1.	Agency Name			A CONTRACTOR OF THE PERSON OF	Date Stamp	California OAA
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Lee Ann Fergerson, Superv	isor's Assista	nt			
	Area Code/Phone Number	E-mail			Amendment (Must provide	e explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing:	Month, Day, Year)
2.	Function or Event Infor	mation			1-	704 571
	Does the agency have a ticke	t policy?	Yes ☐ No	☐ Face Value of	of Each Ticket/Pass \$	391,50
	Event Description Wild	Provide Title/Expl	ngle Bal	Date(s)	2,3,15	
	Ticket(s)/Pass(es) provided by	y agency?	Ye No	FT. 4	SW Name of Source	
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes:	meda County Supervisor Official's Name (Last, I	
3.	Recipients					
٠.	Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identify a	n outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to th	ne agency's policy
	,		1			
			- T			ALCONOMIC CONTRACTOR
	B. Name of Individual (Last. First) Julie Walson		Number of Ticket(s)/ Pass(es)	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.		
			4			
				Ceremonial Role If checking "Ceremon	Other ial 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 th	ne agency's policy
					×	
1	Variety Alice					and the second s
4.	Verification	18944.1 and	i 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with the	requirements.
			Lee Ann Fe		Supervisor's Assistant	12-1-15
	Signature of Agency Head of Designee	-	Print Nan		Title	(Month, Day, Year)
	Comment:			(la)		5000 F - 000 (4/40)

1.	Agency Name		,		Date Stamp	California 802
	Alameda County				70	Form 002
	Division, Department, or Regio	n (If Applicable))	:		For Official Use Only
	Board of Supervisors					8
	Designated Agency Contact (Na	ame, Title)				
	Lee Ann Fergerson, Supervis	or's Assistan	it			
		-mail	-		Amendment (Must p	rovide explanation in Part 3.)
	Section Control Contro	eeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					II (nional, bey, rear)
	Does the agency have a ticket p		Yes□ No	Face Value o	f Each Ticket/Pass \$ _	450.00
	LILLER	10RS		11	. 14.15	
	Event Description VV ACCE	Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by a	agency?	Yes□ No	□ If no:	5W	4
		-34)	162 🔲 140		Name of So	
	Was ticket distribution made at	the behest	No ☐ Yes	☐ If yes:Alame	eda County Supervisor So Official's Name (I	
	of agency official?				Official's Name (I	.ast, First)
3.	Recipients			-1 B 4- 1415, 141-1-1-	al . Has Cantlan Ota Idan	
	Use Section A to identify the agency's	STATE YEAR OF	Number of	BEING ANNUALS AND	AND LONG FOR SURE PARTY	AND TO SELECT AND
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	7 - 11 - 12 - 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	TINE TO BE TO SERVE	J. 17. EHE(H-10-1.	V91 (A	188 1864 5 1883 885 1 5 1864

	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ngi
	(Last, First)		Pass(es)			
		ži		Ceremonial Role	Other al Role" or "Other" describe below:	Income
	26			ii checking Geremonia	al Role of Other describe below.	
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
		ě			± 188	
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
			Pass(es)	To Reward a school o	r nonprofit organization	for
	Teamsters Local	or su	4	Its contributions to th		101
	5an Bruno, CA GU			-		Non-control of the Control of the Co
	San prino, 44 90	1064				
_	V 60 "					
4.	Verification	8944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
					Supervisor's Assistant	11-
	Signature of Agency Healt or Designee		_ee Ann Fer		Title	(Mofith, Day, Year)
		S # 7 200	,	1 . 1 - 1 - 0	-L C-0- T	A 50 000
	Comment: To help the	e Victim	5057	he Lake Cou	vnytures - t	EPPC Form 802 (4/12)
	Solidarit	1 runa	rattle	/	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)

- VIII			THE RESERVE AND ADDRESS OF THE PARTY OF THE			THE RESERVE OF THE PERSON OF T
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Region	(If Applicable)				For Official Ose Only
	Board of Supervisors					
	Designated Agency Contact (Nar	me, Title)]	
	Lee Ann Fergerson, Superviso	r's Assistant			Mamendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-	mail				
	(510) 272-6691 le	eann.fergers	son@acgov	org.	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informa	ation	E-MILESON W. C. C. C.			7500
	Does the agency have a ticket po	olicy? Y	es♥ No[☐ Face Value o	of Each Ticket/Pass \$.	750.00
	Event Description Basket	rovide Title/Explan	kings	Date(s)	-,28,15	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:					Name of S	Cource
	Was ticket distribution made at the	ha hahast	N - 🖂 V [Alam	eda County Supervi	sor Scott Haggerty, D 1
	of agency official?	ne penest	No ☐ Yes [If yes:	Official's Name	(Last, First)
3.	Recipients				WAS A DESCRIPTION OF THE PROPERTY OF THE PROPE	
	Use Section A to identify the agency's	department or un	THE RESERVE OF THE PARTY OF THE	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	olic purpose made pursual	nt to the agency's policy
			Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Mut byland mare L	illard	4,	To promote attendance at a county sponsored event in to maximize potential county revenue for concession are parking sales.		
	-			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income 🗌
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
					×	
4.	Verification					
		944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance	11/21/1/
		L	ee Ann Fer	rgerson	Supervisor's Assista	
	Signature of Agency Head or Designee	1 (1	Print Nam	400	Title	(Month, Day, Year)
	Comment:	lett or	M EVE	ent descrip	tion on Pr	evious

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form For Official Use Only Alameda County Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Lee Ann Fergerson, Supervisor's Assistant E-mail 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 \$ Yes No 🗆 Does the agency have a ticket policy? **Event Description** Name of Source Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest If yes: Official's Name (Last, First) No Yes of agency official? • 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. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual Ticket(s)/ Pass(es) B. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization Ticket(s)/ (include address and description) Pass(es) To Reward a school or nonprofit organization for Fremont Chamber Its contributions to the community. commerce 39488 stevenson Place suite 100 Fremont, CA 945 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Verification Supervisor's Assistant Lee Ann Fergerson Print Name FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name A Public Document Date Stamp California Alameda County Division, Department, or Region (If Applicable) Form 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: 2. Function or Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes No 🗆 Face Value of Each Ticket/Pass \$ Provide Title/Explanation 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) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Ticket(s)/ Name of Individual Identify one of the following: To obtain oversight of facilities or events that have received county funding or support Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of (include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant

Print Name

Comment:

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name A Public Document Date Stamp Alameda County California Division, Department, or Region (If Applicable) Form 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: 2. Function or Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes No 🗆 Face Value of Each Ticket/Pass \$ Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, D 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)/ Pass(es) Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s)/ Identify one of the following: Pass(es) To obtain oversight of facilities or events that have come received county funding or support Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below C. Name of Outside Organization Number of (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

Varification Signature of Agency Head or Designee	s 18944.1 and 18942. I have verified that the distr Lee Ann Fergerson	ibution set forth above, is in accordance with th Supervisor's Assistant	re requirements. (Nonth, Day, Year)
Comment:			
			FPPC Form 802 (4/1

	gency Name				Date Stamp	California 802	
	lameda County			Form For Official Use Only			
D	ivision, Department, or Reg	ion (If Applicabl	e)			To official ode offing	
В	loard of Supervisors					-	
D	esignated Agency Contact (Name, Title)			1		
	ee Ann Fergerson, Superv	isor's Assista	int		Amendment (Must	Amendment (Must provide explanation in Part 3.)	
	rea Code/Phone Number	E-mail			The is a server of meetings		
-	510) 272-6691		erson@acgov	v.org	Date of Original Filing	(Month, Day, Year)	
	unction or Event Infor		5			75,00	
D	oes the agency have a ticke	t policy?	Yes No [☐ Face Value o	of Each Ticket/Pass \$.	1 1,00	
E	vent Description	Provide Title/Exp	MSE lanation	Date(s)	2, 15, 15		
Ti	cket(s)/Pass(es) provided by	y agency?	Yes No [If no:	Name of S	Cource	
۱۸	as ticket distribution made a	it the hehest	No ☐ Yes [Alan	neda County Superv	visor Scott Haggerty, D 1	
	of agency official?	it the benest	No 🗀 Tes L	If yes:	Official's Name	(Last, First)	
3 R	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
A	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
_	DIST 1		V		nty employee for hi		
. 6	DVO				e to the public or to	encourage	
				staff developmen	nt		
E	Name of Individua (Last, First)	al .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
-				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income _	
				Ceremonial Role If checking "Ceremon	Other I	Income	
-							
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	nt to the agency's policy	
9							
58							
4. V	erification		ord-en-man-man-man-man-man-man-man-man-man-ma				
(1944.1 an	d 18942. I have ver	rified that the distribution set f	orth above, is in accordance w	vith the requirements.	
1,			Lee Ann Ferç	gerson	Supervisor's Assistar	nt 12-1-15	
V			Print Name		Title	(Month, Day, Year)	
	omment:					4	
	UIIIIICIII.						

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	1.	Agency Name		wicker to keeps		Date Stamp	California Q02
Division, Department, or Region (If Applicable) Board of Supervisor's Assistant Area Code/Phone Number E-mail							
Designated Agency Contact (Nieme, Title)			on (If Applicable	e)		1	For Official Use Only
Designated Agency Contact (Nieme, Title)		Board of Supervisors					
Area Code/Phone Number E-mail			Name, Title)			1	
Area Code/Phone Number E-mail		Lee Ann Fergerson, Supervi	sor's Assista	ınt	9.	A	J
Comment:		Server controls in the control of the control of				Amendment (Must pr	ovide explanation in Part 3.)
Does the agency have a ticket policy? Event Description BaskC+ ball Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Sharp of Source 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 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 Pass(es) B. Name of individual Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other Income Income If checking "Ceremonal Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Income If checking "Ceremonal Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Income If checking "Ceremonal Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Income If checking "Ceremonal Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy To Reward a school or nonprofit organization for Its contributions to the community. The Reward a school or nonprofit organization for Its contributions to the community. 4. Verification At 1 and 18942 I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Other		(510) 272-6691	leeann.ferge	erson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
Date(s) Z L(s) S Source Provided TitleGExplanation Date(s) Z L(s) S Source Provided TitleGExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no:	2.	Function or Event Inform	nation			1	.00
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Sun Name of Source 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 B to identify an individual Use Section A 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 Pass(es) B. Name of Individual Number of Ticket(s) Pass(es) Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Income Income If checking "Ceremonial Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Income I		Does the agency have a ticket	policy?	Yes□ No[☐ Face Value of	of Each Ticket/Pass \$ _	200
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: Hawada Cofficial? 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) B. Name of Individual Number of Ticket(s) Pass(es) Caremonial Role Other Income Income		Event Description Basket	ball		Date(s)	2,16,15	
Was ticket distribution made at the behest of agency official? Security			Provide Title/Exp	olanation	(=<		
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.		Ticket(s)/Pass(es) provided by	agency?	Yes□ No[If no:	Name of Sou	urce
3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticke(s)/ Pass(es)		Was ticket distribution made a	t the behest	No T Ves T	7 If yes: Ala	meder Country	SUDONISON
Section A to identify the agency's department or unit. Sue Section B to identify an individual. Section C to identify an outside organization.				NO LI TES L	_ ros	+ Hag Official's Name (L	ast, First
Section A to identify the agency's department or unit. Sue Section B to identify an individual. Section C to identify an outside organization.	3.	Recipients				191	
B. Name of Individual (Last First) Number of Ticket(s) Pass(es) Identify one of the following:			's department o	The Property of the Party of th	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
B. Name of Individual (Last Frst) Number of Ticket(s)		A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, Fest) Ticket(s) Pass(es) Ceremonial Role Other Income Income				rass(es)			
B. Name of Individual (Last, Fest) Ticket(s) Pass(es) Ceremonial Role Other Income Income		30					
B. Name of Individual (Last, Fest) Ticket(s) Pass(es) Ceremonial Role Other Income Income		### A SECTION OF THE PROPERTY					
B. Name of Individual (Last, Fest) Ticket(s) Pass(es) Ceremonial Role Other Income Income							
C. Name of Outside Organization Income Income		B. Name of Individua	1	Ticket(s)/		Identify one of the follow	ing:
C. Name of Outside Organization It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization Its contributions to the community. To Reward a school or nonprofit organization To Rewa				Pass(es)	Ceremonial Role	Other	Income
C. Name of Outside Organization (Include address and description) Pass(es) Pass(es) To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agencydicad or Besignte Print Name Title (Month, Day, Year) FPPC Form 802 (4/12)						THE PROPERTY AND THE PARTY OF T	
C. Name of Outside Organization (Include address and description) Pass(es) Pass(es) To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agencydicad or Besignte Print Name Title (Month, Day, Year) FPPC Form 802 (4/12)							
C. Name of Outside Organization (Include address and description) Pass(es) Pass(es) To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agencydicad or Besignte Print Name Title (Month, Day, Year) FPPC Form 802 (4/12)					0 181	П он П	Income [7]
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) To Reward a school or nonprofit organization for lts contributions to the community. To Reward a school or nonprofit organization for lts contributions to the community. 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Besignte Print Name Title Comment: Sexual Assault councilling for cape Victures FPPC Form 802 (4/12)							income 🔟
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) To Reward a school or nonprofit organization for Its contributions to the community. To Reward a school or nonprofit organization for Its contributions to the community. 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Designée Print Name Title Comment: Sexual Assault councilly for case Victures FPPC Form 802 (4/12)							
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) To Reward a school or nonprofit organization for lts contributions to the community. To Reward a school or nonprofit organization for lts contributions to the community. 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Besignte Print Name Title Comment: Sexual Assault councilling for cape Victures FPPC Form 802 (4/12)							
(BAWAR) Ray Areawsmen Against Rape 470 27th St. Dakland CD 9462 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Print Name Title (Month, Day, Year) FPPC Form 802 (4/12)				Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
Against Rafe 470 27th St. Dakland CD 9462 4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Frint Name Title (Month, Day, Year) FPPC Form 802 (4/12)			THE PROPERTY OF THE	Pass(es)	To Poward a school	or nonnefit	
4. Verification 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant 10/9/5 Signature of Agency Head or Besignee Print Name Title (Month, Day, Year) Comment: Sexual Assault councilly for cape Victure FPPC Form 802 (4/12)	(120000	coolner	14/			for
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant 10/9/5 Signature of Agency Head or Besignee Print Name Title (Month, Day, Year) Comment: Sexual Assault councilly for cape Victure FPPC Form 802 (4/12)		Against Rafe	10 1	/ \			
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant 10/9/5 Signature of Agency Head or Besignee Print Name Title (Month, Day, Year) Comment: Sexual Assault councilly for cape Victure FPPC Form 802 (4/12)		470 CH St. Oal	claud				
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant 10/9/5 Signature of Agency Head or Besignee Print Name Title (Month, Day, Year) Comment: Sexual Assault councilly for cape Victure FPPC Form 802 (4/12)	_	Varification			TO THE RESIDENCE OF THE PARTY O	yartumota masurunan aras aras Maria Andersan	
Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: Sexual Assault councility for cape Victures FPPC Form 802 (4/12)	4.	vernication	44.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
Signature of Agency Head or Besignee Print Name Title (Month, Day, Year) Comment: School Assault Councilly for cape Victurs FPPC Form 802 (4/12)		X		Lee Ann Fer	gerson	Supervisor's Assistan	10/9/15
FPPC Form 802 (4/12)		Signature of Agency Head or Besignee	,)		The state of the s	Title	(Month, Day, Year)
FPPC Form 802 (4/12)		Sexual L	KSavel:	+ COUME	else for cars	e Victims	
			minal	aton C	rold (

