Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number Amendment (Must provide explanation in Part 3.) E-mail (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes□ No□ **Event Description** Provide Title/E‡planation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No ☐ Yes ☐ of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy. Pass(es) Name of Individual Number of Ticket(s)/ Identify one of the following: . Pass(es) To promote attendance at a county sponsored event in order come to maximize potential county revenue for concession and parking sales. Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization C. Number of Describe the public purpose made pursuant to the agency's policy (include address and description) Ticket(s)/ Pass(es)

I paye read and understand FPPC Regulations 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Comment:

Lee Ann Fergerson	Supervisor's Assista
Print Name	Tillu

FPPC Form 802 (4/12)

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1.	Agency Name	Date Stamp California
	Alameda County	Form OUZ
	Division, Department, or Region (If Applicable)	For Official Use Only
	Board of Supervisors	
	Designated Agency Contact (Name, Title)	
	Lee Ann Fergerson, Supervisor's Assistant	
	Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)
	(510) 272-6691 leeann,fergerson@acgov.org	Date of Original Filing:(Month, Day, Year)
2.	Function or Event Information	
	Does the agency have a ticket policy? Yes ☐ No ☐ Face Val	ue of Each Ticket/Pass \$ 350,00
	Event Description WARRIORS Date(s) -	1414
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:	Name of Source
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:	Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First).
3.	Recipients	
	Use Section A to identify the agency's department or unit. Use Section B to identify an in	dividual. • Use Section C to identify an outside organization.
	A. Name of Agency, Department or Unit: Number of Ticket(s) Describe the Pass(es)	e public purpose made pursuant to the agency's policy
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		ary service to the public pe staff development
	Sornas	
	B. Name of Individual Number of Ticket(s)/	Identify one of the following:
	Ceremonial F	Role Other Income cremonial Role" or "Other" describe below:
	Ceremonial F If checking *Ce	Role Other Income remonial Role* or "Other" describe below:
	C. Name of Outside Organization Number of Ticket(s) Describe the (include address and description) Pass(es)	public purpose made pursuant to the agency's policy
addition of the		
1.	Verification 144.1 and 18942. I have verified that the distribution	n sol forth above, is in accordance with the requirements.
	Lee Ann Fergerson	Supervisor's Assistant 10/19/15
	Print Name	Title (Month, Dey, Year)
	Comment:	Phys. P

1.	Agency Name				Date Stamp	California OOO
	Alameda County					Form OUA
	Division, Department, or Region	on (If Applicable	-	For Official Use Only		
	Board of Supervisors					,
	Designated Agency Contact (/	Vame,Title)	· · · · · · · · · · · · · · · · · · ·		_	
	Lee Ann Fergerson, Supervi	•				
		E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform	nation				11 mas
	Does the agency have a ticket	policy?	Yes □ No	☐ Face Value	of Each Ticket/Pass \$.	450.00
	Event Description WARR	210/25		Date(s)	4915	
	<u></u>	Provide Title/Expl	ination	(1.	
	Tickel(s)/Pass(es) provided by	agency?	Yes□ No	If no:	Name of S	Source
	Was ticket distribution made at	the behest	No ☐ Yes	☐ If yes: Alar	neda County Supervisor S	Scott Haggerty, District 1
	of agency official?		110 🗀 100		Official's Name	
3.	Recipients					
	Use Section A to identify the agency	's department or o	<u> Lindonistamente in internetione</u>	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
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			, i		•	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follo	wing:
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			Ceremonial Role Uniter Income Income If checking "Ceremonial Role" or "Other" describe below:			
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Laura Winter 2			7	To promote attendar	nce at a county sponsore	d event in order come
			to maximize potential county revenue for concession and parking sales.			
	v.					
	C. Name of Outside Organi	zatlon	Number of Ticket(s)/	Describe the no	blic pürpose made pursua	of to the adency's policy.
	(include address and desc	ription)	Pass(es)			
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4.	Verification 1. There red and ubderstand FPPC Recula	alions 18944 1 and	18942 I have us	anified that the distribution set	forth above. Is in accordance to	vith the requirements.
			Lee Ann Fer		Supervisor's Assista	. 1 . 1 .
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						1 /
	Comment:				·	

1.	. Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors	***				
	Designated Agency Contact (,
	Lee Ann Fergerson, Superv Area Code/Phone Number	isor's Assistar E-mail	nt .	manna and an	Amendment (Must	provide explanation in Part 3.)
						(Month, Day, Year)
2.	Function or Event Infor					(Month, Day, Tear)
	Does the agency have a ticke	t policy?	Yes□ No!	☐ Face Value of	of Each Ticket/Pass \$	
	Event Description Warr	DYS Provide Title/Expl	analion	Date(s)(2,15,15	
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No!	If no:	Name of S	
	Was ticket distribution made a	it the hehest	. N = [7] - V = 1	- Alam		
	Was ticket distribution made at the behest No Yes If yes: Alameda County Supervisor Scott Haggerty, District Official? Official's Name (Last, First)					
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	A. Name of Agency, Departme	int or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy_
	The state of the s	7-10 (A.V.)	3 1 204(49)		S. PARATA AT PARATA SEPERA	
	B. Name of Individual	11.	Number of Ticket(s)/		Identify one of the follo	wingt
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	C. Name of Outside Organ (Include address and dec		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
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	Comment:			and the state of t		

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [5-mail leeann.fergerson@acgov.org Date of Original Filing: (Monlh, 100) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 5000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	fornia 802 orm 802 or Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691	
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Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org	
Area Code/Phone Number (510) 272-6691 Leeann.fergerson@acgov.org Date of Original Filing: (Month, 1510) 272-6691 Leeann.fergerson@acgov.org Date of Original Filing: (Month, 1510) 272-6691 Leeann.fergerson@acgov.org Date of Original Filing: (Month, 1510) 272-6691 Date of Original Filing: (Month, 1610) 272-6691 Date of Original Fi	
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B. Name of Individual Ticket(s)/ Identify one of the following: (List, First) Pass(es)	
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C. Name of Outside Organization Number of Ticket(s). (include address and description) Ticket(s). Describe the public purpose made pursuant to the age	ency's policy
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the contributions to the community	
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4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the require	
Lee Ann Fergerson Supervisor's Assistant	rements.
Print Name Title	rements.
comments is that Day Promotes healthy, Sustainable con	rements. 1.0/14/15 (Month, Day, Year)
Comment: 151Ke East Day tromotes healthy, 545Tainable, Col	10/14/15

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1.	Agency Name		:		Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable			For Official Use Only	
	Board of Supervisors					₹.
	Designated Agency Contact ((Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar			Service Agreement to the service of	
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	org/.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			:	
	Does the agency have a ticke	t policy?	Yes□ No[Face Value o	f Each Ticket/Pass \$ _	20
	Event Description WAR	210125		Date(s)(,6,15	. 1 .1
		Provide Tille/Expl	anation			Security Sec
	Ticket(s)/Pass(es) provided by	y agęncy?	Yes No [] If no; <u>(</u> 5	5W	
	Was ticket distribution made a	yt iha hahani		- Alam	Name of So eda County Supervisor S	
	of agency official?	it the benest	No 🗌 Yes [If yes:	Official's Name	(Lest, First)
3.	Recipients					
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	•				al Role" or "Other" describe below:	
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	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
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4	Verification		<u> </u>			
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			Lee Ann Fer	gerson	Supervisor's Assistan	t
		\	Print Name		Title	(Month, Day, Year)
	Comment: 3300 Cupi	tol Ano	Fremon	LA OUZL-	For home	ound seniors
	Comment: 2300 Cust	IVI IVI	TADA A JOA I	W UM TIDIO	IN A MOUNT AND	IWITUI VUITUU

to enjoy a night out with an escort. FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 E-mail (eeann, fergerson@acgov.org Date of Original Filing: (Monin, Dey, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 10 13 14	1.	Agency Name				Date Stamp	California One
Board of Supervisor's Assistant Area Code/Phone Number E-mail		•	•	•			
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-5691 leeann.fergerson@acgov.org Date of Original Filling:		Division, Department, or Region (If Applicable)					For Official Use Only
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number		Board of Supervisors				,	
Area Code/Phone Number (510) 272-5691 leeann.fergerson@acgov.org Date of Original Filling: (Month, Dey, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 2 50,000 Event Description WAR LOCK Windows Date (s)		Designated Agency Contact (Name,Tille)	n ë m. 111			•
Date of Original Filling: Date of Date		Lee Ann Fergerson, Superv	isor's Assistar	ıt.	•		
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To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income Inco		AND STREET SECTION OF THE PERSON AND STREET		EXERBER (88) (1.1)	401-05-00)	a property and the property of	
Ticket(s) Ress(as) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s) Oescribe the public purpose made pureuant to the agency's policy							
Ticket(s) Ress(as) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s) Oescribe the public purpose made pureuant to the agency's policy		кадемей компониционня по постоя по постоя по постоя по постоя п		***************************************		ale di Milliani di Nationale di Languagia di Santa di Sa	**************************************
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income Inco							
to maximize potential county revenue for concession and parking sales. Ceremonial Role Olher Income If checking "Ceremonial Role" or "Other" describe below: Number of Tickel(s) Oescribe the public purpose made pure unit to the agency's policy		B. Name of Individual	1	Ticket(s)/			
Ceremonial Role Olher Income If checking *Ceremonial Role* or *Other* describe below: Name of Outside Organization Number of Ticket(s)		But Gorm	an	41			
If checking "Ceremonial Role" or "Other" describe below: Number of Number of Ticket(s)/ Oescribe the public purpose made pureuant to the agency's policy			**	'/\	parking sales.		
If checking "Ceremonial Rolo" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/ Oescribe the public purpose made pureuant to the agency's policy		Marie and the second of the se	**************************************]			
C. Name of Outside Organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		*			•	*****	Income L
Describe the public purpose made purguant to the agency's policy			>		,		
Oescribe the public purpose made purguant to the agency's policy	•		,	4.5			
Pass(os)		C. Name of Outside Organ	Ilzatlon	Ticket(s)/	Describe thể pub	llo purpose made purevant	to the agency's policy
		THOTALE AGGICES AND GET		Pass(os)			
					I		

4. Verification	<u> </u>	Verification		•		, and the second desired and desired and the second desired and the second desired and the	
14.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.	**	ATTINY	14.1 and	16942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
Lee Ann Fergerson Supervisor's Assistant				_ee Ann Fei	rgerson	Supervisor's Assistan	t ,
Print Name Title (Month, Day, Year,		, , , , , ,	***************************************	Print Nan	ne	Yille	(Month, Day, Year)
Comment:		Comment					

1.	Agency Name	Date Stamp California Q 0 0
	Alameda County	Form OUZ
	Division, Department, or Region (If Applicable)	For Official Use Only
	Board of Supervisors	
	Designated Agency Contact (Name, Title)	-
	Lee Ann Fergerson, Supervisor's Assistant	
	Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)
	(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing: (Month, Day, Year)
2.	Function or Event Information	1 1
		of Each Ticket/Pass \$ 450.00
	MARRIORK	1.7-15
	Event Description Date(s)	
	Ticket(s)/Pass(es) provided by agency? Yes No No If no:	5W
		Name of Source
	Was ticket distribution made at the behest No Yes If yes: Alan of agency official?	neda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
		Onidal S Marine (Last, Pirst)
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individent	dual - the Coultry Cd data and the court
		Tenera entre le par la
	A. Name of Agency, Department or Unit Ticket(s) Describe the pu	blic purpose made pursuant to the agency's policy
	B. Name of Individual Number of Ticket(s)/	Identify one of the following:
	Hass(BS)	
	Ceromonial Role	L Other L Income L Income L
	· ·	
	Ceremonial Role	Other Income
		nial Role" or "Other" describe below:
	To promote	attendance at a country at to maximize concession 8 parks
	- campt - 150、対抗性的の対抗性が発展する。これは、全体があり、とはないないには、 カード - All the Main of May A Park in the	a a a
	(include address and description) Ticket(s)/ Pass(es)	bilc purpose made pursuant to the agency's policy
		and the state of t
		*
4.	Verification	
. •	I have verified that the distributions 49944.1 and 18942. I have verified that the distribution set	forth above, is in accordance with the requirements.
	Lee Ann Fergerson	Supervisor's Assistant 6/12/15
	Print Name	Title Month, pay, Year)
	2 amount of	
	Comment:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp. 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Neme, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (Month, Day, Year) leeann.fergerson@acgov.org (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No Event Description Basket ball Provide Tille/Explanation Tickel(s)/Pass(es) provided by agency? Yes No Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No ☐ Yes ☐ If yes: . Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Incomo ___ Other \ Ceremonial Role If checking "Garemonial Role" or "Other" describe helow; Income Ceremonial Role II checking 'Geremonial Role" or 'Olher' describe below: Name of Outside Organization (include address and description) Number of Describe the public purpose made pursuant to the agency's policy First Street Alchouse To Reward a school or nonprofit organization for Its contributions to the community. 2106 First Street, Livermore CA 94550 4. Verification. 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Supervisor's Assistant Lee Ann Fergerson Tillo Print Name

Comment: www. rooms of hope.org

Agency Report of:

Cerei	monia	l Role	Events and	Ticket/Pass	Distributions

octolliqui i colo Etolica alla 1101	(CG: GGG D)	- CHIRACIOILO		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County			, , , , , , , , , , , , , , , , , , ,	Form For Official Use Only
Division, Department, or Region (If Applicable)				Por Official Use Offiny
Board of Supervisors			Carry X A	٠,
Designated Agency Contact (Name, Title)		,	1 .	
Lee Ann Fergerson, Supervisor's Assistan	it .		Amandment ////	provide explanation in Part 3.)
Area Code/Phone Number E-mail		<u>n na na mana na mana na makitah daha</u> ina mana mana makitan penjakan garan pengangkalan dahir me		•
(510) 272-6691 leeann.ferger	rson@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				12000
Does the agency have a ticket policy?	Yes No No	Face Value of	of Each Ticket/Pass \$ _	IWU
Event Description WAKCIOKS		_ Date(s)		A
Provide Title/Expla	enation			
Ticket(s)/Pass(es) provided by agency?	Yes No 🗆	If no:(_5	Name of S	ource
Was ticket distribution made at the behest	No∏ YesLØ	If yes: Alam	neda County Supervisor S	colt Haggerty, District 1
of agency official?	11011 1034	11 y C 3,	Official's Name	
3. Recipients		:		·
Use Section A to Identify the agency's department or use the section A to Identify the agency's department or use the section A to Identify the agency is a section A to Identify the Identification A to Identification A to Identify the Identification A to Identification A to Identify the Identification A to Identif	<u>i kajada manjaman primaternila promining manjangka i setam</u>	B to Identify an Individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	it to the agency's policy
्रा त्यार विश्व (विश्वव प्राप्त (विश्वविष्य महिन्द्रको । त्यार क्रिका (विश्वव विश्वव क्रिका) 	Pass(és)			
				*
-				
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Ming:
				. Income
•		If checking *Ceremo	mial Role" or "Other" describe below.	:
	***************************************	Ceremonial Role	Other	Income 🔲
		If checking "Geremo	nial Role" or "Other" describe below.	- =
St. No State Construction of the State Construction	Numábov of	NAME OF THE PARTY		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
D. W. Potor		To Reward a school	or nonprofit organization	ı for
sweet to tar.	1 1 2 7 1	Its contributions to t		
Dublin Ranch Golf Club	 			(statuturuurys natustastas) n
5900 signal Hill Drive				
Duolin CA 94568 4. Verification				
Labve read and understand FPPC Regulations 18944,1 and	1 18942. I havo verific	d that the distribution set	forth above, is in accordance v	vith the requirements.
1	Lee Ann Ferge	rson	Supervisor's Assistar	nt 10/12/15
	Print Name		Title	(Month, Day, Year)
commendation & Signature	almal al	n. donte Ha	unner Dei Commu	Ntu Domes
N Jederans Being and alex	words of	A IC DIVINOTE	muning withing	FPPC Form 802 (4/12)
Participating in local & intern	ational Go	We Project	FPPC Toll-Free Holpline: ろんれん らいのの	. 866/ASK-FPPC (866/275-7772) - -
comment. Inspiring & Supporting	on a few annual and a	120,100	- and Outlon	

1.	Agency Name				Date Stamp	California O 0 3
	Alameda County		*			Form 6UZ
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors	,		,		
	Designated Agency Contact (Name Title)				
		*	,			·
	Lee Ann Fergerson, Superv	·	Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number E-mail Code/Phone Number Code/Phone Number Code/Phone Number E-mail Code/Phone Number				Date of Original Filing:	
~	Function or Event Infor		rson@acgov	v.org	Land or original rining.	(Month, Day, Year)
Z .,	Does the agency have a ticke		. –	□ Face Value o	f Each Ticket/Pass \$ _	450.00
	1.1100	210100C	Yes No		Laci Ticketrass \$ _	
	Event Description WACK	Provide Title/Expla	ination	Date(s)		
	Ticket(s)/Pass(es) provided by	,	, <u> </u>	If no: G	S11)	
	ricket(s)/r ass(es) provided by	r agency r	Yes ☐ No		Name of Se	ource
	Was ticket distribution made a	t the behest	No ☐ Yes [☐ If yes: Alam	eda County Supervisor S	
	of agency official?				Official's Name	(Lest, First)
3.	Recipients					,
	• Use Section A to identify the agency	/'s department or ι	A transfer and a service of	tion B to identify an individu	ial. • Use Section C to ider	itily an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)		lic purpose made pursuan	
	· 大力等工程的數學(K)可以對於公司的數學(B)的數學(B)的	(Pass(os)			
		4			*	
	***************************************			CALLED THE RESIDENCE OF THE PARTY OF THE PAR		
				•		
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	
	(Lak Fair)		Pass(os)			
				Ceremonial Role	Other D	Income 🔲
	·			A checking Gerenian	bi rule of Omer describe below.	
	Gloson Relation	, A	11/	To promote att	endance at a county	sponsored no 🗆
	Monary tolones		17/1	event in order	o maximize potenti	al county
		,		revenue for cor	ncesion and parking	sales.
	C Name of Outside Organ		Number of		MANAGE AND	the state of the s
	(Include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
				and the second s	ricinami minimi minimi minimi ya ini mini	and the second s
	the second secon				· · ·	*
				٠		
4.	Verification		,			
		8944,1 and	18942. I have ve	nfied that the distribution set f	orth above, is in accordance w	ith the requirements.
		!	ee Ann Fer	gerson	Supervisor's Assistar	1 10/12/15
		,	Print Nam	é	Tiție	(Month, Day, Year)
	Comment:				•	
	Comment.					5555 5 555 (1(15)

