97.11	A CONTRACTOR OF THE PROPERTY O						
1.	Agency Name				Date Stamp	California 802	
	Alameda County		10			Form For Official Use Only	
	Division, Department, or Reg	gion (If Applicable			For Official Ose Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda	i.			П		
	Area Code/Phone Number	E-mail			. Amendment (Must p	ovide explanation in Part 3.)	
	(510) 272-6692 michelle.dianda@acgov.org Function or Event Information			org	Date of Original Filing: .	(Month, Day, Year)	
٤.	Function or Event Info	rmation			100000000000000000000000000000000000000		
	Does the agency have a tick		of Each Ticket/Pass \$	5000.00			
	Event Description Warriors	Playoff Round Provide Title/Exp	3 , 04 , 15				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Golden			n State Warriors			
	Name of Source						
	Was ticket distribution made of agency official?	at the behest	, Richard- Supervisor [Official's Name (L	District 2 ast, First)			
3.	Recipients • Use Section A to identify the agen	cy's department or	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy			
	X						
	B. Name of Individual				Identify one of the followi	ng:	
	(688,778)		Pass(es)	Ceremonial Role	Other 🛛		
	Rodriguez, Robert		If checking "Ce.		ial Role" or "Other" describe below:	Income	
			2		ance at an event held a potential revenue from		
				Ceremonial Role	Other 🗵	Income [
	Dianda, George		2		ial Role" or "Other" describe below:		
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
	C. Name of Outside Organization (include address and description)			122 A A	e the public purpose made pursuant to the agency's policy		
			Pass(es)			7/	
١.	Verification	MANUAL MANUAL CONTROL MANUAL M		SQLD-17 PM 15 (QUIDLING 1 2 P 2 20 10 PM 17 PM 17 PM	(335,50,00,00,00,00,00,00,00,00,00,00,00,00	NAMES AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA	
	I have read and understand FPPC Red	ulations 18944.1 an	d 18942. I have ve Michelle D		orth above, is in accordance wit Supervisor's Aide	h the requirements.	
			IVIICITE: 13	landa	Supervisor's Aide	1 1/.1	

4	Agency Name				Date Stamp	California OOO	
	Alameda County		Date Stamp	Form 802			
	Division, Department, or Reg	nion (If Applicable)			For Official Use Only	
		jieri (n / gajaneasie		4			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda			9	Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing		
_	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info					5000.00	
	Does the agency have a tick		Yes⊠ No[of Each Ticket/Pass \$.		
	Event Description Warriors	Playoff Round Provide Tille/Expl.					
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[If no: Gold€	en State Warriors		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2						
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes [⊠ If yes:	Official's Name	(Last, First)	
_							
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)					
	B. Name of Individ	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:		
	Valle, Richard			Ceremonial Role If checking "Ceremo	Other D	Income 🗆	
			2		lance at an event held potential revenue fro	d at a County facility in males.	
				Ceremonial Role		Income	
	Farajado, Carlos		2	To promote attend	' <i>"Ceremonial Role" or "Other" describe below:</i> attendance at an event held at a County facilit imize potential revenue from sales.		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy		
				X 8.7.9			
					Ŷ.		
4.	Verification	7000 3000095		2012000 0000 0000 00	957000 SX 2000 SS 2000 SS	77.0002 0 0 0 0 0 V FF 4 7 5 0 V	
	I hable read and understand FPPC Re	gulations 18944.1 and	d 18942. I have ve	orified that the distribution set	t forth above, is in accordance	with the requirements.	
			Michelle D	ianda	Supervisor's Aide	0/5/15	
			Print Nam		Title	death the years	

					Y	The state of the s
1.	Agency Name				Date Stamp	California 802
	Alameda County				1107-1777 to 277-181 to 207-1	Form
	Division, Department, or Re	gion (If Applicable))		1	For Official Use Only
	Board of Supervisors					7
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation		3414		
	Does the agency have a tick	et policy?	Yes⊠ No!	☐ Face Value of	of Each Ticket/Pass \$.	5000.00
	Event Description Warriors	Playoff Round	3 , 14 , 15			
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No!	If no: Golde	n State Warriors	
	rional(b)/r dos(co) provided	by agency.	169 🖂 1401		Name of S	
	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					
	Use Section A to identify the ager	icy's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departr	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	3	*	r man(us)		le le	
	3	*	r man(ca)		Æ.	
	3	*	r usa(us)	2	Ä.	
		*			X N	
	B. Name of Individ	ual	Number of Ticket(s)/	20	Identify one of the follow	wing:
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	Ceremonial Role		Income
	B. Name of Individ	ual	Number of Ticket(s)/	If checking "Ceremo To promote attend	Other M	Income □
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Geremonial Role	Other ance at an event held potential revenue from	Income C d at a County facility in m sales.
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Ceremonial Role If checking "Geremon	Other S ance at an event held potential revenue from Other Other Other of the control of the c	Income C d at a County facility in m sales.
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Ceremonial Role If checking "Geremon To promote attend	Other S ance at an event held potential revenue from Other Other and Role or "Other" describe below	Income In
	B. Name of Individ	anization	Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize	Other S ance at an event held potential revenue from Other Other Other of the control of the c	Income In
	B. Name of Individ	anization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize	Other ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from	Income In
	B. Name of Individ	anization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize	Other ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from	Income In
	B. Name of Individ	anization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize	Other ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from	Income In
	B. Name of Individ	anization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize	Other ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from the Role" or "Other" describe below ance at an event held potential revenue from	Income In
4.	B. Name of Individ Valle, Richard Valle, Andrew C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize Describe the pul	Other S nial Role" or "Other" describe below ance at an event held potential revenue from Other nial Role" or "Other" describe below ance at an event held potential revenue from	Income In
4.	B. Name of Individ (Last, First) Valle, Richard Valle, Andrew C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize Describe the pul	Other S nial Role" or "Other" describe below ance at an event held potential revenue from Other nial Role" or "Other" describe below ance at an event held potential revenue from	Income In
4.	B. Name of Individ Valle, Richard Valle, Andrew C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Geremon To promote attend order to maximize Geremonial Role If checking "Geremon To promote attend order to maximize Describe the put order that the distribution set	Other S nial Role" or "Other" describe below ance at an event held potential revenue from Other nial Role" or "Other" describe below ance at an event held potential revenue from	Income In

1.	Agency Name				Date Stamp	California 802	
	Alameda County		40			Form For Official Use Only	
	Division, Department, or Reg	gion (If Applicable)			7 37 3711311 3713 3717	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda				☐ Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	83305-01		a 377 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	8 - B - B - B	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation	ens :		0340 W013 W RWS 5	25.00	
	Does the agency have a tick		Yes⊠ No!		of Each Ticket/Pass \$ _		
	Event Description Oakland	A's vs. San Die Provide Title/Exp	ego Padres lanation	Date(s)0	3 <u>, 17 , 15</u>		
	Ticket(s)/Pass(es) provided I	ov agency?	Yes□ No!	If no: Oakla	nd A's		
	Tienet(a)/T daa(ea) provided t	Name of Source					
	Was ticket distribution made	at the behest	, Richard- Supervisor	District 2			
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agen	cy's department or		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the follow	vina:	
	(Last, First)	194	Pass(es)	THE STATE OF THE S			
	Trullinger, Rick		37.70	Ceremonial Role # checking "Ceremon	inial Role" or "Other" describe below:	Income	
	100 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2	To reward a community volunteer for his contributions to the public.			
			2	Ceremonial Role # checking *Geremon	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	ublic purpose made pursuant to the agency's policy		
				24			
			0			3 _v _	
4.	Verification /				- 8		
	I Havelread and understand FPPC Red	gulations 18944.1 an	d 18942. I have ve	orified that the distribution set	forth above, is in accordance w	rith the requirements.	
			Michelle D	ianda	Supervisor's Aide		
			Print Nam	ie .	- Title	(Month, Day Year)	
	0					1.50	
	Comment:						

C	Ceremonial	Role Events	and Ticket/Pass	Distributions

_						
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					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				200000
	Does the agency have a ticke	et policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	80.00
	Event Description Oakland /	A's vs. San Die	go Padres	Date(s)06	3 , 17 , 15	
	Ticket(s)/Pass(es) provided b	v agency?	Vac II Na I	If no: Oaklar	nd A's	
	ricket(a)/r ass(es) provided t	y agency :	Yes ☐ No [Name of Sc	
	Was ticket distribution made	at the behest	No ☐ Yes [If yes: Valle, Richard- Supervisor District 2		
	of agency official?				Official's Name (Last, First)
3.	Recipients	5000 N N		6 33 5 93 1500 3		
	Use Section A to identify the agence	unit. • Use Sect	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	•			Ceremonial Role # checking "Ceremon	Other Initial Role" or "Other" describe below:	Income [
		8		Ceremonial Role # checking "Ceremon	Other Initial Role" or "Other" describe below:	Income [
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	GLOBE PO Box 56305, Hayward, 0	CA 94545	18	To reward a non-procommunity.	rofit organization for it	s contributions to the
	Advocates for LGBT fair ar	nd equal rights				
-	Vertification					
1.		Contract when a con-	1 18049 have yes	rifled that the distribution set	forth above, is in accordance w	ith the requirements.
1.	I have read and understand EPPC Ren	ulations 18944,1 and	7 70542. 7 Nava vei		orar above, is in accordance in	10/11/11

1	Agency Name		-		Date Stamp	California Ono
			Date Stamp	Form 802		
	Alameda County Division, Department, or Reg	ion (If Applicable	1		-	For Official Use Only
		·				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda	1			Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info					188.00
	Does the agency have a tick		of Each Ticket/Pass \$ _			
	Event Description KMEL Su	mmer Jam 20° Provide Title/Expl	3 , 13 , 15			
	Ticket(s)/Pass(es) provided t	ov agency?	Yes□ No I	☑ If no: Golde	n State Warriors	
		4000 00 00 00	169 140	_	Name of Sc	
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Valle of agency official?				, Richard- Supervisor	District 2
_	or agency official?		Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agent	cy's department or	ual. • Use Section C to iden	itify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
		Number of				
	B. Name of Individu	Ticket(s)/ Pass(es)	Identify one of the following:			
	Gonzalez, Yesenia		4	Ceremonial Role Other I income		
					n sales.	
			4	Ceremonial Role # 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	Describe the public purpose made pursuant to the agency's polic	
		N.			Ti and the second	¥
	it i					
4.	Verification	Nulations 18944 1 and	d 18942, I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.
	Treatment annumentalent FFF1 Rec			The state of the s		
	Traversian annumarizana PPPC, Rea		Michelle Di		Supervisor's Aide	(0/11/19

_	bromomar rede Ever	ico ana mo	Moor doo	Diodribadiono		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					rom
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda				- Amondment Atual	and the section than to Bod BV
	Area Code/Phone Number	E-mail	W 200			provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation	NAMES OF THE PROPERTY OF THE P	154.25		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	154.35
	Provide Title/Explanation				3 , 20 , 15	
	Ticket(s)/Pass(es) provided by	oy agency?	Yes□ No	If no: Golde	n State Warriors	
						ource
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	☑ If yes: Valle	, Richard- Supervisor	Last First)
_					Cincia d Hario (cust, r may
3.	Recipients • Use Section A to identify the agent	cy's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)			
	B. Name of Individu	Number of				
	B. Name of Individu	iai	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Austria, Carlos		4		Other Initial Role" or "Other" describe below:	Income
					ance at an event held potential revenue fron	
			4	Ceremonial Role If checking "Geremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the pu Pass(es)		ublic purpose made pursuant to the agency's policy	
					= 1	
4.	Verification Industrial Industrial Section Industrial	udations 18044 1 and	d 18042 have w	orified that the distribution set	forth above is in accordance w	ith the requirements
	The state of the s		Michelle D	ianda	Supervisor's Aide	4/1/15
			Print Nan	10	Title	(Month, Day, Year)
	Comment:					

-	-				
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1.	Agency Name				Date Stamp	California 802	
	Alameda County	- X				Form	
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only	
	Board of Supervisors			A			
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Info	rmation	5				
	Does the agency have a tick		Yes⊠ No!	☐ Face Value of	of Each Ticket/Pass \$	80.00	
	Event Description Oakland A's vs. Houston Astros Date(s)				3 , 06 , 15	<i>J</i>	
	Ticket(s)/Pass(es) provided I	ov agency?	Yes□ No.I	If no: Oakla	nd A's		
				Name of Sou			
	Was ticket distribution made of agency official?	No ☐ Yes I	⊠ If yes: <u>Valle</u>	, Richard- Supervisor District 2 Official's Name (Lest, First)			
2							
э.	Recipients • Use Section A to identify the agen	cy's department or (ual. • Use Section C to identi	y an outside organization.			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy	
			1 333(33)				
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
	ļi.	V B		Ceremonial Role If checking "Ceremon	Other Dinial Role" or "Other" describe below:	Income 🗆	
	7			Ceremonial Role If checking "Ceremon	Other Initial 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 t	o the agency's policy	
	Greater HARD Foundation 1099 E Street, Hayward C.		18	To reward a non-po	rofit organization for its	contributions to the	
	Preserves quality of park a facilities and programs in H						
4.	Verification		1000 N		200 S 200 200 200 200		
	I build rour and inholocotonid EDDF Dar	udalione 18044 1 and			forth above, is in accordance with Supervisor's Aide	the requirements.	
			Michelle D	landa -	SUDANJEARS AIGA	1 1/11 - 1/1	

Comment: __

4	Agency Name				Data Stamp	California Ono
1.			Date Stamp	Form 802		
	Alameda County	alon (W.Anallankia				For Official Use Only
	Division, Department, or Reg	jion (ir Applicable,	,			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 michelle.dianda@ac			org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				ADMINISTRA
	Does the agency have a tick	et policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	25.00
	Event Description Oakland A's vs. Cleveland Indians Date(s) 08			8 , 01 , 15	08 , 02 , 15	
	r-rovide rillerExplanation					
	Ticket(s)/Pass(es) provided I	ov agency?	Yes□ No[⊠ If no: Oakla	nd A's	
	rianat(a)ri aaa(aa) praviaaa i	-, -g, .	169 C 140 E		Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Vall			, Richard- Supervisor	District 2	
	of agency official?			Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or (tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
			Pass(es)			
			l' 1			
	R Name of Individu	unt.	Number of			2
	B. Name of Individu	, an	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income _
				If checking *Ceremo	nial Role" or "Óther" describe below:	
			· ·	a m 98660404000		
				Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below:	Income
	C. Name of Outside Orga	nization	Number of	Describe the nu	blic purpose made pursuan	t to the agency's policy
	(include address and de	escription)	Ticket(s)/ Pass(es)	Describe the pu	biic purpose made pursuam	tto the agency a policy
	SAVE			To reward a non-p	ward a non-profit organization for its contributions to the	
	1900 Mowry Ave. #204, Fr	emont 94538	2	community.		
	Provide shelter, support ar	nd education				
	for individuals and families		2	7		
4.	Verification /					
	industrial and and all and conce on		i 18942. I have ve	orified that the distribution set	forth above, is in accordance w	ith the requirements.
			Michelle D	ianda	Supervisor's Aide	(0/17/16
		_	Print Nam		Title	(Manth Day Vear)

1.	Agency Name			Date Stamp	California 802	
	Alameda County				72.0	Form —
	Division, Department, or R	egion (If Applicable	9)			For Official Use Only
	Board of Supervisors			8		
	Designated Agency Contac	t (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number E-mail				. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month Day Year)
2.	Function or Event Info					(Month, Day, Year)
	Does the agency have a tic		of Each Ticket/Pass \$	12.00		
	Event Description Alamed		5 , 17 , 15			
	Event Description	Provide Title/Exp	/ // / /	07 / 00 / 10		
	Ticket(s)/Pass(es) provided	I by agency?	Yes□ Nol	If no. Alame	da County Fair	^
	manartayir daaqaay providae	. by agonoy.	Name of So			
	Was ticket distribution mad	e at the behest	Richard- Supervisor I	District 2		
	of agency official? Official's Name (Last, First)					
3.	Recipients					
	Use Section A to identify the age		unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depart	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			rass(cs)			
						V.
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	lna:
	(Last, First)	00000	Pass(es)			my.
	Mott, Yvonne			Ceremonial Role	Other A	Income
	Mott, Tvoille	5	To promote attendance at an event held at a County facility in			
				potential revenue from		
	DESTRUCTION OF THE			Ceremonial Role	Other 🗵	Income [
	Hillis, Steve		5	If checking "Ceremon	ial Role" or "Other" describe below:	
			To promote attendance at an event held at a County facility in order to maximize potential revenue from sales			
		00100-10110-000 a 0	Number of	order to maximize j	potential revenue from	sales
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	N					
	8					
_	V W					
	Verification I have read and understand FPPC R	egulations 18944 1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance wi	th the requirements
			Michelle D		Supervisor's Aide	10/22/11
			wichelle D	BUUS	audervisor's Aide	

-	A manay Name					104 1000
١.	Agency Name		Date Stamp	California 802		
	Alameda County			For Official Use Only		
	Division, Department, or Re	gion (If Applicable				
	Board of Supervisors					7
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Mendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
Ī	Function or Event Info	rmation				Barren
	Does the agency have a tick	et policy?	Yes 🖾 No [☐ Face Value of	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair			, 17 , 15	07 , 05 , 15
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[If no: Alame	da County Fair Assoc	iation
	rionot(o)/r add(cd) provided	by agency.	TES LI NO L		Name of So	urce
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Valle			Richard- Supervisor	District 2	
_	of agency official?	70.70-0.00			Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit.			tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			1 433(33)			
		1.				
	B. Name of Individ	Number of Ticket(s)/		Identify one of the follow	Inge	
	(Last, First)		Pass(es)		identify one of the follow	ing:
				Ceremonial Role		Income
				If checking "Ceremon	ual Role" or "Other" describe below:	
				Ceremonial Role	Other 🗆	Income
					sial Role" or "Other" describe below:	
	C. Name of Outside Org		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(include address and d	escription)	Pass(es)	5, 38 2 (5 () 18 ()		
	Union City Apostolic Chur		20		rofit organization for its	s contributions to the
	33700 Alvarado Niles Rd,	Union City	2.0	community.	**	
	Provides a food pantry to families and seniors	low income				
	Verification		•			
	I haba dand and understand EDDC DA	Adaman 10011 1 and	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.
			Michelle Di	anda	Supervisor's Aide	(0/22/1
			Print Name	9	Title	Medula Day Vades

rigorios itop	OIL OIL		
Ceremonial	Role Events	and Ticket/Pass	Distributions

4						
١.	Agency Name			Date Stamp	California 802	
	Alameda County					For Official Use Only
	Division, Department, or Reg	jion (If Applicable				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda				☐ Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	:			
_	(510) 272-6692		nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Info					12.00
	Does the agency have a tick		Yes 🗵 No		of Each Ticket/Pass \$	157/00 15,500 18700 18
	Event Description Alameda	County Fair Provide Title/Exp	lanation	Date(s)06	3 , 17 , 15	07 , 05 , 15
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No	If no: Alame	da County Fair Associa	ation
					Name of Sou	irce
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Valle of agency official?				, Richard- Supervisor E Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or u Name of Agency, Department or Unit		Number of Ticket(s)/		ual. • Use Section C to identi olic purpose made pursuant	
			Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/	7/	Identify one of the following	ng:
	(Last, First)		Pass(es)	Ceremonial Role		
					Other	Income
					Other Interest of the control of the	Income
				If checking "Ceremon Ceremonial Role	nial Role" or "Other" describe below:	8
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	If checking "Ceremon Geremonial Role If checking "Geremon	inial Role" or "Other" describe below:	Income
		scription)	Ticket(s)/	If checking "Geremon Ceremonial Role If checking "Geremon Describe the pul	inial Role" or "Other" describe below: Other Other describe below:	Income C
	Centro de Servicios	4587	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other	Income L
1.	Centro de Servicios 525 H St. Union City, CA 9 Provides social services to	4587 help with ood and more	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To reward a non-procommunity.	Other Disable below: Other Disable below: Other Disable below: Other describe below: Other describe below:	to the agency's policy
ı.	Centro de Servicios 525 H St. Union City, CA 9 Provides social services to immigration, health care, fo	4587 help with ood and more	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To reward a non-procommunity.	Other	to the agency's policy

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda				Amondment (Mark	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wast)	rovide explanation in ran 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				40.00
	Does the agency have a ticke	et policy?	Yes⊠ No!	☐ Face Value of	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair Provide Title/Expl	anation	Date(s)0	5 <u>, 17 , 15</u>	07 , 05 , 15
	Ticket(s)/Pass(es) provided b	y agency?	Yes□ No!	☑ If no: Alame	eda County Fair Assoc	iation
	Was tisket distribution made	at the beheet		Valle	, Richard- Supervisor	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Vall of agency official?				Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Sec A. Name of Agency, Department or Unit Number of Ticket(s)			***************************************	2010-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	mana amana na manana amana
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
	Camacho, Soledad		5	Ceremonial Role Other Medical Income		
	Singh, Manisha		5	To promote attend	on other Income on the other of the other other of the other o	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		potential revenue from sales.	
				E V		
4.	Verification		d 18942. I have ve	rifled that the distribution set	forth above, is in accordance w	ith the requirements.
			Michelle D		Supervisor's Aide	6/17/15