						A I abile becament
١.	Agency Name			9	Date Stamp	California 802
	Alameda County	£			81	Form OUZ
	Division, Department, or Regi	on (If Applicabl	e)	:	1	For Official Use Only
	Board of Supervisors				*	
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervi	sor's Assista	int		146	
	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 Inforr	nation			Landard Programme	(month, be), (tear)
	Does the agency have a ticket	t policy?	Yes □ No	Face Value of	of Each Ticket/Pass \$ _	600.00
	Event Description White 1015	Provide Title/Exp		pare(s) 3	7.16	
	Ticket(s)/Pass(es) provided by		Yes No	If no:	5W	
	When the last distributions are also		(_	Alam	Name of S	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	If yes: Alam	neda County Supervisor S Official's Name	
3.	Recipients		Maria Mala da Maria Maria da Maria de Cara de			
	Use Section A to identify the agency	y's department o	ACCUPATION AND ADDRESS OF THE PARTY.	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	t to the agency's policy
		HANDEN STATE	Pass(es)			
	T		1			
				¥		
	B. Name of Individua (Last, First)	il .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	10			Ceremonial Role	Other	Income
				If checking "Ceremon	nial Role" or "Other" describe below.	
	= 8					
	*************************************		-	Ceremonial Role	Other 🗆	Income \(\square\)
				If checking "Ceremon	nial Role" or "Other" describe below	
	3e ²				*	
						BUT THE CONTROL OF THE PARTY OF
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
	Tri-Valley Conserve	ancy	41.		or nonprofit organizatio	n for
			71	Its contributions to	the community.	(<u></u>
	1457 1st. St. LIVE	rmore,				
1	Verification	Charles of the Charle			CHANGE COME COME COME	
7.	raincation	8944.1 ai	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
4			Lee Ann Fe	rgerson	Supervisor's Assistar	1068/15
١	Signature of Agency Head or Designee		Print Nan		Title	(Mgnth, Day Year)
	¥ / (101	141:6	h ulailate		₩
	Comment: 10 Provide	UT WI	1011170	navitais		

		Name of Street, or other particular control of the Street, or other	T		
1. Agency Name	Date Stamp	California 802			
Alameda County				For Official Use Only	
Division, Department, or Region (If Applicable))	N.C.			
Board of Supervisors					
Designated Agency Contact (Name, Title)			1	1	
Lee Ann Fergerson, Supervisor's Assista	nt		D Amondment #	at arouida avalanation in Dart 3.1	
Area Code/Phone Number E-mail			Amendment (Mus	st provide explanation in Part 3.)	
(510) 272-6691 leeann.ferge	erson@acgov	org.	Date of Original Filin	g:(Month, Day, Year)	
2. Function or Event Information	en e		Les announces in the second particular second pa	20200	
Does the agency have a ticket policy?	Yes□ No[Face Value o	of Each Ticket/Pass \$	000,00	
Event Description Fandus Provide title/Exp.	cts lanation	Date(s)	11,15		
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: Alam	eda County Supervisor	Scott Haggerty, District 1	
of agency official?	NO LI TES	ii yes.	Official's Nam		
3. Recipients	and the second second second		HADMINERSHIP - AVENUE - AVE		
Use Section A to identify the agency's department or	unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to id	lentify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursu	ant to the agency's policy	
DISTRICT	4/	To reward a Cour	nty employee for h	is or her	
12.71.161	1	exemplary service to the public or to encourage staff development			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	THE STATE OF BUILDING	Identify one of the foll	owing:	
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe belo	Income	
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe belo	Income D	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursu	ant to the agency's policy	
			.,		
4. Verification				W 0	
944.1 an	nd 18942. I have ve	erified that the distribution set		1 / / / /	
	Lee Ann Fer		Supervisor's Assist	ant 1/2/15	
V Signature of Agericy Head or Dasignee	Print Nam	e	Title	(Month, Day, Year)	
Comment:					

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County			15 H		For Official Use Only
	Division, Department, or Region	(If Applicable)				1 of Official OSC Offiny
	Board of Supervisors			×	(×)	"
	Designated Agency Contact (Nat	me,Title)				
	Lee Ann Fergerson, Superviso	or's Assistant		9	☐ Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-	-mail				*
	(510) 272-6691 le	eeann.fergersc	on@acgov.	org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Informa	ation	/			GQ 50
	Does the agency have a ticket p	olicy? Ye	s No E] Face Value o	f Each Ticket/Pass \$.	01,0
	Front Description FOT W	INTER 1	DIGHT	75 Data(s) 11	,7,15	1 1 -
	Event Description 101 Pr	rovide Title/Explanat	tion	Date(s)		
	Ticket(s)/Pass(es) provided by a	gency? Va	s□ No□	ı If no:	SW	
	Honor(o)// doo(oo) provided by d	.go.loj. 16	:5 L 110 L		Name of S	
	Was ticket distribution made at the	he behest N	lo 🗆 Yes 🔀	If yes:Alan		Scott Haggerty, District 1
	of agency official?		(Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency's		The second secon	on B to identify an individu	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursua	nt to the agency's policy
	CRS		4	To roward a Cou	inti amplayaa far h	io
	C+//				unty employee for h y service to the pub	
					staff development	
				man deline del la companya del		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				(A. A.) - (A.) -	Other Dial Role" or "Other" describe below	Income
	***************************************			Ceremonial Role	Other	Income
		1		If checking "Ceremon	nial Role" or "Other" describe below	V.
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
		10				
1	Verification					
٠,	Vermoation	8944.1 and 18	3942. I have ver	ified that the distribution set	forth above, is in accordance	with the requirements.
		l e	e Ann Ferg	nerson	Supervisor's Assista	ant 11/10/15
	Signature of Agenty Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

1.	Agency Name Alameda County Division, Department, or Region (If Applicate	ole)		Date Stamp	California 802 For Official Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)		3	ā	
	Lee Ann Fergerson, Supervisor's Assist	ant		Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number E-mail	gerson@acgov	.org	Date of Original Filing	
2.	Function or Event Information Does the agency have a ticket policy? Event Description Heat Provide Title/Ex Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes No [Date(s)	Name of S Official's Name	700.00
3.	Recipients		<u> </u>		
	Use Section A to Identify the agency's department of A. Name of Agency, Department or Unit DOSTRICH	or unit. • Use Sect Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuanty employee for his	nt to the agency's policy
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		21	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income
			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 pul	blic purpose made pursua	nt to the agency's policy
				E .	3 a
4.	Verification 44.1 Signature of Agency Head or Wesignee Comment:	and 18942. I have ve Lee Ann Fer Print Name	gerson	forth above, is in accordance Supervisor's Assista Title	1 , -

		Take a very series of the seri				7.1 abile Bodalilelle
1.	Agency Name		46		Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista	ant		*	
	Area Code/Phone Number	E-mail			Amendment (Musi	t 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	CANAL PROFESSION AND AND AND AND AND AND AND AND AND AN		Lawrence of the second second	
	Does the agency have a ticke	t policy?	Yels No [7 Face Value of	of Each Ticket/Pass \$	222.00
	Event Description Raide	rs.		1	1.15.15	
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No □	If no:	in the same of the	
			IES [] NO [Name of S	
	Was ticket distribution made a	at the behest	No ☐ Yes ☐	☐ If yes:Alam		Scott Haggerty, District 1
	of agency official?			The second secon	Official's Name	(Last, First)
3.	Recipients	3 % 2 3	928 250 12.0 K		() (M) 2 (S) (200 (300)	20 Line 20 Line
*	Use Section A to identify the agence	65 College 425 EST	r unit. • Use Sect	A TRUIT OF HIS AND ADDRESS A COMMISSION AND ADDRESS AN	ACT ACT SELECTION AND THE	AMERICAN SERVICE AND A SERVIC
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	int to the agency's policy
		2000年1月	rass(es)	SECTION LANGUAGE AND CHAIN		
			1			
	B. Name of Individual (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	I. Braham		4/		nce at a county sponsor	
				Ceremonial Role	Other	Income 🔲
					nial Role" or "Other" describe below	
					¥	
	¥ 2				160 160	E 90
	C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the put	olic purpose made pursua	ant to the agency's policy
	(include address and de-	scription)	Pass(es)			
			1			
	The state of the s					8
					:22	
	W				100	*
4.	Verification		1) ()			
		1944.1 a	nd 18942. I have ver	rified that the distribution set	forth above, is in accordance	with the requirements.
1			Lee Ann Ferg	gerson	Supervisor's Assista	ant 11-13-15
	Signature of Agency Head of Designed	9	Print Name	9	Title	(Month, Day, Year)
					å ne	a - 8
	Comment:) / / / / / / / / / / / / / / / / / / /	· · · · · · · · · · · · · · · · · · ·

Bo De Mi Ar. (5 2. Fu Do Ev	vision, Department, or Reg		_	Form 802		
Art (5 2. Ft Do Ev	oard of Supervisors esignated Agency Contact)			, or children ode only
Are (5 2. Fu Do Ev Tic	lichelle Archuleta		<u> </u>			
2. Fu Do Ev Tio	rea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
Ev Tic	510) 272-6692	michelle.arc	huleta@acgo	ov.org	Date of Original Filing	:(Month, Day, Year)
Ev Tic	unction or Event Infor	mation			·	ANNA SAMON SAMON SAMON SAMON
Tic	oes the agency have a ticke		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ ـ	89.50
Wa	vent Description Hot Winter	Night Conce	1 , 07 , 15			
Wa	cket(s)/Pass(es) provided b	v agency?	Yes□ No[If no: Golde	n State Warriors	
	THE NEXT STREET, POPULATION IN	, -3,	TOSEL NOT	WAYAMAYAY -	Name of S	17-70/17/70
0	as ticket distribution made a	at the behest	No ☐ Yes [⊠ If yes: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, Hrst)
	ecipients					
_	Use Section A to identify the agency's department or unit.			tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		
 B	Name of Individu	Number of				
	(Last, First)	W.	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
M	faxie, Mike		4	Ceremonial Role Other M 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 revenue from sales.		
	,		4	Ceremonial Role # checking **Ceremon	Other Other Other describe below	Income
C	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
4. V	er fication		4			
l ha		3 18944.1 and	d 18942. I have ve Michelle Arc		forth above, is in accordance with above, is in accordance with a Director of Operation	11/-/11
(I	Signature of Agency Head of Designed		Print Name	9	Title	(Month, Day, Year)