1.	Agency Name			-	Date Stamp	California 802
	Alameda County					Form COL
	Division, Department, or Region	(If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Nat	me,Title)			-	
	Lee Ann Fergerson, Superviso	or's Assistar	Tamendment (Must o	rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail			100		
	(510) 272-6691 le	eann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation	**************************************			<u>,</u> 200
	Does the agency have a ticket po	olicy?	Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$ _	<u> </u>
	Event Description <u>Basket ball</u> Date(s) 12			2,16,15		
	Pi	rovide Tille/Expl	anation			
	Ticket(s)/Pass(es) provided by a	igency?	Yes ☐ No [] If no:	Name of So	urce
	Was ticket distribution made at the habest N. C. V. C. V. C.			modo Coula	Superusor	
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			Official's Name		
10000000				* 303	of Plagge CTCG	TV STATET
ა,	Recipients • Use Section A to identify the agency'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, Department	LIPPER C	Number of		blic purpose made pursuant	
		Charles III ASSESSED III ASSESSED III ASSESSED III	Ticket(s)/ Pass(es)			
	4	You are the second seco		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
	•					
				650,000,000,00 0,000,000,000,000,000,000,		
	B. Name of Individual	(2007) 2004 2005	Number of Ticket(s)/	The second secon	Identify one of the follow	lng:
			Pass(os)	Ceremonial Role	Other 🗆	Income
					nial Role" or "Other" describe below:	
		***************************************		<u></u>		
				Ceremonial Role	Other onial Role" or "Other" describe below:	Income U
				II enecking Ceternio	man Hole of Other describe below.	
	C. Name of Outside Organiza	ation	Number of		blic purpose made pursuan	t to the agency's policy
	(include address and descri		Ticket(s)/ Pass(es)	Describe the pu	biic purpose made pursuan	to the agency a policy
1	BAWAR Bay Area W	puen	4/		or nonprofit organization	for
,	Against Rape			Its contributions to t	he community.	<u> </u>
	470 244 St Dall	land		- .	ı	
	CA 941012			1	- denoted definition	and the second s
4	Verification					
• •	. I have read and understand EPPC Regulati	ions 16944,1 an	id 18942. I have ve	enfied that the distribution set	forth above, is in accordance w	ith the requirements.
			Lee Ann Fer	gerson	Supervisor's Assistar	10/9/15
	,	,	Print Nam	96	Title	(Month, Day, Year)
	Comment: Sexual As	, 58au D	S CDUM (1	elong for rape	e Victurs	
	Comment: Will A AA	l louin	atron C			FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Agency Report of:

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(Ĵе	rem	oni	al	Role	eЕ	vents ar	nd Tick	et/Pass	Distribu	utions

1.	Agency Name				Date Stamp	California Ono
•••	Alameda County		•	Form OUZ		
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors				,	
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista	ant	3	[] A January (A4.)	All and for the site States
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				600
	Does the agency have a ticke	t policy?	Yes□ No!	☐ Face Value of	of Each Ticket/Pass \$.	4.00
	Event Description Basket	Provide Title/Ex,	planation	Date(s)	2,16,15	
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ Nol	□ If no: G	Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes	If yes: Ha	meder Courte + Hagack to	Supervisor Lost Firsh
3.	Recipients • Use Section A to Identify the agence	v's denartment o	runif. • Use Sec	tion B to identify an individ	ual, • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of	\$500.25EBBB.225	olic purpose made pursuai	
			Pass(es)			
	•					
	ACCURATION OF THE PROPERTY OF					
	B. Name of Individua	al Cara	Number of Ticket(s)/		Identify one of the follo	wings
	5		⊋Pass(es)	Ceremonial Role	Other	Income 🔲
					nial Role" or "Other" describe below	
						•
					[, П
				Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below	Income L
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
1	BAWAR Bay Area	women.			or nonprofit organization	n for
•	Against Rape			its contributions to t	he community.	•
	470 27H St. Da	kland		`\	NAME OF THE PROPERTY OF THE PR	·
4	Verification					
→,	् । paulà read and understand EPPC Redi	ulations 18944.1 a	and 18942. I have v	enified that the distribution set	forth above, is in accordance	with the requirements,
	9		Lee Ann Fe	rgerson	Supervisor's Assista	nt $10/9/15$
	*		Print Nar		Title	(Month, Day, Year)
	- Sexual)	KSALO.	College	eling for rage	a Victums	
	Comment: Jexual F	11 Danie	1 Juwec	Cary Too Top		FPPC Form 802 (4/12

		110	2.0			A Lapite Decament	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	on (II Applicable	7)			(0), 0 11, 00, 00, 00, 00, 00, 00, 00, 00,	
	Board of Supervisors	*				·	
	Designated Agency Contact (Name,Title)				, ,	
	Lee Ann Fergerson, Superv	isor's Assista	nt		Amendment West	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				37	
	(510) 272-6691		erson@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor				\$ (00/50000	
	Does the agency have a ticke	t policy?	Yes No No	Face Value	of Each Ticket/Pass \$		
	Event Description Baske	Provide Tille/Exp	lenallon	Date(s)	12/16	1,22,16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No□	If no: Name of Source			
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes ☐	If yes:	eda County Supervisor Sco	· · · · · · · · · · · · · · · · · · ·	
3,	Recipients					Att de la destate de la contration	
	• Use Section A to identify the agenc	CACHERS SERVICES AND	unit. • Use Section B	SERIESTERUS PROC		ghanessas osoliaitsiin sasisiis olemas	
	A. Name of Agency, Department	antor Unit	Ticke((s)/ Pass(es)	Describe the pu	blic purpose made pursuan	tito the agency/sipolicy	
				•			
	B. Name of Individu	al III	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
	LECTRIC STATE OF THE STATE OF T	4 () () () () () () () () () (## 15#6150201501### SERVER	Ceremonial Role	☐ Øther ☐	Income	
		•		II cheaking "Caramo	nial Role* or "Other" describe below:		
	•			Ceremonial Role		Income_	
				II checking "Gerenic	inial Rola" or "Ollier" describe below:		
	C. Name of Outside Orga (Include address and de		Number of Ticket(s)/		blic purpose made pursuar		
	First Street Aleho	use	8/11	 Complete and a service and a se			
-	2106 First Street,	Livermor	e 141				
	CA 94550						
4.	Verification.					The Daniel of the Control of the Con	
	Ilinguo road and understand EPPC Ren	uinlions 18944.1 ai				1	
			Lee Ann Fergers	on	Supervisor's Assistar	10/9/15	
				2 1		hinkant polit innit	
	Comment: WWW. For	omsoth	operorg.	- to dece	rate spaces of		
•	111 duldren				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772	

~	Stolliothal (toto Evel)	o una mon	CUI GOO	Distributions		A Public Document				
1.	Agency Name				Date Stamp	California 802				
	Alameda County					10011				
	Division, Department, or Regi	on (If Applicable)		·		For Official Use Only				
	Board of Supervisors				,					
	Designated Agency Contact (Name,Title)			,					
	Lee Ann Fergerson, Superv	isor's Assistan	t		#					
,	Area Code/Phone Number	E-mail			Amendment (Must p	rovida explanation in Part 3.)				
	(510) 272-6691	leeann.ferger	son@acgov	v.org .	Date of Original Filing;	(Month, Day, Year)				
2.	Function or Event Infor	nation				100				
	Does the agency have a ticke		Yes Do No	☐ Face Value o	of Each Ticket/Pass \$	100				
	Event Description Baskethall OKC Thurder Date(s) May 3, 2015									
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	□ If no: <u>6-8</u>	Name of Soi	Urce				
	Was ticket distribution made a	it the hehect	M. □ V	— , Alam	eda County Supervisor Sc					
	of agency official?	it the pellest	No ☐ Yes	If yes: Alarti	Offidal's Name (L					
3.	Recipients		tricken propries post popul							
	Use Section A to Identify the agence	y's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	lify an outside organization.				
	A, Name of Agency, Departme	int or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olle purpose made pursuant	to the agency's policy				
	Apply dead of the English of the Control of the Con									
	Ammunianianianianianianianianianianianianian				,					
*										
	B. Name of Individual (Lak Fire)	al ·	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ingi				
				Ceremonial Role ### Checking **Ceremon**	Other Initial Role* or *Other* describe below:	Income				
				Ceremonial Role	Other I	Income				
				ii chaçking Geremor	illa Nois of Office describe delow.					
					•	**************************************				
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy				
	Washington Hospi	ta(201	To Reward a school	or nonprofit organization	for				
	Health care sy	Stem	1-14	Its contributions to t	he community.					
	2000 Moury , Fremont CA a	4538								
4.	Verification									
		1.1 and	18942. I have y	erified that the distribution set	forth above, is in accordance wi	th the requirements.				
		Mariner	_ee Ann Fe		Supervisor's Assistan	t 10/9/15 (Month/Day, Year)				
			0 .	1. 1. 60.	And Il at	Z. 5 . 1 11.				
	Comment: Top Wat en	news 100%	er tund	that mables	MOSN HOSP. TO	support the				

Nealth care needs of our community through neathful Holding: 866/ASK-FPPC (866/275-7772) Services, education & research.

						W Lapite Docatticit
1.	Agency Name				Date Stamp	California 202
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable)		<u> </u>	For Official Use Only
	Board of Supervisors			ı		
	Designated Agency Contact (Name, Title)			,	
	Lee Ann Fergerson, Superv	isor's Assistar	nt		*	,
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation			·	· . [
	Does the agency have a ticke	t policy?	Yes Do No D	Face Value o	of Each Ticket/Pass \$.	1100
	Event Description Basket	ball OK	-C. Thund	w Date(s) M	W 3 , 2015	
	,	Provide Title/Expl	anation	(-6	31.	
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No□] If no:	ンVン Name of S	Course
	Was ticket distribution made a	it the hehest	. N = (1) V= = (1)	ı ıç Alam	neda County Supervisor 5	
	of agency official?	at the period	No ☐ Yes ☐] If yes: Alani	Official's Name	
3.	Recipients					
	• Use Section A to identify the agenc	y's department or	unit. • Use Soctio	on B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
			Pass(es)			
		***************************************			entagy new transfer provided and the second	Теттеттеттеттеттеттеттеттеттеттеттеттетт
	B. Name of Individu	al 74 - 17 - 15	Number of	e Tea agricing (A. Cal)	122.002.13.2.2.2.2.2.2.11.	
	(Last, Fuel)		-Tickét(s)/ Pass(es)		Identify one of the follo	wing
				Ceremonial Role	Other D	Income
				ii checking "Gereinor	nial Role" or "Other" describe below	
	•					
)·		Ceremonial Role	Olher 🗆	Income
		•		If checking "Ceremon	nial Role" or "Other" describe below	*
s.º					v v	A.
	Name of Outside Organ	uzatlon 3.3	Number of			
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
	Washington Hospi	tal	20/	na errana sirranno democrale las de servidos del británico e telebrito de del derindo e telebrito e telebrito d		
	Health care sy	Stem	1-14			
	2000 Mowny ,	we,		A THE REAL PROPERTY OF THE PRO		
	Fremont CA G	4538				•
4.	Verification					
	······································	944.1 and	d 18942. I have veri	fied that the distribution set	forth above, is in accordance	with the requirements.
		466-market property services	Lee Ann Ferg	erson	Supervisor's Assista	nt 10/9/15
	~ / -		Print Name		Title	(Month(Day, Year)
	Comment: Top Hat en	rent range	ies funds	that enables	Wash. Hosp. to	Support the
	nealth care noids	of our c	mount	u through my	edical.	FPPC Form 802 (4/12)

services, education & research.

Agency Report of:

		-						
C	eren	non	ial	Role	Events	and	Ticket/Pass	Distributions

1.	Agency Name Alameda County				Date Stamp California 802 For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)		7	For Official Ose Only	
	Board of Supervisors Designated Agency Contact	(Name, Title)					
	Lee Ann Fergerson, Superv	risor's Assistar	nt				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor					600/50000	
	Does the agency have a ticke	- T T.	Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$.	(40) 500.00	
	Event Description Baske	A ball		Date(s)	3/12/16	1,22,16	
		Provide Tille/⊑xpi	ianallon	C	\subseteq		
	Tickel(s)/Pass(es) provided b	y agency?	Yes No 🗆	If no:	Name of S	ource	
	Was ticket distribution made	at the behest	No ☐ Yes ☐	If yes:	eda County Supervisor So		
	of agency official?				Official's Nama	(Last, First)	
3,	Recipients				in the section was discovered	and the second second	
	Use Section A to Identify the agence		unit. • Use Section E Number of	to identify an indivi	iblic purpose made pursua	ntily an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursual	itto the agency's polloy	
	·					• • • • • • • • • • • • • • • • • • •	
	to the state of th		***************************************			\$\$\$\text{\$\tinx{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{	
	,						
	B. Name of Individu	ial iii	Number of Ticket(s)/ Pass(es)		identify one of the follo	wing:	
		•		Ceremontal Role II checking "Cerem	onial Role" or "Other" describe below	Income	
			-	Geremonial Role		Income_	
				If checking *Cerem	onial Rola" or "Other" describe belav	ë	
	grade very appropriate annual resources and the second second second second second second second second second			······································	<u></u>		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy.	
	First Street Alcho 2106 First Street		8/4			; ·	
	CA 94550	1 21-011107					
						,	
4	Verification.						
-14	701110411011	1944.1 an	nd 18942. I have verified	that the distribution se	el forth aboye, is in accordance	with the requirements.	
		<u> carmina</u>	Lee Ann Ferger	son	Supervisor's Assista	nt 10/9/15	
		· · · · · · · · · · · · · · · · · · ·	Print Nama	•	Titlo	(Month, Doy, Your)	
	Comment: www. For	<u>oms of</u> h	ope.org	- to dece	erate spaces o		
*	III duldren		, ,		FPPC Toll-Free Helpline	FPPC Form 802 (4/12): 866/ASK-FPPC (866/275-7772	

1.	Agency Name Alameda County Division, Department, or Regi	on (If Applicable	^	Date Stamp California 802 Form For Official Use Only		
	Board of Supervisors Designated Agency Contact (Name, Title)			3	
	Lee Ann Fergerson, Superv		nt		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6691	E-mail leeann.ferge	rson@acgov	norq →	Date of Original Filling:	(Month, Day, Year)
2.	Function or Event Infor		,			(Month, Day, 1ear)
	Does the agency have a ticke	t policy?	Yes □ No [of Each Ticket/Pass \$ _	<u> </u>
	Event Description $\frac{10.5 \text{ Y}}{10.0000000000000000000000000000000000$	Provide Title/Expl	CC anation	Date(s)	0_8_15	
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No l	If no:	Name of S	OUTCR
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes [If yes: Alam	neda County Supervisor S Official's Name	cott Haggerty, District 1
3.	Recipients					
	Use Section A to identify the agency Name of Agency, Department		Number of Ticket(s)/ Pass(es)	RESERVATION REPORTS AND A STATE OF THE STATE	ual. * Use Section C to ide	gartes and subject of the second
		· · · · · · · · · · · · · · · · · · ·	i i ga a lea l			
	The second secon	·		and the second s		
	B. Name of Individual (Last, First)	al or G	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Lavanya Gup	ta	4	event in order to	ndance at a county sometical maximize potential session and parking se	county
				Ceremonial Role	Other Inial Role* or *Other* describe below	Income
				. ;		
	C. Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
					,	
Λ	Varification		. d 2042 1 have us	offeed that the distribution col	forth above, is in accordance v	with the moulements
			Lee Ann Fei	rgerson	Supervisor's Assista	in the time
	Comment:		1 100.1490	•		Supering may rough

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California QQ2
	Alameda County	7	•			Form OUZ
	Division, Department, or Regi	on (If Applicable)	:			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistan	t			
	Area Code/Phone Number	E-mail	The state of the s			provide explanation in Part 3.)
ida daga M	(510) 272-6691	leeann.ferger	son@acgov	org.	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform					13-15
	Does the agency have a ticke	1	Yes□ No[☐ Face Value o	of Each Ticket/Pass \$.	$\frac{\mathcal{O}(k)\mathcal{O}(k)}{k}$
	Event Description 1950	400 CE	2	Date(s) <u>\</u>	10,15	
		Provide Tille/Expla	nation	Cox	(1)	
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No[If no:	Name of S	ource
	Was ticket distribution made a	t the behest	No ☐ Yes [☐ If yes: Alam	eda County Supervisor S	Scott Haggerty, District 1
	of agency official?				Official's Name	
3,	Recipients				7	
	Use Section A to identify the agency	/'s department or u	T	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
			Pass(es)		The state of the s	
	•			*		
			e managamangangangangan			The first three th
	B. Name of Individua (Lass, First)	ıl Ç	Number of Ticket(s)/ Pass(es)		identify one of the follo	wing:
	1 1 0			To reward a co	mmunity volunteer	for his or her 💢 🗆
	Sreetapa Bisu	Ja.s	4	servic e to the	public.	
			77,77	Ceremonial Role	Other 🗆	Income
	•				nial Role" or "Other" describe below	
			38 M 86 Payare		WE TO BE A TO SO TO SEE THE TAX OF THE TAX O	
	C. Name of Outside Organ (Include address and dea		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy
			(a Fassiva)			
			-			
		a-terrescondenses of the second secon			*	**************************************
4.	/Verification	:	<u>.</u>			
••	हर्षार राज्याच्या सर्वे विकेष	14.1 and	18942. I have ve	nified that the distribution set	forth above, is in accordance v	with the requirements.
		1	Lee Ann Fer	rgerson	Supervisor's Assista	nt 10/7/1<
		APRITOPHISASIANIA	Print Nan		Title	(Mofilh, Dal, Year)
	Comment					/
	Comment:					

annous con-				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A Public Document
1.	Agency Name	. ,			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)		1 .	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			<u> </u>	
	Lee Ann Fergerson, Superv	isor's Assista	nt		Parameter 1	
	Area Code/Phone Number	E-mall	White the state of		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgov.	org	Date of Original Filing	: (Month, Day, Year)
2.	Function or Event Infor	mation			, `	and a lame
	Does the agency have a ticke	t policy?	Yes ☐ No ☐] Face Value o	of Each Ticket/Pass \$.	51.45
	Event Description 12151	MUD DV	1ce	Date(s) <u> </u>	1715	
		Provide Tille/Exp	vanation		CAA)	
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No ☐] If no:	Name of S	Cource
	Was ticket distribution made a	it the behest	No ☐ Yes ☐	1 If you Alam	neda County Supervisor S	Scott Haggerty, District 1
	of agency official?		140 [] 169 [1 11 y = 3,	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agenc	y's department o	unit. • Use Secti	on B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuar	nt to the agency's policy
			Pass(es)			
		:			Hariyayi Nasid Mingalife sasa Minasayi iyo isiyasa daligi barid dali Milli Mahabasyaa sasa sasa qoqaa qoqaa qoq	
			·			
	Toward No. 100 (100 to the No. 100 t	8 8 3 3 5 7 5 7 6 8 7 7 .	S TO THE WOOD AND SEE			
	B. Name of Individual (Last First)	al Est	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	To reward a co	mmunity volunteer	for his or her ne
			141	servic e to the	public.	ioi ilis ot liet r
	hudrael Smit	· {		·		
	Michael Sivil	Ч.				
				+ + + + + + + + + + + + + + + + + + + +	Other .	Income
				ff checking "Geremo.	nial Role" or "Other" describe below	<u>.</u>
					*	
	Name of Outside Organ	4-2020 - 12 - 15	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	발가 없었다면서 프라마트 (Prince Total Constitution) - 1
			SSA 750 SSA 75	Day of the Barry Might of Hard on a regularities		
	***************************************					and the second s
	· _				4	
<u> </u>	Varietantian				:	
21	Verification.	!4.1 ai	nd 18942. I have ven	ified that the distribution set	forth above, is in accordance	with the requirements.
			Lee Ann Ferg		Supervisor's Assista	
		·····	Print Name		Tille	(Month, Day, Year)
					*	
	Comment:	T-100			,	EDDC Form 202 (4/42)