•	.9 1		505				
C	Ceremonial	Role	Events	and	Ticket/Pass	Distribut	tions

1. Ag	gency Name				Date Stamp	California 802	
Αlε	ameda County					Form For Official Use Only	
Div	rision, Department, or Re	egion (If Applicable			Por Official Gae Office		
Во	ard of Supervisors						
Des	signated Agency Contac	t (Name, Title)					
Mi	chelle Dianda		- Amendment #t	contribution of the first A.			
Arc	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(51	10) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Fu	ınction or Event Info	ormation	3501 KNO - ON -	22.54.11		12.00	
	es the agency have a tic		Yes⊠ No[Face Value of	of Each Ticket/Pass \$ _	12.00	
Eve	ent Description Alameda	a County Fair Provide Title/Expl	3 , 17 , 15	07 , 05 , 15			
Tic	ket(s)/Pass(es) provided	by agency?	Yes□ No[☑ If no: Alame	da County Fair Assoc	iation	
655					Name of So	77.57/	
	Was ticket distribution made at the behest of agency official? No ☐ Yes ☒			If yes: Valle	, Richard- Supervisor Official's Name (Last, First)	
	e cipients se Section A to identify the age	ency's department or	unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
A.		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
-							
В.	Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Gr	Green, Jackie			Ceremonial Role If checking "Ceremon	Other Dinal Role" or "Other" describe below:	Income 🗆	
	0000 1000 557 900 500		4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
				Ceremonial Role		Income	
, Yo	oung, Juliette		4	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.			
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
				9		(%	
_				Y.	i i	1	
4. Ve	exification(1.00	d 18043 / have ye	wifed that the distribution set	forth above, is in accordance w	ith the requirements	
		an				(1/17116	
		-	Michelle D		Supervisor's Aide	(Month, Day, Year)	

1.							
	Agency Name	Date Stamp	California	802			
	Alameda County				870.000.000.000.000	Form	Brillia de con
1	Division, Department, or Reg	gion (If Applicable)	1	For Official U	Jse Only		
	Board of Supervisors))				
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
24.5	Area Code/Phone Number	[E-mail	Amendment (Must pi	rovide explanation in	Part 3.)		
	(510) 272-6692	michelle.diane	da@acgov.	ora	Date of Original Filing: .	(Month, Day, Yea	1
	Function or Event Info					(Month, Day, Yea	"
	Does the agency have a tick		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$		12.00
		44 (T. O. C.	TES [2] NO			07 06	15
21	Event Description Alameda	Provide Title/Explar	nation	Date(s)	3 , 17 , 15	07 , 05	15
	Ticket/o\/Dess/es\ ===-ided b			Alame	da County Fair Associ	ation	
	Ticket(s)/Pass(es) provided t	by agency r	Yes No	X 11 110	Name of Soc		
,	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle				, Richard- Supervisor [District 2	
	of agency official?	Official's Name (L	.ast, First)				
3.	Recipients						
,	Use Section A to identify the agency's department or unit.			tion B to identify an individ	ual. • Use Section C to ident	ify an outside organ	nization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			olicy
					2	Ν,	
	B. Name of Individu	Number of Ticket(s)/ Pass(es)	70	Identify one of the followi	ng:		
3			rass(es)	Ceremonial Role If checking "Geremon	Other Initial Role" or "Other" describe below:		Income [
					Other Inlat Role" or "Other" describe below:		Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's po	olicy
	Ruggieri Senior Center 33997 Alvarado Niles Rd.,	Union City	20	To reward a non-procommunity.	rofit organization for its	contributions t	o the
	Provides activities and con for seniors	nmunity events			1		N.
ı.	Verification					Washing the Hall Share Sale	
	THE RESIDENCE TO SERVICE STATE OF THE PARTY	944.1 and	18942. I have ve	rified that the distribution set i	forth above, is in accordance wit	h the requirements.	
			Michelle D	ianda	Supervisor's Aide	(0/	17/15

1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	jion (If Applicable,]	Por Official Ose Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692	michelle.dianda@acgov.org			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				1007030
	Does the agency have a tick	et policy?	Yes⊠ No l	☐ Face Value o	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair Provide Title/Expli	anation	Date(s)06	3 , 17 , 15	07 , 05 , 15
	100 LI 110 LI				da County Fair Assoc	urce
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes I	☑ If yes: Valle	, Richard- Supervisor I Official's Name (i	District 2 Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department or i	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	N			0	V	
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	Ing	
	(Last, First)	M07	Pass(es)		identity one of the follow	ing.
				Ceremonial Role # checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
				Ceremonial Role # checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Day Labor Center 680 W. Tennyson Rd. Hayward 94544		20	To reward a non-procommunity.	rofit organization for its	s contributions to the
	Enables low-income works self-sufficient through emp			P		
4.	Verification			D MAD STOOM A STOOM WATER IN SURDING A SHARE	estano e sy consportano e su su materiore e su su	MODERN BLUTCH AND WORLDAM ABOVE
7.		18944.1 and	f 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.

1.	Agency Name				Date Stamp	California OAO
	Alameda County				Jan Jan	Form 802
	Division, Department, or Reg	jion (If Applicable)				For Official Use Only
	Board of Supervisors		2			
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info					(Month, Day, Year)
	Does the agency have a tick		Yes 🗵 No [☐ Face Value of	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda				3 , 17 , 15	07 , 05 , 15
	Ticket(s)/Pass(es) provided I	by agency?	da County Fair Assoc	viation		
	Was ticket distribution made at the behest No ☐ Yes ☒ of agency official?			☑ If yes: Valle	, Richard- Supervisor Official's Name (District 2
3.	Recipients • Use Section A to identify the agen	cy's department or u	ual. • Use Section C to iden	atify 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 polic		t to the agency's policy
				1		4
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		ring:
				Ceremonial Role # checking "Geremon	Other Inial Role" or "Other" describe below:	Income
		1			Other Inland Role" or "Other" describe below:	Income
	C. Name of Outside Orga	nnization escription)	Number of Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy	
	Eden Youth & Family Cent 680 W. Tennyson Rd. Hay	ter ward 94544	40	To reward a non-procommunity.	rofit organization for it	s contributions to the
	Provides comprehensive s site in Hayward	ervices at one				
Α	Vanis/Lating	DISTLA NOVIN	CONTROL DESCRIPTION SALES	NI DATA OLI TRILANO ALLA MANAGAMBANA AND AND AND AND AND AND AND AND AND	AN ANDESS OF STREET	- SWATTOOTTS DECOSION STUMBE
	A COLUMN TO A STATE OF THE PARTY OF THE PART	944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.
			Michelle D	ianda	Supervisor's Aide	0/17/15
			Print Nam	е	Title	(Month, Day Year)

Ag	jency Name				Date Stamp	California 802		
Ala	ameda County		777 - 9,507,9,50,50,50,60,61,21	Form 002				
Div	ision, Department, or Reg	jion (If Applicable)	1	For Official Use Only				
Во	ard of Supervisors			24.2				
_	signated Agency Contact	(Name, Title)						
Mid	chelle Dianda							
	ea Code/Phone Number	E-mail	Amendment (Must p.	rovide explanation in Part 3.)				
	10) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month Day Year)		
-	inction or Event Info					(Month, Day, Year)		
	es the agency have a tick		Yes 🖾 No l	☐ Face Value o	of Each Ticket/Pass \$	12.00		
	물건 시간 가요한 비전에 된 경기에 되었다.	S121-11 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	100 22 1101		3 , 17 , 15			
Eve	ent Description Alameda	Provide Title/Expla	nation	Date(s)		07 / 00 / 10		
Tiel	ket(s)/Pass(es) provided t	ov agency?	Yes□ NoI	If no. Alame	da County Fair Associ	ation		
	not(o)/i doo(oo) provided i	y agonoy.	res 🗆 140 l		Name of So	urce		
	Was ticket distribution made at the behest No ☐ Yes			☑ If yes: Valle,	, Richard- Supervisor I	District 2		
01	agency official?				Official's Name (I	.ast, First)		
	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
- I Numb			nit. • Use Sec Number of	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
A.	. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
_					7			
_	N	Number of						
В.	Name of Individu	iai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Geremonial Role If checking "Geremon	Other Intelligence or "Other" describe below:	Income		
				160000000000000000000000000000000000000				
_				Ceremonial Role	Other	Income [
					nial Role" or "Other" describe below:	monio L		
7/2								
c.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
Ab	Name of Outside Orga (include address and de pode Services 1849 Fremont Blvd. Frem	escription)	Ticket(s)/		olic purpose made pursuant			
Ab 40	oode Services	nont, CA 94538	Ticket(s)/ Pass(es)	To reward a non-pr				
Ab 40 Pr	oode Services 849 Fremont Blvd. Fremoviding housing services	nont, CA 94538 and	Ticket(s)/ Pass(es)	To reward a non-procommunity.	rofit organization for its	s contributions to the		
Ab 40 Pr	oode Services 849 Fremont Blvd. Fremoviding housing services	nont, CA 94538 and	Ticket(s)/ Pass(es)	To reward a non-procommunity.		s contributions to the		

					AV	=
1.	Agency Name	1			Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	gion (If Applicable)]	Por Onicial Ose Only
	Board of Supervisors			9		
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda		_			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation		N.W.		18.652173,6006,7
	Does the agency have a tick	et policy?	Yes⊠ No[Face Value of	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair		Data(a) 06	3 , 17 , 15	07 , 05 , 15
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided I	oy agency?	Yes □ No [If no: Alame	eda County Fair Associ	ation
	20 BMB STATE STA				Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle of agency official?				, Richard- Supervisor I	District 2
_			Omerar a rvanne (i	and, ciraly		
3.	Recipients	ander de constant con l'acce	uni - Usa Santian C to Idam	tifu na cutatala aranalzation		
	Use Section A to identify the agen	Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		- V	1			
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	lna:	
	(Last, First)	****	Pass(es)			
				Ceremonial Role	nial Role" or "Other" describe below:	Income
				ir checking Geremon	marrior or Cities describe below.	
	-			Ceremonial Role	Other	Income _
				If checking "Ceremon	nial Role" or "Other" describe below:	
			Number of	27 800 16 77		
	C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy
			Pass(es)			
	Tiburcio Vasquez Health C 33255 9th St. Union City C		40	To reward a non-p community.	rofit organization for its	s contributions to the
	55255 Still St. Official City C	A 34001	-	community.		
	Providing free and low-cos			<i>\$</i> }	1	
_	for Alameda County reside	mus				
4.	Verification	4.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
			Michelle Di		Supervisor's Aide	10/17/10
			witchelle Di	dilua	CHURCH VISUES AND	

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name				Date Stamp	California 000	
		Date Statis	Form 802			
	(If Applicable)			-	For Official Use Only	
	п гурпсала)					
Board of Supervisors						
Designated Agency Contact (Nam	ne, Title)					
Michelle Dianda				☐ Amendment (Must a	provide explanation in Part 3.)	
Area Code/Phone Number E-mail						
(510) 272-6692 mi	chelle.diand	da@acgov.e	org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Informat	tion				10.00	
Does the agency have a ticket po	licy?	/es⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	12.00	
Event Description Alameda Cour	nty Fair		Date(s) 0	6 , 17 , 15	07 , 05 , 15	
Pro	vide Title/Explar	nation				
Ticket(s)/Pass(es) provided by ag	jency?	/es□ No[⊠ If no: Alame	eda County Fair Assoc	iation	
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, of agency official?				o, reichard- Supervisor	Last First)	
September 1990 Control of the Contro				Gilletta d'Atamo (Lun, r roy	
			u P t- IdWe I-di-I-	tual - 11 811 8 to 14	416	
A. Name of Agency, Department o	r Unit	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
		1 400(00)				
				Ideatify and of the fallow	dana	
(Last, First)		Pass(es)		Identify one of the follow	ring:	
					Income	
			If checking "Ceremo	onial Role" or "Other" describe below:		
	- 2				3	
			Ceremonial Role	□ Other □	Income [
		5)			moonie L	
		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy	
(include address and descrip	tion)	Pass(es)				
		40		profit organization for it	s contributions to the	
37620 Filbert St., Newark CA 9	4560	40	community.	AUCHNIS SVANCORS WITH HER		
Verification					¥.14	
DIA PERIOR BETTER	4.1 and	18942. I have ve	rified that the distribution set	t forth above, is in accordance w	rith the requirements.	
		Michelle Di	ianda	Supervisor's Aide	(1/22/19	
			11 1/2			
	Board of Supervisors Designated Agency Contact (Name Michelle Dianda Area Code/Phone Number (510) 272-6692 michelle Dianda Function or Event Information Does the agency have a ticket positive Event Description Alameda Court Protection (See Section A to identify the agency's description Alameda Court Description (Last, First) B. Name of Outside Organizate (Include address and description Community Development Court Community Development Court Community Development Court Community Development Court Court Community Development Court Court Court Community Development Court Co	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Explar Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Tri-City Community Development Center 37620 Filbert St., Newark CA 94560 Helps low income to achieve healthy lifestyle choices & job preparedness Verification	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Yes No [Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No [Was ticket distribution made at the behest of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section A. Name of Agency, Department or Unit B. Name of Individual (Last. First) Pass(es) Tri-City Community Development Center 37620 Filbert St., Newark CA 94560 Helps low income to achieve healthy lifestyle choices & job preparedness Verification	Alameda County Division, Department, or Region (#Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692	Alameda County Division, Department, or Region (#Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [5-mail	

	Agency Name	ncy Name			Date Stamp	California OAO
	Alameda County				Data Stamp	Form 802
О,	Division, Department, or Reg	ion (If Applicable)	-	For Official Use Only		
		A September 1				112
	Board of Supervisors	74.1 Will 1				
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda				☐ Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	michelle.dian	da@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor	mation	- 1		3	10000000
	Does the agency have a tick		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair Provide Title/Explai	nation	Date(s)06	3 , 17 , 15	07 , 05 , 15
9	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Al				da County Fair Assoc	iation
				Name of So.	urce	
1	Was ticket distribution made	at the behest	No ☐ Yes 🛭	☑ If yes: Valle	, Richard- Supervisor I	District 2
	of agency official?	- 10 5	**************************************	**************************************	Official's Name (I	Last, First)
	Recipients	50, 140, 150, 200, 200, 200, 200, 401, 400	731 Seglemonia		SATE OF THE PROPERTY OF THE PARTY OF THE PAR	W. Deliver H. S. C. Albert H. S. Charles
	 Use Section A to identify the agend 	cy's department or u	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	et(s)/ Describe the public purpose made pursuant to the agence		to the agency's policy
5						
0.000	B. Name of Individu	nal	Number of Ticket(s)/		Identify one of the follow	ing:
	[marray		Pass(es)	Ceremonial Role	Other	Income _
				If checking "Ceremon	nial Role" or "Other" describe below:	
	7			Ceremonial Role If checking "Geremon	Other Initial Role" or "Other" describe below:	Income 🗆
	C. Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Viola Blythe Community Co 37365 Ash St., Newark CA		40	To reward a non-procommunity,	rofit organization for its	contributions to the
	Promotes, supports and ad social services for the com-			Ü		
	Verification		-			
		1.1 and	18942. I have ver	ified that the distribution set i	forth above, is in accordance wit	th the requirements.
			Michelle Dia	anda	Supervisor's Aide	11/22/1
					- ale at trade at union	11/1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/

	omornar redo Even	to and me	1001 000	Diotributions		A Fublic Document	
. A	gency Name		Date Stamp	California 802			
A	lameda County		52	TOTAL .			
D	ivision, Department, or Reg	ion (If Applicable)			For Official Use Only	
В	oard of Supervisors						
D	esignated Agency Contact	(Name, Title)					
N	lichelle Dianda						
Ā	rea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6692	michelle.diar	nda@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)	
. F	unction or Event Infor	mation		4100		. 2222/7252	
	oes the agency have a ticke		Yes⊠ No[Face Value o	of Each Ticket/Pass \$	90.00	
E	vent Description Oakland A	A's vs. Houstor	Astros	Date(s) 09	9 , 07 , 15	, ,	
	roll Description	Provide Title/Expl	anation	Dato(s)			
Ti	cket(s)/Pass(es) provided b	y agency?	Name of Sou				
10					, Richard- Supervisor [
	Vas ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle of agency official?				Official's Name (L	ast, First)	
_	Recipients	·		-			
	vecipients Use Section A to identify the agenc	cy's department or	ual. • Use Section C to ident	ify an outside organization.			
-	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	D			
			rass(es)				
301-							
Е	Name of Individu	ral	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
					Other in the control of the control	Income	
-					Other Inial Role" or "Other" describe below:	Income [
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Describe the Pass(es)		public purpose made pursuant to the agency's policy		
	Our Lady of the Rosary 703 C Street Union City, CA 94587		18	To reward a non-profit organization for its contributions to the community.		contributions to the	
	Supports local charities through undraisers						
. \	/erification					VIDES BUT VIDES TO THE TOTAL OF	
	the law of	3944.1 and	1 18942. I have ve	rified that the distribution set	forth above, is in accordance wit	h the requirements.	
						/ / -/	
			Michelle Di	ianda	Supervisor's Aide	<u> (e/zs/</u>	

5/4	9					
C	Ceremonia	I Role	Events	and	Ticket/Pass	Distributions

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	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
Ī	Division, Department, or Re	gion (If Applicable)		For Official Ose Only			
	Board of Supervisors						
1	Designated Agency Contact	(Name, Title)					
	Michelle Dianda				- Amondment atom		
7	Area Code/Phone Number	E-mail	V-0.00		. Amendment (Must pr		
	(510) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing: .	(Month, Day, Year)	
	Function or Event Info	rmation	W	C262 2019 937997 W		05.00	
	Does the agency have a tick		Yes⊠ Nol	☐ Face Value o	of Each Ticket/Pass \$	25.00	
	Event Description Oakland	A's vs. Kansas Provide Title/Expla	City Royals	Date(s)06	3 , 27 , 15		
	Flaket/a\/Dana/as\ mandad		nd A's				
	Ticket(s)/Pass(es) provided	by agency?	Name of Sou				
,	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle				, Richard- Supervisor [District 2	
	of agency official?				Official's Name (L	ast, First)	
	Recipients	cy's department or u	ınit. • Use Sec	tion II to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departn		Number of Ticket(s)/ Pass(es)	ection B to identify an individual. • Use Section C to identify an outside organizatio Describe the public purpose made pursuant to the agency's policy			
			Number	1 1	,		
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Aro-Valle, Barbara		2	To promote attenda	other nial Role" or "Other" describe below: ance at an event held a potential revenue from		
			-	Ceremonial Role		Income [
			2		nial Role" or "Other" describe below:		
С	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		
2%		eactipition)					
2/4		addipitoti)			<u> </u>		
		,				<u> </u>	
			100.00	died that the West-haller	footh above to be accordan-	th the regularments	
	(include address and d		18942. I have ve Michelle D		forth above, is in accordance wi Supervisor's Aide	th the requirements.	

				A Public Documer
1. Agency Name		•	Date Stamp	California QO
Alameda County				Form
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Board of Supervisors				Α.
Designated Agency Contact (Name, Title)	and the second second of the second second			
Lee Ann Fergerson, Supervisor's Assista	, séd			
Area Code/Phone Number E-mail	HH		Amendment Must	Provide explanation in Part 3.)
(510) 272-6691 leeann.ferge	oran Gasa	isht a summ	Date of Original Filing:	
	arson@acg	lovioid	oda or ordinat Find:	(Month, Day, Year)
2. Function or Event Information	. ئىسقاھ			2000
Does the agency have a ticket policy?	Yes D N	o ☐ Face Value o	Each Ticket/Pass \$_	2600
Event Description Suslibul		Date(s) 8	19,15	8,1,15
Provide Tille/Exp	lanation		1000	1001
Ticket(s)/Pass(es) provided by agency?	Yes	o If no: Lo	kland B	thletics
Was ticket distribution made at the behest	based	Alar	Name of Se	• • •
of agency official?	No □. Yes	s If yes:	meda County Supervisor S Official's Name (L	Scott Haggerly, District 1
		()	America Montie In	ast, rusty
3. Recipients • Use Section A to Identify the agency's department or	unii n Hoo Pe	nation O to Identify on hour til.		
그 [編集]	. Number of	24 to 1 to 1 to 2 to 1 to 1 to 1 to 1 to 1	1 112	and the same of th
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(op)	Describe the publ	le purpose made pursuant	
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			t.	
Common program processes and the common processes of t	*			
		<i>'</i>	•	
B. Name of Individual	Number of			
(Lau, Fiel)	Pani(a)		Identify one of the followin	Bţ.
Ľ.		Coremonial Role	Other 🔲	income [
₹	L	If checking *Ceremonia	l Role" or "Other" describe balow:	4
•		ļ	-	*
		Ceremonial Role L	Other D	Income 🔲
		a movely beremond	Hole of Other describe below:	
				·
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(ea)	Describe the public	purpose made pursuant to	the agency's policy
Build MCD 11	1	To Reward a school o	r nonrafit arganization	
blonald MCDonald	8	its contributions to th	r nonprofit organization in community.	or ·
House			, , , , , , , , , , , , , , , , , , ,	\$1000000000000000000000000000000000000
t100 20		V		
				Color bender to the color
Verification I flave read and understand EPPC Population 1				
T Nave read And Understand FDM: DAMMAL	18942. I have vo	ndied that the distribution set fort	h obove, is in accordance with i	ne requirements.
=	ee Ann Fer	Commence of the Commence of th	upervisor's Assistant	_ 0/22/15
	Print Nam		Title	(Manlb, Day, Year)
comment: 2 w sand Hall I	Road	Talo Sito	(A. 942nd	-2001
Provides a home away to	dans land	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	extre Contract	(LEPPC Form 802 (4/12)
for families of Children	ION NOT	ne and supp		ASR-FPPC (866/275-7772)
specialized freatment, a	14-100	th hospitals	fering illnes	ses recenting
Thank on Licarian 10	~ WC	ac muspitals		3

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California (C Date Stamp 1. Agency Name Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No No Date(s) Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest No ☐ Yesy ☐ of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Agency, Department or Unit Pass(es) Name of Individual identify one of the following: 4.