Name of Street	AND THE RESIDENCE OF THE PARTY					- STAN 65700 MILLS
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Michelle Archuleta				To the second second was the	
	Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	michelle.arc	huleta@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		- MARKETON	No.	
	Does the agency have a ticke	et policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	600.00
	Event Description Warriors v	s. Phoenix Su	2 , 16 , 15	, ,		
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No[If no: Golde	n State Warriors	
	2000 18 50 50 50 50 50 50 50 50 50 50 50 50 50				Name of Sc	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle of agency official?			, Richard- Supervisor Official's Name (DISTRICT Z	
_			Omoral a Hame (Eddi, i may		
3.	Recipients	v'e denartment or	unit a Usa Sac	tion B to identify an individ	ust a Hea Saction C to iden	tifu an outside organization
	Use Section A to identify the agency's department or unit. Number					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po		t to the agency's policy
	<u>v</u>					
	No. 1					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1	Ceremonial Role If checking **Ceremon	Other describe below:	Income
				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 put	blic purpose made pursuant to the agency's policy	
	Newark Rotary Club P.O. Box 105, Newark CA 94560		4	To reward a non-procommunity.	rofit organization for it	s contributions to the
	Provides support to local no organizations and humanita	on-profits arian efforts		ä		
4.	Verification /		8			
	1 h	18944.1 and	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	ith the requirements.
			Michelle Arc	huleta	Supervisor's Aide	11/2/15
	Signature of Agency Head or Designe	0	Print Name	,	Title	(Month, Day, Year)
	Comment: Includes 1 parking	ng pass at the	value of \$30			

1	Agency Name	THE PARTY OF THE PARTY	Date Stamp	California O 0 2		
	Alameda County				Date Otamp	Form 802
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
		The second of the second of				
	Board of Supervisors	Mana Tilla				
	Designated Agency Contact	ivame, Hille)				
	Michelle Archuleta				Amendment (Must p.	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail		20 C.25	Date of Original Filing:	and the state of t
_	(510) 272-6692	michelle.arc	nuleta@acgc	ov.org	Date of Original Fining:	(Month, Day, Year)
2.	Function or Event Infor		(F. F. 115 - 1	350.00		
	Does the agency have a ticke		f Each Ticket/Pass \$ _			
	Event Description Warriors v	s. Utah Jazz		Date(s)12	, 23 , 15	
		Provide Title/Expi	State Warriors			
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No[If no: Golder	n State Warriors Name of So	urce
	Was ticket distribution made at the behest No□ Yes ☑ If yes. Valle				Richard- Supervisor I	District 2
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	ıal. ● Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/			
			Pass(es)	HAPTIN SNAWEGA (STANGENSEE)	were a second service of the contract of the c	round up to the resemble of 2000 value in the California
	D. Norman Charles	al	Number of			9
	B. Name of Individue	ai	Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role	Other	Income
				If checking *Ceremon	ial Role" or "Other" describe below:	
					7.	
				Corporation Data	Other	Installation of the control of the c
				Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income L
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	scription)	Pass(es)	ing count and of Tay In The Tay	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	origina el materia per 🛥 interior de 💌 el materia de 🗗 el m
	Friends of Chabot College	<u> 1</u> 120 00 L (27 5 1)	4	To reward a school	for its contributions to	the community.
	25555 Hesperian Blvd, Hayward 94545		7			166
	Supports students by fundroprograms and scholarshis	aising for				
4.	Verification /	, ,				
	!	18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
	,		Michelle Arc	chuleta	Supervisor's Aide	11/2/15
	▼ Signature of Agency Head or Designed	,	Print Nam	0	Title	(Month, Day, Year)
	Comment: Includes 1 parkir	ng pass at the	value of \$30			

						Tit didn't bootiment
1.	Agency Name		Date Stamp	California 909		
	Alameda County		S'	Form 002		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta				- /25 (801)01/2020/07/20 100/07/2020	DESCRIPTION OF THE PROPERTY OF
	Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
	(510) 272-6692	michelle.arc	huleta@acgc	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				passona
	Does the agency have a ticke	t policy?	Yes 🛛 No [☐ Face Value o	f Each Ticket/Pass \$	450.00
	Event Description Warriors v	s. Denver Nu Provide Title/Exp	, 06 , 15	· /		
	Ticket(s)/Pass(es) provided by agency? Yes□ No ☒ If			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒				Name of Sou	
	Was ticket distribution made at the behest No ☐ Yes [⊠ If ves: Valle,	Richard- Supervisor I	District 2
3.	of agency official?				Official's Name (L	.ast, First)
	Recipients • Use Section A to identify the agence	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, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		to the agency's policy
					-	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Singh, Manisha		4	To promote attenda	Other Mail of the	
			4	Ceremonial Role		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	à					6
4.	Verification //	004/3	1 100 10 11	MAGINE. IE. D. W.		
	373					
	"	8944.1 and			orth above, is in accordance wit	11/6/10
	V Signature of Agency Helad of Designee		Michelle Arc	huleta	Director of Operations	11/6/10

Alameda County Division, Department, or Region (# Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta Area Code/Phone Number E-mail (510) 272-6692 michelle.archuleta@acgov.org Date of Original Filling: (Morth, Day, Year) Z. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) 450 Event Description Warriors vs. Detroit Pistons Date(s) 11 09 15 / J Event Description Warriors vs. Detroit Pistons Date(s) 11 09 15 / J Was ticket distribution made at the behest No \(\) Yes \(\) No \(\) If no: Golden State Warriors Was ticket distribution made at the behest No \(\) Yes \(\) If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(s) Alameda County Sheriff's Office 4 To reward a County employee for his exemplary service to the public purpose made pursuant to the agency's policy **Pass(ss)** Pass(ss)** Identify one of the following: ** Ceremonial Role Other Income ** Inchecking Covenencial Role Other Income ** Inchecking Covenencia
Board of Supervisors Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta Area Code/Phone Number E-mail
Designated Agency Contact (Name, Title) Michelle Archuleta Area Code/Phone Number (510) 272-6692 E-mail michelle.archuleta@acgov.org Date of Original Filing: (Month. Day, Year) Month. Day, Year) Date of Original Filing: (Month. Day, Year) Month. Day, Year) Afocus the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 4500
Designated Agency Contact (Name, Title) Michelle Archuleta Area Code/Phone Number (510) 272-6692 E-mail michelle.archuleta@acgov.org Date of Original Filing: (Month. Day, Year) Date of Original Filing: (Month. Day, Year) Date of Original Filing: (Month. Day, Year) Afone of Date of Original Filing: (Month. Day, Year) Afone of Date of Original Filing: (Month. Day, Year) Afone of Date of Original Filing: (Month. Day, Year) Afone of Source Afone
Area Code/Phone Number (510) 272-6692 E-mail michelle.archuleta@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 450 Event Description Warriors vs. Detroit Pistons Date(s) 11 09 15
Area Code/Phone Number (510) 272-6692 E-mail michelle.archuleta@acgov.org Date of Original Filing:
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 450 Event Description Warriors vs. Detroit Pistons Provide TitlenExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 11 , 09 , 15
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 450 Event Description Warriors vs. Detroit Pistons Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Mare of Source Was ticket distribution made at the behest of agency official? No Yes Mare of Source Was 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. Use Section C to identify an outside organization of Ticket(s)/Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Rameda County Sheriff's Office A. Name of Individual (Last. First) Number of Ticket(s)/Pass(es) Rumber of Ticket(s)/Pass(es) Ceremonial Role Other Inc. If the checking "Ceremonial Role" or "Other" describe below: Inc. If no: Golden State Warriors Name of Source Valle, Richard-Supervisor District 2 Official's Name (Last. First) Describe the public purpose made pursuant to the agency's policy pass(es) Identify one of the following: Ceremonial Role Other Inc. If the checking "Ceremonial Role" or "Other" describe below: Inc. If the checking "Ceremonial Role" or "Other" describe below: Inc.
Event Description Warriors vs. Detroit Pistons Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Section Se
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Alameda County Sheriff's Office
Was ticket distribution made at the behest of agency official? No Yes Valle, Richard- Supervisor District 2 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 Ticket(s)' Pass(es) Alameda County Sheriff's Office Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public
Was ticket distribution made at the behest of agency official? No Yes Valle, Richard- Supervisor District 2 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 Ticket(s)' Pass(es) Alameda County Sheriff's Office Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public Describe the public purpose made pursuant to the agency's policy public
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 of Ticket(s) Pass(es) Alameda County Sheriff's Office 4 To reward a County employee for his exemplary service to the public purpose made pursuant to the agency's policy public B. Name of Individual (Last. First) Number of Ticket(s) Pass(es) Ceremonial Role Other Individual (Individual Pass(es))
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)
A. Name of Agency, Department or Unit A. Name of Agency, Department or Unit A. Name of Agency, Department or Unit Alameda County Sheriff's Office Alameda County
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)
Alameda County Sheriff's Office 4 To reward a County employee for his exemplary service to the public Number of Ticket(s)/ Pass(es) Ceremonial Role Other Incomplete Delay: It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Incomplete Delay:
Name of Individual (Last, First) Identify one of the following:
Ceremonial Role Other Inco
If checking "Ceremonial Rale" or "Other" describe below:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy
4. Verification
ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Michelle Archuleta Director of Operations
Signature of Agency Head or Designee Print Name Title (Month, Day,
Comment: Includes 1 parking pass at the value of \$30.

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1.	Agency Name Alameda County		Date Stamp	California 802		
	Division, Department, or Regio	on (If Applicable)		For Official Use Only		
	Board of Supervisors Designated Agency Contact (//	Jame Title)	2			
		varne, rine)				,
	Michelle Archuleta Area Code/Phone Number	E-mail			☐ Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.arch	uleta@acoo	ov ora	Date of Original Filing:	
2	Function or Event Inform		alotaegaoga	71.019	The second secon	(Month, Day, Year)
en.	Does the agency have a ticket		f Each Ticket/Pass \$ _	350.00		
	그렇게 그리고 있는 그렇게 하는 이 없었다. [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015]		Yes⊠ Nol Kinas			
	Event Description Warriors vs	Provide Title/Expla	2815			
	Ticket(e)/Pace(ec) provided by	agency2	n State Warriors			
					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)
3.	Recipients	erie i kvar i somoa nerice sia e-ono	ettenen – El van e- on week vo		MANUS STEENS ASSESSED WITHOUT WAS NOT ASSESSED WITHOUT STEEL	MED TO A UTUAL COMMAND SERVICE COMMAND A COMMENT OF SERVICE.
	Use Section A to identify the agency's department or unit. Use Section B to identify an indiv				ial. • 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 po		to the agency's policy
	B. Name of Individua	1	Number of		Idontify one of the fallow	lana.
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing;
				Ceremonial Role If checking "Ceremon	Other islander or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other interpretation of the control	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	League of Women Voters- Eden Area P.O. Box 2234, Castro Valley, CA 94546		4	To reward a non-pr community.	ofit organization for its	s contributions to the
	Informs and encourages act participation in government					
4.	Verification 4					
	1.	: 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
	-		Michelle Arc	huleta	Director of Operations	11/17/15
	V Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment: Includes 1 parking	g pass at the	value of \$30).		

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1.	Agency Name	7	Date Stamp	California 802		
	Alameda County Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	en survivier d'une de la bajarca de la veren de la la complete de la complete de la complete de la complete de La complete de la complete de	тотт (и Україющью	·/			
	Board of Supervisors	(A/ Title)		- F		
	Designated Agency Contact (Name, Litte)				
	Michelle Archuleta				Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Pote of Original Filings	
	(510) 272-6692		huleta@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					350.00
	Does the agency have a ticke	- T	Yes⊠ No[of Each Ticket/Pass \$ _	550.55
	Event Description Warriors v	s. Sacrament Provide Title/Exp	, 28 , 15			
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors	TATO AND		
	TO LINE			THE AMERICAN TO THE PARTY OF TH	Name of So	
	Was ticket distribution made a	at the behest	No ☐ Yes	⊠ If yes: Valle	, Richard- Supervisor	District 2
	of agency official?		Official s Name (Last, r-irst)		
3.	Recipients • Use Section A to identify the agence	y's department or		tion B to identify an individe	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				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	7/
	Balderas, Ruben		4	A STATE OF THE STA	nial Role" or "Other" describe below:	Income .
		*	To evaluate the ability of a local sports team to attract business and contribute to the local economy			
	Chui- Valle, Rebecca			Ceremonial Role If checking *Ceremon	Other inial Role" or "Other" describe below:	Income
			4	To evaluate the ability of a local sports team to attract business and contribute to the local economy		
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
				<u>(</u>		
_	Verification //					
4	Contracted Mill					
4.	1	8944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	rith the requirements.
4.	1	8944.1 an	d 18942. I have ve Michelle Arc		forth above, is in accordance w Director of Operation	111-0110

1. Agency Name	Date Stamp	California 802				
Alameda County				For Official Use Only		
Division, Department, or Region (If Application)	Division, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Michelle Archuleta			Amendment (Must p	provide explanation in Part 3.)		
Area Code/Phone Number E-mail						
(510) 272-6692 michelle.a	chuleta@acg	ov.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information		350.00				
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	350.00				
Event Description Warriors vs. Sacrame	1 , 28 , 15					
Ticket(s)/Pass(es) provided by agency?	AND CAPERED IN	en State Warriors Name of So				
Was ticket distribution made at the behest	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Va					
of agency official?			Official's Name (Last, First)		
3. Recipients • Use Section A to identify the agency's department	or unit. • Use Sec	ition B to identify an individ	lual. • Use Section C to iden	itify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy		
Ε						
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:		
Parco, Dereck		Ceremonial Role If checking "Ceremon	Other Image Ot	Income		
5 % - 1990 de 1996 (1996) (1997) (1997)	3	To evaluate the ability of a local sports team to attract busi and contribute to the local economy				
Collett, Cheryl		Ceremonial Role		Income		
Collect, Criefyi	3	If checking "Ceremonial Role" or "Other" describe below: To evaluate the ability of a local sports team to attract busines and contribute to the local economy				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy		
4. Verification	and 19049 hours	willied that the district the second	fadh abaya la la	We the manufacture of		
18944.1.8			forth above, is in accordance wi	115115		
 энінатне от муєтьу печа от резіднее 	Michelle Arc		Director of Operations	(Month, Day, Year)		
Comment: Includes 2 parking passes at	the value of \$	30 each				