Agency Report of:

	-	. •	•			·	
C	eren	noni	al	Role	Events and	Ticket/Pass	Distributions

I. Agency Name			Date Stamp	California Ong
Alameda County		<		Form
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assistan	nt		Amandment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			\ \frac{1}{2}	
	rson@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		ر در د		160.00
Does the agency have a ticket policy?	Yes No C] Face Value o	f Each Ticket/Pass \$ _	1,00000
Event Description Provide Title/Expla	No.	Date(s)/	146,15	
Tickel(s)/Pass(es) provided by agency?		ı Ifno: Ge	(x)	
ricket(s)/Lassies) broaded by abelica :	Yes No	1.	Name of So da County Supervisor Sci	ource off Haggedy, District 1
Was ticket distribution made at the behest	No ☐ Yes ☐	If yes:	Official's Name	And the second of the second o
of agency official?			Olicials (value	Leal, Frialy
 Recipients Use Section A to identify the agency's department or t 	unit. • Use Section	on 8 to identify an individu	rel. • Use Section C to ide	ntify an outside organization.
A: Name of Agency, Department or Unit	Number of		lio purpose made pursuan	
	Ticket(s)/ Pass(es)			
	1	\$ •		* ************************************
	<u> </u>	,		entretamentamentamentamentamentamentamentame
· · · · · · · · · · · · · · · · · · ·				•
B Name of Individual	Number of		Identify one of the follow	
(Lost First)	Ticket(s)/ Pass(os)			
		Ceremonial Role	Other al Role"o/ Other" describe below	Incomo L
•		• • • • • • • • • • • • • • • • • • •		
ALLEGE			nana da mana d	Michigan Company of the Company of t
		Ceremonial Role	Other idi Role" or "Olher" describe below.	, tncome □
		o areasing deportion	in tribest Allor aranial arrait	; -
			,	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ille purpose made pursuar	it to the agency's policy
CITY OF FREMONT			r nonprofit organization	for
SENIORS NIGHT DUT		Its contributions to th	e community.	-
				,A
4. Verification.	d 18932 Thava vari	ilied that the distribution set i	forth above, is in accordance v	vilh the requirements.
	Lee Ann Ferg		Supervisor's Assista	and the same of
, , , , , , , , , , , , , , , , , , , ,	Print Name	Hour tho	City De Fr	2000 To (Month/Day-Your)
2300	ADITA	1 AUD I	SECTION	CA 94536
Comment: 3200 E	<u> </u>	<u> </u>	1501 30 10	FPPC Form 802 (4/12)
a la manala	(C) = 0 = 1	<pre><pre><pre><pre></pre></pre></pre></pre>	FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

Comment: .

Ce	eremonial Role Events and Tick	ket/Pass D	istributions		A Public Documen		
1.	Agency Name			Date Stamp	California 202		
	Alameda County				Form For Official Use Only		
	Division, Department, or Region (If Applicable)				Por Onicial Obd Office		
	Board of Supervisors			,			
	Designated Agency Contact (Name, Title)						
,	Lee Ann Fergerson, Supervisor's Assistan	t.		Amendment Must	provide explanation in Part 3.)		
	Area Code/Phone Number E-mail						
,	(510) 272-6691 leeann.ferger	rson@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Information		,*		96.80		
	Does the agency have a ticket policy?	Yes□ No□	Face Value o	f Each Ticket/Pass \$ _	14.00		
	Event Description - CULY		Date(s) [<u> </u>	1210			
	Provide Tille/Expla	mallon ,					
	Tickel(s)/Pass(es) provided by agency?	Yes 🖾 No 🗆	=	Name of So	ource		
	Was ticket distribution made at the behest	(No ☐ Yes ☑	☐ If yes:	da County Supervisor Sco	ott Haggerty, District 1		
	of agency official?	(11 7 40,	Official's Name	(Last, First)		
3,	Recipients						
	• Use Section A to Identify the agency's department or u	Constitution of the last of th	on B to Identify an Individu	ial. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	ilic purpose imadė pursuan	t to the agency's policy		
	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	Pass(os)					
					•		
	B. Name of Individual (col. First)	Number of Ticket(s)/ (Pass(es)		identify one of the follow	ving:		
	Noe Wata	7		endance at a county	•		
	Maina Note			o maximize potentia			
	Maria Doia	2	revenue for cor	cesion and parking:	sales.		
	And the state of t	<u> </u>	Ceremonial Role	Other 🔲	Income_ [
			If checking "Ceremor	ial Role" or "Other" describe below:	\$		
			.				
	version of arminaring the second of the second	Number of 6	X-20-74 N 2 4 3 5 5 4 7 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 1 5 5 5	upsychologophanoungs.	er allagise Zea valska siji bel		
	C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)		olic purpose made pursuar	it to the agency's policy		
	Zerovenski za dostania si sana se sa dostania si sa se	e 2000 (s 100m) (galanting (particle as 24 to 25 to 30 to 40 to 44 per tentile per tentile as	14.2. Sept. 36. Ordered W. School St. St. 17. 17. 18. 19. 19. 19. 19.	A CANADA CONTRACTOR OF THE CON		
	3			,			
Ŀ	3 ************************************	1					
				,			
4.	Vérification.	1		or distributions over an expression of the second s			
. •		l 18942. I have von	fied that the distribution set	forth above, is in accordance w	ith the requirements,		
		Lee Ann Ferg	erson	Supervisor's Assistar	nt 9/30/15		
	Edit To The Special Property Control of the Special Property C	Print Name		Tirlo	(Month, Dol, Year)		

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

	Agency Name Alameda County Division, Department, or Regi	on (If Applicable		Date Stamp California 802 Form For Official Use Only		
	Board of Supervisors Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Superv		nt		Amendment (t/lust provid	de explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filling:	
بسنس ص	(510) 272-6691 Function or Event Inform		rson@acgov.c	org .		(Month, Day, Year)
	Does the agency have a ticke	18 19	Yes□ No□	Face Value	of Each Ticket/Pass \$	1.13
	Event Description KCVIII		+	Date(s)	18/15	
	Tickel(s)/Pass(es) provided by	y agency?	Yes□ No□	If no: G	5U)	
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes ☐	Alamo	Name of Source eda County Supervisor Scott H Official's Name (Last	laggerty, District 1
3.	Recipients					material medican de Polymon (accorde de amon militar medican de Polymon (accordence de la constitució de accordence de la constitució de accordence de la constitució de la co
	Use Section A to identify the agence	CES-PROSESSION CHEEZ-ASS	unit. • Use Section	- Section of the sect	Programme and the second se	GREGORIO CHI PERSONDERI CERTIFICIONI I
	A. Name of Agency, Departmo	int or Unit	Ticket(s)/ Pass(es)		blic purpose made pursuant to	
						•
•	•	in Maria de la constanta de la				
	B. Name of Individu	il last	Number of Ticket(s)/ Pass(es)		identify one of the following	
	Mario Navar	(D	2	,	endance at a county sporo o maximize potential cou	
	Chris Paxto	N	2		cesion and parking sales	
				Geremonial Role If checking *Ceremonial*	Other Donal Role* of "Other" describe below:	Income_ 🔲
		en e	Numberof		-Sagontural (As Monte organisativo pia 1880 o 200 a	to the constant of the later of
	C. Name of Outside Organ		Ticket(s)/ Pass(es)	Describe the pu	ibilc purpose made pursuant to	the agency's policy-
	,					
		CONTROL OF THE PROPERTY OF THE				· ·
4.	Verification.		d 18942. I have veri	fied Itial the distribution se	t forth above, is in eccordance with t	he requirements.
			Lee Ann Ferg	erson	Supervisor's Assistant	10/5/15 (Month, Doy/Yoor)
	Comment:	,				FPPC Form 802 (4/12)

						AT abile becallent
1.	Agency Name		Date Stamp California 80°			
	Alameda County					Form UVA
	Division, Department, or Regi	ion (If Applicable,				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		Trout annual transcription of the state of t		
	Lee Ann Fergerson, Superv	isor's Assistar	ıť			MANAGEMENT AND
	Area Code/Phone Number	E-mail		/	Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	,org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				1 1 ->
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ _	81.45		
	Event Description Keylu	n Hard	_	Date(s)	118,15	, ,
	Liver Description	Provide Title/Expla		The second secon		
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [If no:	FAU	774777-JUV805494-64/1100-1100-1100-1100-1100-1100-1100-110
	381 41-4 1 (2.4.2114			 	Name of S	
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes [If yes: Alam	eda County Supervisor S Official's Name	
enteres C)					MONEY PROPERTY AND A STATE OF THE STATE OF T	
ა.	Recipients • Use Section A to identify the agence	y's department or a	ınit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	100 000 000 000 000 000 000 000 000 000	Number of		lic purpose made pursuan	
	Pass(es) Tickot(s)/ Pass(es)					
		4				
	etc	·				
		(gradia a lace de celo mo	Number of		94.5466.74841111	
	B. Name of Individual	al 👵	Ticket(s)/ Pass(es)		Identify one of the follow	<u> </u>
	Joshua Rozul &	Guest	2		endance at a county	
	Mario Navarro Chris Paxton		1		o maximize potentia	
	Chiris Paxton			revenue for con	cesion and parking	sales.
				Ceremonial Role	Other	Income
				il checking "Geremon	ial Role" or "Other" describe below.	
		i.		,	7 a. 45	
٠	Name of Outside Organ		Number of			
	(include address and des		Ticket(s)/ Pass(es)	- Describe the put	illo purpose made pursuar	it to the agency's policy
			3 . 6. 54 7 54 100 100 100			A A A CONTRACTOR AND A MANAGEMENT AND A CONTRACTOR AND A
	•					
		\$ C 2004 (C 200) (100 - 110) TO P 201 (CO2) 400 (CO2) 400 (A 100 A 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· .	
						•
4.	/Verification		·			
i	I have had and understand EDDA DANG	dations 100/4,1 and	l 18942. I have ve	erified that the distribution set i	orth above, is in accordance v	vith the requirements.
		pontus seuge	Supervisor's Assistar	nt 10-5-15		
			Print Nam	10	Title	(Month, Day, Year)
	Comment:					
	~~: 1111VIII	,	····		***************************************	

						THE GOLD DESCRIPTION		
1.	Agency Name		Date Stamp California 802					
	Alameda County				,	Form 002		
	Division, Department, or Regi	ion (If Applicable,				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Lee Ann Fergerson, Superv	isor's Assistan	t					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	rson@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation		ulburius kuring maan kan maan maa ka k		150 05		
	Does the agency have a ticke	t policy?] Face Value o	f Each Ticket/Pass \$ _	109,09			
	Event Description ONU Ki	ADAMILLA Provide Tille/Ekple	GO Ination	Date(s)	725,15			
	Ticket(s)/Pass(es) provided b	y agency?] If no:	Name of So	2000			
	Was ticket distribution made a	of fine trademat	No ☐ Yes ☐] If yes: Alam				
	of agency official?	it the penest	eda County Supervisor S Official's Name					
3.	Recipients							
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization,							
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	_ ≤ ' Describe the pub	lic purpose made pursuan	t to the agency's policy		
	ANO.			To reward a Coun	ity employee for his	or her		
	Crit			4	to the public or to	encourage		
				staff developmen	ţ			
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)	20.5 24.5 24.5 24.5	Identify one of the follow	ving		
				Ceremonial Role If checking *Ceremon	Other is a Role* or *Other* describe below:	Income		
				Coremonial Role	Other	Income		
		•		Il checking *Ceremon	ial Rele" or "Other" describe below:			
					*			
	C. Name of Outside Organ (Include address and de		Number of Ticket(s)/ Pass(os)	Describe the put	lić purpose made pursuan	it to the agency's policy		
	(1004), до 100, шайн шолбайн бөрөөн өрөөн өрө							
	,							
4.	Verification		· ·					
,	I have read and understand FPPC Read	ulations 18944.1 and	l 18942. I have veri	fied that the distribution set I	orth above, is in accordance w	rith the requirements.		
		·	Lee Ann Ferg		Supervisor's Assistar			
	·~ »		Print Name		Title	(Month, Pay, Year)		
	Comment:							

0010	fillolliai itole Evelli	- alla ligi	(001 000	Distributions		A Public Document
1. Ag	gency Name		Date Stamp	California 802		
Ala	ameda County					
Div	rision, Department, or Regi	on (If Applicable)				For Official Use Only
Во	ard of Supervisors					
Des	signated Agency Contact (Name, Title)				
Mi	chelle Dianda					
	ea Code/Phone Number	E-mail		A	Amendment (Must pro	ovide explanation in Part 3.)
(51	10) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Fu	inction or Event Inforr	nation				
Do	es the agenc y have a ticket	t polic y ?	Yes⊠ Nol	☐ Face Value o	f Each Ticket/Pass \$	222.00
Ev.	ant Description Oakland R	aiders vs. Kan	sas City Ch	niefs Data(s) 12	, 06 , 15	1 1
⊏ve	ent Description <u>Oakland R</u>	Provide Title/Expla	nation	Date(s)		
Tic	ket(s)/Pass(es) provided by	/ agency?	Yes □ No [⊠ If no: <u>Oaklar</u>	nd Raiders Name of Sou	
				Name of Sou		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle,			Richard- Supervisor D	nsuicuz est. First)	
	of agency official?			omoraro ramo (2	201, 1 1101	
	ecipients se Section A to identify the agency	/'s department or u	ral. • Use Section C to identi	fv an outside organization		
<u>A</u> .			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		
**************************************		- N. W. L.	1 400(00)			
 B.	Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income _
M	,			Ceremonial Role If checking "Ceremoni	Other idea Role" or "Other" describe below:	Income
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Alameda County Democratic Central Committee		4	To reward a non-pr community	ofit organization for its	contributions to the
	O. Box 3937, Hayward, Co encourage people to vol					
4. Ve	ification //					
/thai	ilk road and undorstallt EDDC Dogu		18942. I have ve Michelle Arc		orth above, is in accordance with Supervisor's Aide	the requirements
			Print Nam	e	Title	(Month, Day, Year)
Co	ncludes 1 parkin	g pass at the	value of \$30)		

1.	Agency Name		Date Stamp California 802			
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Michelle Dianda				Amondment (Must r	verside contendior in Dort 2.)
	Area Code/Phone Number	E-mail	,	15500 SH (3 - 4)	Amendment (Must provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				450.00
	Does the agency have a ticke	•	Yes⊠ No[f Each Ticket/Pass \$ _	
	Event Description Warriors v	s. Memphis C	Grizzlies Janation	Date(s)11	, 02 , 15	
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No [If no: Golder	n State Warriors	
		,	162 🗀 140 [Name of Sc	
	Was ticket distribution made at the behest		No 🗌 Yes [⊠ If yes: <u>Valle,</u>	Richard- Supervisor Official's Name (District 2
korentas	of agency official?				Omciai s Name (Lasi, riisi)
3.	3. Recipients					
	Use Section A to identify the agency's department or unit.			tion B to identify an individu	ıal. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	•	, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	
	,					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	. •				Other idla Role" or "Other" describe below:	· Income
				Ceremonial Role	Other	Income 🔲
				ir cnecking "Ceremon	ial Role" or "Other" describe below:	
			,			•
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	League of Volunteers 8440 Central Ave. Newark,	CA 94560	4	To reward a non-pr public.	ofit organization for its	s contributions to the
	Provides meals to low-incorand seniors	ne families				
4.	Verification /					
	1	18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
		****	Michelle Arc	huleta	Supervisor's Aide	10/13/15
	olyliature of Agentry Tread of Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					
	Comment:	The state of the s	A			·

distribution of the same						
I. A	Agency Name				Date Stamp California Form	
Α	lameda County					
Di	ivision, Department, or Reg	ion (If Applicable	·)	,	1	For Official Use Only
В	oard of Supervisors					
	esignated Agency Contact	(Name,Title)			-	·
M	lichelle Dianda					
Ā	rea Code/Phone Number	E-mail	<u></u>		Amendment (Must provide explanation in Part 3.)	
(5	(510) 272-6692 michelle.dianda@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. F	unction or Event Infor	mation	etyynn serianan musik Nije Euskil Lipsad yn yn 1900 yn di bellin yn 1900 yn di bellin yn 1900 yn 1900 yn 1900 y di			
D	oes the agency have a ticke	et policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ _	600.00
E,	wont Description Warriors v	/s. Los Angele	s Lakers	Data(s) 1	1 , 24 , 15	
	vent Description Warriors v	Provide Title/Expi	anation			
Ti	cket(s)/Pass(es) provided b	y agency?	Yes ☐ No	☑ If no: Golde	n State Warriors	
				Name of So		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: ☐ of agency official?		If yes: Valle	, Richard- Supervisor Official's Name (DISTRICT Z	
aanaan ee daa			azatanggggasaranana aswa sawa wa			
	Recipients	v's denartment or	unit allea Sac	ction B to identify an individ	ual • Use Section C to iden	tify an outside organization
Δ	Use Section A to identify the agency's department or A. Name of Agency, Department or Unit		Number of Ticket(s)/		olic purpose made pursuant	
	·	· · · · · · · · · · · · · · · · · · ·	Pass(es)		**************************************	
base (Co			L .			
		234.614				:
- B	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ring:
В	Name of Individu (Last, First)	al		Ceremonial Role	, ************************************	ring:
B	Name of Individu (Last, First)	al	Ticket(s)/		Identify one of the follow Other	
E	Name of Individu (Last, First)	al	Ticket(s)/		Other	
- E	Name of Individu (Last, First)	al	Ticket(s)/	If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income [
- B	Name of Individu (Last, First)	al	Ticket(s)/	If checking "Ceremonal Ceremonial Role	Other Initial Role" or "Other" describe below:	Income [
	Name of Individu (Last, First)	al	Ticket(s)/	If checking "Ceremonal Ceremonial Role	Other Inial Role" or "Other" describe below:	Income [
- B	Name of Individu (Last, First)	al .	Ticket(s)/	If checking "Ceremonal Ceremonial Role	Other Initial Role" or "Other" describe below:	Income [
	Name of Individu (Lest, First) Name of Outside Organ (include address and de	nization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income C
	(Last, First) Name of Outside Organ	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	Other	income [
	Name of Outside Orgai (include address and de	nization scription) rd CA 94541	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	Other Other or "Other" describe below: Other or "Other" describe below: Other or "Other" describe below:	income [
	Name of Outside Organ (include address and de Hayward Arts Council (2394 Foothill Ave. Haywa	nization scription) rd CA 94541	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	Other Other or "Other" describe below: Other or "Other" describe below: Other or "Other" describe below:	Income In
	Name of Outside Organ (include address and dec Hayward Arts Council (2394 Foothill Ave. Haywa Supports art programs and echolarships	nization scription) rd CA 94541 student	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul To reward a non-p public.	Other Other or "Other" describe below: Other or "Other" describe below: Other or "Other" describe below:	Income In
	Name of Outside Organ (include address and dec Hayward Arts Council (2394 Foothill Ave. Haywa Supports art programs and echolarships	nization scription) rd CA 94541 student	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul To reward a non-p public.	Other	Income In