	Pass(es)	CHOIL GIVET NO LO	ANTERIO (APERTUMAT	THE TRANSPORTER THE		
Standa County Superviso	(1		ial Role	Olher Officer of Olher of Olhe	low:	Income
416	14			of facilities o		t have
Cott Graggery		received	county fur	ding or supp	ort	
			nial Role Ceremonial Role	Olher 🔲 "or"Olher" describe be	low:	Income
C. Name of Outside Organization: (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe	the public pu	rpose made purs	uant to the agend	cy's policy
		expect to the opposite the second of the sec	<		en-bener-tutzankonantestaszoako muer-en-servi	
Verification. I have read and understand FPPC Regulations 18944,1 and	l 18942, I have v	 enified that the distrib	oution set forth a	oova, is in accordan	ce with the requirer	neints,
	Lee Ann Fe	raerson	Sup	ervisor's Assis	stant:	6/17/15
entanten.	Print No		-	Tille	Augus	(Month, Day, Year)
Comment:		n manusan katalipakan pendapan dakan katalipak dahan pendalai sama sahara				
			FPP(Toll-Free Helpli		PC Form 802 (4/12) PC (866/275-7772)
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·		•				i.
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Starnp California Alameda County Form Division, Department, or Region (Il Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall (510) 272-6691 leeann.fergerson@acgov.org Date of Origina | Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes D No 🗆 Face Value of Each Ticket/Pass \$ **Event Description** Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest If 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es). Number of В. Name of Individual Tickel(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) emont Police & Fire To Reward a school or nonprofit organization for Its contributions to the community. Verification and 18942. I have ventied that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name Comment: Special Dympis or Northern California help promoting under standing, acceptance and FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772) melusion between people with and without infellectual disabilities through year-round opports training and athletic competition. Fed tax 10 # 68-0363121 FPPC Form 802 (4/12)

Ī.	Agency Name	Date Stamp	Date Stamp California 802				
	Alameda County		Form For Official Use Only				
	Division, Department, or Regi						
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		y norma a mattik kilikalililikki kilikalililikki kilikalili pokanananyili enilyi kakinin (ilikalilili kilikali	**************************************		
	Lee Ann Fergerson, Supervi	isor's Assistar	nt		From Augustus and Augustus Aug		
	Area Code/Phone Number	E-mail				ust provide explanation in Par	(3.)
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Fill	ing:(Month, Day, Year)	
) - *	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes No	☐ Face Val	ue of Each Ticket/Pass	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	minuture branches
	Event Description KMC	SWM.	MER 11	M Date(s) _	and the second s	Security Control of Co	
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	lf no:	A Landau Control of the Control of t	of Source	INDOORSE PROPERTY AND
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	☐ If yes:	Official's Na	ime (Lest, First)	Della Production della
	Recipients						
•	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an in	dividual. • Use Section C to	identify an outside organiza	ition.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Des				public purpose made purs	uant to the agency's polic	у
			Pass(es)				
	B. Name of Individual (Last Fest)	al.	Number of Ticket(s)/ Pass(es)		Identify one of the fo	ollowing:	
			Ticket(s)/	To promote at to maximize po parking sales.	identify one of the fo tendance at a county spon otential county revenue for	sored event in order	come
	(Los Fist)		Ticket(s)/	to maximize pi parking sales.	tendance at a county spon otential county revenue for	sored event in order concession and	
	(Los Fist)		Ticket(s)/	to maximize pi parking sales. Ceremonial I	tendance at a county spon otential county revenue for	sored event in order concession and	come
	(Los Fist)		Ticket(s)/	to maximize pi parking sales. Ceremonial I	tendance at a county spon otential county revenue for Role	sored event in order concession and	
	(Los Fist)		Ticket(s)/ Pass(os)	to maximize pi parking sales. Ceremonial I	tendance at a county spon otential county revenue for Role	sored event in order concession and	
	Albert Terx Name of Outside Organ	KeVQ	Ticket(s)/ Pass(os) Number of Ticket(s)/	to maximize pi parking sales. Ceremonial f # checking "Ca	tendance at a county spon otential county revenue for Role	isored event in order concession and	ncome _
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	Albert Terx Name of Outside Organ	KelVQ	Ticket(s)/ Pass(os) Number of Ticket(s)/	to maximize pi parking sales. Ceremonial f # checking "Ca	tendance at a county sponotential county revenue for Role Other Sermonial Role" or "Other" describe b	isored event in order concession and	ncome _
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1.	C. Name of Outside Organ (Include address and des	leva	Number of Ticket(s)/ Pass(es)	to maximize poparking sales. Ceremonial if the checking "Comparison to the parking to the parking that the distribution rgerson."	tendance at a county sponotential county revenue for Role Other Other eremonial Role or "Other" describe by the public purpose made pure	elow:	ncome [

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number E-mall (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ **Event Description** Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 If 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es). To obtain oversight of facilities or events that have received county funding or support Number of Ticket(s)/ Pass(es) В. Name of Individual Identify one of the following: (Last, First) Ceremonial Role Income If checking "Coremonial Role" or "Other" describe below: Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(cs) Verification

. Verification

3942. I have verified that the distribution set forth above, is in accordance with the requirements.

19 Ann Fergerson Supervisor's Assistant (Jonth, Jay, Year)

Comment:

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

Ceremonial Role Events and Ticket/Pass Distributions	•	A Public Document
1. Agency Name	Date Starno	
Alameda County	our oranip	California 802
Division, Department, or Region (If Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)		į.
Lee Ann Fergerson, Supervisor's Assistant		
Area Code/Phone Number E-mail	☐ Amendment (Must pro	vide explanation in Part 3.)

Alameda County				1.	Form 2
Division, Department, or Regio	n (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				÷
Lee Ann Fergerson, Supervise	or's Assistant				
	-mail			Amendment (Must prov	vide explanation in Part 3.)
(510) 272-6691	eeann.fergerson@)acgov.org		Date of Original Filing:	· ·
2. Function or Event Informa		, , , , ,			(Month, Day, Yeat)
Does the agency have a ticket p		D No 🗆	Face Value o	f Each Ticket/Pass \$	70000
Event Description A	1015 Buston	sketba	UDate(s) L	115	
Ticket(s)/Pass(es) provided by a	gency? Yes	DNo 🗆	If no: Co	kland St.	bletics
Was ticket distribution made at II	ne behest No 🗆]. Yes	If yes:Alar	neda County Supervisor Sco	ett Haggerty, District 1
of agency official?	*	(,-		Official's Name (Lasi	, First)
 Recipients Use Section A to Identify the agency's results. 	department or unit.	Use Section B (o identify an individua	nl. • Use Section C to identify	an outside organization.
A. Name of Agency, Department of	Dr Unit Ticki	per of et(s)/ s(ès)	Describe the publi	ic purpose made pursuant to	the agency's policy
Dist				unty employee for his c service to the public.	or
,					essiciale in although and in a graph and a second and a s
B. Name of Individual	Numt Ticke Pass	t(s)/		Identify one of the following:	
			Ceremonial Role [Other D	Income.
e de la companya del companya de la companya del companya de la co					
			Ceremonial Role	Other D Role* or *Other* describe below:	Income 🗌
C. Name of Outside Organizati (include address and descript		t(s)/	Describe the public	: purpose made pursuent to th	e agency's policy
			makkanski de SAA Principler gegelle 44 Aprophin uir konsesse die die destandamenten		
Verification					
	and 18942. I h	ave verified that	the distribution set forth	h above, is in accordance with the i	requirements.
	Lee Anr	n Fergerson	St	pervisor's Assistant	6/9/19
	Pr	int Name	And a second second	Title	(Month, pay, Yelar)

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Comment:

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		And the second s	<u> </u>
	Print Name	Title	44-14 6-14
	, 1111 / June	THIC	(Month, Day, Year)
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		*·	,

Ceremonial Role Events and T	icket/Pass	Distributions		A Dublic Docum
1. Agency Name			Date Starring	A Public Documer
Alameda County		4	Date Starmp	California 802
Division, Department, or Region (If Applica	ble)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	The second secon			
Lee Ann Fergerson, Supervisor's Assis	tant			
Area Code/Phone Number E-mail		New Communication (Communication Communication Communicati	Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691 leeann.fer	gerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				-
Does the agency have a ticket policy?	Yes D No	☐ Face Value o	f Each Ticket/Pass \$ _	20000
Event Description WarCLOS N	SASKEET	balpate(s)_(2,7,15	- Committee of the Comm
Ticket(s)/Pass(es) provided by agency?	Yes No I	□ If no: Oa	beland Solvenson Name of Sol	Hiletics
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Alar	neda County Supervisor S Official's Name (L	cott Haggerty, District 1
Recipients • Use Section A to Identify the agency's department of	or unit. • Use Sect	tion B to identify an individua		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant l	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	
. [523, (744)	Pass(os)	1		
At Bernardun	2	To promote attenda to maximize potent parking sales.	ance at a county sponsore ial county revenue for con	d event in order ne cession and
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· · · · · · · · · · · · · · · · · · ·		Ceremonial Role It checking *Ceremonial	Other	Income 🗌
				5-
Name of Outside Organization	Number of			

			TOTAL DESCRIBE DESCRIBE DESCRIBE DESCRIBE DESCRIBE	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuar	nt to the agency's policy
· ·		. assies)		
in the second			•	,
A . A		nd 18942. I have verifie	d that the distribution set forth above, is in accordance w	ith the requirements.
		Lee Ann Ferge	rson Supervisor's Assistan	1 6/9/1
	() ()	Print Name	Title:	(Monlin, Day, Year)
Comn	nent:			

-	-					
Ceren	nonia	Role	Events	and	Ticket/Pass	Distributions

			CONTROL OF THE PROPERTY OF THE	A Public pocumer
1. Agency Name			Date Stamp	California QOO
Alameda County	•			Form OUZ
Division, Department, or Region	(If Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nar	Fig. 1 f			
Designated Agency Contact (Nat	ne, i ilie)			
Lee Ann Fergerson, Superviso	r's Assistant	*		
Area Code/Phone Number E-	mail		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691 le	eann.fergerson@acg	aov.ora	Date of Original Filing:	
2. Function or Event Informa				(Month, Day, Year)
Does the agency have a ticket po		t El Fono Volum	f Each Ticket/Pass \$	3700
2.	res par N	IOL Face value o	TEach TickevPass \$ _	- Land
Event Description	sall (Date(s)	<u> </u>	1 P. "s
Pro	ovide Title/Explanation		Po n	() () ()
Ticket(s)/Pass(es) provided by ac	· · · · · · · · · · · · · · · · · · ·		reland Son	
Was ticket distribution made at th	e behest No □ Ye	s If yes: Alar	meda County Supervisor S	coft Haggerly, District 1
of agency official?		(. ,	Official's Name (L	
. Recipients	A			
Use Section A to Identify the agency's de-	epartment or unit. • Use \$	Section B to identify an individu	al Use Section C to identi	fy an nuiside organization
A. Name of Agency, Department of		Describe the publ	ic purpose made pursuant t	o the agency's policy
1	(202(03)			
				v.
	Number of	,		
Name of Individual	Ticket(a)/		Identify one of the followin	g:
	Pass(es)			
Tom Illingsworth	14	To promote attendar to maximize potential parking sales.	nce at a county sponsored at county revenue for conce	event in order ome ession and
		Name of the second seco		was a comment of the same of t
		Ceremonial Role	Other 🗌	Income
		II Checking "Ceremonial	Role" or "Other" describe below:	•
	1.			•
	Manakarat			
C. Name of Outside Organizatio (Include address and description)		Describe the public	purpose made pursuant to	the agency's policy
			The state of the s	\$
			•	

Verification	. ياسون	45 4 6 1 1 1 1 1 1		-
		enfied that the distribution set forth	h above, is in accordance with th	e requirements.
	Lee Ann Fe	rgerson Su	upervisor's Assistant	U/9/15
	" Print Nan	ne ·	Tille	(Mon(h, Day, Year)
\cup \cup		•	*	
Comment:		the state of the same of the s		EDDC Form 802 (4M2)
				wildi bara 205 (IIIA)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 8 Date Starnp Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗌 **Event Description** Ticket(s)/Pass(es) provided by agency? Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest If 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Esmiralda Garcia To promote attendance at a county sponsored event in order ome to maximize potential county revenue for concession and parking sales. Ceremonial Role Other . Income If checking "Caremonial Role" or "Other" describe below: Name of Outside Organization Number of Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

d 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6691 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes D No 🗆 Face Value of Each Ticket/Pass \$ Event Description -Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Alameda County Surpervisor Scott Haggerty, District 1 Was ticket distribution made at the behest If 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income: Il checking "Ceremonial Role" of "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Lee Ann Fergerson

Print Name

Comment: .

Supervisor's Assistant

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4	A A A				Date Stamp	California O 0 0	
۱.	Agency Name		Date Stamp	Form 802			
	Alameda County			For Official Use Only			
	Division, Department, or Regi	on (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Vame, Title)					
	Steven Jones				Amendment (Must n	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail		A CONTRACTOR OF THE CONTRACTOR	Amendment (Must p	полав вхріанацон ін ган э.)	
	(510) 272-6693	steven.jones(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inforr	nation					
	Does the agency have a ticket		Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	\$12	
	Event Description Alameda C	County Fair Provide Title/Expla	nation	Date(s)06	5 _ 17 _ 15	07 , 05 , 15	
		•	Yes 🗌 No 🛭	Alame	da County Fair		
	Ticket(s)/Pass(es) provided by	/ agency?	Name of Sc				
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes [☑ If yes: Alame	eda County Superviso Official's Name (or Wilma Chan (Last, First)	
3	Recipients						
٠.	Use Section A to identify the agency	/'s department or ι	ınit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income .	
				Ceremonial Role	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	olic purpose made pursuant to the agency's policy		
	Girls Incorporated of The Island City 1724 Santa Clara Ave. Alameda 94501		50	To reward a school to the community	ol or nonprofit organiza	ation for its contributions	
	Equips girls to achieve aca lead healthy/active lives, m	demically, anage money			·		
4.	Verification		d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.	
		110	Steven Jo		Central District Direct		
			Stevell J	71109	Contrai District Direct	(Month, Day, Year)	

ency Report of: remonial Role Events and Ticket Agency Name		California 802				
	,	For Official Use Only				
Alameda County Division, Department, or Region (If Applicable)						
Board of Supervisors						
Designated Agency Contact (Name, Title)			☐ Amendment (Must prov	ide explanation in Part 3.)		
Amy Shrago			Date of Original Filing: —			
Area Gode/Filone Hams	acgov.org		Date of Originary mass	(Month, Day, Year)		
(510) 272-0000			and the Manage	32.00		
Function or Event Information	′es□ No⊠	Face Value	of Each Ticket/Pass \$ —			
		Date(s)	te(s) 06 , 10 , 15/			
Event Description Athletics vs. Rangers Provide Title/Explan	nation					
	Yes□ No⊠	If no: Oakl	and Athletics Name of Sou	rco		
Ticket(s)/Pass(es) provided by agency?		If yes: Car	son, Keith			
Was ticket distribution made at the behest	No ☐ Yes ☒	If yes:	Official's Name (L	ast, First)		
of agency official?						
Recipients Use Section A to Identify the agency's department or to	U Section	n B to identify an indi-	vidual. • Use Section C to iden	ify an outside organization.		
 Use Section A to identify the agency's department or t 	Number of	Describe the	public purpose made pursuant	to the agency's policy		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the	MM.M.S. K. H. T. L. S.			
	7.000(10)					
4						
	Number of Ticket(s)/		Identify one of the follow			
B. Name of Individual	Pass(es)	aalal f	Role Other 🗵	Income		
		Ceremonial Role Other IXI If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary services To reward a County employee staff development				
Decker, Breeanna	2		ty employee for his o	LUGL evenibien y agreement		
		the public or to	encourage stan	Income [
		Ceremonial	Role Other Other			
		If checking *C	Seremonial Role" or "Other" describe belo			
			- de auret	ant to the agency's policy		
C Name of Outside Organization	Number of Ticket(s)/	Describe t	he public purpose made pursu	and to this =g		
C. (include address and description)	Pass(es)					
			0.00			
·			19			
4 Verification	2. (2020)2000	and the title eligible	ution set forth above, is in accordan	ce with the requirements.		
A Varmication			Supervisor's Assi	Starre		
	Amy S	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Title	(Month, Day, Year		
	Print N	lame				

gency Report of: eremonial Role Even	ts and Ticket	/Pass Dis	erronnons	Date Stamp	A Public Document California 802	
Agency Name		Date Stamp	Form 002			
Alameda County			For Official Use Only			
Division, Department, or Reg	jion (If Applicable)					
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Amy Shrago	910.117.417.7.127			Amendment (Must	provide explanation in Part 3.)	
Area Code/Phone Number	E-mail			Date of Original Filing	(Month, Day, Year)	
(510) 272-6695	amy.shrago@a	acgov.org			80.00	
Function or Event Info	rmation		Face Value	of Each Ticket/Pass \$		
Does the agency have a tick		es□ No⊠		6 , 10 , 15		
Event Description Athletics	vs. Rangers Provide Title/Explan-	ation				
		-	If no: Oakl	and Athletics	Source	
Ticket(s)/Pass(es) provided	by agency? Y	′es□ No⊠			<u> </u>	
Was ticket distribution made	e at the behest	No □ Yes ☒	If yes: Car	Official's Nan	ne (Last, First)	
of agency official?	200					
B. Recipients • Use Section A to identify the ag	NOTES OF A PARTIE OF THE PARTIES OF	u - Han Spetie	on B to identify an indiv	vidual. • Use Section C to i	dentify an outside organization.	
		Number of	Describe the I	public purpose made pursu	ant to the agency's policy	
A. Name of Agency, Depar	rtment or Unit	Ticket(s)/ Pass(es)		, Philippin Control of the Control o		
7		i i			Handam	
B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo		
(Last, First)		Pass(es)	Ceremonial R	tole 🗌 Other 🗵	Income	
Brown, Aisha		If checking "C		remonial Role" or "Other" describe to	e or her exemplary service to	
Plowii' Viole	8	4	To reward a Co	d a County employee for his or her exemplary sen c or to encourage staff development		
			Commonial	Role Other 🗵	Income L	
			700000000000000000000000000000000000000		below:	
Carson, Keith		4 =		a County employee for his or her exemplary service to or to encourage staff development		
		70.000				
C Name of Outside	Organization	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy	
C. Name of Outside	nd description)	Pass(es)	*		held at a County facility in	
Alameda Health Syste	m Foundation	To promote		note attendance at an event held at a County facility in maximize potential County revenue.		
CHAILTIN MAN TILLIAM	70.000.0000000000000000000000000000000		Older to maxii		held at a County facility in	
Year of the African An	nerican Male	6	To promote at	ttendance at an event mize potential County	held at a County facility in revenue.	
Teal of the / theservis						
4 Varification		and 19049. I have	verified that the distribut	ion set forth above, is in accord	dance with the requirements.	
	1			Supervisor's As	sistant	
	-	Amy SI		Title	(Month, Day, Year)	
		Print N	ame			

Agency Name			100	or Official Use Only
Alameda County			FG	r Giliciai Gas Gilly
Division, Department, or Region (If Applicable)				
Board of Supervisors		F		
Designated Agency Contact (Name, Title)				
			☐ Amendment (Must provide exp	lanation in Part 3.)
Amy Shrago Area Code/Phone Number E-mail			Date of Original Filing:(Mont	h. Day, Year)
(510) 272-6695 amy.shrago@s	acgov.org		(Mon	
Function or Event Information			of Each Ticket/Pass \$	12.00
The agency have a ticket policy?	'es□ No⊠	Face Value	of Each Florida 15	, ,
Event Description Alameda County Fair Provide Title/Explan		Date(s)	06 , 17 , 15	
Event Description Provide Title/Explan	ation		neda County Fair	
	Yes □ No ☒			
Ticket(s)/Pass(es) provides 57		If yes: Car	son, Keith Official's Name (Last, Fir	st)
Was ticket distribution made at the behest	No ☐ Yes ☒	11 yes	Official's Name (Last, r-ir	st/
of agency official?				outelde organization.
3. Recipients • Use Section A to identify the agency's department or t	mit. • Use Sectio	n B to identify an indi	vidual. • Use Section C to identify an	sutside organization
Use Section A to identify the agency's department	Number of Ticket(s)/	Describe the	public purpose made pursuant to the	agency's policy
A. Name of Agency, Department or Unit	Pass(es)			
	Number of		Identify one of the following:	
B. Name of Individual	Ticket(s)/ Pass(es)			Income [
B. (Last, First)	Passon	Ceremonial F	Role Other S	Income L
Complex Mina	40		premonial Role" or "Other" describe below: punty employee for his or her	exemplary service to
Sanchez, Mina	12	To reward a Co	encourage staff developmen	t.
¥		Ceremonial		Income
		' If checking "C	eremonial Role" or "Other" describe below:	
		987-9 5000 1-10 7-1000		
				4
- Indian	Number of	Describe t	he public purpose made pursuant to	the agency's policy
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)			
			to the above, le in accordance with	the requirements.
4 Verification	1 and 18942. I have	verified that the distribu	ution set forth above, is in accordance with	06/17/15
	Amy S		Supervisor's Assistant	. (Month, Day, Year
7	Print N	AND DESCRIPTION OF THE PERSON	1100	

ency Report of: remonial Role Ever	te and Ticke	t/Pass Dis	tributions		
remonial Role Ever Agency Name	its and ficke			Date Stamp	California 802
					For Official Use Only
Alameda County Division, Department, or Re	gion (If Applicable)		+		
Board of Supervisors	t (Name Title)				
Designated Agency Contac	t (Mame, Fills)			□ Amendment (Musi	t provide explanation in Part 3.)
Amy Shrago	TE well				
Area Code/Phone Number	E-mail amy.shrago@	acgov.org		Date of Original Filing	(Month, Day, Year)
(510) 272-6695					12.00
Function or Event Info	ormation	Yes□ No⊠	Face Value	of Each Ticket/Pass \$	
Does the agency have a tic		ies Li ito Li	Data(e) 0	6 , 17 , 15	
Event Description Alamed	Provide Title/Explai	nation			
			If no: Alam	eda County Fair	/ Source
Ticket(s)/Pass(es) provide	d by agency r				
Was ticket distribution mad	de at the behest	No ☐ Yes ☒	If yes: Car	Official's Nar	ne (Last, First)
of agency official?					
. Recipients • Use Section A to identify the a		u Bootle	on El to identify an indiv	idual. • Use Section C to	identify an outside organization.
. Use Section A to identify the a	gency's department or i	Number of	Describe the r	public purpose made purs	uant to the agency's policy
a Ose Section 14 to 14 to 1					
		Ticket(s)/	Describe the p	,,,,,,,	
A. Name of Agency, Depart			Describe the p	,	
		Ticket(s)/	Describe the f	,	
A. Name of Agency, Depa	artment or Unit	Ticket(s)/	Describe the f	Identify one of the f	
	artment or Unit	Ticket(s)/ Pass(es)	Describe the p	Identify one of the forces	ollowing:
A. Name of Agency, Department of Inc. B. Name of Inc. (Last, Fir.	artment or Unit	Ticket(s)/ Pass(es)	Geremonial R	Identify one of the football o	ollowing:
A. Name of Agency, Department of Agency, Dep	artment or Unit	Ticket(s)/ Pass(es)	Geremonial R	Identify one of the fo	ollowing: Income [below: s or her exemplary service to
A. Name of Agency, Department of Inc. B. Name of Inc. (Last, Fir.	artment or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Co To reward a Co the public or to	Identify one of the fo tole Other Other remonial Role" or "Other" describe ounty employee for hi encourage staff deve	ollowing: Income [below: s or her exemplary service to
A. Name of Agency, Department of Inc. B. Name of Inc. (Last, Fir.	artment or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Ce To reward a Co the public or to	Identify one of the formal cole Tother T Tother T Tother Tother T T T T T T T T T T T T T T T T T T	ollowing: Income [below: s or her exemplary service to elopment. Income [
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B. Name of Ind (Last, Fire	artment or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Co the public or to Ceremonial R If checking "Co	Identify one of the formal cole Other Othe	ollowing: below: s or her exemplary service to elopment. Income [
B. Name of Inc. Decker, Breeanna	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Co the public or to Ceremonial R If checking "Co	Identify one of the formal cole Other Othe	ollowing: Income C below: s or her exemplary service to elopment. Income [
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B. Name of Inc. Decker, Breeanna	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Co the public or to Ceremonial R If checking "Co	Identify one of the formal cole Other Othe	ollowing: below: s or her exemplary service to elopment. Income [
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B. Name of Inc. Decker, Breeanna	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Co the public or to Ceremonial R If checking "Co	Identify one of the formal cole Other Othe	ollowing: below: s or her exemplary service to elopment. Income [
B. Name of Inc. Decker, Breeanna	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Geremonial R If checking "Ce To reward a Co the public or to Geremonial I If checking "Ce Describe th	Identify one of the formal Role Other Othe	ollowing: below: s or her exemplary service to elopment. Income [
B. Name of Ind. (Last, Fir.) Decker, Breeanna C. Name of Outsid (include address	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Geremonial R If checking "Ce To reward a Co the public or to Geremonial I If checking "Ce Describe th	Identify one of the football o	ollowing: Income C below: s or her exemplary service to elopment. Income C s below: ursuant to the agency's policy
B. Name of Inc. Decker, Breeanna	lividual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Ce To reward a Co the public or to Ceremonial I If checking "Ce Describe the	Identify one of the formal cole Other Othe	ollowing: Income C below: s or her exemplary service to elopment. Income C s below: ursuant to the agency's policy