1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable		For Official Ose Only		
	Board of Supervisors				4	
	Designated Agency Contact ((Name, Title)				
	Michelle Archuleta			Anton Commence of the Commence		
	Area Code/Phone Number	E-mail			. Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	michelle.arc	huleta@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				0.40.5000.00.000
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	350.00
	Event Description Warriors v	s. Sacrament	, 28 , 15			
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	v agency?	If no: Golder	n State Warriors		
	ricket(s)/r ass(es) provided b	y agency:	Name of Sc			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes:			☑ If yes: Valle	Richard- Supervisor	District 2
	of agency official?				Official's Name ((Last, First)
3.	Recipients					
	 Use Section A to identify the agenc 	y's department or		ction 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)/ Describe the p Pass(es)		ublic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Valle, Richard			Ceremonial Role If checking "Ceremor	Other A	Income
	() () () () () () () () () ()		1	To evaluate the ability of a local sports team to attract business		
				and contribute to the	ne local economy	
	Alexander, Rosemary			Ceremonial Role If checking "Ceremon	Other Anial Role" or "Other" describe below:	Income
	Alexander, Rosemary		1	To evaluate the ability of a local sports team to attract business and contribute to the local economy		
	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 po		t to the agency's policy
	D)					5
	N. C.					
1	Verification					
٠.	verification //I	ns 18944.1 an	d 18942. I have ve	erified that the distribution set :	forth above, is in accordance w	rith the requirements.
			Michelle Are		Director of Operation	11/22/10
	Signature of Agency Head or Designer		Print Nan		Title	(Month, Day, Year)
						11.20 T ET A
	Commont:					

1.						
	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Archuleta					
	Area Code/Phone Number	E-mail	Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6692	michelle.arc	huleta@acgo	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation		050.00		
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	350.00
	Event Description Warriors v	s. Denver Nu Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no				State Warriors	
	ricket(s)/r ass(es) provided by agency: Yes No			50000 00 00 00 00 00 00 00 00 00 00 00 0	Name of Sou	
,	Was ticket distribution made at the behest No 🗆 of agency official?			⊠ If yes: Valle,	Richard- Supervisor [Official's Name (L	District 2 ast, First)
	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ral. • Use Section C to ident	ify an outside organization.
1	A. Name of Agency, Departmen	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1					3	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)		Pass(es)			
	Baldridge, Shane		2	If checking "Ceremon.	Other X ial Role" or "Other" describe below:	Income L
				To reward a commi	unity volunteer for his	service to the public.
	Dong, Jeanette		2	Ceremonial Role	PROVIDE CONTROL CONTROL CONTROL	Income
***************************************	Dong, Jeanette C. Name of Outside Organ (include address and des		2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a commi	Other Other Grant Role" or "Other" describe below:	Income Service to the public.
	C. Name of Outside Organ		Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a commi	Other Other or "Other" describe below: unity volunteer for her	Income Income service to the public.
4.	C. Name of Outside Organ	cription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a commi	Other Ot	service to the public.
4.	C. Name of Outside Organ (include address and des	cription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a commi	Other Ot	service to the public. to the agency's policy h the requirements.
4.	C. Name of Outside Organ (include address and des	s 18944.1 an	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking **Ceremon To reward a commit Describe the pub crified that the distribution set for	Other Ot	service to the public. to the agency's policy h the requirements.

1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicable	Θ)			For Official Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Steven Jones				Amendment (Must prov.	Edwards and St. David 20
	Area Code/Phone Number	E-mail		1	Amendment (Musi provi	ide explanation in Part 3.)
	(510) 272-6693	steven.jone:	s@acgov.org)	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	gor.	20 1/-1-1/005 1/-		
	Does the agency have a ticke		of Each Ticket/Pass \$ _\$22	22 ticket/\$35 parking		
	Event Description Football G	ame	1 , 01 , 15	1 1		
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakl				and Raiders	
	VAIL- CI-L-A JULIUS CONTRACTOR OF THE STATE		Name of Source			
	Was ticket distribution made a of agency official?	at the benest	neda County Supervisor V Official's Name (Las	t. First)		
5,	Recipients • Use Section A to identify the agence	v's department or	unit. e Use Sec	ation B to identify an individ	dual a Use Section C to identify	an outside organization
		NOTION AND PROPERTY.	Number of			
	A. Name of Agency, Departme	Ticket(s)/ Describe the pub Pass(es)		blic purpose made pursuant to the agency's policy		
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	,	
	(Last, First)	Pass(es)		racinny one or the following		
	Cravalho, Brian			Ceremonial Role		Income
	Cravallo, Brian		2+1park		If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility	
		1000	order to maximize potential County revenue from sales.			
				Ceremonial Role	Other 🗆	Income
		2+1park		onial Role" or "Other" describe below:		
			ZTIPAIK			
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to	the agency's policy	
	(months addition and		Pass(es)			
	-					
					28	
	**W==\$4500					
١.	Verification		SAN	and the state of t		A-care (125 care (21)
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance with the	ne requirements.
			Steven Jo		Central District Director	11.25.2015
	USignature oMgency Head or Designer		Print Name	0	Title	(Month, Day, Year)
	Commont					
	Comment:					

1	Agency Name				Date Stamp (California QAO	
					Form 802		
	Alameda County Division, Department, or Region (If Applicable)					For Official Use Only	
	Division, Department, or Reg	on (If Applicable	9)				
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			-		
	Steven Jones						
	Area Code/Phone Number	E-mail			Amendment (Must provide	explanation in Part 3.)	
			- Massau ara		Date of Original Filing:		
_	(510) 272-6693		s@acgov.org		(A)	fonth, Day, Year)	
2.	Function or Event Infor			= 10	\$222	ticket/\$35 parking	
				of Each Ticket/Pass \$ <u>\$222</u>	tionou parking		
	Event Description Football G	ame		Date(s) 1	1 , 15 , 15	1	
	Liveri Boodinpilon	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No D	If no: Oakla	nd Raiders		
	7. 6.		100 🗀 110 🗈		Name of Source		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Al			☑ If yes: Alam	eda County Supervisor Wi	lma Chan	
	of agency official?				Official's Name (Last, F	irst)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to identify ar	outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant to th	e agency's policy	
			Pass(es)				
	B. Name of Individua	Number of		Identify one of the fellowing			
	(Lust, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
	Contention Courte			Ceremonial Role	Other	Income	
	Franz, Jim		2+1park		nial Role" or "Other" describe below:		
			z. ipaik	To reward a community volunteer for his service to the public			
				Ceremonial Role		Income	
			2+1park	II checking "Ceremoi	nial Role" or "Other" describe below:		
			(A)				
		1	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pul	blic purpose made pursuant to th	e agency's policy	
		NOTE OF PROPERTY	Pass(es)				
	ě						
4.	Verification			172			
٠.		ilations 18944.1 an	d 18942, I have vei	rified that the distribution set	forth above, is in accordance with the	requirements.	
			Steven Jo	rified that the distribution set forth above, is in accordance with the requirements. Central District Director 11.25.2015			
	Signature of Agency Head or Designed		Print Name	()	Title	(Month, Day, Year)	
	and an infantily i months by sufficient			7			
	Comment:						
	PER						

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Division, Department, or Region (if Appteable) Board of Supervisors	1.	Agency Name	The state of the s					802
Steven Jones		Alameda County	ion (If Applicable)			For Official	Use Only
Designated Agency Contact (Name, Title)			тот (п'яррясасяе	,				
Amendment (Must provide explanation in Part 3) Date of Original Filing: (510) 272-6693 Steven Jones@acgov.org Date of Original Filing: (Must, Day, Year)								
Area Code/Phone Number (510) 272-6693 steven.jones@acgov.org Sale of Original Filing: (Jatonito, Dely, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$89.50 Event Description Hot Winter Nights Date (s) 11 07 15		Designated Agency Contact	(Name, Title)					
Area Code/Phone Number (510) 272-693 Salven_iones@acgov.org Date of Original Filing: (hiboritis, Day, Your) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$89.50 Event Description Hot Winter Nights Date(s) 11 07 15		Steven Jones				Amendment (Must pro	ovide explanation in	Part 3.)
Caremonial Role Other Section		Area Code/Phone Number	Source State State 1	55			and a strong of the ages and also well the control of the strong and a strong a strong and a strong a strong and a strong a strong and a strong a strong and a strong a strong a strong and a strong a s	V/2-19-18-2-17-78-71
Does the agency have a ticket policy? Event Description Hot Winter Nights Event Description Hot Winter Nights Provide Tille/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. *Use Section B to identify an individual. *Number of Ticket(s)/Pass(es) B. Name of Agency, Department or Unit *Number of Ticket(s)/Pass(es) B. Name of Individual *Individual *I		(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Yea	ar)
Event Description Hot Winter Nights Date(s) Tacket(s) Pass(es) provided by agency? Yes No Pass(es) If no: Golden State Warriors Annex of Source Was ticket distribution made at the behest No Yes Mame of Source If yes: Alameda County Supervisor Wilma Chan Official's Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) Official's Name (Last	2.	Function or Event Infor	mation					\$89.50
Ticket(s)/Pass(es) provided by agency? Yes No S If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? **No S If yes: **Alameda County Supervisor Willina Chan Officials Name (Last, First)** **No S County Supervisor Willina Chan Officials Name (Last, First)** **Name of Agency, Department or Unit Number of Ticket(b)/ Pass(es)** **Pass(es)** **Name of Individual Last, First** **Name of Other Last, First** **Name of Other Last, First** **Name of Individual Last, First** **Name of Other L		The state of the s		Yes⊠ No[
Ticket(s)/Pass(es) provided by agency? Yes No S If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? **No S If yes: **Alameda County Supervisor Willina Chan Officials Name (Last, First)** **No S County Supervisor Willina Chan Officials Name (Last, First)** **Name of Agency, Department or Unit Number of Ticket(b)/ Pass(es)** **Pass(es)** **Name of Individual Last, First** **Name of Other Last, First** **Name of Other Last, First** **Name of Individual Last, First** **Name of Other L		Event Description Hot Winter	r Nights		Date(s)11	1 <u>/ 07 / 15</u>		
Was ticket distribution made at the behest of agency official? No Yes Alameda County Supervisor Wilma Chan Official?		Event Besonption	Provide Title/Expl	anation				
Was ticket distribution made at the behest of agency official? Alameda County Supervisor Wilma Chan Official? Name (Last, First)		Ticket(s)/Pass(es) provided b	y agency?	Yes □ No [If no: Golder	n State Warriors	ena.	
A. Name of Agency, Department or Unit Number of Tickel(s)/ Pass(es)					Alam			
**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 Ticket(s)/ Pass(es) **B. Name of Individual (leaf, free) **Pass(es) **B. Name of Individual (leaf, free) **Pass(es) **Caremonial Role Other Income			at the behest	No ☐ Yes [If yes: Alam	Official's Name (L	ast, First)	
Substitute Section A to identify the agency's department or unit. Substitute	_	or agency officials						
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	3.		u'e donartmont or	unit a Hea Sac	tion B to identify an individu	ual a Use Section C to ident	ify an outside orga	unization.
B. Name of Individual Number of Ticket [a] Identify one of the following:								
B. Name of Individual Separative of Agency Head or Designee Number of Ticket(s)		A. Name of Agency, Department	ent or Unit		Describe the pub	olic purpose made pursuant	to the agency's p	olicy
Name of Individual (Hast, Ford) Pass(es) Identify one of the following:								
Name of Individual (Hast, Ford) Pass(es) Identify one of the following:				17				
Name of Individual (Hast, Ford) Pass(es) Identify one of the following:								
Name of Individual (Leaf, Ford) Pass(es) Identify one of the following:								
Wilson, Trevor Caremonial Role Other 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 sales. Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: Caremonial Role or "Other" describe below: Caremonial Role Other Income If checking "Ceremonial Role or "Other" describe below: Caremonial Role or "Other" describe below: C		B. Name of Individu			Identify one of the followi	ng:		
Wilson, Trevor 4		(Last, First)		Pass(es)		i decim digitalis (M) i de populati Area i france. I de populati de confreir		
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role		Wileon Troyer						Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Number of Steven Jones Ceremonial Role Other Income In		wilson, frevor		4	110010000000000000000000000000000000000		at a County fa	cility in
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (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 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)					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 4. Verification There read and understand FPPC Regulations 18944.1 and 18942.1 here verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)					If checking "Ceremor	nial Role" or "Other" describe below:		
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)				4				
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)								
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)					Describe the pul	blic purpose made pursuant	to the agency's p	olicy
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 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		(include address and de	scription	Pass(es)				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)								
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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 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)								
Steven Jones Central District Director 11.25.2015 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	4.							
Signature of Agency Head or Designee Print Name Tribe (Month, Day, Year)		I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wil	h the requirements.	
				Steven Jo	ones	Central District Directo	r 11.	25.2015
		Signature of Agency Head or Designe	0	Print Nam	e	Title	(Mon	th, Day, Year)
		Comment:						