1.	Agency Name			Date Stamp	California 802		
	Alameda County					Form	
	Division, Department, or Regi	on (If Applicable)			For Official Use 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.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	•	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	250.00	
	Event Description Golden Sta	ate Warriors F	Pre-Season	Date(s)10	, 13 , 15	10 , 15 , 15	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵			☑ If no: Golder	n State Warriors	Ource	
	NAT tiplost distribution made a			\/alle	Richard- Supervisor		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	⊠ If yes:	Official's Name	(Last, First)	
9			oden kommunistration karendari				
ა.	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, Departmen	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
,							
	Name of Individual	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Jhita, Jyoti		4		Other X ial Role" or "Other" describe below:	· Income	
					ance at an event held potential revenue fror	at a County facility in name	
	Composer Data and			Ceremonial Role		Income	
	Gonzalez, Robert		4	To promote attenda	ial Role" or "Other" describe below: ance at an event held potential revenue fror	at a County facility in	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
					,		
4.	Verification /				ecceptions to perform according to a realized STA and the artificial according to the artificial according to		
	. · ·	344.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.	
	g - 0.g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Michelle Ard	/A	Supervisor's Aide	(Month, Day, Year)	
	Comment, Includes 1 parkir	ng nass at the	value of \$30	· ·		1 1	
	Comment:	יש רייסי מניוור	-αιαο οι ψοί	•			

1.	Agency Name Alameda County Division, Department, or Regi	on (If Applicable	Date Stamp	California 802 Form For Official Use Only		
	Board of Supervisors Designated Agency Contact (~ /			
	Michelle Dianda Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dianda@acgov.org			Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				700.00
	Does the agency have a ticket		Yes⊠ No[f Each Ticket/Pass \$	700.00
	Event Description Warriors v	t lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [✓ If no: Golder	n State Warriors	
					Name of Sou	
	Was ticket distribution made a of agency official?	No ☐ Yes [⊠ If yes: <u>Valle,</u>	Richard- Supervisor D	ast. First)	
million:			AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			,···-y
3.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to identi	ifv an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant to the agency's policy		
	B. Name of Individua	al .	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other In all Role" or "Other" describe below:	ng:
	,		,	Ceremonial Role If checking "Ceremon	Other I lal Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	New Haven Schools Founda 33377 Western Ave. Union		4	To reward a non-pr	ofit organization for its	contributions to the
	Support schools with extra-cactivities and scholarships	curricular				
4.	Verification I have read and understand FPPC Regulation Comment: Includes 1 parkin	***************************************	Michelle Arc	chuleta	orth above, is in accordance with Supervisor's Aide Title	h the requirements. VI 415 (Wonth, Clay, Year)

						A Fublic Document	
İ.	Agency Name	- NS	Date Stamp	California 802			
	Alameda County					Form OOZ	
	Division, Department, or Reg	ion (If Applicable	e) ·		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	michelle.dia	nda@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
zana R	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes⊠ No [] Face Value	of Each Ticket/Pass \$ _	450.00	
	Event Description Warriors v	rs. Brooklyn N	lets	Date(s)1	1 , 14 , 15		
	*			- Jane Golde	n State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒				Name of So		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle		, Richard- Supervisor	District 2			
	of agency official?				Official's Name (Last, First)	
	•						
,	Use Section A to Identify the agency's department or u Name of Agency, Department or Unit		Number of		ual. • Use Section C to iden		
	Traine of Algerra, Department of Citic		Ticket(s)/ Pass(es)	Describe the pur	ono parpose made parsaam	to the agency 5 poncy	
				and the second s			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremon	Other nial Role" or "Öther" describe below:	· Income [
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income [
	Name of Outside Orga	nimation.	Number of				
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy	
	Teamsters 856 453 San Mateo Ave, San Bruno 94066		4		promote attendance at an event held at a County facility in er to maximize potential revenue from sales.		
	Represents members from employers for safe and fair	over 150 workplaces					
e contract	Verification I have read and understand #PPC Red	ulations 18044 1 an	d 18042 have you	ified that the distribution sot	forth above is in accordance wi	ith the requirements	
	eee eeu euu ruuHisiauu EFFU CHO		Michelle Arc		Supervisor's Aide	10/19/19	
			Print Name		Title	(Month, Day, Year)	

Management						
1.	Agency Name		Date Stamp California 802			
	Alameda County					Form OCZ
	Division, Department, or Regi	on (If Applicable,)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Michelle Dianda				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	(510) 272-6692	michelle.diar	nda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				250.00
	Does the agency have a ticke	•	Yes⊠ No[Face Value o	f Each Ticket/Pass \$ _	350.00
	Event Description Warriors v	s. Charlotte H Provide Title/Expla	ornets	Date(s)01	, 04 , 16	
			anauon	Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛭	If no: Golden	n State Warriors Name of So	ource
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes ↓			- Valle.	Richard- Supervisor	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes of agency official?			XI If yes: Valley	Official's Name (Last, First)
<u> </u>						
ა.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		·			<u> </u>	
,	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	McDonald, Eileen		4	Ceremonial Role . Other . Other . Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.		
	and Statement and the statement of the s	CONTROL OF THE PROPERTY OF THE				
			4	Ceremonial Role If checking "Ceremon	Other in the state of the state	Income
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
					,	
4.	Verification //					
		944.1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
		Michelle Arc		Supervisor's Aide	W24/15	
			Print Name	9	Title	(Month, Day, Year)

1.	Agency Name			Date Stamp	California 802	
	Alameda County	s			Form For Official Use Only	
	Division, Department, or Region (If Applicable	9)			For Official Ose Offiy	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1		
	Michelle Dianda		•	Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
02170000	(510) 272-6692 michelle.dia	nda@acgov.	org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Information				222.00	
	Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$.	222,00	
	Event Description Raiders vs. San Diego (Provide Title/Exp.		Date(s)	2 , 24 , 15		
	Ticket(s)/Pass(es) provided by agency?	Yes□ No		Name of S		
	Was ticket distribution made at the behest	No ☐ Yes	☑ If ves: Valle	, Richard- Supervisor	District 2	
	of agency official?			Official's Name	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
٠						
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Ellis, Lorrin	2	Ceremonial Role If checking "Ceremor	Other X nial Role" or "Other" describe below	Income	
		2	To reward a community volunteer for his service to the public.			
		2	Ceremonial Role If checking "Ceremor	Other nial Role" or "Other" describe below	Income :	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
4.	Verification /	4 400 42 17	25.40.40.00.00.00	fourth a board of the		
	Ilhave read and understand FPPC Regulations 18944.1 an	d 18942. I have ve Michelle Ard		Supervisor's Aide	\(\frac{10/29/16}{29/16}	
	· •	Print Nam	ne	Title	(Month, Day, Year)	
	Comment: Includes 1 parking pass at the	value of \$35	5.			

	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda				Date Stamp	California 802 For Official Use Only	
					-		
					Amendment (Must i	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail				–		
some in which	(510) 272-6692	nda@acgov.org		Date of Original Filing: (Month, Day, Year)			
2.	Function or Event Information				of Cook Ticket/Door of	37.45	
	Does the agency have a ticket policy? Yes ☑ No ☐				of Each Ticket/Pass \$ _		
	Event Description Disney on Ice Date(s) Date(s)			0 , 09 , 15			
		•	n State Warriors				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden				Name of Sc	Durce	
	Was ticket distribution made at the behest No ☐ Y			⊠ lf ves. Valle,	e, Richard- Supervisor District 2 Official's Name (Last, First)		
	of agency official?		110 🗀 100	<u> пусо</u>	Official's Name ((Last, First)	
3.	Recipients					i partico per esta polici (della la la partico esta della consensa della consensa di sud di consensa della supo de consensa della consensa de	
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of				
	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Lara, Daisy		4		Other Dial Role" or "Other" describe below:	. Income	
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
			4	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
		•					
4.	Verification I have read and understand FPPC Regu	lations 18944.1 an	nd 18942. I have ve	I erified that the distribution set t	forth above, is in accordance w	vith the requirements.	
	Michelle Archuleta			chuleta	Supervisor's Aide	0/7/15 (Month, bay, Year)	
	Comment:					8 9	

		(11.11.11.11.11.11.11.11.11.11.11.11.11.	photocopy (In process and the contract of the		
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 502	
	Division, Department, or Regi	ion (If Applicable	e)		,	1 or official oscionity	
	Board of Supervisors	•					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda				Amondment (Mint	nunciale avalentian in David 2.)	
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
				Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform	mation		37.45			
	Does the agency have a ticker			of Each TickerPass \$			
	Event Description One Kapamilya Go			Date(s)			
	Frovide Interexplanation						
	Ticket(s)/Pass(es) provided by	Yes ☐ No	☑ If no: Golder	n State Warriors Name of Source			
	Was tisket distribution made at the beheat		v 🗖 Valle				
	Was ticket distribution made at the behest of agency official?		No ☐ Yes ☒ If yes: Valle		e, Richard- Supervisor District 2 Official's Name (Last, First)		
3	Recipients						
٠.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					·		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Leocario, Brenda		4		ial Role" or "Other" describe below.		
			7	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
			4	Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below.	, Income	
						·	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy	
			,				
A	Varification /	reds=5000 ACAGES = 50000 2000 pg/squeess				, en and done libraries and a library and all and a library and the state of the st	
4.	V∉rification /),	44.1 ar	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.	
			Michelle Ard		Supervisor's Aide	10/14/15	
		<u> </u>	Print Nam		Title	(Month, Day, Year)	

1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp California 802		
]	Form For Official Use Only	
						1 of Official Ose Offig	
	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 Inform	ation					
	Does the agency have a ticket policy? Yes ☒ No ☐			☐ Face Value o	of Each Ticket/Pass \$ 🚣	\$35	
				Data(a) 09	24 15		
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakla			nd A's			
					Name of Sou	irce	
	Was ticket distribution made at the behest No ☐ Yes [If yes: Chan, Wilma Official's Name (Last, First)			
Managana -	of agency official?				Official's Name (L	asi, i iisij	
3.	Recipients	denartment or	unit + Hao Soc	otion D to identify an individu	ual allos Sastian C to ident	ifor an autolida annomination	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Market Control of the	MANUAL TO THE RESIDENCE OF THE PARTY OF THE					
	Annual Control of the						
				·			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
•				Ceremonial Role	Other (Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
	٠.						
				Ceremonial Role	Other	Income 🔲	
					ial Role" or "Other" describe below:		
	1						
	C. Name of Outside Organiz (include address and description)		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(motitude dualices and description)		Pass(es)				
	Alameda County Community Food Bank		2+1p	To promote attendance at a(n) event held at a County fac order to maximize potential County revenue			
	7900 Edgewater Dr, Oakland	, CA 94621		order to maximize	ootential County reven	ue	
	distributes nutritious food to le county residents	ow income					
4.	Verification						
		; 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.	
			Steven Jo	ones (Central District Director	10.06.2015	
	Gignatureor rigority ricad of bodignot Print Name			***************************************	Title	(Month, Day, Year)	

1.	Agency Name			Date Stamp California 802					
	Alameda County					Form OUZ			
	Division, Department, or Reg	ion (If Applicable)	teriori de la companya		For Official Use Only			
	Board of Supervisors					·			
	Designated Agency Contact (Name, Title)							
	Steven Jones				□ Amount (14.4				
	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?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ ُ	\$80 ticket/\$20 parking			
	Event Description Baseball g	ame		Date(s)		·			
	'	Provide Title/Expl	anation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	☑ If no: Oaklar	nd A's Name of S				
	Was ticket distribution made a	t the beheat		Chan		ource			
	of agency official?	it the penest	No ☐ Yes	If yes: Chan, Wilma Official's Name (Last, First)					
3.	Recipients								
υ.	Use Section A to identify the agency	/'s department or ı	unit.	ction B to identify an individu	ıal. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy			
	,								
•	•								
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	Palmer, Sarah			Ceremonial Role If checking *Ceremoni	Other	Income 🔲			
			4+1p	To promote attendance at a(n) event held at a County facility in					
				order to maximize p	ootential County reve	nue			
				Ceremonial Role		Income			
			4+1p	If checking "Ceremoni	al Role" or "Other" describe below:				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	ublic purpose made pursuant to the agency's policy				
			Pass(es)						
	, N			W. Company of the Com	The state of the s				
					•				
	Verification		1						
	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.			
			Steven Jo	ones C	Central District Director 10.06.20				
		**************************************	Print Name	e	. Title	(Month, Day, Year)			

Δ	Pul	olic	Do	cui	mei	nt

1.	Agency Name		Date Stamp California 202							
	Alameda County					Form UUZ				
	Division, Department, or Region (//	f Applicable)		*	For Official Use Only				
	Board of Supervisors				,					
	Designated Agency Contact (Name	, Title)								
	Steven Jones				Amandment (Much	rovide explanation in Part 3.)				
	Area Code/Phone Number E-m	ail				,				
	(510) 272-6693 ste	ven.jones	@acgov.org	,	Date of Original Filing:(Month, Day, Year)					
2.	Function or Event Informati	on			•	\$60				
	Does the agency have a ticket poli-	•	Yes 🗵 No	l and	of Each Ticket/Pass \$	\$80				
	Event Description Baseball game	ido Titlo/Curl		Date(s)) , 23 , 15					
	7.00,	do morexpi	anation	e de la companya de	•					
	Ticket(s)/Pass(es) provided by age	ency?	Yes No	⊠ If no: <u>Oaklar</u>	Name of Sol	urce				
	Was ticket distribution made at the	behest	No ☐ Yes	⊠ If yes: Chan	, Wilma					
	of agency official?		.,,,	11 900,	Official's Name (L	ast, First)				
3.	Recipients									
	Use Section A to identify the agency's department or unit.									
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy				
			rass(es)							
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:				
	Hernández, Josié			Ceremonial Role If checking "Ceremon	Other I	. Income				
	۸.		2			eld at a County facility in				
	MRRN/IN-WARANA MARKETTA AND AND AND AND AND AND AND AND AND AN			order to maximize potential County revenue						
				Ceremonial Role		Income				
			2	ii checking Geremon	ial Role" or "Other" describe below:					
				•						
	C. Name of Outside Organization (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy					
		1000								
	•			•						
4.	Verification									
-	I have read and understand EDDO Descriptions	400 14.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance will	h the requirements.				
			Steven Jo	ones (Central District Directo	r 10.06.2015				
	orginature or regionary froductor proviginos	Withhill the control of the control	Print Nam	θ	. Title	(Month, Day, Year)				
	Comment:									
	COMMUNICATION OF THE PROPERTY	-								

	Agency Name	, and the second			Date Stamp	California O 0 0			
				MANAGE PARTIES					
	Alameda County					Form OUZ			
	Division, Department, or Region	n (If Applicable)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Na	ame, Title)							
	Steven Jones								
		-mail				rovide explanation in Part 3.)			
		steven.jones	@acgov.org	1	Date of Original Filing:	(Month Day Year)			
2.	Function or Event Inform					(Month, Day, 1-ear)			
	Does the agency have a ticket p	oolicy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	\$32			
	Event Description Baseball gar	me			, 27 _, 15				
	Event Description	Provide Title/Expl	anation	Date(s)					
	Ticket(s)/Pass(es) provided by a	agency?	Yes ☐ No [⊠ If no: <u>Oaklar</u>	nd A's				
		•	Ies 🖂 NO	-	Name of So.	urce			
	Was ticket distribution made at t	he behest	No ☐ Yes	☑ If yes: Chan	, Wilma				
Dátrottára	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.								
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.					tify an outside organization.				
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
			Pass(es)	***************************************					
	·								
	I I								
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:				
					Other I	· Income 🗌			
				Ceremonial Role	Other	Income			
				If checking "Ceremoni	al Role" or "Other" describe below:				
					•	`			
	Name of Outside Organiza	ation	Number of						
	(include address and descri		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy			
•	SOS/Meals on Wheels 2235	Polyorosa		To promote attenda	ince at a(n) event he	eld at a County facility in			
	Dr, San Leandro, CA 94577	. 0,,,0,000	2		otential County reven				
	deliver nutritious, balanced me homebound seniors	eals to				**************************************			
4. Verification									
	I have read and understand EPPC Regulation	one 18044.1 and	18942. I have vei	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.			
		***************************************	Steven Jo	nes C	Central District Directo	r 10.06.2015			
	orginature or rigority froute or boorgroo		Print Name		Title	(Month, Day, Year)			
	Comment:								

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A	ru	IOI	ıc	IJ	OCL	ИN	ent	

1.	Agency Name		Date Stamp	California Q00			
	Alameda County					Form OUA	
	Division, Department, or Reg	ion (If Applicabl	e)	All		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Steven Jones				Amondment (Misster	revide evaluation in Day 21	
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.org	3	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				400	
	Does the agency have a ticke		Yes 🗵 No	lional .	of Each Ticket/Pass \$	\$80	
	Event Description Baseball g	ame		Date(s) 09	23 , 15	1 1	
	E VOITE D OOOTIPHOTI	Provide Title/Exp	olanation			Married Communication (Married Married	
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	✓ If no: Oaklar	nd A's		
	AA7 12 L - 1 - 12-1-2112		_		Name of So	urce	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	☑ If yes: Chan	, vviii i a Official's Name (l	Last. First)	
	· ·						
3.	Recipients • Use Section A to identify the agency	/'s department o	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to ident	tify an outside organization	
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
				·			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Bass, Hillary			Ceremonial Role If checking "Ceremoni	Other in Oth	. Income 🗌	
	۸,		2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
			2	Ceremonial Role If checking "Ceremoni	Other Diel Role" or "Other" describe below:	Income 🔲	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	rescribe the public purpose made pursuant to the agency's policy		
4.	Verification	144.1 an	d 18942. I have ve	Prified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
			Steven Jo	ones C	Central District Directo	r 10.06.2015	
			Print Nam	e .	Title	(Month, Day, Year)	
	Comment:						