Comment: _

Agency Name	t of: ole Event				4	For Official Use Only
Alemada Count	V				1 21	5.50.5000000000000000000000000000000000
Division, Depart	nent, or Reg	ion (If Applicable)				
Board of Super	visors	201				
Designated Age	ncy Contact	(Name, Title)				
Amy Shrago					☐ Amendment (Must pro	ovide explanation in a second
Area Code/Pho	ne Number	E-mail	15000 - 04000 1500		Date of Original Filing: -	(Month, Day, Year)
(510) 272-669	5	amy.shrago@a	acgov.org			12.00
Function or	Event Info	rmation		Face Value	of Each Ticket/Pass \$	
e the egent	w have a tick	et policy r	es□ No⊠	Pace value	06 , 17 , 15	11
Event Descripti	Alameda	County Fair				
Event Descripti	on	Provide Title/Explan	ation	Alam	neda County Fair Name of So	
Ticket(s)/Pass			′es□ No⊠			urce
			🗖 🗸 🖂	If yes: Car	rson, Keith Official's Name	(I ast First)
Was ticket dist	ribution made	e at the behest	No ☐ Yes ☒	ii yes.	Official's Name	Last, Piroty
of agency off	icial?					
3. Recipients		to department of U	nit. • Use Sectio	n B to identify an indi	vidual. • Use Section C to ide	ntify an outside organization.
 Use Section A t 	Use Section A to identify the agency's departments		Number of	Describe the	public purpose made pursua	nt to the agency's policy
A. Name o	a Department or Unit		Ticket(s)/ Pass(es)			
_						
						Work to a control of the control of
_	Name of Indi	vidual	Number of Ticket(s)/		Identify one of the foll	p-q
В.	(Last, First)	Pass(es)	Ceremonial F	Role O Other 🗵	Income
		5		If checking "Co	to a state of the series had	ow:
Eddie 🔑	65A		3	1 0	- unty amployee for his	Ot Liet exembrary services
				the public or to	encourage starr de l'	Income L
				Ceremonial	Role Other O	
0.00				If checking "C	Ceremonial Role" or "Other" describe be	
			- Annon M		0.8888	went to the agency's policy
	lame of Outside	Organization	Number of Ticket(s)/	Describe t	the public purpose made pure	luant to the agency 5 pensy
	lame of Outside	and description)	Pass(es)			
C.	clude address .					
C. (in	clude address o					
C. (in	clude address o					
C. (in	clude address c					
C. (in	clude address (1
- (In					of the second to be approximately	ance with the requirements.
C. (in		. 4 18844	and 18942. I have	verified that the distribu	ution set forth above, is in accorde	ance with the requirements.

	gency Name			Ĭ.		Form
ΔI	ameda County					For Official Use Only
Div	vision, Department, or Reg	ion (If Applicable)				
	oard of Supervisors					
De	esignated Agency Contact	(Name, Title)	ÿ.			
					Amendment (Must	provide explanation in Part 3.)
A	my Shrago rea Code/Phone Number	[E-mail	0.00000		Date of Original Filing	(Marth Day Year)
	510) 272-6695	amy.shrago@a	cgov.org		Date of an a	
(:	unction or Event Info				2 and United States	12.00
. F	oes the agency have a tick	et policy? Y	es□ No⊠	Face Value	of Each Ticket/Pass \$	
D	oes the agency have a tion			Date(s)	6 , 17 , 15	
E	vent Description Alameda	Provide Title/Explan	ation			
			′es□ No⊠	If no: Alam	eda County Fair	Source
Т	licket(s)/Pass(es) provided			Cor		
1	Was ticket distribution made	e at the behest	No □ Yes 🏻	If yes: Car	Official's Nan	e (Last, First)
	of agency official?				2,519,657,053,000	
2	Recipients • Use Section A to Identify the ago			n to Identify an indi	dual. • Use Section C to i	dentify an outside organization.
э.	Use Section A to identify the age	ency's department or u	nit. • Use Section	on B to identify an inci-	oublic purpose made pursu	ant to the agency's policy
- 7	A. Name of Agency, Depar	tment or Unit	Ticket(s)/	Describe the	public purpose made pares	
	A. Name of the state of the sta		Pass(es)			
			1 1			
			Number of		Identify one of the fo	ollowing:
	B. Name of India	vidual	Ticket(s)/		Identify one of the fo	
	B. Name of India	yidual		Ceremonial R	ole Other 🗵	Income
	(Last, First)	vidual	Ticket(s)/ Pass(es)		tole Other S	Income
	B. Name of India (Last, First)	yidual	Ticket(s)/	If checking "Ce	tole Other IX	Income sor her exemplary service
	(Last, First)	vidual	Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to	tole Other December describe to bunty employee for his encourage staff deve	Income sor her exemplary service
	(Last, First)	yidual	Ticket(s)/ Pass(es)	To reward a Co	tole Other S remonial Role or Other describe to bunty employee for his encourage staff deve	Income s or her exemplary service lopment.
	(Last, First)	yidual	Ticket(s)/ Pass(es)	To reward a Co	tole Other December describe to bunty employee for his encourage staff deve	Income s or her exemplary service lopment.
	(Last, First)	yidual	Ticket(s)/ Pass(es)	To reward a Co	tole Other S remonial Role or Other describe to bunty employee for his encourage staff deve	Income s or her exemplary service lopment.
	Skinner, Derrick		Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income selow: s or her exemplary service selopment. Income
	Skinner, Derrick	Organization	Number of	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income s or her exemplary service lopment.
	Skinner, Derrick	Organization	Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income selow: s or her exemplary service selopment. Income
E E	Skinner, Derrick	Organization	Number of	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income selow: s or her exemplary service selopment. Income
E.	Skinner, Derrick	Organization	Number of	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income selow: s or her exemplary service selopment. Income
	Skinner, Derrick	Organization	Number of	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co	tole other	Income selow: s or her exemplary service selopment. Income
	Skinner, Derrick C. Name of Outside (include address a	Organization nd description)	Number of Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co Describe to	tole Other or "Other" describe to county employee for his encourage staff development of the other othe	Income selow: s or her exemplary service selopment. Income below:
# ·	Skinner, Derrick C. Name of Outside (include address a	Organization nd description)	Number of Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co Describe to	tole Other or "Other" describe to county employee for his encourage staff development of the other othe	Income selow: s or her exemplary service selopment. Income below:
	Skinner, Derrick	Organization nd description)	Number of Ticket(s)/ Pass(es)	If checking "Ce To reward a Co the public or to Ceremonial If checking "Co Describe the	tole Other or "Other" describe to county employee for his encourage staff development of the other othe	Income selow: So or her exemplary service selopment. Income below: Transit to the agency's policy Income selow:

Comment: ___

ency Report of: remonial Role Events and Tic			Date Stamp	California 802
Agency Name Alameda County				For Official Use Only
Alameda County Division, Department, or Region (If Applical)	ile)			
Board of Supervisors Designated Agency Contact (Name, Title)				
			☐ Amendment (Must pr	ovide explanation in Part 3.)
Amy Shrago			Date of Original Filing:	15-16-5-20-6-2
Area Code/Filone Memore	jo@acgov.org		Date of Original Campa	(Month, Day, Year)
Function or Event Information	10.40	110 may 10 ma	Ti-kel/Docc \$	12.00
Door the agency have a ticket policy?	Yes □ No 🏻	Face Value of	of Each Ticket/Pass \$ =	727
Event Description Alameda County Fair		Date(s)06	3 , 17 , 15	
Event Description Provide Title/	Explanation		eda County Fair	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🗵			ource
		If yes: Cars	on, Keith	a t Elect)
Was ticket distribution made at the beha-	st No ☐ Yes ☒	ii yes.	Official's Name	(Last, Pirst)
of agency official?				ustelde organization.
. Recipients • Use Section A to identify the agency's department	nt or unit. • Use Section	on B to identify an indivi	dual. • Use Section C to ide	ntily an outside organization.
- e	Number of Ticket(s)/	Describe the pu	ublic purpose made pursua	nt to the agency's policy
A. Name of Agency, Department or Unit	Pass(es)			
				2 2
	Number of		Identify one of the follow	owing:
B. Name of Individual	Ticket(s)/ Pass(es)			Income C
		Ceremonial Ro	Pole" or "Other" describe bek	ow:
Hassan, Idris	6	1 - 0-1	usty amployee for his	or her exemplary service to
	(78)	the public or to	encourage staff develo	philotti
		Coremonial Re	ole Other	Income L
		If checking "Cen	emonial Role" or "Other" describe be	IOW:
				the the agency's policy
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy
C. (include address and description)	Pass(es)			
N. W. Starten				
4. Verification	t and tROJO I have	verified that the distribution	on set forth above, is in accorda	nce with the requirements.
	Amy S		. Supervisor's Ass	istant06/1/13
	Amy S	nago.	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Amy Shrago ☐ Amendment (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: ... (Month, Day, Year) amy.shrago@acgov.org (510) 272-6695 2. Function or Event Information 12.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ☐ No ☒ Event Description Alameda County Fair 17 , Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Carson, Keith Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) 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. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual B. Ticket(s)/ (Last First) Pass(es) Income Other X Ceremonial Role If checking "Geremonial Role" or "Other" describe below: Hill, Monique To reward a County employee for his or her exemplary service to 6 the public or to encourage staff development. Income Ceremonial Role Other If checking "Geremonial Role" or "Other" describe below: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. Ticket(s)/ (include address and description) Pass(es) Verification 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 06/17/15

Print Name Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only	
	Board of Supervisors			w.			
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes ☐ No	Face Value of	of Each Ticket/Pass \$	12.00	
	Event Description Alameda	County Fair	lanation	Date(s)06	3 , 17 , 15		
	T			Alame	eda County Fair		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Alamet				Name of S	ource	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso			on, Keith			
	of agency official?				Official's Name	(Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	ction B to identify an individ	ual. e Use Section C to ide	ntify an outside organization	
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		olic purpose made pursuar		
					7)		
	B. Name of Individe	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Vann, LiLuu	8	6	If checking "Ceremon	Other Inial Role" or "Other" describe below:		
	1	05	1953		y employee for his or courage staff developi	her exemplary service to nent.	
					Other Interpretation of the Control	Income	
	C. Name of Outside Organization Number of Ticket(s)' Pass(es)			Describe the public purpose made pursuant to the agency's policy			
					7		
	,				â		
4.	Verification			SON MANAGEMENT OF THE STATE OF	IAM Annual IAM		
		and			forth above, is in accordance w		
		200	Amy Shr	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Supervisor's Assistar	nt 06/17/15	
			Print Nam	0	Title	(Month, Day, Year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . amy.shrago@acgov.org (Month, Day, Year) (510) 272-6695 2. Function or Event Information 12.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes □ No 図 Event Description Alameda County Fair , 17 , 06 Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If yes: Carson, Keith Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) 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. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es)

B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Sanchez, Mina	10	Ceremonial Role Other Income I
		Ceremonial Role Other Income Income If checking "Geremonial 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
Verification	nd 18942. I have v	erified that the distribution set forth above, is in accordance with the requirements.

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

Amy Shrago

Print Name

Supervisor's Assistant

Title

06/17/15

(Month, Day, Year)

A Public Document Ceremonial Role Events and Ticket/Pass Distributions Agency Report of: California Date Stamp Form 1. Agency Name 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.) Amy Shrago Date of Original Filing: _ (Month, Day, Year) Area Code/Phone Number E-mail amy.shrago@acgov.org 6.00 (510) 272-6695 Face Value of Each Ticket/Pass \$ 2. Function or Event Information Yes□ No⊠ Does the agency have a ticket policy? 06 / 17 / Event Description Alameda County Fair Date(s) -If no: Alameda County Fair Provide Title/Explanation Name of Source Yes 🗌 No 🛛 Ticket(s)/Pass(es) provided by agency? If yes: Carson, Keith Official's Name (Last, First) No ☐ Yes ☒ Was ticket distribution made at the behest 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 Name of Agency, Department or Unit Ticket(s)/ Pass(es) Identify one of the following: Number of Ticket(s)/ Name of Individual Pass(es) Other X B. (Last, First) Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales. Music, Richard Income Other 🗌 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 7 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) .1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Verification 06/17/15 Supervisor's Assistant (Month, Day, Year) Amy Shrago Print Name FPPC Form 802 (4/12) 1/

Comment: -

Comment: __

	Agency Name				Date Stamp	California	802
	Alameda County		Form	ROLL BOOK OF THE PARTY OF THE P			
	Division, Department, or Reg	jion (If Applicable)				For Official	Use Only
						3	
	Board of Supervisors Designated Agency Contact	(Name, Title)					
	Amy Shrago Area Code/Phone Number	E-mail	Amendment (Must p	provide explanation in	n Part 3.)		
	(510) 272-6695	Date of Original Filing:	(Month, Day, Ye	ar)			
,	Function or Event Info	amy.shrago@a					40.00
	Does the agency have a tick		es □ No ⊠	Face Value of	of Each Ticket/Pass \$ _		12.00
	Event Description Alameda			Date(s) 06	3 , 17 , 15		
	Event Description	Provide Title/Explana	ation				
	Ticket(s)/Pass(es) provided	by agency? Y	es □ No 🏻	₫ If no: Alame	eda County Fair	ource	
		at the beheat		If yes: Cars			
	Was ticket distribution made of agency official?	at the benest	No ☐ Yes 🏻	g If yes:	Official's Name	(Last, First)	-
-	Recipients						
Э.	Use Section A to identify the agent	cy's department or un	it. • Use Sect	ion B to identify an individ	lual. • Use Section C to ide	ntify an outside org	anization.
	A. Name of Agency, Departr	North Control of the	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar		
					IV.		
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
				Geremonial Role # checking "Geremonial	Other Doniel Role" or "Other" describe below		Income
		ä		Ceremonial Role If checking "Ceremonial Role "Ceremonial Role"	Other Onlial Role" or "Other" describe below	v:	Income
	C. Name of Outside Org	janization lescription)	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's	policy
Mother Wright Foundation 3120 San To rew				To reward a scho to the community	To reward a school or nonprofit organization for its contributions to the community		
	California Northwest Edu Foundation P.O. Box 877		10	To reward a scho to the community	ol or nonprofit organiz	ation for its co	ntributions .
4	. Verification	and	18942. have ve	orified that the distribution se	nt forth above, is in accordance	with the requiremen	ts.
		and	Amy Shr		Supervisor's Assista		06/17/15
			Print Nam		Title		onth, Day, Year)

١,	Agency Name			9	Date Stamp	California 802
	Alameda County			For Official Use Only		
1	Division, Department, or Reg	jion (If Applicable,)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago		☐ Amendment /Must s	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail		Service Wilder Co.		
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				12.00
	Does the agency have a tick		Yes ☐ No 🛭		of Each Ticket/Pass \$ _	
	Event Description Alameda	County Fair		Date(s)	06 , 17 , 15	
	Event becompass.	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No 🛭	☑ If no: Alam	eda County Fair Name of So	ource
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso				son, Keith	1305
	of agency official?	at the bolloot	ИОП 169 Б	M 11 yes	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the ager	ncy's department or				
	A. Name of Agency, Departr	ment or Unit	Number of Ticket(s)/	Describe the p	ublic purpose made pursuan	nt to the agency's policy
	Pass(es)					
	B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)		Pass(es)			. Income 🗆
	Andrews, Saundra		1	Ceremonial Roll If checking "Ceren	e 🔲 · Other 🗵 nonial Role" or "Other" describe below	
	Andrews, Sauridia		10	To promote atten	dance at a County faci	lity in order to maximize
				potential County	revenue from parking a	and concession sales.
			Ceremonial Rol		Income _	
		10	If checking "Gerer	nonial Role" or "Other" describe below	6	
			707.3			
	O Name of Outside Or	vanization	Number of	B	public purpose made pursua	nt to the agency's policy
	C. Name of Outside Organization Ticket(s)/ Pass(es)			Describe the p	Subiic purpose made pursua	nt to the agency a pency
				3		
4	. Verification					10. 0
			nd 18942. I have v	erified that the distribution :	set forth above, is in accordance	
			Amy Shi		Supervisor's Assista	
			Print Nar	ne	Title	(Month, Day, Year)
	Comment:					

1.						
	Agency Name		7)		Date Stamp	California 802
	Alameda County		, ,			Form For Official Use Only
	Division, Department, or Re	gion (If Applicabl	e)]	For Official Ose Only
	Board of Supervisors			*		
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				_	
	Area Code/Phone Number	E-mail			Amendment (Must pi	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	rmation				The second second
	Does the agency have a tick	et policy?	Yes □ No	Face Value of	of Each Ticket/Pass \$	12.00
	Event Description Alameda	County Fair		Data(s) 06	3 , 17 , 15	
	Event Description	Provide Title/Exp	planation			- /
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No	If no: Alame	da County Fair	
				Name of Sou	Irce	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso of agency official?			Official's Name (L	ast, First)	
_						
5.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	
				1		(4
	B. Name of Individ	ual	Number of			
			Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	
	Taylor, Barbara		Pass(es)	If checking "Ceremon	Other M	Income
				If checking *Coremon To promote attend	Other M	Income ☐
			Pass(es)	If checking "Ceremon To promote attend potential County re Ceremonial Role	Other inial Role" or "Other" describe below: ance at a County facilit	Income ☐
		anization	Pass(es)	If checking "Ceremoi To promote attend potential County re Ceremonial Role If checking "Ceremoi	☐ Other ☑ nial Role" or "Other" describe below: ance at a County facility venue from parking ar Other ☐	Income Usy in order to maximize and concession sales.
	Taylor, Barbara Name of Outside Orga	anization	Pass(es) 4 Number of Ticket(s)/	If checking "Ceremoi To promote attend potential County re Ceremonial Role If checking "Ceremoi	Other or "Other ance at a County facility evenue from parking ar other other other other other other describe below:	Income Usy in order to maximize and concession sales.
	Taylor, Barbara Name of Outside Orga	anization	Pass(es) 4 Number of Ticket(s)/	If checking "Ceremoi To promote attend potential County re Ceremonial Role If checking "Ceremoi	Other or "Other ance at a County facility evenue from parking ar other other other other other other describe below:	Income Usy in order to maximize and concession sales.
	Taylor, Barbara Name of Outside Orga	anization escription)	Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend potential County re Ceremonial Role If checking "Ceremon Describe the put	□ Other ⊠ nial Role" or "Other" describe below: ance at a County facilit evenue from parking an □ Other □ nial Role" or "Other" describe below: Dic purpose made pursuant	Income Usy in order to maximize and concession sales. Income Use to the agency's policy
	Taylor, Barbara C. Name of Outside Organic (include address and decomposition)	anization escription)	Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend potential County re Ceremonial Role If checking "Ceremon Describe the put cuffied that the distribution set	Other or "Other ance at a County facility evenue from parking ar other other other other other other describe below:	income use in order to maximize and concession sales. Income use to the agency's policy

eremonial Role Event				Date Stamp	alifornia 802
Agency Name					For Official Use Only
Alameda County Division, Department, or Reg	ion (If Applicable)	1			
					1
Board of Supervisors Designated Agency Contact	(Name Title)				
	(valifie)			Amendment (Must provide	explanation in Part 3.)
Amy Shrago	TE-mail			The second secon	
Area Code/Phone Number	amy.shrago@	acgov.org		Date of Original Filing:(M	onth, Day, Year)
(510) 272-6695 Function or Event Info			7977 84-989703000		18,00
Does the agency have a tick	et policy?	Yes□ No⊠	Face Value	of Each Ticket/Pass \$	
Does the agency have a dom			Date(s)	06 , 17 , 15	
Event Description Alameda	Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided		Yes □ No 🏻	If no: Alan	neda County Fair Name of Source	
			u Car	rson, Keith Official's Name (Last,	
Was ticket distribution made	at the behest	No ☐ Yes ☒	If yes:	Official's Name (Last,	First)
of agency official?					
3. Recipients	ncy's department or t	unit. • Use Section	on B to identify an indi	vidual. • Use Section C to identify a	in outside organization.
		Number of Ticket(s)/	Describe the	public purpose made pursuant to t	he agency's policy
A. Name of Agency, Depart	ment or Onic	Pass(es)			
		Number of		Identify one of the following	:
B. Name of Indiv	idual	Ticket(s)/ Pass(es)			Income [
***************************************			Ceremonial F	Role Other S	Income L
McWilson, Marlon		8		remonial Role" or "Other" describe below: endance at a County facility	in order to maximize
			potential Count	ly revenue from parking and	concession sales.
			Ceremonial	Role Other	Income
			If checking "Co	eremonial Role" or "Other" describe below:	
	11.9				
C Name of Outside	Organization	Number of Ticket(s)/	Describe th	ne public purpose made pursuant t	o the agency's policy
C. Name of Outside C	d description)	Pass(es)			V 9