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form		
	Division, Department, or Regi	on (If Applicable,)		·	For Official Use Only
	Doord of Cuponicore	(a)				
	Board of Supervisors Designated Agency Contact (Name Title)			-	
		wame, mey				
	Steven Jones	White the second control of the second contr			☐ Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing: _	37
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Inform					\$112.38
	Does the agency have a ticke		Yes⊠ No [of Each Ticket/Pass \$	V 172.00
	Event Description Family Brid	dges 2015 Be	nefit Concert	Date(s)11	l <u>, 21 , 15</u>	
	Evolit Dodonpion	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No 🏻	If no: Golde	n State Warriors	
				Alam		
	Was ticket distribution made at the behest No ☐ Yes ☐ of agency official?			If yes: Alam	eda County Supervisor Official's Name (La	ast, First)
				·.		
3.	Recipients				l	fu on outside exemplantion
	Use Section A to identify the agence	y's department or	Number of	ion B to identify an individ	ual. • Use Section C to identi	ly an outside organization.
	A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
			1 455(65)			
			1			
	R Name of Individua	Number of				
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ig:	
	8890 RE N			Ceremonial Role	Other	Income
	Chan, Carl		4		nial Role" or "Other" describe below:	
			1 7	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
	-		-			
				Ceremonial Role	Other nial Role" or "Other" describe below:	Income L
			4			
	C. Name of Outside Organ	nization	Number of	6		to the accusable nation
	(include address and des		Ticket(s)/ Pass(es)	Describe the pur	blic purpose made pursuant	to the agency's policy
	-					6 6
						¥.
4	M					
4.	Verification I have read and understand FPPC Regu	ilations 18944.1 and	d 18942. I have ver	rified that the distribution set	forth above, is in accordance will	h the requirements.
	The state of the s	Commence of the same	Steven Jo		Central District Director	
	Signature of Agency Head or Designed		Steven Jo		Title	(Month, Day, Year)
	Signature or Agency Head or Designer	Ž.	r inn realin			Arrange and market and a
	Comment:					

	Agency Name		Date Stamp	California 802		
	Alameda County					For Official Use Only
	Division, Department, or Regi	on (If Applicable)			
	Board of Supervisors					
	Designated Agency Contact (Vame, Title)		T W	, , , , , , , , , , , , , , , , , , ,	
	Steven Jones				□ Amondment Akat	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			. Amendment (Music)	provide explanation in Fan 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				\$450
	Does the agency have a ticker		Yes⊠ No□		of Each Ticket/Pass \$ _	-
	Event Description Basketball	Game		Date(s)11	<u>, 06 , 15</u>	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🛭	If no: Golde	n State Warriors Name of S	ource
		tite - b - b - at		a Alam	eda County Supervis	
		Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam of agency official?				(Last, First)
_						
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	Andrew Company	Number of		olic purpose made pursuar	
	A. Name of Agency, Departme	int or our	Ticket(s)/ Pass(es)			
	B. Name of Individual Number Ticket				Identify one of the follo	wing:
			Pass(es)	Ceremonial Role		
	Akella, Arjun				Other Other Other describe below	Income
	Akella, Arjun		2	If checking *Ceremo	nial Role" or "Other" describe below	d at a County facility in
	Akella, Arjun		2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Inial Role" or "Other" describe below lance at an event held potential County reve	d at a County facility in enue from sales.
	Akella, Arjun		2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	nial Role" or "Other" describe below lance at an event held potential County reve	d at a County facility in enue from sales.
	Akella, Arjun		, and	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Inial Role" or "Other" describe below lance at an event held potential County reve	d at a County facility in enue from sales.
	C. Name of Outside Orga	nization scription)	, and	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Inial Role" or "Other" describe below lance at an event held potential County reve	at a County facility in enue from sales.
	Name of Outside Orga	nization scription)	2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Inial Role" or "Other" describe below Iance at an event held potential County reve Other or "Other" describe below	at a County facility in enue from sales.
	Name of Outside Orga	nization scríption)	2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Inial Role" or "Other" describe below Iance at an event held potential County reve Other or "Other" describe below	at a County facility in enue from sales.
4	C. Name of Outside Orga (include address and de	scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Inial Role" or "Other" describe below Itance at an event held potential County reve Other Other Other or "Other" describe below Italic purpose made pursua	at a County facility in enue from sales. Income Income Int to the agency's policy
4	C, Name of Outside Orga (include address and de	scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Inial Role" or "Other" describe below Itance at an event held potential County reve Other Other Other or "Other" describe below Italic purpose made pursua	at a County facility in enue from sales. Income Income Int to the agency's policy with the requirements.

1.	Agency Name						802
	Alameda County		Form For Official U	se Only			
	Division, Department, or Reg	ion (If Applicable)			14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Steven Jones	0004			. Amendment (Must p.	rovide explanation in F	Part 3.)
	Area Code/Phone Number	E-mail			The state of the s		Ver Cult (Ve.)(2)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					\$450
	Does the agency have a ticket	43 - Malenda (430 - 60	Yes 🗵 No 🛚		of Each Ticket/Pass \$ _		
	Event Description Basketbal	l Game		Date(s)11	1 , 02 , 15		
	and the second s	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No 🛭	If no: Golde	n State Warriors Name of So	urce	
	Was ticket distribution made	at the beheet		Alam	eda County Superviso		
	of agency official?	at the beliest	No ☐ Yes 2	XI If yes:	Official's Name (Last, First)	-
3.	Recipients						
٥.	Use Section A to identify the agence	ual. • Use Section C to iden	tify an outside organ	ization.			
	A. Name of Agency, Departm	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's po	licy	
	<u> </u>		Pass(es)				
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	0.1 01			Ceremonial Role	Other		Income
	Galvan, Gordon		2	ASSESSMENT DESCRIPTION OF THE PROPERTY OF THE	nial Role" or "Olher" describe below:	at a County fac	ility in
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			mcy m
				Ceremonial Role	Other		Income
			2	If checking "Ceremon	nial Role" or "Olher" describe below:		
			for .				
	Total Control Control Control		Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's po	licy
		FIRSTAND THAT SPECIFIC					
1	Verification						
mp.	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	rith the requirements.	
			Steven Jo	nes	Central District Directo	or 11.2	5.2015
	Signature of Agency Head or Designa	70	Print Name		Title		Day, Year)
	Comment:						

1.	Agency Name				Date Stamp California 802		
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			-		
	Steven Jones					i	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693		@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.						(Month, Day, Tear)	
fin p	Does the agency have a ticke		Yes⊠ No[□ Face Value o	of Each Ticket/Pass \$	\$450/\$30parking	
	- 14. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		IES [Z] NO [
	Event Description Basketball Game Date(s) Date(s)			Date(s)'	17 / 15		
	Ticket(s)/Pass(es) provided b			If no. Golde	n State Warriors		
	ricket(s)/rass(es) provided b	y agency:	Yes No [Name of Sou		
	Was ticket distribution made at the behest No ☐ Yes ☒			⊠ If yes: Alam	eda County Superviso	r Wilma Chan	
	of agency official?			Official's Name (L	ast, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
			Pass(es)				
			1				
	B. Name of Individu	Number of Ticket(s)/		Identify one of the following	lmar.		
	(Last, First)	Pass(es)		Identify one of the followi	ng;		
				Ceremonial Role		Income	
	Chang, Emily		2+1park	Annual and the control of the contro	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in		
			i retti influenzania		potential County reven		
	-			Ceremonial Role	VIII DE LE	Income	
			0.4		nial Role" or "Other" describe below:		
			2+1park				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy	
	(include address and description)		Pass(es)	Constant are			
				7.			
4.						20 % X X	
	I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified that the						
	()		Steven Jo	(A) (A)	Central District Directo		
	Signature of Agency Head or Designe	0	Print Nam	96	Title	(Month, Day, Year)	
	Commont						
	Comment:					EDDO E 200 (4/40)	

1.	Agency Name		Date Stamp California 802			
	Alameda County			For Official Use Only		
	Division, Department, or Regi	ion (If Applicable)		Y	1 31 3110111 323 211)
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Steven Jones				Amendment (Must pr	- vide contenston in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musi pi	rovide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation		27 98 X		\$600/\$30parking
	Does the agency have a ticke		Yes 🗵 No [The probability probability of	of Each Ticket/Pass \$	tooo.toopag
	Event Description Basketball	Game Provide Title/Expl	anation	Date(s)11	1 , 24 , 15	
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No [If no: Golde	n State Warriors	
				Alam		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam of agency official?				eda County Superviso Official's Name (L	Last, First)
_			10220125-042-24-11-044-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	35744(II) V (44-46)		
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant	- L L L L L L L L L L L L L L L L L L L
			Pass(es)			
	B. Name of Individu	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Schaff, Bill		2+1park	2475 07 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Inial Role" or "Other" describe helow:	Income
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
			2+1park	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
				1		
		ı				
4.	Verification I have read and understand FPPC Reg	ulations 18944.1 an	id 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	ith the requirements.
	Character and the state of the		Steven Jo		Central District Directo	
	Signature of Agency Head or Designe	e	Print Nam	96	Title	(Month, Day, Year)
	Comment:					

١.	Agency Name						802
	Alameda County		Form For Official	Use Only			
	Division, Department, or Reg	ion (If Applicable)		7	T G G MOIO	0.00 0.11)
	Board of Supervisors				1		
	Designated Agency Contact	(Name, Title)					*
	Steven Jones						. O. 4.2.1
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation II) Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Ye	ar)
2.	Function or Event Infor	mation					0.450
	Does the agency have a ticket	et policy?	Yes⊠ No □] Face Value o	of Each Ticket/Pass \$ _		\$450
	Event Description Basketbal	I Game		Date(s) 11	, 06 , 15	1	1
	Event Description	Provide Title/Expi	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No 🗵	If no: Golde	n State Warriors	DATE OF THE PARTY	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam of agency official?				eda County Superviso	(Last, First)	
of agency official:							
3.	Recipients • Use Section A to identify the agence	ual. • Use Section C to ider	ntify an outside org	anization.			
			Number of		olic purpose made pursuan		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	t to the agency s p	Joney
							4
	•						
	/						
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	ving:		
	(Lost, First)		Pass(es)		Ceremonial Role Other Income [
	Chan, Carl			Geremonial Role If checking *Geremonial*	Other Inial Role" or "Other" describe below:		Income L
	Olidit, Odir		2		ance at an event held		cility in
				order to maximize potential County revenue from sales.			3.
				Ceremonial Role			Income
			2	If checking "Ceremo.	nial Role" or "Other" describe below.		*
			Number of				MATERIA DE
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's	policy
	· · · · · · · · · · · · · · · · · · ·						
,	\						
4.		gulations 18944.1 au	nd 18942. I have ver	ified that the distribution set	forth above, is in accordance v	vith the requirements	i.
4.	Verification I have read and understand FPPC Reg	gulations 18944.1 ar	nd 18942. I have ver Steven Jo		forth above, is in accordance v		.25.2015

١.	Agency Name		Date Stamp California 802				
	Alameda County			Form For Official Use Only			
	Division, Department, or Regi	on (If Applicable,)			i di dilidia dab diliy	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
	Steven Jones				The second secon	A V	
	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)	
>	Function or Event Infor	200001100020019000000000000000000000000			Print Washington and To John		
	Does the agency have a ticke		Yes⊠ No[7 Face Value	of Each Ticket/Pass \$ _	\$450/\$30parking	
			100 23 110 2	i maranana katawanatana	1 , 09 , 15	7 7	
	Event Description Basketball	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	V D N- B	If no. Golde	n State Warriors		
	ricket(s)/Pass(es) provided b	y agency r	Yes No [Name of S		
	Was ticket distribution made a	at the behest	No ☐ Yes [✓ If yes: Alam	neda County Supervis	or Wilma Chan	
	of agency official?		Official's Name	(Last, First)			
3.	Recipients			AL - 6/71 1-00 10/10 1-00 00/100			
	Use Section A to identify the agence	y's department or	1 1	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy		
			Pass(es)				
			-				
	B. Name of Individual Number Ticket				Identify one of the follo	udner.	
	(Last, First)		Ticket(s)/ Pass(es)		used teach of the annual tunes and tunes and teach and the annual teach of the annual teach.		
	270 00 - 90 889-07			Ceremonial Role		Income	
	Doutherd, Clarissa		2+1park		"Ceremonial Role" or "Other" describe below:		
			1 Security 10 10 10 10 10 10 10 10 10 10 10 10 10	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
	·			Ceremonial Role		Income [
			10200000000000		onial Role" or "Other" describe below		
			2+1park	rk			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pu	ıblic purpose made pursua	nt to the agency's policy	
	(include address and de	scription)	Pass(es)			0000000 000000 5 .0000 5 .0000 5 .0000	
					t		
					200		
4.	Verification						
ice d	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	erified that the distribution se	l forth above, is in accordance	with the requirements.	
			Steven Jo	ones	Central District Direc	tor 11.25.2015	
	Signature of Agency Head or Designe	ne -	Print Nam	99	Title	(Month, Day, Year)	
	7/ M						

