

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1.	Agency Name		Date Stamp	California 802		
	Alameda County				1.5	101111
	Division, Department, or Re	gion (If Applicable	e)	3.	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	5)			
	Anna Gee					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6694	acgov.org		Date of Original Filing:	/Month Day Year)	
2.	Function or Event Info	rmation				(month, pay, real)
	Does the agency have a tick	et policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	39.40
	Event Description Harlem G	lobetrotters	1000	## THE PARTY OF PARTY PA	, 26 , 15	02 , 27 , 15
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No	☑ If no:	Name of Sc	
	187					urce
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	☑ If yes: Miley	Official's Name (Last, First)
-						
3.	Recipients • Use Section A to identify the agen	cv's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to Iden	tify an outside organization.
	A Name of Agency, Departm	CHARLES AND THE	Number of	all additions and but had block too.	and a Constant of the Charles	the Constitute with a second product
	Maine of Agency, Departin	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Pass(03)	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
	B. Name of Individe	ual	Number of		Identify one of the follow	ling:
	B. Name of Individual (Last, Fast) Miley, Sarah	ıal	Number of		Identify one of the follow ☐ Other ☑ Iel Role" or "Other" describe below:	ling: Income □
	(Last, First)	ual	Number of	We checking *Ceremon To promote attenda	Other idle Role" or "Other" describe below: ance at an event held	
	(Last, First)	ual	Number of Ticket(s)/ Pass(es)	To promote attenda order to maximize	Other iel Role" or "Other" describe below: ance at an event held potential County rever	Income □
	(Last, First)	ıal	Number of Ticket(s)/ Pass(es)	To promote attenda order to maximize Ceremonial Role ### Checking "Ceremonial Role"	☐ Other ☑ lel Role" or "Other" describe below: ance at an event held potential County rever	Income □ at a County facility in nue from parking and
	(Last, First)	Jal	Number of Ticket(s)/ Pass(es)	To promote attenda order to maximize	Other iel Role" or "Other" describe below: ance at an event held potential County rever	Income □ at a County facility in nue from parking and
	(Last, First)	nization	Number of Ticket(s)/ Pass(es)	To promote attends order to maximize Ceremonial Role If checking "Ceremonial Concession sales.	Other iel Role" or "Other" describe below: ance at an event held potential County rever	tncome □ at a County facility in nue from parking and
	Miley, Sarah C. Name of Outside Orga	nization	Number of Ticket(s)/ Pass(es) 8	To promote attends order to maximize Ceremonial Role If checking "Ceremonial Concession sales.	Other A Jel Role" or "Other" describe below: ance at an event held potential County rever Other Jel Role" or "Other" describe below:	tncome □ at a County facility in nue from parking and
	Miley, Sarah C. Name of Outside Orga	nization	Number of Ticket(s)/ Pass(es) 8	To promote attends order to maximize Ceremonial Role If checking "Ceremonial Concession sales.	Other A Jel Role" or "Other" describe below: ance at an event held potential County rever Other Jel Role" or "Other" describe below:	tncome □ at a County facility in nue from parking and
	Miley, Sarah C. Name of Outside Organic (include address and decomposition)	nization	Number of Ticket(s)/ Pass(es) 8	To promote attends order to maximize Ceremonial Role If checking "Ceremonial Concession sales.	Other A Jel Role" or "Other" describe below: ance at an event held potential County rever Other Jel Role" or "Other" describe below:	tncome □ at a County facility in nue from parking and
4.	Miley, Sarah C. Name of Outside Organic (include address and decomposition)	inization escription)	Number of Ticket(s)/ Pass(es) 8 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon concession sales.	Other A tel Role" or "Other" describe below: ance at an event held potential County rever Other I other I other describe below:	at a County facility in nue from parking and Income
3.	Miley, Sarah C. Name of Outside Organic (include address and decomposition)	inization escription)	Number of Ticket(s)/ Pass(es) 8 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon Concession sales. Describe the pub addied that the distribution set to	Other A tel Role" or "Other" describe below: ance at an event held potential County rever Other I other I other describe below:	at a County facility in nue from parking and Income

 	Agency Name Alameda County Division, Department, or Reg Board of Supervisors	ion (If Applicable			Date Stamp	California 802	
[]	Division, Department, or Reg	lon (If Applicable				Form OUL	
I I	WALLS FALCHES AND ANALYSIS STORY	ion /// Applicable					
7	Board of Supervisors	ion (ii Applicable))		For Official Use O		
7	board of Supervisors			. 0	1		
7	Designated Agency Contact	(Name, Title)					
7	Anna Gee						
	Area Code/Phone Number	[E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
((510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor					(monus, Day, rear)	
	Does the agency have a ticket		Yes⊠ Nol	Face Value o	of Each Ticket/Pass \$	39.40	
	Event Description Harlem G	(C. 1876)	100 22 1101		2 , 28 , 15	03 , 01 , 15	
E	event Description	Provide Title/Expla	nation	Date(s)	. / 20 / 10	00 / 01 / 10	
7	Ficket(s)/Pass(es) provided b	v agency?	Ves □ Ne I	Sd ⋅ If no:			
- 11	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:						
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Miley, Nate Official's Name (Last, First)						
	of agency official?				Oniciai s ivame (c	ast, riraty	
	Recipients • Use Section A to identify the agend	y's department or u	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
1	ŭ						
Ī	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
1	Miley, Sarah Spencer, Kayla C. Name of Outside Organization (Include address and description)		4	Ceremonial Role Other Importance Incomplete Common Incomplete Comm			
-			4		Income		
(Number of Ticket(s)/ Pass(es)	Describe the put	ablic purpose made pursuant to the agency's policy		
	3					W	
				1		(4) 1 K	
4. '	Verification	933339723		3243			
		18944.1 and	1 18942. I have ve	nified that the distribution set	forth above, is in accordance wi		
		1000000	Anna G	ee	Operations Chief	03/04/15 (Month, Day, Year)	

1.	Agency Name	,			Date Stamp	California 802
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable		To Childre One Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Anna Gee		2317		Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor		V 671 N 1	Face Value of	of Each Ticket/Pass \$ _	125.00/119.60
	Does the agency have a ticke		Yes⊠ No!			04 , 04 , 15
	Event Description Charlie W	Provide Title/Expl	3 , 27 , 15			
	Ticket(s)/Pass(es) provided t	y agency?	Name of S	ource		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Miley, Nate					
	of agency official?		Mo 🗖 100	,00.	Official's Name	(Last, First)
3.	Recipients					etify an outside organization
	Use Section A to identify the agen-		Number of	CONTRACTOR STATE OF THE PARTY O	March A. Borner, A. G. German, M. C. College, S. C. Charles,	and all the figure was March 1 for any 1 for more of
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Board of Supervisors 4			To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
				concession sales.	20	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Chau Charle				Other Donal Role" or "Other" describe below	Income [
	Chew, Chonita		2	To promote attendance at an event held at a County fac		d at a County facility in
	* 1 * 1			order to maximize potential County revenue from parking		
	Nance, Patricia C. Name of Outside Organization (include address and description)		2		e Other Incomonlal Role" or "Other" describe below:	
			Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
			- Transfers	Control of the State of the Sta		
	<u></u>					
				4	W.	
4.	Verification	18944 1 au	nd 18942. I have v	rerified that the distribution se	t forth above, is in accordance	with the requirements.
		- CO-14.7 d/	Anna C		Operations Chief	03/04/15
		the state of the s				(Month, Day, Year)