<u> </u>					
4. Verification			verified that the distribut	tion set forth above, is in accordance wit	th the requirements.
The second second				Supervisor's Assistan	06/17/15
		Amy Sh		Title	(Month, Day, Year
		Find IV			

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Re Board of Supervisors Designated Agency Contact)			For Official Use Only
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pi	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info Does the agency have a tick Event Description Alameda Ticket(s)/Pass(es) provided	et policy? County Fair Provide Title/Expl by agency?	Yes□ No!	Date(s) ✓ If no: Alame	of Each Ticket/Pass \$ 6 17 15 eda County Fair	<u> 2</u> 00
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	☑ If yes: Cars	Official's Name (L	ast, First)
3.	A. Name of Agency, Departs		unit. • Use Sec Number of Ticket(s)/ Pass(es)	aumossi Saumossa sana	lual. • Use Section C to ident	Gila compresso, como en Aborros es
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
	VanHook, Lawrence		10	To promote attend	_{eilal Role" or "Other" describe below:} lance at a County facilit evenue from parking an	
	(A. 19			Ceremonial Role If checking "Ceremo	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				Y , 1		
X	(2)			T.		3
4.	Verification	and and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wit	h the requirements.
		_	Amy Shra	ago	Supervisor's Assistant	06/17/15
	Comment:		Print Nam	0	Title	(Month, Day, Year)

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	t (Name, Title)				
	Amy Shrago					NAME OF THE PARTY
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				(monny posy rous)
	Does the agency have a tick	et policy?	Yes □ No		of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair Provide Title/Exp	lanation	Date(s)	6 , 17 , 15	
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No		eda County Fair Name of Sc	ource
	Was ticket distribution made	at the behest	No ☐ Yes	If yes: Cars	on, Keith	
	of agency official?		**************************************	,	Official's Name (Last, First)
3.	Recipients • Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to identify an individ	iual. • Use Section C to iden	itify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	B. Name of Individ	ual	Number of		11.04	27 27
	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the follow	00.7.
	Decker, Breeanna		4	To reward a Count	nial Role" or "Other" describe below:	her exemplary service to
	- (t		-	Ceremonial Role	Other or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Ø.					
				-		
4.	Verification					
W		19044.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	ith the requirements.
			Amy Shra	ago	Supervisor's Assistan	t 06/17/15
		-	Print Nam	e	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County					101111
	Division, Department, or Re	gion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				<u> </u>	
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	
2.			@dogov.org	- ,		(Month, Day, Year)
	Does the agency have a tick		Yes □ No	⊠ Face Value	of Each Ticket/Pass \$	12.00
			Tes LI NO	time.		
	Event Description Alameda	Provide Title/Expi	lanation	Date(s)	6 , 17 , 15	
	Ticket(s)/Pass(es) provided l			Mana. Alamo	eda County Fair	
	ricket(s)/Fass(es) provided i	by agency r	Yes ☐ No!	[X] II 110.	Name of Sou	irce
	Was ticket distribution made	at the behest	No ☐ Yes	☑ If yes: Cars	on, Keith	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	. Describe the pu	blic purpose made pursuant	to the agency's policy
			rass(es)			
	B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)	ACC:	Pass(es)			
	Brown, Aisha			Ceremonial Role	Other Sonial Role" or "Other" describe below:	Income
	Drown, Albita		4			ner exemplary service to
					courage staff developm	
				Ceremonial Role	Other 🗆	Income [
			1. 1	If checking "Ceremo	nnial Role" or "Other" describe below:	
						f
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			()			
				Ÿ		19
١.	Verification					
	Verification	4.1 and	d 18942. I have ve	rifled that the distribution set	forth above, is in accordance wit	h the requirements.
		(400)	Amy Shra		Supervisor's Assistant	SERVICE DE CONTRACTOR DE CONTR
			Print Nam		Title	(Month, Day, Year)

Board of Supervisors Dosignated Agency Contact (Name, Title)	1.	Agency Name				Date Stamp	California 802
Designated Agency Contact (Name, Title)							1 01111
Area Code/Phone Number E-mail		Division, Department, or Re	egion (If Applicabl	e)			For Official Ose Only
Area Code/Phone Number (510) 272-6895 amy.shrago@acgov.org Date of Original Filling:							4
Area Code/Phone Number E-mail Amendment (Must provide explanation in Part 3.)		Designated Agency Contac	ct (Name, Title)				,
Date of Original Filling:		Amy Shrago					
Name of Individual Shrago, Amy		Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 12.00 Event Description Alarmeda County Fair Provide TitletExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Alarmeda County Fair Name 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. A. Name of Agency, 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. * Use Section B to identify an individual. * Use Section C to identify an outside organization. B. Name of Individual (see, Find) Final Control of Ticket(p) Pass(es) Ceremonial Role Other Income Income # checking Toerword 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) Pass(es) Poss(es) Poss(es) Poss(es) Describe the public purpose made pursuant to the agency's policy in ceremonial Role Other Income # checking Toerword 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) Poss(es) Poss(es) Poss(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Poss(es) Poss(es) Poss(es) Poss(es) Amy Shrago Supervisor's Assistant O6/17/15		(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	/// - II - B - V - i
Event Description Alameda County Fair Provide Title#Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ Ticket(s)/Pass(es) provided by agency? Yes \ No \ Yes \ No \ Yes \ No \ Ticket(s)/Pass(es) provided by agency? Yes \ No \ Yes \ No \ Yes \ No \ Yes \ Carson, Keith Vasticket distribution made at the behest of agency official? Recipients - Nee of Agency, Department or Unit. * Use Section 8 to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit. * Use Section 8 to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit. * Use Section 8 to identify an individual. * Use Section C to identify an outside organization. A. Name of Individual Carson (Individual Carson (I	2.	Function or Event Info	ormation				(Month, Day, Year)
Provide Titled(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair Name of Source No Yes If yes: Carson, Keith Official's Name (Last, First)		Does the agency have a tic	ket policy?	Yes □ No	⊠ Face Value o	of Each Ticket/Pass \$	12.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair 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. A. Name of Agency, Department or Unit		Fuert Personal Alameda	a County Fair	100 🗀 110			
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. A. Name of Agency, Department or Unit Number of Ticket(sty) Pass(es) B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy Ceremonial Role Other Describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pas		Event Description	Provide Title/Exp	lanation	Date(s)	, 17 , 15	
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. A. Name of Agency, Department or Unit Number of Ticket(sty) Pass(es) B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy Ceremonial Role Other Describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pass(es) Describe the public purpose made pursuant to the agency is policy Pas		Ticket(s)/Pass(es) provided	by agency?	Vac 🗆 Na	If no. Alame	da County Fair	
Pass(es) C. Name of Outside Organization C. Name of Outside Organization C. Name of Outside Organization Pd 18942. I have verified that the distribution set forth above, is in accordance with the requirements. - Mye Section A to identify an autside organization. Official's Name (Last, First) Official's		nonentajn adaleaj provided	by agency?	Yes □ No	M 1110.	Name of So	urce
Recipients *Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es)		Was ticket distribution made	at the behest	No ☐ Yes		on, Keith	
B. Name of Individual (Last Field) Shrago, Amy A Name of Outside Organization C. Name of Outside Organization (Include address and description) Put 18942. I have verified that the distribution set forth above, is in accordance with the requirements. A Name of Individual (Last Field) A Number of Ticket(s)/Pass(es) Pass(es) Obscribe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other (Annual Field) Income Income Income Other (Annual Field) Income Income Income Other (Annual Field) Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency's policy Obscribe the public purpose made pursuant to the agency is policy Obscribe the public purpose made pursuant to the agency is policy Obscribe the public purpose made pursuant to the agency is policy Obscribe the public purpose made pursu		of agency official?				Official's Name (I	.ast, First)
A. Name of Agency, Department or Unit Ticket(s) Pass(es)	3.	시 보통의 기계교 아프 (지어 기계점) 전 (지어)에서					
B. Name of Individual (Last, Faul) Shrago, Amy Ame of Outside Organization (Include address and description) Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Member of the the American Street of the public or to encourage staff development. Coremonial Role Other Income I		Use Section A to identify the age	ncy's department or		ction B to identify an individe	ual. • Use Section C to ident	ify an outside organization.
Shrago, Amy Ticket(s)/ Pass(es) Ceremonial Role Other S Income Inchesion or Content of Secretary Service to the public or to encourage staff development. Ceremonial Role Other Income Incom		A. Name of Agency, Departs	ment or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Shrago, Amy Ticket(s)/ Pass(es) Ceremonial Role Other S Income Inchesion or Content of Secretary Service to the public or to encourage staff development. Ceremonial Role Other Income Incom							
Shrago, Amy Ticket(s)/ Pass(es) Ceremonial Role Other S Income Inchesion or Content of Secretary Service to the public or to encourage staff development. Ceremonial Role Other Income Incom		*					
Shrago, Amy ### 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. Ceremonial Role		B. Name of Individ	lual	Ticket(s)/		Identify one of the followi	ng:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es)		Shrago, Amy					Income 🗌
Verification Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Amy Shrago Supervisor's Assistant O6/17/15				4	To reward a County the public or to enc	y employee for his or h ourage staff developm	er exemplary service to ent.
Verification Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Ind 18942. I have verified that the distribution set forth above, is in accordance with the requirements. — Amy Shrago Supervisor's Assistant 06/17/15							Income
and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. — Amy Shrago Supervisor's Assistant 06/17/15		Name of Outside Orga (include address and de	anization escription)	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. — Amy Shrago Supervisor's Assistant 06/17/15						¥	
and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. — Amy Shrago Supervisor's Assistant 06/17/15							4)
Amy Shrago Supervisor's Assistant 06/17/15	e e	Verification				697 5) (797 5 a	
Dist Name			nd	18942. I have ver	rified that the distribution set fo	orth above, is in accordance with	the requirements.
Print Name Title (Month, Day, Year)				Amy Shra	ago (Supervisor's Assistant	06/17/15
,		,		Print Name		Title	(Month, Day, Year)
Comment:	(Comment:					

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D D S A	Alameda County Vivision, Department, or Regi Board of Supervisors	on (If Applicable)				Form 002			
D D S A	ivision, Department, or Regi	on (If Applicable)			1				
D S A	Board of Supervisors	on (in Apphaeoio))			For Official Use Only			
D S A									
Ā	esignated Agency Contact (Name, Title)		redución «The Robbins frem production de decunción cua an Cural ce traditive recursocción de philosophic return					
Ā	Steven Jones					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
	rea Code/Phone Number	E-mail	and the second state of th	and the second s	Amendment (Must)	orovide explanation in Part 3.)			
(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
:. F	unction or Event Inforr	nation							
	loes the agency have a ticket		Yes⊠ No[Tace Value o	of Each Ticket/Pass \$ _	\$700			
Е	vent Description Basketball	Game (PLAY	OFFS)	Date(s)	5 , 13 , 15	Charles de la company de la co			
Т	icket(s)/Pass(es) provided by	/ agency?	Yes No [If no: Golder	n State Warriors				
	,	, agama, r	103 🗀 140 🛭		Name of S				
	Vas ticket distribution made a of agency official?	t the behest	No ☐ Yes [Ⅺ If yes: Alam	eda County Superviso	or Wilma Chan			
					Cinicial 3 Ivaline	(Lust, 1 mar)			
	Recipients Use Section A to identify the agency	l'e department es l	tion B to identify an individu	ual allse Section C to ide	ntify an outside organization				
			Number of						
F	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy				
-									
			·						
	·								
E	Name of Individua (Last, First)	3	Number of Ticket(s)/ Pass(es)	·	Identify one of the follow	ving:			
E	3rekke-Meisner, Lukas		2	If checking "Ceremon	Other Inial Role" or "Other" describe below				
			Con.	To promote attendance at an event held at a order to maximize potential County revenue f					
					Ceremonial Role Other				
			2	ії спескіпд Сегетпог	niel Role" or "Other" describe below	•			
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy			
EMONE		AND A SECTION AND ADDRESS OF THE PARTY OF TH							
•				н но в на					
	Verification have read and understand FPPC Requ	lations 18944.1 and	I I 18942. I have ve	rified that the distribution set	forth above, is in accordance v	with the requirements.			
			Steven Jo	ones	Central District Direct	or 06.02.2015			
		handin/assan/assanassanas	Print Nam		Title	(Month, Day, Year)			

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1. Agency Name			Date Stamp	California Ong
Alameda County				Form 002
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Steven Jones				
Area Code/Phone Number E-mail			Amendment (Must prov	ride explanation in Part 3.)
	s@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 \$	\$700
Event Description Basketball Game (PLA) Provide Title/Exp	YOFFS)	Date(s)	5 , 19 , 15	The state of the s
Ticket(s)/Pass(es) provided by agency?	Yes No[n State Warriors Name of Sourc	
Was ticket distribution made at the behest	No ☐ Yes [Ⅺ If ves. Alam	eda County Supervisor	Wilma Chan
of agency official?	, to beautiful		Official's Name (Las	st, First)
3. Recipients				
Use Section A to identify the agency's department or		tion B to identify an individ	ual. • Use Section C to identify	/ an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
Waters, Don	2	I -	nial Role" or "Other" describe below:	Income
		To promote attend order to maximize	ance at an event held at potential County revenu	e from sales.
	2	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
,				
4. Verification				
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	
Professional Association (Control of Control	Steven Jo	· · · · · · · · · · · · · · · · · · ·	Central District Director	06.02.2015
	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Δ	Pu	h	lic	Dod	211	m	eni	

-									
1.	Agency Name				Date Stamp	California 8	02		
	Alameda County					Form For Official Use On			
	Division, Department, or Regi	on (If Applicable)		оссилина по при на п На при на применения на при		For Official Use On	лу		
	Board of Supervisors								
	Designated Agency Contact (Name.Title)	A A A A A A A A A A A A A A A A A A A	**************************************					

	Steven Jones	Tr!			Amendment (Must p	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	@cocou ora		Date of Original Filing:				
M-10100	(510) 272-6693	steven.jones	wacgov.org			(Month, Day, Year)			
2.	Function or Event Infor			·		\$7	700		
	Does the agency have a ticke		Yes 🗵 No [of Each Ticket/Pass \$ _		-		
	Event Description Basketball	Game (PLAY	OFFS)	Date(s)	5 , 21 , 15		AND SHOULD SHOUL		
	,	Provide Title/Expla	nation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	☑ If no: Golder	n State Warriors Name of So	DUICA	Managaran		
				Alam					
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes [If yes: Alam	eda County Superviso	(Last, First)	Annes de la constante de la co		
					,				
3.	Recipients			ot on the desired to the other desired to	and the Orable Of a Idea				
	Use Section A to identify the agence	y's department or t	Number of		and the second s		11.		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
			rass(es)						
					·				

	RESEARCH AND ADDRESS OF THE PROPERTY OF THE PR		Number of			STATE OF THE PERSON OF THE PER			
	Name of Individue	aı	Ticket(s)/ Pass(es)		Identify one of the following:				
				Ceremonial Role	Other	Inco	ome [
	Lucia, Lisa		2	•	nial Role" or "Other" describe below:				
			2		o promote attendance at an event held at a County facility				
					mize potential County revenue from sales.				
				Ceremonial Role Other			ome [
			2	if checking "Ceremor	nial Role" or "Other" describe below:				
				,					
	- N		Number of		A STATE OF THE STA		en e		
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy			
			7 400(00)		The state of the s				
		•							
3/2/2									
4.	Verification								
	I have read and understand FPPC Regu	ulations 18944.1 and	l 18942. I have ve	rified that the distribution set	forth above, is in accordance w				
			Steven Jo	ones	Central District Direct				
			Print Nam	e	Title	(Month, Day,	Year)		
	Comment:	and an amount of the state of t							

. Agency	/ Name				Date Stamp	California 802			
Alamed	a County					Form For Official Use Only			
Division,	Department, or Regi	on (If Applicable)							
Board o	f Supervisors								
	ted Agency Contact (Name, Title)		Amount (1997)	·				
Steven	lones				parameter and the second				
	de/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
(510) 27		steven.jones	@acgov.org		Date of Original Filing	I:(Month, Day, Year)			
	on or Event Inforr	mation				4700			
	agency have a ticke		Yes⊠ No[Face Value o	of Each Ticket/Pass \$.	\$700			
	escription Basketball			Date(s)	5 , 26 , 15	1 1			
Event De	escription .	Provide Title/Expla	nation			Management			
Ticket(s)	/Pass(es) provided by	v agency?	Yes ☐ No [If no: Golde	n State Warriors				
Horoday	71 ass(cs) provided b	y agonoj .	IES [] NOE	inanti	Name of S				
	et distribution made a	it the behest	No ☐ Yes [⊠ If yes: Alam	eda County Supervis	or Wilma Chan			
of ager	ncy official?				Official's Name	(Ldst, r list)			
3. Recipi	ents					it			
• Use Sec	tion A to identify the agenc	y's department or u	ınit. ● Use Sec Number of			entify an outside organization.			
A. N	ame of Agency, Departme	ent or Unit	Ticket(s)/	Describe the put	ublic purpose made pursuant to the agency's policy				
		Maria and Maria	Pass(es)			ecologica de la companya de la comp			
						HEAD COLOR TO THE PROPERTY OF			
<u> </u>	Name of Individu	al	Number of	MENERGY MANAGEMENT AND CONTROL OF THE PROPERTY	Libratify, and of the follo	and the same of th			
B.	(Last, First)	· ·	Ticket(s)/ Pass(es)		Identify one of the follo	wing.			
-				Ceremonial Role		Income			
Galvan	, Gordon	e	2	1	nial Role" or "Other" describe belo	d at a County facility in			
				order to maximize	potential County rev	enue from sales.			
processor and commence of the				Ceremonial Role		Income			
					nial Role" or "Other" describe belo	·w:			
			2						
C.	Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	ant to the agency's policy			
	(include address and de	scription)	Pass(es)						
	Total of Constitution and Association Section 2017 Applied					·			
4. Verific	ation								
I have rea	d and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	t forth above, is in accordance	with the requirements.			
(m)	C		Steven Jo	ones	Central District Direct	ctor 06.02.2015			
Sign	V nature of Agency Head or Designe	ee	Print Nan	ne	Title	(Month, Day, Year)			
				•		•			
Comm	ent:								

Α	P	u	b	1	i	C	D	o	C	u	r	Υ	ıe	n	í	
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Ī.	Agency Name				Date Stamp	California 802		
	Alameda County			Form College Only				
	Division, Department, or Regi	on (If Applicable)	ds		For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)		No.	1			
	Steven Jones							
	Area Code/Phone Number	E-mail		WARREN WARRANT CONTRACTOR OF THE CONTRACTOR OF T	Amendment (Must provide			
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	Month, Day, Year)		
2.	Function or Event Inform	nation		,		Ф700		
	Does the agency have a ticke		Yes⊠ No[of Each Ticket/Pass \$			
	Event Description Basketball	Game (PLAY	OFFS)	Date(s)	5 , 21 , 15	Commence of the Commence of th		
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [If no: Golde	n State Warriors			
	Was ticket distribution made a	t the bobost	M- III V II	Alam	neda County Supervisor W	'ilma Chan		
	of agency official?	it the penest	No ☐ Yes [XI If yes:	Official's Name (Last,	First)		
3.	Recipients							
,.	Use Section A to identify the agency	y's department or	unit. Use Sec	tion B to identify an individ	lual. • Use Section C to identify a	n outside organization.		
	A. Name of Agency, Departmen	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to t	he agency's policy		
	B. Name of Individual (Last, First)				ldentify one of the following:			
	Cluver, Andreas		Ceremonial R		Role Other Ceremonial Role" or "Other" describe below:			
			2	To promote attend order to maximize	dance at an event held at a potential County revenue	a County facility in from sales.		
			2	Ceremonial Role If checking "Ceremo	Other Donald Role" or "Other" describe below:	Income [
	Name of Outside Organ (include address and de-	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	ablic purpose made pursuant to	the agency's policy		
		The contract of the contract o						
4.	Verification I have read and understand FPPC Red.	ulations 19044 4	arified that the distribution on	t forth above is in accordance with th	e reauirements.			
	i nave read and understand FPPC Red	ланонз гоя44.1 ап			Central District Director	06.02.2015		
		Section	Steven Jo		Title	(Month, Day, Year)		