Allemeda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Nemo, Tible)	1.	Agency Name		Date Stamp California 802						
Board of Supervisors Designated Agency Contact (Name, Illus) Steven Jones Area Code/Phone Number [5:10) 272-6693 Steven Jones		•								
Designated Agency Contact (Name, Title)		Division, Department, or Regi	ion (If Applicabl	le)	yearangangan <u>ay</u> ear <u>angan gayyearangan maranda da d</u>		For Official Use Only			
Amendment (Most provide explanation in Part 3) Date of Original Filling: Mostlin, Day, Vest)		Board of Supervisors								
Area Code/Phone Number E-mail Steven Jones@acgov.org Date of Original Filing: Amendment (Must provide explanation in Park 3) Date of Original Filing: Month, Day, Year)		•	Name, Title)							
Area Code/Phone Number E-mail Steven Jones@acgov.org Date of Original Filling: Month, Day, Year)		Steven Jones			•					
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 09 26 15 Event Description Baseball game Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 09 26 15 Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? **Number of Ticket(s)/**Pass(es) provided by agency's department or unit. **Use Section B to identify an individual. **Use Section C to identify an outside organization. **A. Name of Agency, Department or Unit Number of Ticket(s)/**Pass(es) B. Name of individual Ticket(s)/**Pass(es) Brekke-Meisner, Lukas **Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonals Role Other Other Individual County facility in order to maximize potential County revenue Ceremonals Role Other Other Individual County revenue Ceremonals Role Other Other Other Individual County Receive Vibrar issocials below: Ceremonals Role Other Other Individual County Receive Vibrar issocials below: Ceremonals Role Other Other Individual County Receive Vibrar issocials below: Ceremonals Role Other Other Individual County Receive Vibrar issocials below: Section A county Receive Vibrar issocials below: Ceremonals Role Other Other Other Individual Receive Vibrar issocials below: Section A county Receive Vibrar issocials below: Section A county Receive Vibrar issocials below: Section A county Receive Vibrar issocials below: Received A co			E-mail			Amendment (Must provide explanation in Part 3.)				
Provision of Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$32		(510) 272-6693	steven.jone	s@acgov.org	· ·	Date of Original Filing:	(Month Day Vear)			
Event Description Baseball game Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes \ No \sqrt{No \sqnt{No \sqrt{No \sqrt{No \sqrt{No \sqrt{No \sqrt{No \sqrt{No \sqrt	2.	Function or Event Inform	mation				(Moran, Day, Tear)			
Event Description Baseball game		Does the agency have a ticker	t policy?	Yes 🖾 No	☐ Face Value o	of Each Ticket/Pass \$ _	\$32			
Vast (icket (is)/Pass(es) provided by agency? Yes No Yes No No As Name of Source		Front Department Baseball g	ame) , 26 , 15	,			
Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, Fred) Describe the public purpose made pursuant to the agency's policy Pass(es) Brekke-Meisner, Lukas 2 Ceremonial Role Other Other describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Other describe below: Coremonial Role Other Other describe below: See Section C to identify an outside organization of the requirements. Steven Jones Central District Director 10.06.2015 Friel Name Take (Mooth, Day, Year)		Event Description	Provide Title/Exp	olanation	Date(s)		- Alabamania di			
Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, Fred) Describe the public purpose made pursuant to the agency's policy Pass(es) Brekke-Meisner, Lukas 2 Ceremonial Role Other Other describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Other describe below: Coremonial Role Other Other describe below: See Section C to identify an outside organization of the requirements. Steven Jones Central District Director 10.06.2015 Friel Name Take (Mooth, Day, Year)		Ticket(s)/Pass(es) provided by	v agency?	Ves □ No	Isa If no: Oaklar	nd A's				
Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy				169 🔲 140	_	Name of So	urce			
Secribents Sec			t the behest	No ☐ Yes	⊠ If yes: <u>Chan</u>	, Wilma				
Section A to identify the agency's department or unit. Suss Section B to identify an individual. Suss Section C to identify an outside organization.		-				Official's Name (Last, First)			
A. Name of Agency, Department or Unit Ticket[s] Pass(es) Describe the public purpose made pursuant to the agency's policy	3.	·								
B. Name of Individual (aut. Annie) Brekke-Meisner, Lukas Ceremonial Role Other Income Income Income		A	Number of							
B. Name of Individual Cand, Final) Number of Ticket(s) Pass(es)		A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy				
Brekke-Meisner, Lukas Ceremonial Role Other Income Income				rass(es)						
Brekke-Meisner, Lukas Ceremonial Role Other Income Income										
Brekke-Meisner, Lukas Ceremonial Role Other Income Income						**************************************				
Brekke-Meisner, Lukas Ceremonial Role Other Income Income										
Brekke-Meisner, Lukas Ceremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Pass(es) Describe the public purpose made pursuant to the agency's policy		R Name of Individua	ıl							
Brekke-Meisner, Lukas 2 If checking "Coremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Income If checking "Ceremonial Role" or "Other" describe below: Other Income		(Lest, First)				identity one of the follow	ing:			
To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income Income		Dunklin Majaman Lukan			l '	- ·	· Income			
C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose ma		Brekke-Weisher, Lukas		2	-		-1.1 - (- O () () () () ()			
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 Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Print Name Tille (Month, Day, Year)										
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 Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(e			,	· · · · · · · · · · · · · · · · · · ·						
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 Pass(es) Number of Ticket(s)/ Pass(es) Pass(es) Pass(es) Perint Name Describe the public purpose made pursuant to the agency's policy I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)							income			
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency's policy (include address and description) Note in the public purpose made pursuant to the agency in the purpose made pursuant to the purpose made pursuant to the purpose made pursuant to the agency in the purpose made pursuant to the purpose made pur				2			•			
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Pass(es) Note in accordance with the requirements. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)					Describe the pub	lic purpose made pursuant	to the agency's policy			
L. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)		(monute address and des	cription/	Pass(es)						
L. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)										
L. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)		\$4500 date to the second secon	7							
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)		٠,								
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 10.06.2015 Print Name Title (Month, Day, Year)						•				
Steven Jones										
Print Name : Title (Month, Day, Year)		I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wil	th the requirements.			
		-	CONCESSION OF THE PROPERTY OF	Steven Jo	ones (Central District Directo	r 10.06.2015			
				Print Nam	e	. Title	(Month, Day, Year)			
Comment:		Comment:		•						

1.	Agency Name		Date Stamp California Q 0 9						
	Alameda County					Form OUZ			
	Division, Department, or Region	n (If Applicable,)			For Official Use Only			
	Board of Supervisors				·				
	Designated Agency Contact (A	lame, Title)			1				
	Steven Jones								
		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 Inform	nation							
	Does the agency have a ticket	-	Yes 🗵 No		f Each Ticket/Pass \$ _	\$32			
	Event Description Baseball ga	ıme		Date(s)	, 25 , 15				
	· . · · · · ·	Provide Title/Expla	anation						
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No l	⊠ If no: <u>Oaklar</u>	nd A's Name of So	NICCE			
	Was ticket distribution made at	the behest	No III Voc	⊠ If yes: Chan					
	of agency official?	o Dolloot	No ☐ Yes	ır yes:	Official's Name (Last, First)			
3.	Recipients								
-	Use Section A to identify the agency's	s department or ւ	ınit. 🏿 Use Sec	tion B to identify an individu	ıal. ● Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy			
			Pass(es)						
	·								
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		ing:				
	Thompson, Kari				Other in the intermedial Role" or "Other" describe below:	· Income 🗌			
			2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue					
	•			Ceremonial Role		income			
			2	If checking "Ceremoni	al Role" or "Other" describe below:				
			-		•				
	Name of Outside Organiz	vation	Number of						
	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	Verification								
	I have read and understand FPPC Regular	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.			
		¥24	Steven Jo	ones C	Central District Directo	r 10.06.2015			
			Print Name	е	Title	(Month, Day, Year)			
	Comment:				•				
	COMMITTEE								

						A l'abile becament			
1.	Agency Name			Date Stamp	California 802				
	Alameda County					Form OUZ			
	Division, Department, or Regi	on (If Applicable)	(3)		For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (/	Vame, Title)							
	Steven Jones								
		E-mail	······································		Amendment (Must pr	· '			
	(510) 272-6693	steven.jones	@acgov.org]	Date of Original Filing: .	(Month Day Year)			
2.	Function or Event Inform	nation				(, 2), , , , , , , , , , , , , , , , , ,			
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ ' \$	222 ticket/\$35 parking			
	Event Description Football Ga	ame		Date(s)	, 13 , 15	1 1			
	Eveni Description	Provide Title/Expla	anation	Date(s)		Control of the Contro			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	⊠ If no: <u>Oaklar</u>	nd Raiders				
				-	Name of Sou				
	Was ticket distribution made at of agency official?	t the behest	No ☐ Yes	☑ If yes: Alame	eda County Supervisor Official's Name (L	r Wilma Chan			
3.	Recipients • Use Section A to identify the agency	's denartment or i	unit allea Sac	stion B to identify an individu	ual alleo Soction C to ident	ify an outside organization			
		Number of							
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:			
	Murphy, Honora			Ceremonial Role	-	. Income			
	Marphy, Honora		4+1park	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County		at a County facility in			
	۸.			order to maximize potential County revenue from sales.					
		***************************************		Ceremonial Role	Other	Income			
			4+1park	If checking "Ceremoni	al Role" or "Other" describe below:				
			, repair						
			Number of						
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
			F 435(C3)						
				-					
A	Varification								
	Verification	.1 and	18942, I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements			
		2176	Steven Jo		Central District Director				
	-	WW-Construction of the Construction of the Con	Print Nam	201-Wark/hans//hans/dansation-recommended	Tille	10.06.2015 (Month, Day, Year)			
						,,,			
	Comment:								

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Alameda Ĉounty Division, Department, or Region							
Division, Department, or Regior				Form For Official Use Only			
	n (If Applicable,)		. ,	, or smooth see stray		
Board of Supervisors							
Designated Agency Contact (Na	ame, Title)						
Steven Jones				Amendment (Must pro	vide explanation in Part 3,)		
·	-mail				•		
	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
Function or Event Informa				.\$2	222 ticket/\$35 parking		
Does the agency have a ticket p	•	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ ^{/\$2}	.zz dcket/yoo parking		
=veni Description			Date(s)) , 20 , 15			
. Р	Provide _. Title/Expla	anation		•			
Ticket(s)/Pass(es) provided by a	agency?	Yes□ No	⊠ If no: <u>Oakiai</u>	Name of Sour	ce		
Nas ticket distribution made at t	he hehest	Na 🖂 Vaal	⊠ . Alam				
of agency official?	ino bonost	No L Yes	If yes:	Official's Name (La	est, First)		
-	department or u	ınit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	o the agency's policy		
					44.00M in which is a second or secon		
B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
Zhu, Dana		4+1nark	If checking "Ceremon	ial Role" or "Other" describe below:	Income		
		Tripaik	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
					Income		
		4+1park					
		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy			
ν,							
Verification have read and understand FPPC Regulation	ons 18944.1 and	18942. I hava va	rified that the distribution set fo	orth ahove is in accordance with	the requirements		
	and the time				10.06.2015		
	100 (Bast Same	Print Nam	0	Title	(Month, Day, Year)		
	Verification Ficket(s)/Pass(es) provided by a Vas ticket distribution made at the of agency official? Recipients Use Section A to identify the agency's A. Name of Agency, Department Chu, Dana Name of Outside Organization (include address and descriping)	Provide Title/Explain Ficket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or use Section A to identify the agency's department or Unit Name of Agency, Department or Unit Thu, Dana Name of Outside Organization (include address and description) Verification have read and understand FPPC Regulations 18944.1 and	Provide Title/Explanation Ficket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Name of Individual (Last, First) Phass(es) Number of Ticket(s)/Pass(es) Thu, Dana Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Phass(es) Verification have read and understand FPPC Regulations 18944.1 and 18942.1 have verifit Name of Control Name o	Provide Title/Explanation Provide Title/Explanation Ficket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Oakla Vas ticket distribution made at the behest of agency official? Recipients Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual Ticket(s)/Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) To promote attendorder to maximize Ceremonial Role If yes: Alam Number of Ticket(s)/Pass(es) Pass(es) To promote attendorder to maximize Ceremonial Role If ho: Oakla If yes: Alam Number of Ticket(s)/Pass(es) Describe the put Ceremonial Role If checking *Ceremonial Role If checking *Ceremonial Role If ho: Oakla If yes: Alam Number of Ticket(s)/Pass(es) Pass(es) Pass(es) Describe the put Ceremonial Role If checking *Ceremonial Role If checking *Ceremonial Role If ho: Oakla If yes: Alam Number of Ticket(s)/Pass(es) Describe the put Ceremonial Role If checking *Ceremonial Role If yes: Alam Number of Ticket(s)/Pass(es) Pass(es) Pass(es) Pass(es) Pass(es) Pass(es)	Provide Title/Explanation		

1.	Agency Name		Date Stamp California O 1				
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicabl	е)	A Company of the Comp	1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation	***************************************				
	Does the agency have a ticket	•	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	\$109.00	
	Event Description Bay Area L	_atino Fest		Date(s)	, 12 , 15	1 1	
	J. 11 D J J J I I I I I I I I I I I I I I I I	Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	☑ If no: <u>Golder</u>	n State Warriors		
	Was ticket distribution made	t tha babasi			Name of Sour Ada County Supervisor		
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	☑ If yes: Alame	eda County Supervisor Official's Name (La	est, First)	
3	_					,	
J.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t		
					•	and the second s	
		***************************************			V V V V V V V V V V V V V V V V V V V	1847 A. S.	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
				Ceremonial Role If checking "Ceremoni	Other in Other of "Other" describe below:	Income	
	Α,			Ceremonial Role	Other .	Income	
					al Role" or "Other" describe below:		
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	La Clínica de La Raza Inc. P.O. Box 22210, Oakland, CA 94623-2210		4 .		ince at an event held a potential County revenu		
	Provides culturally appropri quality, and accessible healt						
4.	Verification I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	1 *************************************		Steven Jo	ones C	Central District Director	10.06.2015	
	Signature of Mgency Head or Designee		€	Title	(Month, Day, Year)		
	Comment:			·			

1.	Agency Name				Date Stamp	California 802	
	Alameda County	•			'	Form 002	
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones				[] Amondment (Must	way dala a valanatian in Dart 2)	
	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		and a more continue framework in a service of a bit is then reven him control of the highlighten bit.		A.	
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value	Face Value of Each Ticket/Pass \$\$160.00		
	Event Description Arijit Singh	Provide Title/Expl	anation	Date(s)(09 <u>/ 26 / 15</u>		
	Tinle-t/a\/D/aa\ waaddad b	,	Golder		en State Warriors		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	<u> </u>	Name of S		
	Was ticket distribution made a	at the behest	No ☐ Yes	If yes: Alameda County Supervisor Wilma Chan			
	of agency official?			m y 00,	Official's Name	(Last, First)	
3.	Recipients		**************************************				
	Use Section A to identify the agency	y's department or		tion B to identify an indiv	idual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit Numb Ticke Passi			Describe the public purpose made pursuant to the agency's policy			
	· Антоголичностиничного отполнения от полительного от полител						
	B. Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Banerjee, Kinkini			Ceremonial Role	Other 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.			
	Pater management of the control of t	W		Ceremonial Role	Other	Income 🗌	
			4	If checking "Cerem	onial Role" or "Other" describe below:		
			'				
			Number of				
	Name of Outside Organ (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuar	t to the agency's policy	
			1 435(63)				
	with the Committee count of the individual state of the continue of the individual state of the continue of th						
	w.		1				
4.	Verification						
•	In	3944.1 and	I 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.	
			Steven Jo	ones	Central District Direct	or 10.06.2015	
	Signature of Agency Freat of Designee	TO THE STATE OF TH	Print Nam	Construction of the Constr	. Title	(Month, Day, Year)	
		·					
	Comment:						

A	Aganay Nara				· ·	A rubite bocumer		
۱.	Agency Name				Date Stamp	California 802		
	Alameda County					For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	∍ <i>)</i>			, s, smort out sing		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			1			
	Steven Jones							
	Area Code/Phone Number	E-mail			_	Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	steven.jones	s@acgov.org	j .	Date of Original Filing:	(Month, Day, Year)		
)	Function or Event Infor	mation				(Month, Day, Todi)		
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value	of Each Ticket/Pass \$ _	\$148.00		
	Event Description Ricky Mar	tin		_	9 . 17 . 15			
	Event Description	Provide Title/Exp	lanation	Date(s)	9 <u>, 17 , 15</u>			
	Ticket(s)/Pass(es) provided b			rsa If no. Golde	n State Warriors	•		
		, agonoy:	Yes ☐ No	timed	Name of S			
	Was ticket distribution made a	at the behest	No ☐ Yes	☑ If yes: Alam	eda County Supervise	or Wilma Chan		
	of agency official?			•	Official's Name	(Last, First)		
,	Recipients							
	Use Section A to identify the agence	y's department or	~	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	lic purpose made pursuant to the agency's policy			
			Pass(es)					
				<u> </u>				
. '								
	Number of Individual Number of							
	Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving;		
			1 433(63)	Ceremonial Role	Other	Income [
	Padilla Johnson, Rose				nial Role" or "Other" describe below:	_		
			4	To promote attendance at an event held at a County facility in				
	A.			order to maximize potential County revenue from sales.				
				Ceremonial Role	_ · · · · -	Income [
			4	If checking "Ceremor	nial Role" or "Other" describe below:			
			Number of					
	Name of Outside Organ (include address and des		Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy		
			Pass(es)					
		and the second s						
v/10000)								
•	Verification							
	I and 18942. I have			erified that the distribution set t	forth above, is in accordance w	ith the requirements.		
	the state of the s		Steven Jo	The second secon	Central District Directo	or 10.06.2015		
	Signeture of Agency Head or Designee Print Name			е	Title	(Month, Day, Year)		
	Signeture of Agency Head or Designee	terrangement	***************************************	The second secon				
	Comment:					,		