I. Agency Name		*	Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or Region (If Application)	rable)		1	For Official Ose 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.)
	nes@acgov.org		Date of Original Filing:	(Month, Day, Year)
Value and Value	ines@acgov.org			(Month, Day, Year)
2. Function or Event Information	V E N E	T Face Value o	of Each Ticket/Pass \$	\$450
Does the agency have a ticket policy?	Yes⊠ No [
Event Description Basketball Game	#lountles	Date(s)	1 , 14 , 15	
Provide Title	/Expranation	Golde	n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🛭	If no: Golde	Name of Sou	rce
Was ticket distribution made at the behe	et Na 🗆 Vaa S	Alam	neda County Supervisor	Wilma Chan
of agency official?	st No ☐ Yes ∑	ır yes:	Official's Name (Li	ast, First)
 Recipients Use Section A to identify the agency's department 	lual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuant	
A. Name of Agency, Department of Ont	Ticket(s)/ Pass(es)	beautibe the par	ono parpose maso para-	
-				
·				
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
(Last, First)	Pass(es)			
		Ceremonial Role		Income
		If checking "Geremo	onial Role" or "Other" describe helow.	
		Ceremonial Role	Other	Income
			onial Role" or "Other" describe below:	(A) (S) (A) (A) (S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)	<u> </u>		
Deputy Sheriffs' Activities League	2		dance at an event held a	
(DSAL) 16335 E 14th St, San Lean	dro 2	order to maximize	potential County reven	ue from sales.
Provides recreational/ educational op	ppor-			
tunities for children in Unincorp. AlCo				
4. Verification				
I have read and understand FPPC Regulations 18944	1 1 and 18942. I have ve	rified that the distribution set	t forth above, is in accordance wit	h the requirements.
	Steven Jo	nes	Central District Directo	r 11.06.20415
Signature of Agency Head or Designee	Print Name	,	Title	(Month, Day, Year)
0				
Comment:				

10) 272-6693 si				For Official Use Only	
vision, Department, or Region pard of Supervisors signated Agency Contact (Nareven Jones ea Code/Phone Number E- 10) 272-6693				Por Official Use Offiy	
signated Agency Contact (Nar even Jones ea Code/Phone Number E- 10) 272-6693 si	ne, Title)				
signated Agency Contact (Nar even Jones ea Code/Phone Number E- 10) 272-6693 si	ne, Title)				
ea Code/Phone Number E- 10) 272-6693 S					
ea Code/Phone Number E- 10) 272-6693 S			П A	provide explanation in Part 3.)	
	mail				
	teven.jones@acgov	.org	Date of Original Filing	:(Month, Day, Year)	
unction or Event Informa	ition		×	\$600	
es the agency have a ticket p		1.40	ue of Each Ticket/Pass \$.		
ent Description Basketball G	ame	Date(s) _	11 , 24 , 15		
		Go	olden State Warriors		
cket(s)/Pass(es) provided by a	gency? Yes □	1 TO Lind	Name of S		
as ticket distribution made at t	he behest No 🗆	Yes XI If yes. A	lameda County Supervis	or Wilma Chan	
f agency official?	МоД	Official's Name	(Last, First)		
ecipients					
Jse Section A to identify the agency's	department or unit. • Us	dividual. • Use Section C to ide	ntify an outside organization.		
. Name of Agency, Department	or Unit Ticket	s)/ Describe the	e public purpose made pursua	nt to the agency's policy	
	1				
				2	
B. Name of Individual Number of Ticket(s)/			Literatify and of the following	lear	
(Lost, First)					
One langifur				Income	
rig, Jennilei	2		To promote attendance at an event held at a County facility in		
		order to maxim	nize potential County rev	enue from sales.	
				Income	
X #	2	If checking "C	If checking "Ceremonial Role" or "Other" describe below:		
Name of Outside Organiz				ant to the agency's policy	
	Intion) IICKO		ie public purpose made pursua	int to the agency's policy	
erification					
aave read and understand FPPC Regular				STATE OF STA	
() · · ()				otor 11.25.2015 (Month, Day, Year)	
f en	agency official? ecipients se Section A to identify the agency's Name of Agency, Department Name of Individual (Last, First) Name of Outside Organiz (include address and descr	Agency official? Pecipients See Section A to identify the agency's department or unit. • Use Number Ticket Pass(e) Name of Agency, Department or Unit Number Ticket Pass(e) Name of Individual (Lost, First) Ang, Jennifer 2 Name of Outside Organization (include address and description) Number Ticket Pass(e) Pass(e) Number Ticket Pass(e) Number Ticket Pass(e) Number Ticket Pass(e) Stevered and understand FPPC Regulations 18944.1 and 18942.11	ecipients see Section A to identify the agency's department or unit. • Use Section B to identify an in Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Name of Individual (Last, First) Ing, Jennifer Ceremonial If checking 'C To promote attorder to maxim Ceremonial If checking 'C Ceremonial If checking 'C Ceremonial If checking 'C Ceremonial If checking 'C Describe the control of	Agency official? Cipients Se Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Name of Individual (Last, Field) Number of Ticket(s)/ Pass(es) Repaired Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Repaired Number of To promote attendance at an event heliorder to maximize potential County revious for County for County revious for County revious for County for	

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
	Division, Department, or Region (If Applicable)				1	For Official Ose Offiy	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Steven Jones Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	@acgov.org		Date of Original Filing:			
2	CASSA DATA STOLEN PROCESSANDA	steven.jones@acgov.org		(Month, Day, Year)			
2.	Function or Event Information				of Each Ticket/Pass \$ _	\$450/\$30parking	
	Event Description Basketball Game Date(s) Date(s)				1 , 02 , 15		
	Coldo				on State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: ☐			If no: Golde	den State Warriors Name of Source		
	Was ticket distribution made at the behest No□ Yes ☒ If yes. Alam				neda County Supervisor Wilma Chan		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: of agency official?			△ If yes:	Official's Name (Last, First)		
3.	원 주						
	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 Number of Describe the s						
	A. Name of Agency, Department of Onit		Ticket(s)/ Pass(es)	bescribe the pu	ublic purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)				
	Cluver, Andreas		2+1park	Ceremonial Role		Income	
	Ciuver, Anureas			If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in			
				order to maximize potential County revenue from sales.			
		-		Ceremonial Role	Other 🗆	Income	
			0.4		onial Role" or "Other" describe below:		
			2+1park				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es) Describe the		public purpose made pursuant to the agency's policy		
	4.	Verification					
I have read and understand FPPC Reg		ulations 18944.1 ar	nd 18942. I have ve	erilied that the distribution se	t forth above, is in accordance w	rith the requirements.	
			Steven Jo	ones	Central District Direct	or 11.25.2015	
	Signature of Agency Head or Designee Po				Title	(Month, Day, Year)	
	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
	Comment:						

1.	Agency Name				Date Stamp	California 8	02
	Alameda County			Form For Official Use	No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,		
	Division, Department, or Regi	ion (If Applicable		For Official Ose	Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
	Steven Jones Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Pari	3.)
		steven.jones	Macaay ora		Date of Original Filing	:	_
	(510) 272-6693		acgov.org			(Month, Day, Year)	
2.	Function or Event Infor			Topa Value a	of Each Ticket/Page \$		\$450
	Does the agency have a ticke		Yes⊠ No [of Each Ticket/Pass \$.		
	Event Description Basketball	Game	1 , 09 , 15				
		Provide Title/Expl	- Ctata Marriaga				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛭	If no: Golde	n State Warriors Name of S	Source	
	Was ticket distribution made a	eda County Supervis					
	of agency official?	Official's Name	(Last, First)				
2	PRODUCTION CONTRACTOR						
3.	Recipients • Use Section A to identify the agence	v's department or	unit Use Sect	ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organiza	tion.
	Water the second of the second	W. P. V.	Number of		olic purpose made pursua		
	A. Name of Agency, Department or Unit Ticket Pass(beautibe the public purpose made parental to the against a princip			
	and the second s						
		2					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	A CONTRACTOR OF THE CONTRACTOR		Pass(es)	Ceremonial Role	Other	li de la companya de	ncome 🔲
	Kakishiba, David		No.		nial Role" or "Other" describe belov		1501110
			2		ance at an event held		y in
	40-			order to maximize	potential County reve	enue from sales.	
				Ceremonial Role	Parameter Control (Control Control Con		ncome
			2	If checking "Ceremo	nial Role" or "Olher" describe belov	V.	
			Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's polic	y
		Pass(es)					
	*		-				
4.					#)		
	I have read and understand FPPC Reg	ulations 18944.1 an					00.000.000
			Steven Jo	nes	Central District Direc		
	Signature of Agency Head or Designe	е	Print Name	,	Title	(Month, D	ay, Year)

46.1	Million .			etter over the second	NAME OF TAXABLE PARTY.
A	1211	lo i	10	Docu	177 CX 173
2-4		1.71	44.0		

		Was making the property	meresona duras s				
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\			-		
		140///0, ////0)					
	Steven Jones		Amendment (Must	provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Pata of Original Filling	And the second of the second	
	(510) 272-6693	steven.jone:	s@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	mation				\$450	
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$.	000000000000000000000000000000000000000			
	Event Description Basketball	Game		Data(e) 11	1 , 17 , 15		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No [If no. Golde	n State Warriors		
	Ticket(a)/i ass(es) provided b	y agonoy.	Yes No [Name of S		
	Was ticket distribution made a	it the behest	eda County Supervis	or Wilma Chan			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Super of agency official?					(Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the p		ublic purpose made pursuant to the agency's policy		
			Pass(es)				
		Number of					
	B. Name of Individua	al	Ticket(s)/		Identify one of the following:		
			Pass(es)	Ceremonial Role	Other	Income [
	Taylor, Debbie		80		nial Role" or "Other" describe below		
			2	To promote attend	ance at an event held	d at a County facility in	
				order to maximize	potential County reve	enue from sales.	
				Ceremonial Role	Other	Income [
			2	If checking "Ceremo	nial Role" or "Other" describe belov	V.	
			-				
					*		
	C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the pu	public purpose made pursuant to the agency's policy		
	(include address and description)		Pass(es)				
				ŭ.			
						V.	
				5			
Λ	Verification						
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
			Steven Jo		Central District Direc		
	Signature of Agency Head or Designer		Print Nam		Title	(Month, Day, Year)	
	signature of rigority freed of Designati		. (0), (200)	770	15,10%	wovend start world.	
	Comment:					U	

	Sec. 17.551			
A.	Ph L.	12	Docu	and the same and the
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1.	Agency Name			¥	Date Stamp	California 802
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable		To official osciony		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Steven Jones					
	Area Code/Phone Number	E-mail		Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: -	(Month, Day, Year)
_	Function or Event Infor		G33			(Month, Day, real)
See a	Does the agency have a ticket		Yes⊠ No[T Face Value of	of Each Ticket/Pass \$	\$450/\$30parking
			162 [A] 140 [_		X X
	Event Description Basketbal	Provide Title/Exp	1 14 1 15			
	The state of the s	N.	If no. Golde	n State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes No [Name of Sou	
	Was ticket distribution made	at the behest	eda County Superviso	r Wilma Chan		
	of agency official?		No ☐ Yes [Official's Name (L	.ast, First)
3.	Recipients					
	 Use Section A to identify the agend 	cy's department or		tion B to identify an individ	ual • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departm	Troncitor.		iblic purpose made pursuant to the agency's policy		
	VACABLE VIDEONISES DE LA CANCILLA DE C		Pass(es)			
	-					
		Number of		5 C OE 25 TO E 5		
	B. Name of Individu	ıal	Ticket(s)/ Pass(es)	Identify one of the following:		
			1	Ceremonial Role	Other	Income
	Padilla Johnson, Rose		2. Inork		nial Role" or "Other" describe below:	
			2+1park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role	Other onial Role" or "Other" describe below:	Income L
			2+1park	il checking ceremo	marrole or other describe order.	
	Name of Outside Orga	pization	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
_						
4.	Verification I have read and understand FPPC Reg			arified that the distribution set	I forth above, is in accordance w	with the requirements
	I have read and understand FPPC Res	ушанова төзчч. ган				
			Steven Jo		Central District Directo	or 11.25.2015 (Month, Day, Year)
	Signature of Agency Head or Design	00	Print Narr	10	Title	(Month, Day, Tear)
	Comment:					
	COHINGIL					A SPORT WATER BY THE TAX THE PARTY OF THE PA

D8040		DOUBLE SALES CONTROL SALES CON				A i dono boodinene	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 004			
	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	provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					(IVIOIIIII, Day, Teal)	
	Does the agency have a ticke		Yes 🛛 No	T Face Value o	f Each Ticket/Pass \$ _	222	
		, ,	TOO EST THO	account and a second		12 , 24 , 15	
	Event Description Raiders	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	sides				
	Tioker(o)/i add(cd) provided b	y agency:	Name of S	ource			
	Was ticket distribution made a	nt the behest	Nate				
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agenc	y's department or (ction B to identify an individu	ıal. ● Use Section C to ideı	ntify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Describe the public Pass(es)		blic purpose made pursuant to the agency's policy			
	Social Services Agency		2	To reward a County employee for their exemplary service to the public			
	B. Name of Individua	1	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow		
	Dones, Alan			Ceremonial Role		Income	
	Donos, Alan		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facili			
				order to maximize potential County revenue from parking and			
	ECONOCIO SACRA COLO COMPANIA MANAMANIA MANAMANI	w		Ceremonial Role	Other 🔀	Income [
	Hunt, Clarence		2	If checking "Ceremonial Role" or "Other" describe below:		:	
				concession sales			
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	nt to the agency's policy	
	ETERTORISMA CONTROL CO					ктипп ст моницина и педина дели мустр у монути моницину пручина учубника учубника од применени под постоју у дугуру	
4	Verification (
·	A O'THOURTH	; 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	vith the requirements.	
-			Anna G	iee	Operations Chief	11/2/15	
	Signature of Agency Head or Designee	P	Print Nam		Title	(Month, Day, Year)	
	Danas manhimati						
	Comment: Dones received	parking pass		-			