Δ	Pu	bl	ic	Do	сı	ım	en	ì

1.	Agency Name		Date Stamp California Q 0 2				
	Alameda County			Form OUZ			
	Division, Department, or Reg	on (If Applicable				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Steven Jones	,			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amenament (Must pi	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				\$700	
	Does the agency have a ticke		Yes⊠ No[MCHECO	of Each Ticket/Pass \$	ogija vastasetus euroomisesteeteeteeteeteeteeteeteeteeteeteeteet	
	Event Description Basketball	Game (PLAY Provide Title/Expla	OFFS)			CONTRACTOR OF THE PROPERTY OF	
	Ticket(s)/Pass(es) provided b	y agency?	Yes No [⊠ If no: Golde	n State Warriors		
					eda County Supervisor Wilma Chan		
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	If yes: Alam	Official's Name (I	Last, First)	
^							
ა.	Recipients • Use Section A to Identify the agence	y's department or i	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)		olic purpose made pursuant			
	Name of Individual (Last, First)	al	Number of Ticket(s)/ Identify one of the following: Pass(es)			ing:	
	Jones, Doug	AND ESPACEMENT	1 400(00)	Ceremonial Role	Other Inial Role" or "Other" describe below:	Income 🗌	
	tones, body		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
				Ceremonial Role	Other	Income	
			2	If checking "Ceremo	nial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
	E THE COLUMN TO		1 433(63)			maxilus (EAR) (Maxilus Control of	
			***************************************	and the second s	gy establishmen and an annual section of the property of the p	AMERICA AND AND AND AND AND AND AND AND AND AN	
4.	Verification						
	I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
		_	Steven Jo		Central District Directo	Or 06.02.2015 (Month, Day, Year)	
	Comment:	W				EDDC Corm 902 /4/42	

1.	Agency Name				Date Stamp	California 202			
	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				Amendment (Must	provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Date of Oviginal Filing				
00000000	(510) 272-6693	steven.jones@	@acgov.org		Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Infor					\$80 ticket / \$20 parking			
	Does the agency have a ticke		∕es⊠ No□			\$80 ticket / \$20 parking			
	Event Description Baseball of		Date(s)	5 , 17 , 15					
			ation	Oakla	and A's				
	Ticket(s)/Pass(es) provided b	y agency?	∕es 🔲 No 🗵	₫ If no: Oakla	Name of Source				
	Was ticket distribution made	at the behest	No ☐ Yes 🗵	☑ If yes: Cha	n, Wilma	·			
	of agency official?	• • • • • • • • • • • • • • • • • • • •			Official's Name (Last, First)				
3.	Recipients								
•	Use Section A to identify the agence	cy's department or u	nit. • Use Secti	ion B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.			
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	ant to the agency's policy				
						A STATE OF THE PARTY OF THE PAR			
			-						
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the following:				
		gypen Martin et sen en e		Ceremonial Role	Other Other on "Other" describe belo	Income 🗌			
				·					
	#3356555033509090909999999999999999999999			Ceremonial Role	Other	Income 🔲			
					onial Role" or "Other" describe belo	w:			
				990-990-990-990-990-990-990-990-990-990		A CONTRACTOR OF THE CONTRACTOR			
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursu	ant to the agency's policy			
	San Lorenzo Little League 1062 Grant Ave, San Lorenzo, CA 94580		4/1park	To promote atten maximize potenti	dance at aevent he alrevenue from parl	eld at a County facilityto king & concessions			
	Assists children in develop citizenship, discipline, tear		:	·					
4	. Verification I have read and understand FPPC Re	gulations 18944.1 and	18942. I have ve	rified that the distribution se	et forth above, is in accordance	with the requirements.			
			Steven Jo	ones ·	Central District Direct				
			Print Name	0	i iti 0	(Month; Day, 1641)			
	Comment:								
	COMMICCILL.					EPPC Form 802 (4/12			

1.	Agency Name		Date Stamp	California 802				
	Alameda County			For Official Use Only				
	Division, Department, or Regi	on (If Applicable))			To Official Ose Offig		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Steven Jones							
	Area Code/Phone Number	E-mail			Date of Original Filing:(Month, Day, Ye.			
	(510) 272-6693	steven.jones	Macaoy ora					
MISSON			wacgov.org			(Month, Day, Year)		
	Function or Event Inform		posses P		4 F - h Tieket/Dese C	\$35		
	Does the agency have a ticker		Yes⊠ No[· ·	of Each Ticket/Pass \$	BOOMY-COMPANIAN AND AND AND AND AND AND AND AND AND A		
	Event Description Baseball g	ame		Date(s)	5 , 25 , 15	**************************************		
		Provide Title/Expla	anation					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No [⊠ If no: <u>Oaklar</u>	Name of Source			
	\\\ \time\\\-\ alimbox \\\\-\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	t tha babaat	possend, tr	- Chan				
	Was ticket distribution made a of agency official?	No 🗌 Yes [⊠ If yes: Onan	If yes: Chan, Wilma Official's Name (Last, First)				
***********	-							
3.	Recipients • Use Section A to identify the agency	de department er i	tion E to identify an individu	ual Allea Saction C to ide	entify an outside organization			
			Number of		W. W.			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy		
	ременяний продолжений продолжений продуктивного противного продуктивного		1 400(00)		111111111111111111111111111111111111111			
			Number of	April - popular sport and a second a second and a second				
	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following:			
	Company of the state of the sta	30000 W. 3		Ceremonial Role	Other	Income		
	McCormick, Michael		2	If checking "Ceremonial Role" or "Other" describe below:				
					dance at aevent held at a County facility in potentialrevenue from parking & concessions			
				Ceremonial Role		Income [
			2	if checking. Ceremor	nial Role" or "Other" describe below	w.		
						•		
			Number of		A SAME AND	Strengton control of the Strengton Control of		
	Name of Outside Organ (include address and des	iization scription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	ent to the agency's policy		
			1 433(63)			istana and a sure a sure and a su		
	entered and the second and the secon	2-02-14-14-14-14-14-14-14-14-14-14-14-14-14-			en e			
1.	Verification							
	I have read and understand FPPC Regu	ılations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance	with the requirements.		
			Steven Jo	ones	Central District Direct	otor 06.02.2015		
		SOUTH COMMON TO SOUTH COMMON T	. Print Nam	18	Title	(Month, Day, Year)		
	Comment:					FBB0 F 200 /4/4		

1 /	Agency Name				Data Stamp	California QA2		
			Date Stamp	Form 802				
	Alameda County	a		For Official Use Only				
L	Division, Department, or Regi	юп (іт Арріісарів	₹)					
E	Board of Supervisors	•						
Ē	Designated Agency Contact (Name, Title)	•		,			
5	Steven Jones				[min] Assessed to a section of the s	Det 2		
Ā	Area Code/Phone Number	E-mail		**************************************	Amendment (Must provide explanation in Part 3.)			
(510) 272-6693	steven jones	s@acgov.org	•	Date of Original Filing:	(Month, Day, Year)		
2. F	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value c	of Each Ticket/Pass \$ _	\$35		
_	Event Description Baseball g	ame		Data(a) 05	5 , 28 , 15			
L	rent Description	Provide Title/Exp	lanation			*************************************		
Т	icket(s)/Pass(es) provided by	y agency?	Yes 🔲 No [⊠ If no: Oaklar	If no: Oakland A's			
			100 [] 110 [Name of Source				
	Vas ticket distribution made a	it the behest	No Yes	⊠ If yes: Chan	, VVIIMa Official's Name (// pat First		
	of agency official?				Onicial's Name (Last, I half		
	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.							
*****		y's department or	Number of		· ·			
I	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
-								
	•							
					HE CHICAGO CONTROL CON	antismoormatismootiin kon kon kastaa siirii ka		
				·				
E	Name of Individua (Last, First)	al .	Number of Ticket(s)/ Pass(es)	ment to anni ha manni an manni man an a si Sangan da Galanda Calanda Sangan da sa s	Identify one of the following:			
E	Elliott, Laura				Other Dial Role" or "Other" describe below:	Income		
			2	To promote attendance at a event held at a County facility in order to maximize potential revenue from parking & concessions				
	•				Other	Income		
			2	ir checking "Ceremon	nial Role" or "Other" describe below:			
		•						
-	Name of Outside Organ	uization	. Number of	2002				
•	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy		
-	The second secon	AND THE RESERVE OF THE PROPERTY OF THE PROPERT				3300 3 1 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
-	MARTINOLEZANORIA ERIOZZIA LIPORA (M. 1914), H. 1914 MARTINO — PROPERTY MARTINOLEZA ERIOZZIA PORTORIA (M. 1914)					менностиментом муницентрий «Менностичной «Менности» («Менности» «Менности» «Менности» «Менностичной		
4 \								
	have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve	erified that the distribution set I	forth above, is in accordance w	rith the requirements.		
			Steven Jo	ones	Central District Direct	or 06.02.2015		
		Michalautharida	Print Nam		Title	(Month, Day, Year)		
(Comment:							

_						A Fublic Document		
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		I.					
	Designated Agency Contact (Name, Title)				,		
	Steven Jones				Amendment (Must pr	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	mation				фол		
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	\$35		
	Event Description Baseball g		Date(s)	5 , 29 , 15				
	L vent Description	Provide Title/Exp	lanation	Date(3)	от при	Activities of the first of the second of the		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	⊠ If no: Oaklaı	nd A's			
		, , ,	100 (Name of Source				
	Was ticket distribution made a	it the behest	No ☐ Yes	Yes ☑ If yes: Chan, Wilma Official's Name (Last, First)				
	of agency official?				Official's Name (L	ast, First)		
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	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		
	REQUIREMENTS A CAPERGO OF REQUIREMENTS AND ADDRESS OF RESIDENCE OF THE RES		Pass(es)					
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Gregory, Michael			Ceremonial Role If checking-"Ceremor	Other Inial Role" or "Other" describe below:	Income		
			2	To promote attendance at aevent held at a County facility in order to maximize potentialrevenue from parking & concession				
	### PROPERTY CONTINUES AND ADDRESS OF THE PROPERTY OF THE PROP				Other	Income		
			2	ir checking Ceremor	nial Role" or "Other" describe below:	,		
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
					·			
		PACKET AND ADDRESS OF THE PACKET AND ADDRESS				and the state of t		
						,		
1	Verification	**************************************						
	I have read and understand FPPC Regu	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.		
			Steven Jo	ones	Central District Directo	r 06.02.2015		
			Print Nam	NAME OF THE OWNER	Title	(Month, Day, Year)		
	Comment:			· · · · · · · · · · · · · · · · · · ·				

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California 802	
Alameda County				For Official Use Only	
Division, Department, or Region (If Applic	able)			,	
Board of Supervisors		•			
Designated Agency Contact (Name, Title)		5-440-A			
Steven Jones			Amendment (Must prov	vide explanation in Part 3.)	
Area Code/Phone Number E-mail	_		Data of Outsing! Fillings		
· · · · · ·	nes@acgov.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information				\$35	
Does the agency have a ticket policy?	Yes 🗵 No	terminal to the second	of Each Ticket/Pass \$		
Event Description Baseball game Provide Title/	Explanation	Date(s)	5 , 30 , 15		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oakland A's Name of Source			
Was ticket distribution made at the behes of agency official?	st No ☐ Yes [⊠ If yes: <u>Chan</u>	n, Wilma Official's Name (Las	st, First)	
Recipients • Use Section A to identify the agency's departmen	t or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursuant to		
	Pass(es)	от на применя на			
WWW.PARAGO					
N					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
Harris, Bill	_		Other Inial Role" or "Other" describe below:	Income	
	2	To promote attend order to maximize	a County facility in parking & concessions		
• .		Ceremonial Role		Income	
	2 -	If checking "Ceremoi	nial Role" or "Other" describe below:		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	the agency's policy	
			anni ann an t-airean an t-		
. Verification I have read and understand FPPC Regulations 18944.	1 and 18942 I have ye	rified that the distribution set	forth above is in accordance with	the requirements	
There roug and understand LLL G Neumannik 11944,	Steven Jo		Central District Director	06.02.2015	
	Print Nam		Title	(Month, Day, Year)	
Comment:					

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Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 C. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes Yes No Yes Yes No Yes No Yes No Yes Yes No Yes No Yes Yes No Yes No Yes	ornia 802 r Official Use Only anation in Part 3.) Day, Year) 5+\$20 parking					
Board of Supervisors Board of Supervisors Designated Agency Contact (Name, Title)	nation in Part 3.)					
Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number E-mail	nation in Part 3.) Day, Year)					
Steven Jones	Day, Year)					
Designated Agency Contact (Name, Title)	Day, Year)					
Amendment (Must provide explant (510) 272-6693 Steven.jones@acgov.org Date of Original Filling:	Day, Year)					
Area Code/Phone Number (510) 272-6693 steven.jones@acgov.org Date of Original Filing: Date of Original Filing: (Montin, If (Montin	Day, Year)					
Stevention or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$35						
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$35 Event Description Baseball game Date(s) 05 , 31 , 15						
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$\$35 Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Pass(es) Ceremonial Role Other Harris, Bill Cere	5+\$20 parking /					
Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Oakland A's Was ticket distribution made at the behest of agency official? No \ Yes \ If no: Oakland A's Name 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 outsine of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency or denote attendance at aevent held at a Court order to maximize potentialrevenue from parking the agency of the condition of the describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency of the checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at aevent held at a Court order to maximize potentialrevenue from parking the checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at aevent held at a Court order to maximize potentialrevenue from parking the checking 'Ceremonial Role' or 'Other' describe below: Describe the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency						
Ticket(s)/Pass(es) provided by agency? Yes \ \ \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and the second s					
Ticket(s)/Pass(es) provided by agency? Yes \ \ \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Was ticket distribution made at the behest of agency official? No						
A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Harris, Bill A. Name of Outside Organization C. Name of Outside Organization Number of (Individual Ceremonial Role* or "Other" describe below: Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency of the following: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other Other If checking "Ceremonial Role* or "Other" describe below: Ceremonial Role* Other Ot	CELESTERES TAMERON DANGO EPILEO NIN BILLIONE NIL CONTRETO COMP					
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Sussession A to identify the agency's department or unit. Sussession B to identify an individual. Sussession C to identify an outside A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)						
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es) Describe the public purpose made pursuant to the ager pass(es)						
B. Name of Individual (Last, First) Harris, Bill C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Other Other or Other describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other	• 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.					
B. Name of Individual (Last, First) Harris, Bill 2+1park Ceremonial Role Other If the checking "Ceremonial Role" or "Other" describe below: To promote attendance at aevent held at a Cour order to maximize potentialrevenue from parking 2+1park C. Name of Outside Organization Number of Ticket(s)/ Include address and describtion) Number of Ticket(s)/ Describe the public purpose made pursuant to the agent	ncy's policy					
Harris, Bill Caremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a event held at a Cour order to maximize potential revenue from parking Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agent	was a superior of the superior					
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Harris, Bill Caremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a event held at a Cour order to maximize potential revenue from parking Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a event held at a Cour order to maximize potential revenue from parking Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agent						
Harris, Bill 2+1park 2+1park Ceremonial Role Other Ot						
Harris, Bill 2+1park 2+1park 2+1park To promote attendance at aevent held at a Cour order to maximize potentialrevenue from parking Ceremonial Role Other 2+1park C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ To promote attendance at aevent held at a Cour order to maximize potentialrevenue from parking Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agent	Income					
C. Name of Outside Organization Number of Ticket(s)/ (Include address and description) To promote attendance at aevent need at a Court order to maximize potentialrevenue from parking Ceremonial Role Other If the chains "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agent						
C. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description)						
2+1 park C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the ager	g & concessions					
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the ager	Income					
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the ager	potentialrevenue from parking & concessions Other Income Income					
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the ager						
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the age.	and with					
	ncy'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 require	ements.					
Steven Jones Central District Director	06.02.2015					
Print Name Title	(Month, Day, Year)					
	(MOINI, Day, 1841)					
Comment:	(мони, рау, теа)					

901	omoma izolo zvem					A rubiic bocument		
1. A	gency Name				Date Stamp	California 802		
Α	lameda County					Form OUA		
Di	ivision, Department, or Regi	on (If Applicable,)			For Official Use Only		
В	oard of Supervisors							
	esignated Agency Contact (Name, Title)						
S	teven Jones							
	rea Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)		
	510) 272-6693	 steven.jones	@acgov.org		Date of Original Filing:	(Month Day Year)		
2. F	unction or Event Inform							
	oes the agency have a ticke		Yes 🛛 No [Face Value o	f Each Ticket/Pass \$ _	105 ticket/\$20 parking		
	- ·	· ·	,	5 05	31 , 15			
E۱	vent Description Baseball g	Provide Title/Expl	anation	Date(s)	Control of the Contro	ECHOCAPI-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-		
Ti	cket(s)/Pass(es) provided by	/ agency?	Yes ☐ No [Chan Wilma				
• • •	ononon according provided by	, agano, .	162 110					
	as ticket distribution made a	t the behest	No ☐ Yes [
(of agency official?				Official's Name (i	Last, FITSt)		
	Recipients							
•	Use Section A to identify the agency	y's department or i	unit. ● Use Section Number of			242 N. (1900)		
A	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
•								
						· · · · · · · · · · · · · · · · · · ·		
٠								
			Number of					
E	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	entify one of the following:		
_	Duelde Maiere Luiere			Ceremonial Role		Income		
B	Brekke-Meisner, Lukas		4+1park		nonial Role" or "Other" describe below: dance at aevent held at a County facility in			
					m parking & concessions			
*******				Ceremonial Role	Other 🔲	Income		
			4+1park		níal Role" or "Other" describe below:			
			41 Ipaik					
6000					with the state of			
C	Name of Outside Orgar (include address and des	nization scription)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy		
encome.	The state of the s		Pass(es)	anna a casa a				
Property	AND MATERIAL REPUBLICATION AND THE CONTRACT OF STATE OF S							
	/erification nave read and understand FPPC Regu	ilations 18944 1 and	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance w	ith the requirements.		
111	iavo rodu dilu uliudistaliu i FFO Negu	ngaons rostt. i and						
		80000	Steven Jo		Central District Directo	(Month, Day, Year)		
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		,		
C	Comment:		,					

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1.	Agency Name				Date Stamp	California 802	
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	na ann an an Airmeann an de Chaillean an Chaillean an Chaillean Airmean an Airmean Airmean Airmean Airmean Air				
7	Steven Jones				Amendment (Must provide explanation in Part		
	Area Code/Phone Number	E-mail				,	
laconacción	(510) 272-6693		s@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor					\$105 ticket	
	Does the agency have a ticke		Yes⊠ No	industrial design of the second secon	of Each Ticket/Pass \$		
	Event Description Baseball g	jame Provide Title/Exp	lanation	Date(s)	31 , 15		
	Ticket(s)/Pass(es) provided b	•	Yes No	⊠ If no: Oaklar	nd A's Name of Soi	urce	
	Was ticket distribution made a of agency official?	at the behest	No□ Yes	⊠ If yes: <u>Chan</u>			
3.	Recipients			At an P A side of the control of the control			
	Use Section A to identify the agence	***************************************	(400 COMO4, 1884)				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
٠							
			Number of		Identify one of the following:		
	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	***************************************	ng:		
	Ginsberg, Malik		0		Other Dial Role" or "Other" describe below:	Income	
			2	To promote attendance at aevent held at a County facility in order to maximize potentialrevenue from parking & concess			
			2	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🔲	
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	iblic purpose made pursuant to the agency's policy		
					·		
	and the second s						
4.	Verification I have read and understand FPPC Redu	ılations 18944,1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance wit	th the requirements.	
		+C-0************************************	Steven Jo		Central District Directo		
	Comment		- rini iyam	a	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Litle)		·		
	Steven Jones				Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		300		
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information					
	Does the agency have a ticker	t policy?	of Each Ticket/Pass \$ _	\$105 ticket/\$20 parking		
	Event Description Baseball g	ame	Date(s)	5 , 31 , 15	1 1	
	Event Description	Provide Title/Expl	anation	Date(5)		**************************************
	Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes □ No 図 If no: <u>Oakla</u> ı				ource
				Chan		ource
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes [⊠ If yes: Chan	Official's Name	(Last. First)
0.01520.0203	or agency official?					1
3.	Recipients		" II 0	al - Park thought on to the date	unt Han Continu C to idea	ntify an autaida arganization
	Use Section A to identify the agency	Use Section A to identify the agency's department or unit. • Use Sec				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Brown, Siena		4+1park		Other Inial Role" or "Other" describe below	Income 🔲
				To promote attendated order to maximize	ance at aevent held potentialrevenue fro	I at a County facility in om parking & concessions
			4+1park	Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
	11-2-12-12-12-12-12-12-12-12-12-12-12-12			**************************************		4833
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
			Steven Jo	ones	Central District Direct	tor 06.02.2015
			Print Nam		Title	(Month, Day, Year)
	Cananem					

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1.	Agency Name		Date Stamp California Form				
	Alameda County Division, Department, or Region	an (If Applicable	-	For Official Use Only			
		лт (п Аррисаын	· ·				
	Board of Supervisors Designated Agency Contact (A	lame Title)					
	Steven Jones						
		E-mail	Amendment (Must pro	ovide explanation in Part 3.)			
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inforn	nation	¢	105 ticket/\$20 parking			
	Does the agency have a ticket		of Each Ticket/Pass \$ _ \$	TOO ticket \$420 parking			
	Event Description Baseball ga	ame <i>Provide Title/Exp</i>	5 31 15	equipment of the second of the			
	Ticket(s)/Pass(es) provided by	7 10 7100 71107 2.7	Yes No [⊠ If no: Oakla	and A's Name of Sou	rce	
	Was ticket distribution made at of agency official?	No ☐ Yes ☑ If yes: Char					
3.	Recipients			fu an autaida avanization			
	Use Section A to identify the agency						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu Pass(es)		ublic purpose made pursuant to the agency's policy		
						and the second s	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Kubo, Theresa		2+1park	Ceremonial Role	Other onial Role" or "Other" describe below:	Income	
				To promote atten	dance at aevent held a	at a County facility in n parking & concessions	
	C. Name of Outside Organization (include address and description)			Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below:	Income	
			2+1park				
			Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy	
		economica de la constanta de l La constanta de la constanta del constanta de la constanta de l					
4.							
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distr						
		Steven Jo		Central District Directo	r 06.02.2015 (Month, Day, Year)		
	Comment						
	Comment:				A STATE OF THE STA	EPPC Form 802 (4/12)	