1.	Agency Name Alameda County		•		Date Stamp	California 802 For Official Use Only
	Board of Supervisors Designated Agency Contact (Nat)			To Official Gae Only
	Steven Jones				Amendment (Must	provide explanation in Part 3.)
	· · · · · · · · · · · · · · · · · · ·	mail			Date of Original Filing:	
tomo			@acgov.org		Date of Original Fitting.	(Month, Day, Year)
2.	Function or Event Informa			_		\$80 ticket/\$20 parking
	Does the agency have a ticket pe	-	Yes 🗵 No			
	Event Description Baseball gam	1 0 ovide Title/Expl	anation	Date(s)	23 , 15	
	Ticket(s)/Pass(es) provided by a	gency?	Yes ☐ No	⊠ If no: <u>Oaklar</u>	nd A's	DUICO
	Was ticket distribution made at the	ne hehest	No EL Vee	☑ If yes: Chan		, and a
	of agency official?	io bolloot	No ☐ Yes	If yes:	Official's Name (Last, First)
3.	Recipients					
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside of Number of						
	A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
						·
				·		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Pallana, Esperanza		2+1p	'	ial Role" or "Other" describe below:	Income
			Σ11β	To promote attendance at a(n) event held at a County order to maximize potential County revenue		
			. 2+1p	Ceremonial Role If checking "Ceremon	Other in the control of the control	Income 🔲
	C. Name of Outside Organizal (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		t to the agency's policy
						·
	κ,				,	
4.	Verification I have read and understand FPPC Regulation	ns 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
			Steven Jo	ones (Central District Directo	or 10.06,2015
			Print Nam	θ	. Title	(Month, Day, Year)
	Comment:					

1.	Agency Name			Date Stamp	California 202		
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	steven.jone	s@acgov.or@	9	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform	nation					
	Does the agency have a ticker	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	\$32	
	Event Description Baseball g	ame		Date(s)	9 , 08 , 15		
	L FOIR DOOON PROTE	Provide Title/Exp	lanation			Canada Ca	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	☑ If no: Oaklar	nd A's		
	Was ticket distribution made	t the behast		_	Name of So Wilma	ource	
	Was ticket distribution made a of agency official?	No ☐ Yes	If yes:	If yes: Chan, Wilma Official's Name (Last, First)			
2	Recipients	1			`		
J.	• Use Section A to identify the agency	∕'s department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/		olic purpose made pursuan			
			Pass(es)				
,			Pass(es)				
,			Pass(os)				
			Pass(es)				
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	(Lest, First)	1	Number of Ticket(s)/		Other	Income 🔲	
	B. Name of Individua (Last, First) Archuleta, Justin		Number of Ticket(s)/	If checking "Ceremon	Other I	Income 🔲	
	(Lest, First)	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda	Other I	Income ☐	
	(Lest, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other other ance at a(n) event be potential County reven	Income ☐	
	(Lest, First)	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	☐ Other ☐ ial Role" or "Other" describe below: ance at a(n) event h potential County revel	ncome ☐ neld at a County facility in nue	
	(Lest, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other other ance at a(n) event be potential County reven	ncome ☐ neld at a County facility in nue	
	Archuleta, Justin		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
	(Lest, First)	ization	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other other ance at a(n) event be potential County reven	Income ☐ neld at a County facility in nue Income ☐	
	Archuleta, Justin Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
	Archuleta, Justin Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
	Archuleta, Justin Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
	Archuleta, Justin Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
	Archuleta, Justin Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other Other other other other describe below: other at a(n) event he potential County rever other other other other describe below:	Income ☐ neld at a County facility in nue Income ☐	
4.	Archuleta, Justin Name of Outside Organi (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon Describe the pub	Other I ial Role" or "Other" describe below: ance at a(n) event h potential County rever Other I ial Role" or "Other" describe below: dic purpose made pursuan	Income In	
4.	Archuleta, Justin C. Name of Outside Organi (include address and desemble) Verification	ization cription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon Describe the pub erified that the distribution set for	Other I ial Role" or "Other" describe below: ance at a(n) event h potential County rever Other I ial Role" or "Other" describe below: dic purpose made pursuan	Income In	

1.	Agency Name			Date Stamp	California Q00			
	Alameda County				Form OUZ			
	Division, Department, or Region (If Applicable)			For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			<u>.</u>				
	Steven Jones							
	Area Code/Phone Number E-mail			Amendment (Must provid	de explanation in Part 3.)			
	(510) 272-6693 steven.jones	@acgov.org	9 .	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	\$32			
	Event Description Baseball game Provide Title/Expla	anation	Date(s)	0 , 07 , 15				
			If no: Oaklar	nd A's				
	Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ no:	Name of Source				
	Was ticket distribution made at the behest	No ☐ Yes	☑ If yes: Chan	, Wilma				
	of agency official?			Official's Name (Last,	First)			
3.	Recipients	Recipients						
	Use Section A to identify the agency's department or unit.							
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	ν,							
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	Ortega, Sandra		Ceremonial Role If checking *Ceremon	Other I	Income 🗌			
		2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue					
		·	Ceremonial Role	Other	Income 🔲			
		2	lf checking "Ceremon	ial Role" or "Other" describe below:				
		_						
		Number of						
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to t	he agency's policy			
		1 ((3))						
				•				
и Л	Variety and the							
4.	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with the	e requirements			
	Signature of Agency Head or Designee	Steven Jo		Central District Director	09.01.2015 (Month, Day, Year)			
	.5	i iiit ivdiii	-	. 1100	(works, pay, rear)			
	Comment:							

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	A						
1.	Agency Name			Date Stamp	California 802		
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicabl	e)			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.jone	s@acgov.or@	3	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$	\$80	
	Event Description Baseball g	ame	—	5. () 09	23 / 15		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes □ No	If no: Oaklar	nd A's		
		,9, .	162 🗀 140	_	Name of Sou	rce	
	Was ticket distribution made a	No ☐ Yes	If yes: Chan	, Wilma			
	of agency official?			Official's Name (L	ast, First)		
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.						
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	A STATE OF THE STA		rass(es)				
		,					
	•			·			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Frasz, Dana			Ceremonial Role		. Income	
	Trasz, Dana		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility			
					ootential County revent		
	**,			Ceremonial Role		Income 🔲	
					ial Role" or "Other" describe below:		
			2		•		
						•	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy	
	(include address and des	cription)	Pass(es)				
	Manager and the second	4400000					
	· ·						
4.	Verification		***************************************				
		ns 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
			Steven Jo	ones C	Central District Director	10.06.2015	
	oignatura or Agailey Fraad di Davignas	***************************************	Print Nam	96	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name			Date Stamp California 802				
	Alameda County					Form For Official Use Only		
	Division, Department, or Region	n (If Applicable	e)			, 51 5,11016, 500 5111,		
	Board of Supervisors							
	Designated Agency Contact (A	lame, Title)	***************************************					
	Steven Jones				Amendment (Music	provide explanation in Part 3.)		
		E-mail				,		
	(510) 272-6693	steven.jone	s@acgov.org)	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				φὸο (I-I- <i>Μ</i> Φοο II-		
	Does the agency have a ticket		Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	\$80 ticket/\$20 parking		
	Event Description Baseball ga	ıme		Date(s)	, 23 , 15	1 1		
	a voint a de dispersion	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	If no: Oaklar	nd A's	WASHING TO THE PROPERTY OF THE		
				_	Name of Sc	purce		
	Was ticket distribution made at of agency official?	the behest	No ☐ Yes	☑ If yes: <u>Chan</u>	, Wilma Official's Name ((Lact Firet)		
en News	-				Official's Name (Last, riist)		
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.						
			ction B to identify an Individu 	ial. • Use Section C to iden	itify an outside organization.			
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	*		Pass(es)					
	" .				•			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Gonzalez, Courtney	·		Ceremonial Role	Other	. Income		
	Conzaiez, Courtney		4+1p	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facili order to maximize potential County revenue				
				Ceremonial Role	Other	Income		
			4+1p	If checking "Ceremoni	al Role" or "Olher" describe below:			
			Τ Τ' ΙΡ	·				
	A No		Number of					
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy		
			, 200(00)					
	·					The state of the s		
				•				
	Vorification							
٠.	Verification		i 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements		
			Steven Jo		Central District Directo			
		**************************************	Print Nam	A STATE OF THE PARTY OF THE PAR	Title	(Month, Day, Year)		
						,sing Buy, rodly		
	Comment:							

A						
1.	Agency Name				Date Stamp	California 802
	Alameda County				·	Form OOZ
	Division, Department, or Region	n (If Applicable	e)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/\	lame, Title)			,	
	Steven Jones					
	254400000000000000000000000000000000000	E-mail			Amendment (Must)	provide explanation in Part 3.)
	·	steven.jones	a Macaoy or	,	Date of Original Filing:	
•••••••	Function or Event Inform	_	s@acgov.org			(Month, Day, Year)
۷.					(E T 1/D 0'	\$80 ticket/\$20 parking
	Does the agency have a ticket		Yes 🗵 No			\$80 ticket/\$20 parking
	Event Description Baseball ga	ime		Date(s)	23 , 15	-
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	⊠ If no: <u>Oaklar</u>	nd A's Name of So	JUZZA
	Was ticket distribution made at	the beheat	🗖	— Chan		ourc o
	of agency official?	the benest	No ☐ Yes	☑ If yes: Chan	Official's Name ((Last, First)
^						
3.	Recipients • Use Section A to identify the agency'	e danartmant ar		. Alter a control of the control of		
		Number of	ction is to identify an individu	ial. • Use Section C to Iden	itify an outside organization.	
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individual	-1	Number of Ticket(s)/		Identify one of the follow	ring:
	(LBSI, FIISI)		Pass(es)			
	•			Ceremonial Role If checking "Ceremon	Other describe below:	Income
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Olher" describe below:	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant to the agency's policy	
	Alameda County Community 7900 Edgewater Dr, Oakland		2+1p		nce at a(n) event hootential County rever	eld at a County facility in nue
	distributes nutritious food to le county residents	ow income				
1.	Verification					
	18944.1 and 1		l 18942. I have ve	rifled that the distribution set fo	orth above, is in accordance wi	th the requirements.
		No.	Steven Jo	ones C	Central District Directo	or 10.06.2015
		,	Print Nam	e	Tille	(Month, Day, Year)
	Comment:					
	OUTHITICITY					

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1.	Agency Name			Date Stamp	California 802	
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Steven Jones				`	
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	steven.jone	s@acgov.org	, J	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor			(World, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	\$32
			100 [2] 110	h		
	Event Description Baseball g	Provide Title/Exp	lanation	Date(s)	, 22 , 15	
	Ticket(s)/Pass(es) provided by	v adency?	Yes □ No	⊠ If no: Oaklar	nd A's	
	יים איים איים איים איים איים איים איים	y agonoy i	res [] No	M 1110.	Name of Sou	rce
	Was ticket distribution made a	No ☐ Yes	☑ If yes: Chan	, Wilma		
I	of agency official?			Official's Name (La	ast, First)	
3.	Recipients					
	Use Section A to identify the agency	y's department or		ction B to identify an individu	ıal. ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
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	Manufacture of the state of the	NATE OF THE PROPERTY OF THE PR				
				·		
	No.					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Cayanan, Alvin			Ceremonial Role	— · , —	Income _
	Oayanan, Aivin		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facili order to maximize potential County revenue		
				Ceremonial Role		Income
			2		al Role" or "Olher" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	blic purpose made pursuant to the agency's policy	
			Pass(es)			
	*	•				
xon, gaye	٠.	·				
4.	Verification					
		44.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
		Barrier State Control of the Control	Steven Jo		entral District Director	09.01.2015
			Print Nam	e	. Title	(Month, Day, Year)
	Comment:			•		

(Street or other party)						AT abile bocament			
1.	Agency Name			2	Date Stamp	California 802			
	Alameda County					Form 002			
	Division, Department, or Reg	on (If Applicable	9)	00000 15000000 150000 15000 15000 15000 15000 15000 15000 15000 15000 15000 15000 15000 15000 15000 15000 1500		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	g	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Infor	mation			()				
	Does the agency have a ticke	t policy?	Yes 🗵 No	. Face Value o	of Each Ticket/Pass \$	\$32			
	Event Description Baseball g	ame	_	Date(s)09	, 04 , 15				
	Event Description	Provide Title/Expl	anation	Date(s)					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	If no: Oaklar	nd A's	,			
	, , , , ,		103 🖂 110	_	Name of So	urce			
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Chan	, Wilma Official's Name (L				
20/20/2000	of agency official?				Official's Name (L	Last, First)			
3.	•	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
		/'s department or i	ıal. ● Use Section C to ident	ify an outside organization.					
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
	popularity and the second seco		(ass(es)						
				•					
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:			
	- 0			Ceremonial Role	Other	. Income			
	True, Susan		2		ial Role" or "Other" describe below;				
			_	To promote attendance at a(n) event held at a County order to maximize potential County revenue					
				Ceremonial Role	-	P-1			
				1	ial Role" or "Other" describe below:	Income L			
			2						
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/			to the agency's policy			
	(include address and des	cription)	Pass(es)						
		7							
	۸,								
4	Vanisiaasian								
		1.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.			
		5	Steven Jo	ones C	Central District Director	r 10.06.2015			
			Print Nam	96	Title	(Month, Day, Year)			
	Commonts								
	Comment:								

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Region	າ (If Applicable	o)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)	Warman and the same of the sa		•	
	Steven Jones	•				
		-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	teven.jones	@acgov.org]	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation				
	Does the agency have a ticket p	olicy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	\$32
	Event Description Baseball gar	ne		Date(s)	, 06 , 15	, ,
	P	Provide Title/Expl	anation .			
	Ticket(s)/Pass(es) provided by a	agency?	Yes ☐ No	⊠ If no: <u>Oakla</u> r	nd A's Name of Si	
	Was ticket*distribution made at t	ha bahast		Chan		ource
	of agency official?	ne benest	No ☐ Yes	☑ If yes: Chan	Official's Name	(Last, First)
3.	Recipients	Market Street,				
•	• Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy
		•				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Diaz, Nick		2	•	ial Role" or "Other" describe below:	
					ance at a(n) event lootential County reve	neld at a County facility in nue
			2	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income .
	*				•	
	Name of Outside Organiza (Include address and descri	ition ption)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
				Mindiference		
				·		
4.	Verification	1.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.
	•		Steven Jo		Central District Directo	·
	•	***************************************	Print Nam		Title	(Month, Day, Year)
	Comment					

						A Labito Document
1.	Agency Name				Date Stamp	California 202
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	The state of the s	***************************************		
	Anna Gee				,	
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					(Month, Day, Your)
	Does the agency have a ticke		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	90/25
	Event Description Breebal	Provide Title/Expla		Date(s)9		9 , 5 , 15
	Ticket(s)/Pass(es) provided by		Yes□ Nol	M If no: Oak	AND AMPLICA Name of Sour	rice
	Was ticket distribution made a	at the behest	No ☐ Yes	If yes: Miley,	Nate	
	of agency official?		140 [] 165	in yes.	Official's Name (La	est, First)
3.	Recipients					
	• Use Section A to identify the agency	y's department or u	ınlt. • Use Sec	tion B to Identify an Individu	al. • Use Section C to Identif	iy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant t	o the agency's policy
	BOS District 4 Staff		4		employee for his exer	
,						
	B. Name of individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role If checking "Ceremon	Other Delow.	Income
	·			Ceremonial Role If checking "Ceremon	Other Day Other describe below:	Income
	;					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	United Seniors of Oakland & County-7200 Bancroft Ave,		2		motivate and provide e ations in the County su	expanded opportunities ch as the disabled,
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in foste	er care.
4.	V 1 C1 47					
	L	ınd	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	NO.	##Cilinean	Anna G	ee	Operations Chief	10/20/15
			Print Nam	16	Title	(Month, Day, Year)
	Comment: USOAC received	l 9/2 game				

1.	Agency Name Alameda County				Date Stamp	California 802 Form Sofficial Use Only
	Division, Department, or Regi Board of Supervisors Designated Agency Contact ()			
	Anna Gee Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
·····	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
۷.	Function or Event Information Does the agency have a ticket		V00 171 N - 1	Face Value o	f Each Ticket/Pass \$	80/25
	Event Description <u>Basehal</u>	Game Provide Tille/Expla	Yes 🛛 No	Date(s)9		9 , 22 , 15
	Ticket(s)/Pass(es) provided by	•	Yes□ No∣	If no: Oak	rand Athleti	ÀS urce.
	Was ticket distribution made a of agency official?	t the behest	No□ Yes	If yes: Miley,	, Nate Official's Name (L	ast, First)
3.	Recipients • Use Section A to Identify the agency	y's department or u	unit. • Use Sec	ction B to identify an Individu	ıal. ● Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the age ncy's policy
	GSA		20		v employee for his exe rage staff developmen	
,						
	B. Name of Individua	l .	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:
				Ceremonial Role If checking "Ceremon" .	Other Dal Role" or "Other" describe below.	Income
	·			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🗖
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the age ncy's policy
	United Seniors of Oakland & County-7200 Bancroft Ave,		2		motivate and provide ations in the County su	expanded opportunities uch as the disabled,
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in fost	er care.
4.	Verification	' 100 '4.1 and	1 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
~74.	••••	***************************************	Anna G	ee	Operations Chief	10/20/15 (Month, Day, Year)
	Comment: USOAC received	9/22 game	***************************************			EDDC Form 902 (4(42)

4	Agency Name				Dele Stewn	6-1/5
٠.					Date Stamp	California 802
	Alameda County Division, Department, or Regi	ion (If Applicable	1			For Official Use Only
		топ (п аррисарте,	,			
	Board of Supervisors		Dallar and the same of the sam			
	Designated Agency Contact (Name, Title)		1		
	Anna Gee				Amendment (Must pr	avide explanation in Part 2 \
	Area Code/Phone Number	E-mail	And the second second second second			, i
200000000	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				00/05
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ ـــــ	80/25
	Event Description <u>Lase ka</u>	U Game Provide Title/Expla	anation	Date(s)9		9 , 24 , 15
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	⊠ If no: <u>Oak</u>	land Athlet Name of Sou	1/de
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes	If yes: Miley,	, Nate Official's Name (L	ast, First)
3.	Recipients		,			
•	• Use Section A to identify the agency	y's department or u	ınit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the age ncy's policy
				,	-	
	Martin Annual Control of Control				,	
	B. Name of Individua	il .	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremon	Other Dilater of Other describe below:	Income
				. Ceremonial Role	Other	Income 🔲
				. If checking "Ceremon	al Role" or "Other" describe below:	 ·
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the age ncy's policy
	(include address and des	cripuon)	Pass(es)			
	United Seniors of Oakland & County-7200 Bancroft Ave,		4		motivate and provide ations in the County su	expanded opportunities uch as the disabled,
	Oakland 94605 SENIOR ADVOCACY			underprivileged, se	niors and youth in fost	er care.
4.	Verification	1-11 1804A i a-d	18042 have	orified that the distribution and 6	orth shove is in accordance with	h the requirements
-		10944.1 ang	Anna G		orth above, is in accordance with Operations Chief	10/20/15
	www.	Electronic State of the State o	Print Nam	Management between the control of th	Title	(Month. Day, Year)
	-					
	Comment					