Δ	D ₁₁	h	ic	Document	

A 01				Large Co. S. Co. Section State
. Agency Name	Date Stamp	California 802		
Alameda County		Form For Official Use Only		
Division, Department, or Region (If Applicable		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Anna Gee				
Area Code/Phone Number IE-mail			. Amendment (Must	provide explanation in Part 3.)
(510) 272-6694 anna.gee@	acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information	,99			(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🛛 No	Ti Face Value o	of Each Ticket/Pass \$.	222
	TES MI NO	Bestroid		
Event Description Raiders Provide Title/Exp	olanation	Date(s)) 11 15	11 , 1 , 15
•		i ∑ i If no:	WW5	ource
Ticket(s)/Pass(es) provided by agency?	Yes No	M it uo: € 52	Name of S	ource
Was ticket distribution made at the behest	No ☐ Yes	If yes: Miley	, Nate	
of agency official?	T. O Inned	II y OO. memorenamena	Official's Name	(Last, First)
. Recipients				
 Use Section A to identify the agency's department or 	r unit. ⊸ Use Sec	ction 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)/	Describe the public purpose made pursuant to the agency's polic		
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	rass(es)	Ceremonial Role	Other 🛛	Income
Pete, Geoffrey			ial Role" or "Other" describe below.	
	4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and		
Coo Detricio		If checking "Ceremonial Role" or "Other" describe below:		Income
Gee, Patricia	4			
		concession sales		
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	it to the agency's policy
Vorification				
. Verification 18944.1 ar	nd 18942. I have ve	erified that the distribution set fi	orth above, is in accordance w	vith the requirements.
	Anna G		Operations Chief	11/2/15
Signature of Agency Head or Designee	Print Nam	Attributorom commence de la commence del la commence de la commenc	Tille	(Month, Day, Year)
Comment: Pete received 10/11 tix				

Δ	Pu	hl	ic	Do	CH	me	nt

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 (Name,Title)						
	Anna Gee							
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)		
XIII (1900)	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing	:(Month, Day, Year)		
2.	Function or Event Inform					222		
	Does the agency have a ticker	t policy?	Yes 🗵 No		f Each Ticket/Pass \$.			
	Event Description Raiders	Devide Till Evel		Date(s) <u>11</u>		12 / 6 / 15		
		Provide Title/Expla	lider 6					
	Ticket(s)/Pass(es) provided by	y agency?	If no:	Name of S	Source			
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If yes: Miley	, Nate			
**********	of agency official?			,	Official's Name	(Last, First)		
3.	Recipients				-			
	Use Section A to identify the agency		ıal.	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				
	·	wickers with the second				EXTENSION OF THE STATE OF THE S		
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Brooks, Patricia			i '	Other X ial Role" or "Other" describe below	Income 🔲		
			2			d at a County facility in enue from parking and		
	Williams, Mark		2	Ceremonial Role If checking "Ceremon	Other 🔀 ial Role" or "Other" describe below	Income 🔲		
				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				
	St. Mary's Center - 925 Broost,Oakland, 94608	ckhurst	4	To reward a non pr community.	ofit organization for t	heir contributions to the		
	FEEDING HOMELESS SEN	NIORS						
4.	Verification	18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance v	vith the requirements.		
			Anna G	ee	Operations Chief	11/2/15		
	Signature of Agency Head or Designee	ppd Valance control	Print Nam		Title	(Month, Day, Year)		
	Comment: St. Mary's receive	ed 12/6 tix						
	COIIIIICIII.							

1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form 002				
	Division, Department, or Reg	ion (If Applicable		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Anna Gee							
	Area Code/Phone Number	IE-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	acdov ord		Date of Original Filing:			
2.	Function or Event Infor		acgov.org			(Month, Day, Year)		
	Does the agency have a ticke		V 101 N-	□ Face Value o	f Each Ticket/Pass \$ _	124.75/109.05		
	네 시간하다면 내가 가게 사용하다가 아니라 한 경기가 되었다는 나가 얼마나 없었다.		Yes No	- In the contract of the contr		40 05 45		
	Event Description Gabriel Igl	Provide Title/Exp.	1 , 3 , 15	10 , 25 , 15				
	Ticket(s)/Pass(es) provided by	y agency?	Name of So	or (1055				
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Miley	, Nate Official's Name (Last, First)		
3.	Recipients							
	 Use Section A to Identify the agency 	y's department or	unit. • Use Sec	ction 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				
	County Administrator's Office		4	To reward a County employee for their exemplary service to the public				
	Information Technology Dep	partment	2	To reward a County employee for their exemplary service to the public				
	B. Name of Individual	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role # checking "Ceremon	Other	Income		
				Ceremonial Role If checking "Ceremon	Other	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	t to the agency's policy		
				-		u .		
1.	Verification I have read and understand FPPC Redu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.		
-			Anna G	ee	Operations Chief	11/2/15		
	Signature of Agency Head or Designee CAO received 10		Print Nam	е	Title	(Month, Day, Year)		

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



Agency Name Alameda County					
Recipients Use Section A to identify the agency's department or	unit.	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			
BOS District 4 staff	2	To reward a County employee for their exemplary service to the public			
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
•	4-74-1-2-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				

. Ag	ency Name				Date Stamp	California 802
	meda County					Form 002
Divi	ision, Department, or Regi	ion (If Applicable	9)			For Official Use Only
Boa	ard of Supervisors					
Des	ignated Agency Contact (Name,Title)				
Anr	na Gee					
Area	a Code/Phone Number	E-mail			. Amendment (Must)	provide explanation in Part 3.)
(510	0) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fui	nction or Event Inform	nation				(,,
Doe	es the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$ _	37.45
Eve	nt Description Disney on	Ice		Date(s) 10	8 15	10 , 8 , 15
	THE DOOMINGTON THE PROPERTY OF	Provide Title/Exp	lanation	0		entercommunication of the control of
Tick	ket(s)/Pass(es) provided by	y agency?	Yes□ No	🛛 If no: 🔝	orden issale U	hellist.
10/00	a tialcat diatributian was de a		(27.7m)	- Milev	Name of So	ource
	s ticket distribution made a agency official?	it the benest	No 🗌 Yes	If yes: Miley	Official's Name	(Last, First)
	cipients					
	cipients e Section A to identify the agency	y's department or	unit.	ction B to identify an individu	ual. Use Section C to ider	ntify an outside organization.
Α.	Name of Agency, Departme		Number of		olic purpose made pursuan	
, ,,,			Ticket(s)/ Pass(es)		no parposo moso parosas.	
В,	Name of Individus (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow Other Identify one of the follow:	ding: Income □
				Ceremonial Role If checking "Ceremon	Other . Other . ial Role" or "Other" describe below:	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
	ited Seniors of Oakland 8 unty-7200 Bancroft Ave,		8		motivate and provide ations in the County s	e expanded opportunities such as the disabled,
				underprivileged, se	niore and youth in foe	ster care
Oal SEI	kland 94605 NIOR ADVOCACY			anderprivaeged, se	and youth in los	7.01 Ga G.
SEI	kland 94605 NIOR ADVOCACY rification	ns 18944.1 an	d 18942. I have ve		orth above, is in accordance w	
SEI . Ver	NIOR ADVOCACY	ns 18944.1 an	d 18942. I have ve Anna G	erified that the distribution set f		

Δ	Duh	lic	Docu	mont
6-0	P 111	11102	Dogu	R R # 6-5 R S #

1. Ager	ncy Name				Date Stamp	California 802
Alam	eda County				ACAM SHOULD PROBE BUT THE EAST OF	Form OUZ
Divisi	on, Department, or Reg	jion (If Applicable	1	For Official Use Only		
Board	d of Supervisors					
100000000000000000000000000000000000000	nated Agency Contact	(Name Title)	ł			
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Anna		Ter			Amendment (Must	provide explanation in Part 3.)
	Code/Phone Number	E-mail			Date of Original Filing:	
and the same of	272-6694	anna.gee@a	acgov.org		Date of Original Filling	(Month, Day, Year)
	tion or Event Infor		Y2=Y 0			37.45
	the agency have a tick		Yes 🗵 No		of Each Ticket/Pass \$ _	
Event	Description Disney or	ı Ice		Date(s)10	9 , 15	10 , 10 , 15
		Provide Title/Expl	anation	0	11 - 54 1 1	N. Automotive Co.
Ticket	(s)/Pass(es) provided b	y agency?	Yes ☐ No!	If no:	Name of S	DUMP ((CX'S)
Was t	cket distribution made	at the beheet		⊠ If yes: Miley		
	ency official?	at the beliest	No ☐ Yes	If yes:	Official's Name	(Last, First)
Poci	pients				7.4 April 2011 - 10 10 10 10 10 10 10 10 10 10 10 10 10	
		cy's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
Α.	Name of Agency, Departm		Number of		lic purpose made pursuar	
/~\.	Name of Agency, Departin	ent or onit	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuar	it to the agency's policy
2						
В.	Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)			
					Other ial Role" or "Other" describe below.	Income 🔲
				n checking Ceremon	tarrole or other describe below.	
				Ceremonial Role	Other	Income 🔲
				If checking "Ceremon	ial Role" or "Other" describe below.	No. 20
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	V 200 LW		Pass(es)	1935 at 51 1975		
	d Seniors of Oakland		8			e expanded opportunities
Cour	ty-7200 Bancroft Ave	, Ste 251	(170)	to vulnerable popul	ations in the County	such as the disabled,
	and 94605			underprivileged, se	niors and youth in fo	ster care.
SEN	OR ADVOCACY			S 1862 V	#	
l. Verif	içation	5686554465456				Magazinan - of magapatanismus
-		18944.1 and	l 18942, I have ve	rified that the distribution set f	orth above, is in accordance w	FI Suit AFS (CS)
			Anna G	ee	Operations Chief	11/2/15
S	ignature of Agency Head or Designe	0	Print Nam	e	Title	(Month, Day, Year)
Comr	nent:					

Δ	D.	ıhl	lic	Doc	ument

gerteer,						711 april 200ament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Para Politicana
	Division, Department, or Regi	on (If Applicable)	The second secon		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)
))	Function or Event Infor	1				(World, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	37.45/99
	- •	•		Control		
	Event Description Disney on	Provide Title/Expla	anation	Date(s)	, 11 , 15	COLUMN TO THE PROPERTY OF THE
	Ticket(s)/Pass(es) provided by		Yes□ No	🛛 If no:	in Style Wo	vs ((/) (° ·)
	NA/ 4:-14 -1:-4-:1-v-1:	Ada a balaad				ırce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Miley,	Official's Name (L	.ast. First)
	·					,· ,
١.	Recipients • Use Section A to identify the agency	/'s department or i	ınit. 🏿 Use Sec	ction B to identify an individu	ıal. e Use Section C to ident	ify an outside organization
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(ès)			
	NAME CONTINUE CONTINU					
	B. Name of Individua (Last, First)	il.	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Densiran Jacquila			Ceremonial Role		Income
	Ramirez, Joceyln		4	1	ial Role" or "Other" describe below: ance at an event held :	ot a County facility in
					ootential County reven	
					Other	Income 🔲
					ial Role" or "Other" describe below:	
				concession sales		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	Consideration and the particular and the state of the sta					
\$20000000 T	V 161 11]			
١.	Verification	18944 1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wil	h the requirements.
-		, so in. i unu				•
	Signalure of Agency Head of Designee	jum) jakon kutika antiinii kannoo ka	Anna G		Operations Chief	11/2/15 (Month, Day, Year)
	- garay riods or bodgilos					(mem, pay, rour,
	Comment:					

						A I UDITO DOCUMENT
۱.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		6015673. Kalaba 300 8444. A lain habada ahaa kanan ayaa ga 2222 232 232 232 232 232 232 232 232 2		
	Anna Gee					
	Area Code/Phone Number	E-mail			☐ Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	Month Day Voorl
)	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	T Face Value o	f Each Ticket/Pass \$ _	89.50/139.50
	- •	•				
	Event Description Hot Winter	Provide Title/Expl	anation	Date(s)	CONTROL CONTRO	12 3 15
	Ticket(s)/Pass(es) provided by	v agency?	Van 🗀 Na	If no: (10)	den State 1	W. C. C. C.
	Tieker(a)/i add(ed) provided by	y agency:	Yes 🗌 No	11 110 tomoscosowoodomos	Name of Sc	DUICE
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Miley	, Nate	
	of agency official?			-	Official's Name ((Last, First)
}.	Recipients					
	Use Section A to identify the agency	y's department or		ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Charles Andrea and the Control of the second design of the second		Pass(es)	Termina de servicio de la companya del companya de la companya del companya de la		
				·		
	CONTRACTOR	V				
	B. Name of Individua		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			**************************************	Ceremonial Role	Other 🛛	Income 🔲
	Pete, Geoffrey		4	-	ial Role" or "Other" describe below:	
						at a County facility in nue from parking and
					Other 🛛	Income
	Malapaie, Sara				ial Role" or "Other" describe below:	income
	•		4	concession sales		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the nub	lic purpose made pursuan	t to the agency's noticy
	(include address and des	cription)	Pass(es)		no purpose mado pursuan	. to the agency a policy
						•
	Emelescannon					
ļ.,	Verification					
	#	i 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	ith the requirements.
			Anna G	ee	Operations Chief	11/2/15
	Signature of Agency Head or Designee	- Antocint Cotto-contraction	Print Nam	ne	Title	(Month, Day, Year)
	Malapaie receive	ed 12/3 tix.				
	/ ommont:					