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1.	Agency Name		Date Stamp	California Ono		
	Alameda County			Form OUZ		
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name Title)				
			22			
	Amy Shrago Area Code/Phone Number E-mail				Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	Magaay ara		Date of Original Filing: .	
~			gacgov.org		9	(Month, Day, Year)
	Function or Event Information of the agency have a ticker		f Fach Tielret/Deep &	700.00		
	Does the agency have a ticke	, -	Yes No		f Each Ticket/Pass \$	
	Event Description Warriors v	s. Grizzlies Provide Title/Expla	analian	Date(s) <u>05</u>		eminuterational description of the second se
		,	ariation	Golder	State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golder				Name of Soil	TOTAL CONSTRUCTION OF THE PROPERTY OF THE PROP
	Was ticket distribution made a	t the behest	n, Keith			
	of agency official?		No ☐ Yes	🖂 II yes	Official's Name (L	Last, First)
3.	Recipients	7				
•	Use Section A to identify the agency	/'s department or ι	ınit. ● Use Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			and the second s			
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Carson, Keith		1 433(03)	Ceremonial Role	Other A	Income 🔲
		4		of facilities or events	that have received	
					Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				-		
		THE RESIDENCE OF THE PROPERTY	:			
	Verification I have read and understand FPPC Ream	lations 18944 1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wil	th the requirements.
			Amy Shra	ago :	Supervisor's Assistant	t 06/01/15
			Print Name	U	Title	(Month, Day, Year)
	Comment:					

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					701
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name,Title)		·		
	Amy Shrago				Amendment (Must pr	Ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			` '	•
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	Yes 🗌 No		f Each Ticket/Pass \$	700.00	
	Event Description Warriors v	s. Grizzlies Provide Title/Expl		Date(s)	05 15	
		Provide Title/Expl	lanation	Coldon	o Ctata Mauriana	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	COLUMN ACTUAL CONTRACTOR CONTRACT
	Was ticket distribution made a	at the heheet	No Divers	⊠ If yes: Carso		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes	凶 If yes:	Official's Name (L	ast, First)
2	Paciniante					
J.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the put Pass(es)		olic purpose made pursuant to the agency's policy	
						· ·
	B. Name of Individual (Last, First) Brooks, Rodney		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			2	To reward a County	ial Role" or "Other" describe below: y employee for his or h	Income In
				the public or to encourage staff development		
	Brown, Aisha			Ceremonial Role If checking "Ceremon	Other I	Income
			2		y employee for his or h ourage staff developm	er exemplary service to ent
	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
		uma saca de actividad e de se de actividad de actividad de actividad de actividad de actividad de actividad de				
4.	Verification I have read and understand FPPC Reau	lations 18944.1 and	l d 18942. I have ve	I prified that the distribution set f	orth above, is in accordance wit	h the requirements.
		_	Amy Shr		Supervisor's Assistant	
		•	Print Nam	ne .	Title	(Month, Day, Year)
	Comment:					•

1.	Agency Name				Date Stamp	California 802	
	Alameda County				,	Form OUZ	
	Division, Department, or Regi	ion (If Applicabl	·	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago				Amendment (Must provide explanation in Par		
	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			700.00		
				Face Value o	f Each Ticket/Pass \$ _	700.00	
	Event Description Warriors v	s. Grizzlies Provide Title/Exp	lanation	Date(s)	, 13 , 15		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No			☑ If no: Golder	State Warriors		
	· .	.4.41 1 14	· ·	Carec	Name of So	urce	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	If yes: Carso	Official's Name (I	Last, First)	
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
	WCCOORESTSTSTSCAMMA STORY - CHARTEN - Landston - Landst					977004 distributed his 311 No. Co. Land History and Add 25 de Thomas and a second seco	
	Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Shrago, Amy			Ceremonial Role If checking "Ceremonial"	Other A	Income	
			3		y employee for his or l ourage staff developn	her exemplary service to	
					Other		
				1	ial Role" or "Other" describe below:		
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
	SSFENDERS/SINGERS/SECTION IN THE PROPERTY OF T	NOONWOODANGANGANA TAAAAA CAAAA CAAAAA		MM. 1000 1000 1000 1000 1000 1000 1000 1			
	Verification I have read and winderstand FPPC Requ	lations 18944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.	
			Amy Shrago		Supervisor's Assistan	t 06/01/15	
		_	Print Nam	e	Title	(Month, Day, Year)	
	Comment:						

PICONO						A Labilo Bodaniche	
1.	Agency Name		•	Date Stamp	California 802		
	Alameda County					Form O 4	
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail		ATTOMORDA CONTROL CONT	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				(, - 2), , - 2, ,	
	Does the agency have a ticke	t policy?	Yes ☐ No		f Each Ticket/Pass \$	700.00	
	Event Description Warriors v	s. Rockets			, 19 , 15		
	Event Description	Provide Title/Exp	lanation	LJaie(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No	IXI If no: Golder	n State Warriors		
				Seasonal S	Name of Sou	ırce	
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	'es ☑ If yes: Carson, Keith Official's Name (Last, First)			
zosiotico:	·				Official's Name (L	ası, riisi)	
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	Number of					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			

					- COMPANY OF A CONTROL OF A CON	NO PROPERTY OF THE PROPERTY OF	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)				
	lankina Kayin			Ceremonial Role		Income	
	Jenkins, Kevin		2		ial Role" or "Other" describe below:	er exemplary service to	
					ourage staff developm		
					Other		
	Brown, Elaine		2		al Role" or "Other" describe below:		
					employee for his or hourage staff developm	er exemplary service to ent	
	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	
					Control of the Contro		
						•	
4.	Verification	as any good province any time, the first total as also in the inspect					
	Verification I have read and funderstand FPPC Regu	lations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.	
			Amy Shr	•	Supervisor's Assistant		
		<u></u>	Print Nam		Title	(Month, Day, Year)	
	Comment:						

						A Public Document			
1. <i>A</i>	Agency Name	,			Date Stamp	California 802			
F	Alameda County	•				9111			
D	Division, Department, or Regi	ion (If Applicable)			For Official Use Only			
Е	Board of Supervisors								
	Designated Agency Contact (Name, Title)		·					
F	Amy Shrago								
Ā	rea Code/Phone Number	E-mail		A STATE OF THE STA	Amendment (Must pro	ovide explanation in Part 3.)			
(510) 272-6695	amy.shrago	@acgov.org	•	Date of Original Filing: _	(Month, Day, Year)			
2. F	unction or Event Inform	mation							
D	oes the agency have a ticke	t policy?	Yes 🗌 No	☑ Face Value o	f Each Ticket/Pass \$	700.00			
	vent Description Warriors v	s. Rockets		Data(a) 05	, 21 , 15	1			
	vent Description	Provide Title/Expl	anation	— Date(s) emissione	animotisma on occasiona animotisma del manimotisma del manimot				
Т	icket(s)/Pass(es) provided by	v agency?	Yes ☐ No	⊠ If no: Golder	n State Warriors	Source delta			
			100 🔛 140		Name of Sou	rce			
	Vas ticket distribution made a	it the behest	No 🗌 Yes	⊠ If yes: <u>Carso</u>	on, Keith Official's Name (Li	-4 Final			
	of agency official?				Official's Ivame (La	ast, First)			
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
None	3		unit. ● Use Sec Number of	tion B to identify an individu	ıal. ● Use Section C to identi	fy an outside organization.			
-	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy			
-		bed smillios estima es de o circula cressió en el esta de demissión esta Suchas							
E	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:			
_	Carson, Keith		Pass(es)	' '	Other X	Income			
	,		2	-	of facilities or events t	hat have received			
				Ceremonial Role	pristory	Income			
C	Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy			
Boom									
	/erification								
11	nave read and undersidend FPPC Regu	lations 18944.1 and							
		-	Amy Shr	**************************************	Supervisor's Assistant	06/01/15			
			Print Nam	e	Title	(Month, Day, Year)			
_	Comment:			•					

1.	Agency Name				Date Stamp	California 202		
	Alameda County	8				Form OUZ		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation				(Monar, Day, Tear)		
	Does the agency have a ticke		Yes ☐ No		f Each Ticket/Pass \$	700.00		
	Event Description Warriors v	s. Rockets			5 , 27 , 15,			
	Event Description	Provide Title/Expi	anation	Date(s)	Annual An	#Moderations/Control (Control		
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No	⊠ If no: Golder	n State Warriors			
			100 Ш 110		Name of Source			
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	☑ If yes: Carso	on, Keith Official's Name (i	l ast First)		
	-				Omciai s Name (i	Lust, I maty		
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		Number of					
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy		
				A CONTRACTOR OF THE PARTY OF TH				
						2 8 80 3 80 5 90 5 90 4 4 4 4 4 4 4 4 5 4 4 5 4 4 5 4 5 4 5		
				•				
	B. Name of Individua	Number of Ticket(s)/		Identify one of the follow	ing:			
			Pass(es)	Ceremonial Role	Other 🛛	Income 🔲		
	Decker, Breanna	4		1	ial Role" or "Other" describe below:	income [
		•	2			her exemplary service to		
	EXAMPLE 2	·		the public or to encourage staff development				
	Hassan, Idris			l .	Other Dial Role" or "Other" describe below:	Income		
	Traddam, Tand		2			her exemplary service to		
					ourage staff developm			
	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	cription)	Pass(es)	Describe the pub	ne purpose made pursuam	to the agency's policy		
	EATTOOE/AMARITATION							
	Verification							
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.		
			Amy Shr		Supervisor's Assistan	t 06/01/15		
			Print Nam	e	Title	(Month, Day, Year).		
	Comment:							
	VVIIIIIVIII,		***					

				•		A i abite bocament
1.	Agency Name				Date Stamp	California 902
	Alameda County					Form 004
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Title)		THE PARTY OF THE P		
		, , , , , , , , , , , , , , , , , , , ,				
	Amy Shrago	one contract			Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
mathysy	(510) 272-6695		@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					55.00
	Does the agency have a ticke	•	Yes 🗌 No		f Each Ticket/Pass \$	55.00
	Event Description Athletics v	s. Red Sox		Date(s) 05	, 11 , 15	1 1
	Evolle Boooliption	Provide Title/Exp	lanation			and a state of the
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	⊠ If no: Oaklar	nd Athletics	совтиновательного по
			CONSTRUCTION		Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Carso	on, Keith	
No.	or agency official?				Official's Name (L	ast, rirst) .
3.	Recipients					
	• Use Section A to identify the agency	's department or	unit. ● Use Sec	tion B to identify an individu	ıal. ● Use Section C to identi	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
			F 455(C5)			A Section of Control o

	B. Name of Individua		Number of			
	(Last, First)	·' .	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🗵	Income
	Brown, Elaine		4	•	al Role" or "Other" describe below:	
					/ employee for his or h ourage staff developm	er exemplary service to
					Other I	Income
	C. Name of Outside Organ	ization	Number of	B		
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Oakland Technical High Sch	nool 4351		To reward a school	or nonprofit organizati	on for its contributions
	Broadway, Oakland, CA 946		4	to the community	or nonprone organizati	or for no contributions
		MMM The second s				OUT TO BE THE THE THE THE THE THE THE THE THE TH
4.	Verification					
	I have read and understand FPPC Requi	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance witl	n the requirements.
			Amy Shr			
			Print Nam		Supervisor's Assistant	(Month, Day, Year)
					•	monni, say, rour
Comment:						

4	Agency Name				T Data (Harris	Colifornia CO	
.1.	-				Date Stamp	California 802	
	Alameda County Division, Department, or Regi	an /If Annliaghle	antimorphism and the contraction of the contraction			For Official Use Only	
	Division, Department, or Regi	юп (іт Арріісаріє	?)				
	Board of Supervisors		i e				
	Designated Agency Contact (Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail		7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Amendment (Must pr	·	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month Day Year)	
2.	Function or Event Infor	mation			J.	(Morally, 20), 10dif	
	Does the agency have a ticke		Yes 🔲 No	Face Value o	of Each Ticket/Pass \$	32.00	
	- •	100 🔲 110					
	Event Description Athletics v	Provide Title/Exp	lanation	Date(s)	TT TO		
	Tielesta /Deserves in the later			ري ري Oaklar	nd Athletics		
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	X IT no:	no: Oakland Athletics Name of Source		
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Carson, Keith			
	of agency official?			hazzari III y OO i minainosiassoonanaan	Official's Name (L	ast, First)	
3.	Recipients						
	• Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
			1 433(63)		dat de database di database di database da	novermeinnekeltenkersendekelt i statististen til men en han en	
	D Name of Individual		Number of		and the state of t		
	B. Name of Individua (Last, First)	11	Ticket(s)/ Pass(es)	Identify one of the following:			
	ACCUS TO COLUMN ACCUS COLUMN ACCUS A			Ceremonial Role	Other 🛛	Income 🔲	
	Laitey, Hayley		2		ial Role" or "Other" describe below:		
				To reward a County employee for his or her exemplary service to the public or to encourage staff development			
					·	durent autorite contract contr	
				Ceremonial Role	Other islands	Income	
				ii checking Ceremoni	lai Role of Other describe below.		
	Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			· · · · · · · · · · · · · · · · · · ·		den Saar Variet eine Saar Variet och er en de Amoordis ekonomischen Sakratischen der verbeiten er 1500 Machen d		
				Arrosttinishisa a a a puputuwa Arrostonia			
				·			
nilliantos							
4.	Verification						
	I have road and inderesand EDDC Paris	latione 18044,1 and			orth above, is in accordance wit	h the requirements.	
		Amy Shr		Supervisor's Assistant	06/01/15		
			Print Nam	e	Titl e	(Month, Day, Year)	
	Commont			•		•	
	Comment:						

1.	Agency Name			Date Stamp California Form 802			
	Alameda County					Form 904	
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors Designated Agency Contact (Name, Title)		·			
	Amy Shrago			,			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:(Month, Day, Year)		
<u> </u>	Function or Event Inform	<u> </u>	0 1 3 1 1 3			(Wonth, Day, Year)	
Ees a	Does the agency have a ticke		Yes ☐ No	⊠ Face Value o	f Each Ticket/Pass \$ _	32.00	
	- •	Tes LI NO		5 , 12 , 15 , , ,			
	Event Description Athletics v	Provide Title/Exp	lanation	Date(s)	12 / 15		
	Ticket(s)/Pass(es) provided by		Yes ☐ No	☑ If no: Oaklar	nd Athletics Name of So	· www.eseconomicon	
	Was ticket distribution made a	it the behest	No ☐ Yes	🕅 🖟 If ves. Carso	If yes: Carson, Keith		
	of agency official?		140 🚨 100	11 y C 3.	Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	

	Number of						
	Name of Individua (Last, First)		Ticket(s)/ Pass(es)	William International Control of the	Identify one of the follow	ing:	
	Spencer, Scott		2	-	ial Role" or "Other" describe below:	Income	
				To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales			
			,		Other In the last of the last	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
		autic Erit Humanisch Haus, dab die Geschon auch zu stelle Geschon der Ausgeber der Ausgeber der Ausgeber der A			,		
	Verification I have read and understand FPPC Redu	lations 18944,1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	ith the requirements.	
That to load any anderstand FFFO Nedulations 16944. Falls			Amy Shr	ago	Supervisor's Assistan	t 06/01/15	
			Print Nam	e ·	Title	(Month, Day, Year)	
	Comment:					•	

_						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County	•					
	Division, Department, or Reg	ion (If Applicabl	e)		,	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		The state of the s			
	Amy Shrago				Amendment (Must pr	ovide explanation in Part 3)	
	Area Code/Phone Number	E-mail	According to the second	300000000000000000000000000000000000000		, i	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				20.00	
	Does the agency have a ticke		Yes 🗌 No	🔀 💮 Face Value o	f Each Ticket/Pass \$	32.00	
	Event Description Athletics v	s. Red Sox		Date(s)	13 , 15	municipality and a second seco	
	•	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	If no: Oakland Athletics Name of Source			
	Mag tighet distribution made s	it the beheat		Carso		ii C o	
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	'es ☑ If yes: Carson, Keith Official's Name (Last, First)			
3.	-						
J.	Recipients • Use Section A to identify the agence	y's department or	ıal. ● Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department		Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)				
	R Name of Individua		Number of	man en			
	Name of Individua (Last, First)	λI	Ticket(s)/ Pass(es)				
	Carpan Kaith				Other 🗵	Income	
	Carson, Keith		2	· ·	onial Role" or "Other" describe below: nt of facilities or events that have received		
				County funding or s		inat have received	
		ordinara concructamente de la facilitat de la	and all the second and a second secon	Ceremonial Role	· ·	Income	
					ial Role" or "Other" describe below:	_	
	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)				
	A POWER AND THE SECOND STREET, T	A				Milder reason and the state of	
						,	
eronana A							
4.	Verification I have read and Audienstand FPPC Regulation	lations 18944 1 an	id 18942 have ve	rified that the distribution set 6	orth above is in accordance wit	h the requirements	
	O / Ggu						
		Amy Shr		Supervisor's Assistant	06/01/15 (Month, Day, Year)		
				•	, no	(month, Day, Teal)	
	Comment:						

1.	Agency Name				Date Stamp	California 202
	Alameda County					Form OUA
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors				·	
	Designated Agency Contact (Name, Title)		-		
	Amy Shrago				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				· I
Postor	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				rr oo
	Does the agency have a ticke	t policy?	Yes 🗌 No		f Each Ticket/Pass \$	55.00
	Event Description Athletics v	Description Athletics vs. White Sox Date(s)				
	Provide Interexplanation				ad Atlatation	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	⊠ If no: <u>Oaklar</u>	Name of Soul	rce
	Was ticket distribution made a	it the behest	No ☐ Yes	⊠ If yes: Carso		
	of agency official?		NO L Tes	ir yes:	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to identii	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
				AND CONTROL OF THE PROPERTY OF		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Sanchez, Mina			Ceremonial Role If checking "Ceremonial"	Other ial Role" or "Other" describe below:	Income
			4	To reward a County employee for his or her exemplary service to the public or to encourage staff development		
					Other Other	Income
					ial Role" or "Other" describe below:	·
	C. Name of Outside Organ	ization	Number of	Danasib - Alice - 1	lic purpose made pursuant t	a Aba a sana sala sa att
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	nc purpose made pursuant t	o the agency's policy
			:			
		COLUMN TO THE OWNER OF THE OWNER				
-News		n de français de la companya de la c				
	Verification	lations 19044 1	d 18042 have	rified that the distribution 15	orth above in in	the requirements
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution						
	Signature of Agency Head of Designee	Militaria de Caración de Carac	Amy Shra		Supervisor's Assistant	06/01/15 (Month, Day, Year)
	Symany Stroy Freda of Designee		r mann	V	ine	(wontti, Day, Year)
	Comment:					

Δ	Pu	h	lic	Do	C.I	ım	er	1

1.	Agency Name		•		Date Stamp	California 202	
	Alameda County					Form 002	
	Division, Department, or Region ((If Applicable)			· .	For Official Use Only	
	Board of Supervisors					·	
	Designated Agency Contact (Nam	e, Title)					
	Amy Shrago				powers		
	Area Code/Phone Number E-m	nail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695 am	ny.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Informat	ion					
	Does the agency have a ticket pol	-	Yes□ No	⊠ Face Value o	of Each Ticket/Pass \$ _	32.00	
	Event Description Athletics vs. W	/hite Sox		Date(s)05	5 , 17 , 15		
	Prov	/ide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by age	ency?	Yes 🔲 No 🏻	⊠ If no: Oaklar	nd Athletics Name of So	DUCA	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso 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						
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy			
		220440444V744V71224444444444444444444444444444					
		annan-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a					
	B. Name of Individual Number of Ticket(s)/ (Last, First) Pass(es)				Identify one of the follow	<i>r</i> ing:	
					Other ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🔲	
						AND THE RECOVER AND THE RECOVER TO THE CONTRACT OF THE CONTRAC	
	C. Name of Outside Organization (include address and descript		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
	Alameda Health System Foundation 350 Frank H. Ogawa Plaza Suite 900 Oaklan		2	To reward a school or nonprofit organization for its contributions to the community			
4.	Verification I have read and understand FPPC Regulation.	s 18944.1 and	1 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.	
		juden-magagagaga	Amy Shra	ago	Supervisor's Assistar		
			Print Nam	е .	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name				Date Stamp	California 202	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable	э)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact ((Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes ☐ No		of Each Ticket/Pass \$32.00		
	Event Description Athletics v		Date(s) 05	5 , 26 , 15			
	•	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	Yes. ☐ No	⊠ If no: <u>Oaklar</u>	INDEXICAL NAME OF SOURCE			
	Was ticket distribution made a	at the behest	No T Ves	⊠ If yes: Carso			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: ☐ of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	• Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy			
			·				
	•						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Spencer, Scott				Other X ial Role" or "Other" describe below:	Income	
			2	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales			
	West Control of the Management of the Control of th				Other	Income	
				ir checking "Ceremoni	ial Role" or "Other" describe below:		
	·	•			•		
	Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	QCC DATA MARKET TO THE PROPERTY OF THE PROPERT						
		-			THE		
epinen		Paiddiopeaidhean a an ann an Ann an a			·		
	Verification I have read and whdestand FPPC Requi	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.	
			Amy Shr		Supervisor's Assistant	C.	
Print Name					Title	(Month, Day, Year)	
	0						
	Comment:						