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1.	Agency Name				Date Stamp	California O O O
	Alameda County				·	Form OUA
	Division, Department, or Reg	ion (If Applicable)	· ·	•	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Anna Gee		•			
	Area Code/Phone Number	E-mail	······································		Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month. Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	105
	Event Description <u>Baselon</u>	11 Gane Provide Title/Expla	nation	Date(s)9	2715	
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No	If no:	Name of So	urce
	Was ticket distribution made a	at the hehest	N 1 ⁰⁰ 1 - 17 -	If yes: Miley,		uroc
	of agency official?	at the benest	No ☐ Yes	If yes:	Official's Name (L	Last, First)
3.	Recipients					·
	• Use Section A to identify the agenc	y's department or u	~~~~	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	BOS District 4 Staff		4		v employee for their ex age staff development	cemplary service to the
	B. Name of Individual	ìl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Miley, Nate			Ceremonial Role If checking "Ceremon	Other X al Role" or "Other" describe below.	Income 🔲
			2		ance at an event held otential County revenu	
	Tongroup Lindo	terate et accidente de la transporte especial de la companya de la companya de la companya de la companya de l		Ceremonial Role		Income 🔲
	Tangren, Linda		4	ir cheскing *Ceremon concession sales.	ial Role" or "Other" describe below.	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the age ncy's policy
4.	Verification _					
		44.1 and	18942. I have ve	nifled that the distribution set fo	orth above, is in accordance wit	th the requirements.
		**************************************	Anna G		Operations Chief	10/20/15
			Print Narr	ae	Title	(Month. Day, Year)
	Comment:					·

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



Alameda County Recipients		
	unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gaitain, Concha	2	Ceremonial Role Other Income If checking 'Ceremonial Role" or 'Other' describe below: To promote attendance at6 an event held at a County facility in
·		order to maximize potential County revenue from parking and
Sblendorio, Sblend	4	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:
		concession sales.
Dobbins, Christopher	2	Ceremonial Role Other Image Income If checking "Ceremonial Role" or "Other" describe below:
		To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		concession sales.
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable,)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Anna Gee				-	. :
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation	<u></u>			
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$ _	80/25
	Event Description Baseball G	ame		Data(a) 08	31 , 15	09 , 01 , 15
	Event Description	Provide Title/Expla	nation	Date(s)	· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No	図 If no:	Name of So	·
			100 🗀 110			urce [.]
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name (i	act First
chekenen-					Official's (Varie (i	Last, Friely
3.	Recipients • Use Section A to identify the agency	's department or u	unit. ● Use Sec	ction B to identify an individu	ual. ○ Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Board of Supervisor, Distric	t 4	2		y employee for their exage staff development	kemplary service to the
	B. Name of Individua	L	Number of Ticket(s)/		Identify one of the follow	ing:
	Griffin, Justin		Pass(es) 2	To promote attenda	Other And other And other are at an event held potential County rever	
			2	Ceremonial Role If checking "Ceremon concession sales.	Other I lat Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	REACH-16335 E. 14th St, S 94578	an Leandro,	16		ance at an event held potential County rever	
	AFTER SCHOOL PROGRA	M FOR		concession sales		
Nigo Ang	1					
		804/1 and	18942 hours !!	arified that the distribution set f	orth above is in accordance wi	th the requirements
		8944.1 and	18942. I have ve Anna G		orth above, is in accordance wi Operations Chief	th the requirements. 10/5/15

Agency Report of:

	460	· ·										
C	eren	nonia	IR	ole	Events	and	Ticket/	Pass	Dist	ribu	tion	c

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Δ	Puh	ic.	Docu	mant

A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dunlap, Kamika	Date Stamp California 802 Form For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:
Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 E-mail (anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Event Description Warriors Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Recipients Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Pass(es) Dunlap, Kamika	For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filling: (Month, Day, Year) Face Value of Each Ticket/Pass \$ 250 Date(s) 10 / 13 / 15 10 / 15 / 15 If no: Name of Source If yes: Miley, Nate Official's Name (Last, First)
Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number (510) 272-6694 B. Function or Event Information Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No Yes Variors Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes No Yes No Yes Yes No No Yes Yes Yes Yes No Yes	Amendment (Must provide explanation in Part 3.) Date of Original Filling:
Anna Gee Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Description Event Description Warriors Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section Ease (Last, First) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Dunlap, Kamika	Face Value of Each Ticket/Pass \$ 250 Date(s) 10 15 10 15
Anna Gee Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No Gagency official? Recipients Use Section A to Identify the agency's department or unit. Use Section EA. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Name of Individual (Last, First) Dunlap, Kamika	Face Value of Each Ticket/Pass \$ 250 Date(s) 10 , 13 , 15
Anna Gee Area Code/Phone Number (510) 272-6694 2. Function or Event Information Does the agency have a ticket policy? Yes No Description Event Description Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Westicket distribution made at the behest of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section Ease (Lest, First) B. Name of Individual (Lest, First) Number of Ticket(e)/Pass(es) Dunlap, Kamika	Face Value of Each Ticket/Pass \$ 250 Date(s) 10 , 13 , 15
Area Code/Phone Number (510) 272-6694 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Event Description Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section Example A. Name of Agency, Department or Unit A. Name of Individual (Last, First) B. Name of Individual (Last, First) Dunlap, Kamika	Face Value of Each Ticket/Pass \$ 250 Date(s) 10 , 13 , 15
2. Function or Event Information Does the agency have a ticket policy? Yes No Description Event Description Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? 8. Recipients • Use Section A to identify the agency's department or unit. • Use Section Ease (Lost, First) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Dunlap, Kamika	Face Value of Each Ticket/Pass \$
Does the agency have a ticket policy? Event Description Warriors Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Dunlap, Kamika	Face Value of Each Ticket/Pass \$
Does the agency have a ticket policy? Event Description Warriors	If no: Name of Source If yes: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
Event Description Warriors	Date(s) 10 , 13 , 15 10 , 15 , 15 If no: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Dunlap, Kamika	If no: Name of Source If yes: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Dunlap, Kamika	If yes: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section E Number of Ticket(s)/ Pass(es) B. Name of Individual (Lest, First) Dunlap, Kamika	If yes: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section E A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	If yes: Miley, Nate Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
of agency official? B. Recipients • Use Section A to identify the agency's department or unit. • Use Section E A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Official's Name (Last, First) B to identify an individual. • Use Section C to identify an outside organization.
B. Name of Individual (Last, First) Dunlap, Kamika A Recipients Ouse Section A to identify the agency's department or unit. Ouse Section B Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es)	
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dunlap, Kamika	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Dunlap, Kamika 4 To	
B. Name of Individual (Last, First) Dunlap, Kamika	
Dunlap, Kamika Name of Individual (Last, First) Ticket(s)/ Pass(es) To	
Dunlap, Kamika 4 To	Identify one of the following:
	Ceremonial Role Other I Income I Income promote attendance at an event held at a County facility in
	der to maximize potential County revenue from parking and
СО	Ceremonial Role Other I Income I Income I Checking "Ceremonial Role" or "Other" describe below: Oncession sales
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
마다가 있다면 있는 것은 마다가 있는 것이 없는 사람들은 사람들은 사람들이 있다면 하면 되었다. 그런 사람들이 가는 사람들이 없는 사람들이 없는 사람들이 되었다. 그리고 있다면 보다는 그래요? 그리고 사람들이 다른 사람들이 되었다.	o reward a nonprofit organization for its contributions to the ommunity
1. Verification	
Anna Gee	that the distribution set forth above is in accordance with the remissionants
Signature of Agency Head or Designee Print Name	that the distribution set forth above, is in accordance with the requirements. Operations Chief 10/1/15

95549000								
1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form 902		
	Division, Department, or Region (If Applicable)					For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Anna Gee							
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	acaov.ora		Date of Original Filing:	(Month, Day, Year)		
)	Function or Event Infor					(Wonth, Day, Year)		
3.	Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$							
	- •	c policy :	TES EM INO	(cressed)				
	Event Description Raiders	Provide Title/Expl	anation	Date(s)	13 15	9 , 20 , 15		
	Trovide Titles/Explaitation							
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Name of Source							
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If yes: Miley	, Nate			
	of agency official?		NO LI 165	in yes.	Official's Name	(Last, First)		
5	Recipients							
9.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of					
	A, Name of Agency, Departing	m of Gim	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individue	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
	Chew, Chonita			Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income		
	5,15th, 5,15th, 6		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and				
	CLOSE SERVICES AND			Ceremonial Role	Other 🔀	Income		
	Arrospide, Angelica		2		ial Role" or "Other" describe below:			
				concession sales				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	it to the agency's policy		
	(include address and des	сприон	Pass(es)					
1.	Verification							
**		18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.		
			Anna G	ee	Operations Chief	10/1/15		
	Signature of Agency Head or Designee	**************************************	Print Nam	**************************************	Title	(Month, Day, Year)		
	Ok	140 tiv - 1 imt=:		arking noos				
	Comment: Chew received 9	i i o ux. Lintor	rreceivea pa	arking pass.				

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



Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
Number of Ticket(s)/ Pass(es)	Identify one of the following:					
2	Ceremonial Role Other Months Income Community of the Comm					
	Ceremonial Role Other Income Income Income Concession sales.					
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California 802		
Alameda County	constitution of the consti					
Division, Department, or Region (If Applica		For Official Use Only				
Poord of Supervisors						
Board of Supervisors Designated Agency Contact (Name, Title)						
Anna Gee Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	@acgov.org		Date of Original Filing: _			
2. Function or Event Information	(Gaogov.org			(Month, Day, Year)		
Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	109/148		
			, 12 , 15			
Event Description Provide Title/I	Event Description Latino Festival/Ricky Martin Provide Title/Explanation Date(s)					
Ticket(s)/Pass(es) provided by agency?	Volen State (Jarrians				
ricket(s)/r ass(es) provided by agency !		rce				
Was ticket distribution made at the behes	t No 🗌 Yes	If yes: Miley	, Nate			
of agency official?			Official's Name (L	ast, First)		
3. Recipients	an and the course of the second course of	- 1				
Use Section A to identify the agency's department	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of					
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:		
(Last, First)	Pass(es)		TO SECURITY OF THE PROPERTY OF			
Ramirez, Coco			Other Initial Role" or "Other" describe below:	Income		
110111102, 0000	4	To promote attendance at an event held at a County facility in				
				ue from parking and con		
		Ceremonial Role	Other 🛛	Income		
Walker, Christina	4	The second state of the second	nial Role" or "Other" describe below:			
	120	cession sales.				
	Number of					
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
And the second of the second o	1 1100(00)					
Verification						
l. Verification	and 18942. I have ve	erified that the distribution set i	forth above, is in accordance with	h the requirements.		
	Anna G		Operations Chief	10/1/15		
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)		
				Will N 1077 277		
Comment: Ramirez received 9/12 tix.				EDDO E 000 (4/40		

1144		was not a	and the second s	
Δ	Puhl	ic	Docun	າດກາ
5	1 64671	11.0		163111

					A Public Document		
1. Agency Name		Date Stamp	California 802				
Alameda County		~	7.050106				
Division, Department,	or Region (If Applicable			For Official Use Only			
Board of Supervisors							
Designated Agency C							
Anna Gee							
Area Code/Phone Num	nber E-mail			Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event		0			(Monar, Day, Year)		
Does the agency have		☐ Face Value o	f Each Ticket/Pass \$ _	160/96.80			
11.00.000 (10.000 (1.000000 (1.000000 (1.0000000 (1.0000000000		Yes 🛛 No		, 26 , 15			
Event Description Arij	Provide Title/Expl	anation	Date(s)	<u> </u>	10 / 2 / 10		
Ticket(s)/Pass(es) pro		rriors					
ricket(s)/r-ass(es) pro	vided by agency:	Name of So	purce				
Was ticket distribution	made at the behest	, Nate					
of agency official?		10000000000000000000000000000000000000	0.1.7.1 4 1.1 ** 0.50 ** 0.00 ** 1	Official's Name (Last, First)		
3. Recipients	Recipients						
 Use Section A to identify t 	he agency's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, I	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy				
BOS District 4 Staff		2	To reward a County employee for his exemplary service to the public				
	B. Name of Individual			Identify one of the follow	ring:		
Galeena, Ganga	Galeena, Ganga		Ceremonial Role If checking "Ceremon	Other 🗵	Income 🔲		
			To promote attenda	ance at an event held	at a County facility in nue from parking and con		
	i.			Other is in a control of the control	Income 🔲		
	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuan	t to the agency's policy		
			у				
1. Verification	18044 1 and	1 18942 have v	erified that the distribution set f	orth above, is in accordance w	ith the requirements		
	10544. Fanc				10/1/15		
Signature of Agency Head	or Designee	Anna G		Operations Chief	(Month, Day, Year)		
	507(151.075)764000 440 - 1004076441440460 *0	Ministri	1 44	ž	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Comment: Galeena	received 9/26 tix						

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



	ency Name Nameda County						
)	Ecipients Use Section A to identify the agency's department or unit. ● Use Section B to identify an individual. ● Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Pete, Geoffrey	2	Ceremonial Role Other 🛛 Orther 🗹 Income [If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and county from the following from the followin				
			Ceremonial Role Other Income Income Income Income Company Ceremonial Role" or "Other" describe below: Cession sales.				
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
•			Ceremonial Role Other Income				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				

. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago			Amondment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	2200000			
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing	: (Month, Day, Year)
. Function or Event Information				96.80
Does the agency have a ticket policy?	Yes 🗌 No	in the second	f Each Ticket/Pass \$.	
Event Description R. Kelley and Ginuwine		Date(s)	02 , 15	
Provide Title/Exp.	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of S	Source
Was ticket distribution made at the behest	No ☐ Yes	⊠ If yes: Carso	on, Keith	
of agency official?	NOL Test	△ II yes	Official's Name	(Last, First)
. Recipients				
 Use Section A to identify the agency's department or 	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursual	nt to the agency's policy
		,		March 1997 1997 1997 1997 1997 1997 1997 199
			•	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
Drown Aigha		Ceremonial Role		Income
Brown, Aisha	4	If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary se		
			courage staff develop	
Remaind Code (Code) (Co		Ceremonial Role		Income
	Z.	If checking "Ceremor	nial Role" or "Other" describe below	r.
			4	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
	1 433(63)			
		23412M3154035000000000000000000000000000000000		
			•	
. Verification				•
	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance t	with the requirements.
	Amy Shr	ago	Supervisor's Assista	nt 10/30/15
Surfactured of Medical Designee	Print Nam		Title	(Month, Day, Year)
′ /				
Comment:				

1. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If Applicable)	NC4004-PC-110110			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago			Amondment (Must	provide explanation in Part 3.)	
Area Code/Phone Number E-mail	uzuluzukon kirikikut koki kiriki koki koki koki koki kiriki kiriki kiriki kiriki kiriki kiriki kiriki kiriki k				
(510) 272-6695 amy.shrago@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				124.75	
	Yes□ No[and a	f Each Ticket/Pass \$ _	LZ 44.7 J	
Event Description Gabriel Iglesias		Date(s)10	2315	компания из принципания в портина в принципания в принципа	
Provide Title/Expla	nation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of So		
Was ticket distribution made at the behest	No ☐ Yes [If yes: Carso	on, Keith		
of agency official?	140 [] 162 [△ II yes.	Official's Name	(Last, First)	
3. Recipients					
•	◆ Use Section A to identify the agency's department or unit. ◆ Use Section B to identify an individual				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	nt to the agency's policy	
				The state of the s	
	Number of			restormers are formers refunds server of time brown firebody and abd Marie (all factorists and an electric should be de-	
Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role		Income 🗌	
Valentine, Alexander	4		ial Role" or "Other" describe below:		
	:		y employee for his or ourage staff developr	her exemplary service to ment.	
		Ceremonial Role	Other 🗌	Income 🔲	
		If checking "Ceremon	ial Role" or "Other" describe below:		
Name of Outside Organization	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	nt to the agency's policy	
ł. Verification ∕₁					
: 18944.1 and			orth above, is in accordance w	·	
	Amy Shra	R-MARKET N	Supervisor's Assistar	TOTAL PROPERTY AND	
Signature of Agency Head or Designee	Print Nam	9	Title	(Month, Day, Year)	
/ Comment:			-		

CONTRACT OF THE PARTY OF THE PA						
	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Regi	on (If Applicable			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	3005			
	Amy Shrago			,	Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	2000			
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation				35.00
	Does the agency have a ticker	t policy?	Yes 🗌 No 🏻	00000	of Each Ticket/Pass \$	
	Event Description Disney on	Ice: Dare to I	Dream	Date(s)	0 08 15	
				Goldei	n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes No	II IIO.	Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes [☑ If yes: Carso	on, Keith	
	of agency official?			, · ·	Official's Name ((Last, First)
	Recipients					
	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	**************************************			00-00-00-00-00-00-00-00-00-00-00-00-00-		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)		Amped Laural	
	Perez, Illiana			Ceremonial Role If checking "Ceremon	Other X nial Role" or "Other" describe below:	Income
	· · · · · · · · · · · · · · · · · · ·		4	To promote attenda		lity in order to maximize
					Other	Income \(\pi\)
					nial Role" or "Other" describe below:	
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	nt to the agency's policy
	100	444.511004565000				
	\$1000 per 100					
١.	Verification	· 18044 1 ar	nd 18942 I have ve	orified that the distribution set	forth above, is in accordance w	with the requirements
	1	ा <i>एउन्</i> म. । di	Amy Shr		Supervisor's Assistar	
	Signature of Agency Head or Designee)	Print Nam		Title	(Month, Day, Year)
	Comment:					