Δ	Pu	bl	ic:	Do	CU	me	nt

						A rubiic Document
	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail		ACCOUNTS OF THE STATE OF THE ST	Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
**************************************	Function or Event Inform					(Month, Day, Tear)
	Does the agency have a ticket		Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	100/114.30
	Event Description The Week			Standards.		12 , 11 , 15
	Event Description	Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes□ No	ISI If no:	den State W	or or
		, agana, .	162 L 140		Name of So	urce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Miley,	Nate Official's Name (I	
8/W 2 //	of agency official?				Official's Name (I	ast, First)
	Recipients					
	 Use Section A to identify the agency 	r's department or ι	ınit. Use Sed	ction B to identify an individu I	ial. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						COCCOSCO CARROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CONTROLLO CO
			and and the deposit is different assessment as a superpression of the second and the second assessment as a superpression of the second as a superpression of the second assessment as a superpression of the second as a superpression			
	B. Name of Individua (Lest, First)	l.	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Coon, Chorupo			Ceremonial Role		Income
	Seary, Charyce		4		ial Role" or "Other" describe below: ance at an event held :	at a County facility in
					potential County reven	
	ком в произворного по в при			Ceremonial Role	Other 🛛	Income
	Garchar, Randy		4	1	ial Role" or "Other" describe below:	
				concession sales		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
						C.
posterio						
•	Verification	: : 18944 1 and	18942 have ve	enfied that the distribution set fo	orth above is in accordance wit	h the requirements
MO: No.		, 10344, 1 dilu				
		• endoachionini Shininina	Anna G		Operations Chief	11/2/15 (Month, Day, Year)
	**AAA!		i antivali		rmo	(monin, Day, Toar)
	Comment: Garchar received	l 12/11 tix				

1.	Agency Name				Date Stamp	California 202
	Alameda County					Form 004
	Division, Department, or Regio	n (If Applicable)	KATULAN KORKELODARO DIORESTO ECUPET S'ON SCHIAN ELOS SIGNIFICADO			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame,Title)				
	Anna Gee				[Assendance (Mark	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				·
200720	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing	(Month, Day, Year)
2.						75
	Does the agency have a ticket	policy?	Yes 🛛 No	Mary I	f Each Ticket/Pass \$.	
	Event Description Muse	ESPANONIMA MATERIA DE CONTROL DE		Date(s)12	15 , 15	
	•	Provide Title/Expta		(not)	Amo Cal La	(1) 3/1-000
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no:	Name of S	Doct uses
	Was ticket distribution made at	the behest	No ☐ Yes	If yes: Miley	, Nate	
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency's	s department or u	ınit. Use Sec Number of	tion B to identify an individu	ıal. ● Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuai	nt to the agency's policy
	The second secon	Parity and a series of the control of the control	1 400(00)			FOR MANAGEMENT OF THE STATE OF
	Charles Manual Andrews London Control of the Contro					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			F 400(00)	Ceremonial Role	Other 🛛	Income 🔲
	Slyma, Andrew		4	1	ial Role" or "Olher" describe below	
						I at a County facility in enue from parking and
				Ceremonial Role		Income
					ial Role" or "Other" describe below	
				concession sales		
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursua	nt to the agency's policy
			Pass(es)			
4.	Verification			I		
•		18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance v	vith the requirements.
		_	Anna G	ee	Operations Chief	11/2/15
	Signature of Agency Head or Designee		Print Nam	ie	Title	(Month, Day, Year)
	Comment:					
	VVIIIIVIII,	****		(1865 - 1866 - 1868 - 1866 - 186 6 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 - 1866 -		\$\$####################################

1.	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)			,	
	Amy Shrago				Amendment (Must be	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				450.00
	Does the agency have a ticket	t policy?	Yes ☐ No l	🔀 Face Value o	f Each Ticket/Pass \$	450.00
	Event Description Warriors v	s. Grizzlies		Date(s)1	, 02 , 15	
		Provide Title/Expla	anation	0 - 1-1	- Chaha Manuiana	
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	If no: Golder	n State Warriors Name of So	urce
	Was ticket distribution made a	it the beheet	N. [7] V I	☑ If yes: Carso		
	of agency official?	it the penest	No ☐ Yes	If yes:	Official's Name (L	ast, First)
······································	Recipients					
э.	 Use Section A to identify the agency 	y's department or u	unit. • Use Sec	tion B to identify an individu	ıal. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
					The state of the s	Abet -
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ing:
	(Last, First)		Pass(es)			
					Other Able of the other o	Income
				ii dilookiig "daloiiloii	deritor of other describe select.	
	N24000000000000000000000000000000000000			Ceremonial Role	Other 🗵	Income [
				If checking "Ceremon	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
	The Praxis Project 1001 42	nd St. Suita	/	To reward a school	or nonprofit organizat	tion for its contributions
	105 Oakland, CA 94605 no		4	to the community	or nonpront organizat	don for its contributions
						E
1	Verification					
* •		s 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	th the requirements.
			Amy Shr	ago	Supervisor's Assistant	11/ 3 0/15
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	' 0					·
	Comment:					

. Agency Name			Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or Region (If Applicab	ole)			To Strictal ode only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6695 amy.shrag	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🔲 No	🔀 Face Value o	of Each Ticket/Pass \$ _	1,100.00
Event Description Warriors vs. Clippers		Date(s) 11	, 04 , 15	
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no: Golder	n State Warriors	
AAA SIISI I Bistollo Alexande eAAbe beleed	lament -	Careo		ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	Official's Name	(Last, First)
B. Recipients				
 Use Section A to identify the agency's department of 	or unit.	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)/	Describe the pub	olic purpose made pursuan	it to the agency's policy
	Pass(es)	•		

TWO.	Number of		STATION CONTRACTOR CON	
Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other 🗵	Income
Carson, Keith	2	_	nial Role" or "Other" describe below:	
		l o promote tourish	n as a form of econon	nic development
		Ceremonial Role	Other 🗵	Income [
Brooks, Rodney			nial Role" or "Other" describe below:	
	2			her exemplary service to
		the public or to end	ourage staff developr	ment
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	nt to the agency's policy
(Monato Balloto Billia Balloto)	Pass(es)			
L Manification				
l. Verification	and 18942. I have ve	erified that the distribution set t	forth above, is in accordance w	vith the requirements.
	Amy Shr		Supervisor's Assistar	·
Signaldre of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
. / /				
Comment:				

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



	cipients	rupit a Usa Sas	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
		·	
**************************************	Name of Individual	Number of Ticket(s)/	Identify one of the following:
	(Last, First)	Pass(es)	Ceremonial Role Other . Income
Sar	nchez, Mina	. 4	If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development
Bro	wn, Aisha	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development
Shr	rago, Amy	2	Ceremonial Role Other Income I
Bro	own, Elaine	2	Ceremonial Role Other Income Income Income To reward a County employee for his or her exemplary service to the public or to encourage staff development
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Paragraphic Society			

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



gency Alame	Name eda County						
Rec	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
Cart	er, Shomari	2	Ceremonial Role Other Incon If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service the public or to encourage staff development				
Mari	iam, Abigail	2	Ceremonial Role Other Income Income Income To reward a County employee for his or her exemplary service to the public or to encourage staff development				
ADEQUACHES SOUTH AS A SHARE			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:				
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				
£	AMERICAN SECTION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND						
		1100000					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name			400000000000000000000000000000000000000	Date Stamp	California 802	
	Alameda County	Alameda County				Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable		FOI Official Use Offig			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	***************************************				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
)	Function or Event Inform	nation		450.00			
	Does the agency have a ticket		Yes□ No		of Each Ticket/Pass \$ _	2000 CONTRACTOR OF THE PROPERTY OF THE PROPERT	
	Event Description Warriors v	s. Nets	200011000000000000000000000000000000000	Date(s)11	1 , 09 , 15		
		Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No [If no: Golder	n State Warriors Name of So	Purce	
	Was ticket distribution made a	t the behest	No II Vos	⊠ If yes: Carso	on, Keith		
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: ⊆ of agency official?				Official's Name (Last, First)	
3.	Recipients						
	• Use Section A to identify the agency	/'s department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy			
		onemanimolish kedidototi (2-2 de Merrigo Egiptici) (2-22 group a 1992 a 1992)				200000000000000000000000000000000000000	
					which did not have a second of the second of		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing	
	(Last, First)	Pass(es)			***************************************		
	Carson, Keith				Other inial Role" or "Other" describe below:	Income	
			4	To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs			
	ks :				g programs		
				Ceremonial Role If checking "Ceremor	Other inial Role" or "Other" describe below:	income L	
	F-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	200,011; 3/41110; 40, -00				,	
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
			and the second s	ALLEGO TO BOOK OF THE STOCK OF	·		
00000							
١.	Noterification, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
			Amy Shr	ago	Supervisor's Assistan	nt 11/30/15	
	Signalule of Agency Head or Designee	}	Print Nam	е	Title	(Month, Day, Year)	
	Comment						
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
	Division, Department, or Region (If Applicable)					To oncia osc only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				1		
	Amy Shrago				Amendment (Musi	t provide explanation in Part 3.)	
	Area Code/Phone Number E-mail				Bosont		
percessors.	(510) 272-6695 amy.shrago@acgov.org				Date of Original Filing: (Month, Day, Year)		
	Function or Event Information Does the agency have a ticket policy? Yes No No Face Value of Each Ticket/Pass \$ 450.00						
	Long Lands						
	Event Description Warriors v	s. Raptors Provide Title/Exp	1 , 17 , 15				
	Ticket(s)/Pass(es) provided b	y agency?	n State Warriors				
			Name of S	Source			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Cars of agency official?				On, Keith Official's Name	e (Last. First)	
	·						
3.	Recipients • Use Section A to identify the agenc	v's department or	unit. ⋄ Use Sec	tion B to identify an individ	ual. ● Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Department or Unit Number						
			Pass(es)		######################################	onnenten fra kannen frinds sekreinlich im Schließe Stad fellen Sta	
	A CONTRACTOR OF THE CONTRACTOR						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Baranco, Lauren		2	Ceremonial Role	Other X	Income	
	Daranco, Lauren	To reward a County employee for his or her exemplary service to					
					courage staff develop		
				Ceremonial Role		Income	
	Rodriguez, Danny	2		onial Role" or "Other" describe below: hty employee for his or her exemplary service			
					courage staff devel <mark>o</mark> p		
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the p Pass(es)		public purpose made pursuant to the agency's policy		
60000000000000000000000000000000000000							
4.	Verification /	18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
				Supervisor's Assista	•		
			AIIIY SIII	ago	Oupervisor a Assiste	11/JU/1J	
	Signalure of Agency Head or Designe	9	Amy Shr	***************************************	Title	(Month, Day, Year)	

			Date Stamp	California O 0 2			
. Agency Name	gency Name						
Alameda County		2 miles (10 mile		Form For Official Use Only			
Division, Department, or Region (If Appl	icable)			·			
Board of Supervisors							
Designated Agency Contact (Name, Title,	esignated Agency Contact (Name, Title)						
Amy Shrago			Amendment (Must r	provide explanation in Part 3.)			
Area Code/Phone Number E-mail			BUCCHOOL .				
(510) 272-6695 amy.shi	rago@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information							
Does the agency have a ticket policy?							
Event Description Warriors vs. Lakers		workstands of the second secon					
Provide Tit.	Provide Title/Explanation						
Ticket(s)/Pass(es) provided by agency	? Yes 🗌 No [☑ If no: Golde	n State Warriors Name of So	DUICE			
Was ticket distribution made at the beh	oet N. El V I	⊠ If yes: Carso		· · · · · · · · · · · · · · · · · · ·			
of agency official?	est No∏ Yes[XI If yes:	Official's Name ((Last, First)			
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit	Number of			Describe the public purpose made pursuant to the agency's policy			
NAME OF THE OWNER OWNER OF THE OWNER OWNE	Pass(es)	Annual School (2005) 202 202 400 400 400 400 400 400 400 400		y the state of the			
				engelse var ook on an en voorste van voorste van de de de verste van de de verste van de verste van de verste v			
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	processes and an action of the Control of the Contr	Identify one of the follow	ving:			
		Ceremonial Role	Other 🗵	Income 🔲			
Brown, Elaine	4		nial Role" or "Other" describe below:				
	-	To reward a County employee for his or her exemplary service to the public or to encourage staff development					
Eur.			Other 🗵	Income			
		;	nial Role" or "Other" describe below:	_			
				www.prome.unabovene.ee.com			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	e public purpose made pursuant to the agency's policy				
	MINISTER CO. C.		210,0413.01;	· ·			
4. Verification /							
	14.1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.			
	Amy Shr	ago	Supervisor's Assistar	nt 11/30/15			
Signature of Agency Head or Designee				(Month, Day, Year)			
, 							
Comment:				EDDC Form 902 (4/12)			