1. Agency Name				Date Stamp	California 202
Alameda County			Form OUZ		
Division, Department, or R	egion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)	and the second s			
Amy Shrago		C Amandmant (16)	- Ded 2)		
Area Code/Phone Number	Area Code/Phone Number E-mail			. C 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 Inf	ormation				35.00
	Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of				
Event Description Disney	Event Description Disney on Ice: Dare to Dream Provide Title/Explanation Date(s)				NEWSCOOLS OF THE PROPERTY OF T
Ticket(s)/Pass(es) provided	d by agency?	Yes 🗌 No	⊠ If no: Golder	n State Warriors Name of S	ource
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes:			on, Keith	
of agency official?				Official's Name	(Last, First)
3. Recipients				at the Oaster Ote He	
	e Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.				
🗛 . Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	dic purpose made pursuar	nt to the agency's policy
MAGESCAN COLOR DE LA PROPERTICION DE LA PROPERTICIO					
B. Name of Indiv	B. Name of Individual			Identify one of the follow	wing:
Shrago, Amy	Shrago, Amy		Ceremonial Role If checking "Ceremon	Other X	Income
				y employee for his or courage staff develop	her exemplary service to ment
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income
Name of Outside Or (include address and	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
4. Verificaţion					
T.	; 18944.1 and			forth above, is in accordance v	,
04741V	References and a second an	Amy Shr		Supervisor's Assistar	
Signature of Agency Head or Desi	gnee	Print Nam	ee	Title	(Month, Day, Year)
Comment:					

56EXXX	A 81						
1.	Agency Name				Date Stamp	California 802	
	Alameda County		20000000000	Assa in an emalant same an emana		For Official Use Only	
	Division, Department, or Regi	ion (If Applicable					
	Board of Supervisors			•			
	Designated Agency Contact (Name, Title)		ominostustomisti temposti sytemitosys. Dono ominis menos noosianė dalyvės modelid			
	Amy Shrago						
	Area Code/Phone Number	E-mail			ĺ	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month Day Vear)	
2.	Function or Event Inform	mation				(Month, Day, Todi)	
	Does the agency have a ticke		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	35.00	
	Event Description Disney on	Ice: Dare to I) , 10 , 15	communicación de consistencia	
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes ☐ No	If no: Golder	n State Warriors		
	rionot(o)/r abb(ob) provided b	, agono,	IES [] INO		Name of So	urce	
	Was ticket distribution made a	it the behest	No ☐ Yes	⊠ If yes: Carso	on, Keith		
(M/2010)\s	of agency official?				Official's Name (I	_ast, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. ● Use Sec	tion B to identify an individu	ual. ● Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
			rass(es)			was exact of the content of the co	
	B. Name of Individua	3	Number of		1-1		
	(Last, First)	NAMES OF THE OWNER, WHICH THE PARTY OF THE OWNER, WHITE T	Ticket(s)/ Pass(es)		Identify one of the follow	.ng:	
	Haulina Lim			Ceremonial Role		Income	
	Hopkins, Liz		4	_	iial Role" or "Other" describe below: ance at an event held	ot a County facility in	
					potential County rever		
				***************************************	Other	Income [
					ial Role" or "Other" describe below:	III S III III III III III III III III I	
	Exception (Control of Control of					WANNESS CONTROL OF THE STATE OF	
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
	(include address and des	oription)	Pass(es)		the state of the s		
		Martin Company of the					
(MAPAGE /A						CARPONE TOWN OF FAMILY AND SHOULD	
1.	Verificațion						
	1	18944.1 an			orth above, is in accordance wil	h the requirements.	
	* 0/1/1 % : x -	***************************************	Amy Shr	Residence of the second	Supervisor's Assistant		
	Signatule of Agency Head of Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	Alameda County				·	Form OUZ	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago				Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
CO. NO. OF CO.	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	:(Month, Day, Year)	
	Function or Event Infor		35.00				
					of Each Ticket/Pass \$.	2000 Million (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971)	
	Event Description Disney on	Ice: Dare to I		enconcernation of the contract			
	Ticket(s)/Pass(es) provided b	Yes ☐ No	図 If no: <u>Golde</u>	n State Warriors Name of S	Source		
	Was ticket distribution made a	No ☐ Yes	☑ If yes: Carso	on, Keith			
	of agency official?		140 LT 163	□ II yes.	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit.						
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follo	wing:	
	Willow, Pam		Pass(es)	Ceremonial Role	Other inial Role" or "Other" describe below	Income	
	·		4		ry employee for his o courage staff develop	r her exemplary service to oment	
				1	Other Inial Role" or "Other" describe below	Income v:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nnt to the agency's policy	
			and the late of th				
4.	Verification / /	18944.1 ar	nd 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.	
			Amy Shr	rago	Supervisor's Assista	ant 10/30/15	
	Signafule of Agency Head or Pesigne Comment:	е	Print Nan	Market Committee	Title	(Month, Day, Year)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Alameda County		Date Stamp California Form 802				
	Division, Department, or Regi	on (If Applicable	e)	mm— namida bassances a socio pode i minorio de la reconstrucció de la construcció de		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
144000000000000000000000000000000000000	(510) 272-6695		@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform					109.05	
	Does the agency have a ticket	-	econist	of Each Ticket/Pass \$.			
	Event Description The ONE I	Kapamilya G Provide Title/Exp	25 15	**************************************			
		Trovide merexp	n State Warriors				
	Ticket(s)/Pass(es) provided by	y agency?	If no: Golden	Name of S	Source		
	Was ticket distribution made a of agency official?	t the behest	No□ Yes	⊠ If yes: <u>Carso</u>	on, Keith Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of						
	A. Name of Agency, Departme	Ticket(s)/ Pass(es) Describe the pul		blic purpose made pursuant to the agency's policy			
	Name of Individual	Number of					
	Name of Individua (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
	Reyes, Liz		1	Ceremonial Role If checking "Ceremon	Other Anial Role" or "Other" describe below	Income	
		4	To promote attendance at a event held at a County facility in order to maximize potential County revenue from parking				
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below	Income 🔲	
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	oublic purpose made pursuant to the agency's policy		
					,		
			***************************************			A 10	
4.	Verification						
	1	s 18944.1 ai			et forth above, is in accordance with the requirements.		
	Signature of Agency Held or Designer	may selections and control	Amy Shr		Supervisor's Assista	10/30/15 (Month, Day, Year)	
	Comment:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				,	

Stantile-		(months on the contract of the							
1.	Agency Name				Date Stamp	California 802			
	Alameda County					Form OUZ			
	Division, Department, or Regi	on (If Applicable	<i>;)</i>	a y consideration and a consideration and a consideration of the constant of t		For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Amy Shrago								
	Area Code/Phone Number	_			Amendment (Must provide explanation in Part 3.)				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Infor					(Months, Buy, Tear)			
	Does the agency have a ticket		Yes ☐ No		f Each Ticket/Pass \$	89.50			
	- ·		100	Notice to the second se					
	Event Description Hot Winter	Provide Title/Expl	anation	Date(s)	entransment European Company (Company Company				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes□ NoI	If no. Golder	n State Warriors				
	Tronoccon abb(bb) provided by	, agono,	IES 🗀 MOI	·	Name of Sou	Irce			
		Nas ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso			on, Keith				
29000000	of agency official?				Official's Name (L	.ast, First)			
3.	Recipients								
	Use Section A to identify the agency	/'s department or	unit. ● Use Sec	tion B to identify an individu	ıal. Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's police					
		1 433(63)	MANAGE OF THE STREET,	инатого-голимперия объемента и постоя в					
	B. Name of Individua	n i	Number of Ticket(s)/	addition of the State of Contract where the designation is an open contract to the contract of the the tenth of the contract o	na'				
	(Last, First)		Pass(es)	Identify one of the following:					
	Brown, Aisha				Other All Distriction of the Country	Income			
	Diown, Alsha		4		ner exemplary service to				
					ourage staff developm				
				Ceremonial Role	Other	Income			
				If checking "Ceremoni	ial Role" or "Other" describe below:				
			Number of						
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
		, 200,007							
	Control of the Contro					22 Matter process - Contact Published Contact Conta			
3 3	Vorification								
٠.	Verification	18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.			
			Amy Shr		Supervisor's Assistant	•			
	Signature of Agency Head of Designee	Ellisop have also managed as	Print Nam		Title	(Month, Day, Year)			
	Comment:								

Δ	D.	ık	١I	ic	Do	'n	 m	Δ	n	é

. Agency Name			Date Stamp	California Q 0 2			
Alameda County				Form OUZ			
Division, Department, or Region (#f Ap	plicable)			For Official Use Only			
Board of Supervisors							
Designated Agency Contact (Name, Titi							
Amy Shrago			lancal de la constant				
Area Code/Phone Number E-mail		The state of the s	Amendment (Must provide explanation in Part 3.)				
(510) 272-6695 amy.sl	hrago@acgov.org		Date of Original Filings	:(Month, Day, Year)			
. Function or Event Information				139.50			
Does the agency have a ticket policy?	Yes□ No	Anna	of Each Ticket/Pass \$ _				
Event Description Wild 94.9 Jingle B	all Fitte/Explanation	Date(s)	2 03 15	accommendated emotionation remotional confidences and accommendation and			
		Goldei	n State Warriors				
Ticket(s)/Pass(es) provided by agency	y? Yes□ No	If no:	Name of S	ource			
Was ticket distribution made at the be	hest No ☐ Yes	If yes: Carso	on, Keith	un had a construction and a construction of the construction of th			
of agency official?		•	Official's Name	(Last, First)			
. Recipients		_					
Use Section A to identify the agency's departr	ment or unit. ○ Use Sec Number of	I					
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy				
- Control of the Cont							
n							
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	ldentify one of the following:					
Mejia, Jason		Ceremonial Role If checking "Ceremon	Other	Income			
	4		ndance at a County facility in order to maximize revenue from parking and concession sales				
		Ceremonial Role		Income 🗌			
		If checking "Ceremon	ial Role" or "Other" describe below	:			
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy			

. Verification ,	944.1 and 18942. I have ve	erified that the distribution set I	forth above, is in accordance v	with the requirements			
100	Amy Shr		Supervisor's Assista	•			
Signalure of Agency Head of Designee	Print Narr	ne	Title	(Month, Day, Year)			
Comment:							

4 A	Second Name				Data Stamp	California O O O	
	Agency Name				Date Stamp	Form 802	
	Nameda County ivision, Department, or Regi	on (If Annlinah)	a)			For Official Use Only	
D	ivision, Department, or Regi	он (п Аррисавк	₹)				
	Board of Supervisors						
D	esignated Agency Contact (Name,Title)					
Д	Amy Shrago				Amendment (Must provide explanation in Part 3.)		
Ā	rea Code/Phone Number	E-mail	2/////				
(!	510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	: (Month, Day, Year)	
2. F	unction or Event Inform	nation					
D	oes the agency have a ticke	t policy?	▼ Face Value o	of Each Ticket/Pass \$.	114.30		
F	vent Description Not So Sile	ent Night	Date(s) 12	2 , 11 , 15			
_	Venicing them and the second s	Provide Title/Exp	lanation			Company Control (Control Control Contr	
Т	icket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛭	Ⅺ If no: <u>Golde</u> i	n State Warriors		
					Name of S	Source	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: of agency official?				on, Keith Official's Name	(Last First)	
newsignosije.	or agonoy onloan.						
	Recipients Use Section A to identify the agency	da danamenant ar	unit a Hao Coo	tion D to identify an individu	ual a lien Sontion C to ide	antifu an outside organization	
6000		<u></u>	Number of			s Maria Carlo Maria Carlo Santa Carlo S	
F	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	nt to the agency's policy		
kenson	A CONTRACTOR OF THE CONTRACTOR	***************************************	` ′	<u> </u>			
***************************************		· · · · · · · · · · · · · · · · · · ·	THE RESERVE THE PROPERTY OF TH			•	
						0	
	Name of Individua	Number of Ticket(s)/		Identify one of the following:			
-	(Last, First)	Pass(es)		identity one of the folio	a		
_	Ninnan Cama			Ceremonial Role		Income	
٥	Simpson, Sam	4	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order to maximize				
					and concession sales		
			Cardon Ca		Other	Income 🔲	
				nial Role" or "Other" describe below			
			·				
C	Name of Outside Organ		Number of Ticket(s)/ Describe the pu		public purpose made pursuant to the agency's policy		
turos.	(include address and des	cription)	Pass(es)				
4. ∖	/erification						
1	A	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance	with the requirements.		
			Amy Shra	ago	Supervisor's Assista	nt 12/18/15	
****	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
_	, ,						
C	Comment:			***************************************			

Simple of the same							
. A	gency Name		Date Stamp	California 802			
Αl	ameda County					Form 902	
Di	vision, Department, or Regio	on (If Applicable)				For Official Use Only	
В	pard of Supervisors						
	signated Agency Contact (/	Name, Title)					
Δι	my Shrago						
		E-mail			Amendment (Must	provide explanation in Part 3.)	
		amy.shrago@	no.vora		Date of Original Filing:(Month, Day, Year)		
- FATTON SEASON	unction or Event Inforn		54-3-11-13			(Monin, Day, Year)	
	es the agency have a ticket		f Each Ticket/Pass \$ ـ	75.00			
		policy.	Yes 🗌 No [income.		/ /	
Εv	ent Description Muse	Provide Title/Expla	ınation	Date(s)	15 , 15		
Tr:				Golder	n State Warriors		
110	cket(s)/Pass(es) provided by	agency?	Yes No[X 11 110°, (2007) 2007	Name of Source		
Wa	as ticket distribution made at	t the behest	No ☐ Yes I	If yes: Carso	on, Keith		
0	f agency official?				Official's Name	(Last, First)	
. R	ecipients						
θĹ	Ise Section A to identify the agency	's department or u	ıal. → Use Section C to ide	ntify an outside organization.			
A	. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
			Pass(es)				
an-ontocon.		and the second state of the second se					
-			Number of			,	
B	Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	OCCUPANT PAPER GOVERNMENT AND REAL PROPERTY AND THE PAPER		1 400(00)	Ceremonial Role	Other 🗵	Income 🔲	
		•			ial Role" or "Other" describe below.		
Management						HC of the Control of	
				Ceremonial Role	Other ial Role" or "Other" describe below	Income	
				ii diledkilig Gerellidi.	ial Note of Other describe below.		
C	Name of Outside Organi	ization	Number of				
•	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy	
P.	eter Pan Coon Nursery Sci	hool 4618		To reward a school	d a school or nonprofit organization for its contributions		
Peter Pan Coop Nursery School 4618 Allendale Ave., Oakland CA 94619 Non-r			4	to the community	or nonpront organize	anon for no contributions	
E 000069000	000000000000000000000000000000000000000				activos se una cura con constituido de contrato de contrato de contrato de contrato de contrato de contrato de		
\/	erification						
. V	a meauon,	18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance v	vith the requirements.	
			Amy Shra	ado	Supervisor's Assistar	nt 12/18/15	
•	Signature of Agency Head or Designee		Print Nam	**************************************	Title	(Month, Day, Year)	
	'/						
C	omment:						

. Agency Name		Date Stamp	California 802			
Alameda County			Form OOZ			
Division, Department, or Region (If Applicable)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Nam	e, Title)					
Amy Shrago						
Area Code/Phone Number E-n	nail	Amendment (Must pi	rovide explanation in Part 3.)			
	ıy.shrago@acgov.or	α	Date of Original Filing: .	(Marsh Day Vors)		
. Function or Event Informat		5		(Ivionth, Day, Year)		
Does the agency have a ticket pol		o ⊠ Face Value o	of Each Ticket/Pass \$	250.00		
,		<u> </u>				
Event Description Warriors vs. N	vide Title/Explanation	Date(s)	CONTRACTOR OF THE PROPERTY OF			
	·	Golder	n State Warriors			
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗍 No	O N	Name of So	urce		
Was ticket distribution made at the	e behest No 🗌 Ye	s 🗵 If yes: Carso	on, Keith			
of agency official?	Executed	- Emacul	Official's Name (L	Last, First)		
. Recipients			tion de servición de la conferencia de			
 Use Section A to identify the agency's de 	partment or unit. • Use S	ection B to identify an individu	ual. • Use Section C to ident	tify an outside organization.		
A. Name of Agency, Department or	Unit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy			
	r ass(es)					
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
Carter Chemeri			Other 🗵	Income		
Carter, Shomari	3	If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to				
		the public or to end				
MI COLOR			Other 🗵	Income 🔲		
Mariam, Abigail			nial Role" or "Other" describe below:			
	3		To reward a County employee for his or her exemplary service t			
		the public or to end	courage staff developm	nent		
Name of Outside Organization	I LICKETIEN		be the public purpose made pursuant to the agency's policy			
(include address and descript	Pass(es)			SWANNIERROOM COMPANIES SANCTONICA STOCK CONTROL CONTRO		
	1					
. Verification,	19044 1 002 19040 15	varified that the distribution of	forth above in in account.	th the requirement		
ı		verified that the distribution set I		·		
Simple of Accounting	Amy St		Supervisor's Assistant			
Signalure of Agency Head or Designee	Print N	anie	Title	(Month, Day, Year)		
Comment:						

					<u>see a</u>			
. Agency Name	Agency Name				California 802			
Alameda County					Form For Official Use Only			
Division, Department, or	Region (If Applicable	·)			To of official osc offiny			
Board of Supervisors								
Designated Agency Cont	act (Name, Title)		10000000000000000000000000000000000000					
Amy Shrago								
Area Code/Phone Number	er E-mail				provide explanation in Part 3.)			
(510) 272-6695	amy.shrago	Date of Original Filing:(Month, Day, Year)						
. Function or Event Ir	formation							
Does the agency have a	ticket policy?	Yes□ No[of Each Ticket/Pass \$ _				
Event Description Warrio	ors vs. Rockets		Date(s) 10) , 15 , 15	management of the second contract of the seco			
L vent Description	Provide Title/Expl		RESIDENCE CONTROL OF THE PROPERTY OF THE PROPE					
Ticket(s)/Pass(es) provid	ed by agency?	Yes□ No[図 If no: <u>Golde</u>	n State Warriors				
	1. 1.16 . 1 . 1 4	comora	- Care	Name of Source				
Was ticket distribution ma of agency official?	ade at the benest	No 🗌 Yes [If yes: Carso	Official's Name	(Last, First)			
-								
 Recipients Use Section A to identify the a 	ngency's department or	unit.	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.			
A. Name of Agency, Dep		Number of Ticket(s)/	ber of December the number of purpose made nursuant to the agreeoute to					
240000000000000000000000000000000000000		Pass(es)						
NOTIFICATION AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT					***************************************			
Excellent Control of the Parameters of the Param		Number of						
B. Name of Ind		Ticket(s)/ Pass(es)	Identify one of the following:					
			Ceremonial Role	Other 🔀	Income			
Mitchell, Vincent		4	If checking "Ceremonial Role" or "Other" describe below:					
				romote attendance at a County facility in order to ntial County revenue from parking and concession				
				Other 🗵	Income			
				nial Role" or "Other" describe below.				
C. Name of Outside (include address ar		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
(illerade address at	Pass(es)							
No. of the Control of					2000			
4. Verification	: 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.			
•		Amy Shr		Supervisor's Assistar				
Signature of Agency Head or	esignee	Print Nam		Title	(Month, Day, Year)			
// /								
Comment:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30000000000000000000000000000000000000			A CONTRACTOR OF THE PROPERTY O			