						A Labit Docament	
1.	Agency Name				Date Stamp	California 202	
	Alameda County					Form 004	
	Division, Department, or Regi	ion (If Applicable	9)			For Official Use Only	
	Poord of Cunonings						
	Board of Supervisors Designated Agency Contact (Name Title)					
		ivaine, mej				·	
	Amy Shrago			Amendment (Must p	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				00.00	
	Does the agency have a ticke		Yes 🗌 No		f Each Ticket/Pass \$	32.00	
	Event Description Athletics v		Date(s)	5 , 28 , 15			
	Lvent Description	Provide Title/Expl	anation	Date(5)	and the state of t	economic de la company de la c	
	Ticket(s)/Pass(es) provided by	v agency?	Yes ☐ No	⊠ If no: Oaklar	nd Athletics		
	, (-) · · · · · · · · · · · · · · · · · · ·	,, .	103 🗀 110	Accessed.	Name of Source		
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Carso	n, Keith		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	ction B to identify an individu	al. ● Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)		THE TAXABLE PARTY AND	Language had an had an had a share a day and a share a	
					,		
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)				
	Brooks, Rodney			Ceremonial Role		Income	
	brooks, reduiey		2	If checking "Ceremonial Role" or "Other" describe below:			
					To reward a County employee for his or her exemplary service to he public or to encourage staff development		
				Ceremonial Role			
					al Role" or "Other" describe below:	псоте 🛄	
	C. Name of Outside Organ	ization	Number of	December Alexander		A. Alexander de la laction de la constant de la con	
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
					7. T. C.		
de la company							
	Verification I have read and understand FPPC Regul	lationa 19044 4	110010	wified that the distribution of the	and the second of the second of	to the consequence of	
	r nave read and di дер star ia FPPC Regul	auons roy44.1 and					
		Amy Shr		Supervisor's Assistant	AND THE RESIDENCE OF THE PARTY		
			Print Nam	re '	Títle	(Month, Day, Year)	
	Commont:						
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	Alameda County					FOIIII	
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	солоно положно				
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation	TO ONLY THE PARTY OF THE PARTY			(IMOTILIT, Day, Tear)	
	Does the agency have a ticker	t policy?	Yes □ No		of Each Ticket/Pass \$ _	32.00	
	Event Description Athletics v	s. Yankees			5 , 30 , 15	ı i	
	Event Description	Provide Title/Exp.	lanation	Date(s)		estadounistaninamente estadounistanina (construir estadounistania (construir estadounista) (construir estadounistania (construir estadounista) (construir estadounistania (construir estadounista) (construir estadounista) (construir estadounista) (construir estadounista) (construir estadounis	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	If no: Oaklar	nd Athletics	***************************************	
					Name of Sc	Durce	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	☑ If yes: Carso	Official's Name (Last. First)	
						,	
١.	Recipients • Use Section A to identify the agency	/'s department or	unit. ● Use Sec	ction B to identify an individu	ual. ● Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	***************************************	Number of	ction B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy			
	The state of the s		Ticket(s)/ Pass(es)	, , , , , , , , , , , , , , , , , , , ,			
	MATERIAL STATE OF THE STATE OF						
			Number of		-		
	Name of Individua	ı l	Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
				Ceremonial Role	Other 🗵	Income 🔲	
	Shrago, Amy		3	i	ial Role" or "Other" describe below:		
				To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				Other Other	Income	
				Ĭ	ial Role" or "Other" describe below:	income L	
	49/49/2017/9/2016/16/4						
	Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	(morado dadroso dira des	······································	Pass(es)				
	NCANONAMARA AND AND AND AND AND AND AND AND AND AN						
١.	Verification I have read and understand FPPC Regul	ations 1804/ 1 and	d 18942 have vo	orified that the distribution set f	orth above is in secondaria :::	ith the requirements	
	i navo reau anu ynyci styriu FFFO Regu l	auono 10944.1 and					
			Amy Shra		Supervisor's Assistan	t 06/01/15 (Month, Day, Year)	
				-	·	(MOHIII, Day, Teal)	
	Comment:						

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1.	Agency Name				Date Stamp	California 202
	Alameda County			Form OUZ		
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticker		Yes ☐ No	⊠ Face Value o	f Each Ticket/Pass \$	55.00
	- ·	•	TOS TNO			
	Event Description Athletics v	Provide Title/Exp	olanation	Date(s)	30 10	
	Ticket(s)/Pass(es) provided by			⊠ If no: Oaklar	nd Athletics	
	rioket(3)/i ass(es) provided by	Yes ☐ No	·	Name of Sou	rce	
	Was ticket distribution made a	No ☐ Yes	☑ If yes: Carso	on, Keith	TOTAL TRANSPORTED TO THE STATE OF THE STATE	
terconnec	of agency official?			-	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use S			ction B to identify an individu I	ıal. ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	icket(s)/ Describe the public purpose made pursuant to the a		to the agency's policy
		MONTH CONTROL OF CONTR				THE CHIEF OF STATE OF CONTROL OF STATE OF CONTROL OF CO
	KANDAWACTIVALIST TATA		-			
	Manager Ethnichte	•	Number of			10
	Name of Individua	[Ticket(s)/ Pass(es)	and the contract of the contra	Identify one of the following	ng:
	Brooks, Rodney			Ceremonial Role		Income
	Brooks, realisy		2	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		
				Ceremonial Role	Other 🗵	Income 🔲
	Brown, Aisha	4	2	_	al Role" or "Other" describe below:	
					/ employee for his or hi ourage staff developme	er exemplary service to
	Name of Outside Organ	zation	Number of	the public of to encourage stall development		
	Name of Outside Organi (include address and des	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy	
					, The state of the	

1.	Verification		1			
	I have read all understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
			Amy Shra	ago s	Supervisor's Assistant	06/01/15
			Print Nam	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	Title	(Month, Day, Year)
	Comment:					
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Agency Report of:

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Starnp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3:) Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes 🖾 No 🗌 Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes Z No 🗌 Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest If 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)/ Number of Ticket(s)/ Name of Individual В. Identify one of the following: (Lost: First) Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other [Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Tickot(s)/ (Include address and description) Pass(es) Verification 14 fleve read and understand FPPC Regulations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements. Supervisor's Assistant ee Ann Fergerson Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🖾 No 🗌 Face Value of Each Ticket/Pass \$ **Event Description** Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes\Z\No 🗆 Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 If ves: 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)/ Doscribe the public purpose made pursuent to the agency's policy Name of Agency, Department or Unit Number of Name of individual Ticket(s)/ Pass(es) Identify one of the following: Justin Gobel To promote attendance at a county sponsored event in order me to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification of they read and understand FPPC Regulations 18944.1 and 18942. I have ventiled that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant

Print Name

Comment: _

Title

1. Agency Name		ee Pietribations		A Public Docume
Alameda County			Date Starmp	California RO
Division, Department, or Region (If Appl	licable)			Form
Board of Supervisors	-			For Official Use Only
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Ass		•		
Area Code/Phone Number E-mail	ustant		Amendment (Must p	0.421
	ergerson@aco	TOV. Ora		
2. Function or Event Information	orgeroon@act	gov.org	Date of Origina Filing:	(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🖾 N	lo D Face Value o	of Each Ticket/Pass\$_	CEO
12, 21, 0	0		TEACH TICKETPass \$_	
Event Description Frovide Title	Explanation	Date(s)	12115	
Ticket(s)/Pass(es) provided by agency?	YesTDN	o□ If no: Co	kland Name of Soy	fletics
Was ticket distribution made at the behes of agency official?	st No □. Ye	s If yes: Alar	meda County Supervisor So Official's Name (La	cott Haggerty, District 1
Recipients				
Use Section A to identify the agency's department	or unit. • Use So	ection B to identify an individua	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
<u> </u>				
3. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		dentify one of the following:	
Mil Luna	10	To promote attendanc to maximize potential parking sales.	e at a county sponsored ev county revenue for concess	ent in order come ☐ ion and
		Ceremonial Role	Other .	James
			ole" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	ourpose made pursuant to the	agency's policy
·	1 400(00)			THE RESERVE OF THE PROPERTY OF
rification				
k read/and understand EPPC Paguilations 1904/ 1 and	18942. I have verifi	ed that the distribution set forth at	bove, is in accordance with the req	nuirements.
	ee Ann Ferge		ervisor's Assistant	6/2/15
	Print Name		Title	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number E-mall (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes D No **Event Description** Date(s) Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? If no: Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 If 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 Nokela) Name of Agency, Department or Unit Describe the public purpose made pursuent to the agency's policy. Pass(es)

B. Name of Individual	To promote attendance at a county sponsored event to maximize potential county revenue for concession parking sales. Ceremonial Role Other In the civing "Ceremonial Role" or "Other" describe below:	Identify one of the following:
Mel Lung	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for
		income [
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
Verification theve read and understand FPPC Regulations 18944.1 a.	nd 18942. I have veni	fied that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson

Print Name

Comment:

Supervisor's Assistant

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No 🗍 Face Value of Each Ticket/Pass \$ **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Alameda County Supervisor Scott Haggerty, District 1 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 unit. Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Doscribe the public purpose made pursuant to the approvis policy Pass(es) Number of B. Name of Individual Tickot(s) Identify one of the following: Pass(es) John Rudolph Income To reward a County employee for his or her exemplary service to the public o" ' encourage staff development Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification A Here read and understand FPPC Regulations 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 Title

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🖾 No 🗌 **Event Description** Ticket(s)/Pass(es) provided by agency? Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No .Yes of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) To promote attendance at a county sponsored event in order Devek Edd to maximize potential county revenue for concession and parking sales. Ceremonial Role Other [Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements If Have read and understand FPPC Regulations 10011 Lee Ann Fergerson Supervisor's Assistant Print Name

Agency Report of:

Comment: .

1. Agency Name						A Public Docum
Alameda County					Date Stam	(0)
Division, Department, or Reg	ion (If Applica	ble)				Form For Official Use Only
Board of Supervisors				•		FBI Official cost of my
Designated Agency Contact	(Name, Title)				-	•
Lee Ann Fergerson, Superv		ont				
Area Code/Phone Number	E-mail	ant .			Amendment	Must provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	nerson@ac	dov ora	•		
Function or Event Inform		,0.0011@40	904.079		Date of Original Fi	ling:(Month, Day, Year)
Does the agency have a ticket		Yes 💯 1		Eggs Value		32.0)
i2	0/0000	Tes bay	40 LJ	P	of Each Ticket/Pass	\$ 26.
Event Description	Provide Title/Exp	olanation	-	Date(s)	12/15	
Ticket(s)/Pass(es) provided by	agency?	Yespon	lo 🗆	If no: 🙆	kland)	Sthletics
Was ticket distribution made at	the behest	No ☐ Ye		Ala		of Source sor Scott Haggerty, District 1
of agency official?		110 🗀 10	(If yes:	Officia /'s Nai	me (Last First)
Recipients		•				
Use Section A to identify the agency's	department or	unit • Use S	ection B to i	dentify an individu	al. • Use Section C to it	dentify an outside organization
A. Name of Agency, Department	or Unit	Ticket(s)/			ic purpose made pursu	
		Pass(es)				
Name of Individual		Number of Ticket(s)/			Identify one of the follo	
(1201, 1.01)		Pass(es)				
Nel Luna		2	. 101	oromote attendar naximize potentia king sales.	nce at a county sponsor Il county revenue for co	red event in order ome ncession and
n an antitistrokili e-man adalaharken (heka antik diben mily yezamlar), ib disedik Garla Anayet ny Piralianapa			C	eremonial Role	Other	
			II .	checking *Ceremonial I	Role" or "Other" describe below:	Income
		Number of				
Name of Outside Organization (include address and description)	on on)	Ticket(s)/	Des	scribe the public	purpose made pursuant	to the agency's policy
		Pass(es)				, , , , , , , , , , , , , , , , , , ,
						·
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rification read _r and understand FPPC Regulations	18944 1 and 190	42 I have ve==	ind that the "	talah at		
, ,		. L. I Have Venti	eu mai me di	จเกิดน์แอก set forth a	Dove, is in accordance with i	the requirements
		Ann Ferge			ervisor's Assistant	requirements.

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

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

_ee Ann Fergerson	Supervisor's Assistant	(Month, Day, Year)

							MITON DOLLAR DE LA CONTRACTOR DE LA CONT
1.	Agency Name		Date Stamp	California	202		
	Alameda County					Form	00/5
	Division, Department, or Regi	on (If Applicable)			For Official Us	e Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				·	
					986-1000-1-1000-1-1000-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-1	Annual Committee and Committee	
	Steven Jones	Ĭ !** : !		**************************************	Amendment (Must)	provide explanation in P	art 3.)
	Area Code/Phone Number	E-mail	. O a a a a a a a a a a a		Date of Original Filing:		
2000000	(510) 272-6693	steven.jones	s@acgov.org			(Month, Day, Year)	
2.	Function or Event Infor						\$12
	Does the agency have a ticke		Yes ⊠ No	invested.	of Each Ticket/Pass \$ _		
	Event Description Alameda C	County Fair		Date(s)	<u> </u>	07 , 05 ,	15
	· '	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [☑ If no: Alame	da County Fair Name of Se	- Altra o	
				Alam			
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	If yes: Alam	eda County Supervise Official's Name	// ast First)	aacoonoteenreeweeks/elimak
- -	or agency official:				Ombiai o Mario	(Luci, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to ident Number of				ual. • Use Section C to idei	ntify an outside organi	zation.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	olic purpose made pursuar	it to the agency's pol	icy
			Pass(es)			Annual Control of the	
			Number of	Notice the second section of the second sec		одрежения примерти полительного полительного полительного полительного полительного полительного полительного	
	B. Name of Individua	al	Ticket(s)/		Identify one of the follow	wing:	
	Equipment of Colors and the Colors a		Pass(es)	Ceremonial Role	Other		Income
		•			nial Role" or "Other" describe below.	;	
	•						
				Ceremonial Role	Other		Income
				If checking "Ceremor	nial Role" or "Olher" describe below	•	
	EARTH AND THE STATE OF THE STAT						
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's pol	icy
	(include address and des	scription)	Pass(es)				
	San Leandro Boys & Girls (50		l or nonprofit organiza	ation for its contri	butions
	Marina Blvd, San Leandro,	CA 94577	30	to the community			
	Helps youth become self-su	ufficient and					
	responsible and members						
4.	Verification						21.02°5/3/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
•	I have reed and understand EDDO Door	dallama 400111 4	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.	
			Steven Jo	ones	Central District Direct	tor 06.19	9.2015
			Print Nam		Title		Day, Year)
	Comment:						

and the same							
1.	Agency Name				Date Stamp	California 202	
	Alameda County					Form UUZ	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Board of Supervisors					•	
	Designated Agency Contact (Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail	60***1031/06.7E 1403************************************	000000000000000000000000000000000000000	Amendment (Must prov	vide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform						
	Does the agency have a ticker	t policy?	Yes⊠ No□	Face Value c	of Each Ticket/Pass \$	\$12	
	Event Description Alameda C	County Fair		Data(a) 06	3 , 17 , 15	07 , 05 , 15	
	Event Description	Provide Title/Expl	Date(s)	етненняю станавления в принцений в принцен	construction of the state of th		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No 🏻	If no: Alame	da County Fair	ooggaysee yay aay aabaana ka abban 19 Shiibhiinka ab ka aa bhaan dhaada aa abban aanaan aa bibbin bhagan a 3	
	, , , , , , , ,	, ,	103 E 110 E		Name of Source		
	Was ticket distribution made a	No ☐ Yes 🏻	If yes: Alam	eda County Supervisor V	Wilma Chan		
	of agency official?				Official's Name (Las	st, Flisty	
3.	Recipients						
		/'s department or	unit. • Use Section Number of	ion B to identify an individual. • Use Section C to identify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy	
	WEST Annual physician representation and purpose of the control of						
				and the second s			
	B. Name of Individua	t (Number of Ticket(s)/ Pass(es)		Identify one of the following	j:	
				Ceremonial Role	Other	Income	
	Reyes, Edgar			If checking "Ceremon	nial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income 🔲	
					nial Role" or "Other" describe below:	income 🗀	
						•	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy	
	(menue address and des	oription,	Pass(es)		weekya which was a second and a second		
4.	Verification		d 10040 1 b	d that the distallent and	forth about in in accordance with	the requirements	
		and			forth above, is in accordance with		
		pri-	Steven Jone	<u> </u>	Central District Director	06.22.2015 (Month, Day, Year)	
			r ma iyame		·	(month, bay, roar)	
	Comment:						

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	Agency Name		Date Stamp California 802				
	Alameda County					Form For Official Use Only	
Ī	Division, Department, or Regio	n (If Applicable)	*		i di Onicial Ose Only	
	Board of Supervisors						
	Designated Agency Contact (N	lame, Title)					
	Steven Jones				place political de la companya del companya de la companya del companya de la companya del la companya de la co		
		E-mail			Amendment (Must p	provide explanation in Part 3.)	
	1	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Carelo Minor	Function or Event Inform		(e) a o g o v i o v g			(Month, Day, Year)	
	Does the agency have a ticket		V [V] N- [T Face Value o	of Each Ticket/Pass \$ _	\$12	
	• •		Yes⊠ No[
1	Event Description Alameda Co	Dunty Fair Provide Title/Expla	anation	Date(s)	17 , 15	07 , 05 , 15	
		r rovido ridorexpit		If no: Alameda County Fair			
-	Ticket(s)/Pass(es) provided by	Yes No [If no: 7 tante	Name of Sc	ource		
١	Vas ticket distribution made at the behest No ☐ Yes ☒			√l If you. Alam	eda County Superviso	or Wilma Chan	
•	of agency official?		140 [] 163 [△ II yes,	Official's Name ((Last, First)	
) .	Recipients						
	• Use Section A to identify the agency':	s department or i	ual. • Use Section C to ider	ntify an outside organization.			
-	Number of			Describe the public purpose made pursuant to the agency's policy			
	Maine of Agency, Departmen	. Name of Agency, Department or Unit		Describe the put	the public purpose made pursuant to the agency's policy		
-				***************************************			
					•		
	B. Name of Individual		Number of				
	(Last, First)				Identify one of the follow	vina:	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
-	(Last, First)		Ticket(s)/		Other	Income [
-	(Last, First)		Ticket(s)/		bound bound	Income [
-	(Ləst, First)		Ticket(s)/		Other	Income [
-	(Last, First)		Ticket(s)/	If checking "Ceremoi	Other in Other of Other describe below:	Income [
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-	(Ləst, First)		Ticket(s)/	If checking "Ceremon	Other Other Other Other	Income I	
-	(Ləst, First)		Ticket(s)/	If checking "Ceremon	Other Other Other Other	Income I	
-	(Last, First) Name of Outside Organiz	zation	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: Other ial Role" or "Other" describe below:	Income Income Income I	
- ((Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other	Income Income Income I	
- ((Last, First) Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other I ial Role" or "Other" describe below: Other I ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- ((Last, First) Name of Outside Organiz	zation ription)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	Other I ial Role" or "Other" describe below: Other I ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- (C. Name of Outside Organia (include address and desc East Bay Asian Youth Cente 12th St, Oakland, CA 94606	zation ription) r 2025 E	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- (C. Name of Outside Organia (include address and desc East Bay Asian Youth Cente 12th St, Oakland, CA 94606 EBAYC's mission is to suppo	zation rription) r 2025 E ort youth to	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- (C. Name of Outside Organia (include address and desc East Bay Asian Youth Cente 12th St, Oakland, CA 94606 EBAYC's mission is to suppo be safe, smart, and socially r	zation rription) r 2025 E ort youth to	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- (C. Name of Outside Organia (include address and desc East Bay Asian Youth Cente 12th St, Oakland, CA 94606 EBAYC's mission is to suppo	zation cription) r 2025 E ort youth to responsible	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To promote attend potential County re	Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: olic purpose made pursuan	Income In	
- (C. Name of Outside Organia (include address and desc East Bay Asian Youth Cente 12th St, Oakland, CA 94606 EBAYC's mission is to suppo be safe, smart, and socially r	zation cription) r 2025 E ort youth to responsible	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul To promote attend potential County re	Other Other or "Other" describe below: Other Other or "Other" describe below: Other or "Other" describe below: Olic purpose made pursuan ance at a County facil venue from parking a	Income In	

1. Agency Name			Date Stamp	California QA9	
Alameda County			·	Form OUZ	
Division, Department, or Region (If Applica	ble)			For Official Use Only	
•	,				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Steven Jones			Amendment (Must r	provide explanation in Part 3.)	
Area Code/Phone Number E-mail					
(510) 272-6693 steven.jon	es@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				# 40	
Does the agency have a ticket policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	\$12	
Event Description Alameda County Fair Provide Title/E	xplanation	Date(s)	3 / 17 / 15	07 , 05 , 15	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [☑ If no: Alame	da County Fair	Durce	
Markin Lat distribution mode at the behavi		- Alame	eda County Superviso		
Was ticket distribution made at the behest of agency official?	No ☐ Yes [⊠ If yes: / Idam	Official's Name ((Last, First)	
 Recipients Use Section A to identify the agency's department 	orunit ellse Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		•			
		and the second s			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role	Other	· Income	
		If checking "Ceremon	nial Role" or "Other" describe below:		
			Other	Income. [7]	
			Other nial Role" or "Other" describe below:	Income 🔲	
		*			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	ıt to the agency's policy	
Acts Full Gospel Church 1034 - 66th Avenue Oakland, CA 9462	50	To reward a no community	onprofit organization fo	or its contributions to the	
Offer spiritual guidance; delivers food a clothing to hungry children & families	&				
4. Verification	and 18042 1 have us	I arified that the distribution set	forth above, is in accordance w	with the requirements	
	Steven Jo		Central District Direct		
	Print Nam		Title	(Month, Day, Year)	
	•				
Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number [E-mail] (510) 272-6693	fornia RNO	
Board of Supervisors Designated Agency Contact (Name, Title) Steven Jones Area Code/Phone Number (510) 272-6693 Comparison or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100		
Steven Jones Area Code/Phone Number (510) 272-6693 Code Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 100 € 10	r Official Use Only	
Steven Jones Area Code/Phone Number (510) 272-6693 Code Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 100 € 10		
Area Code/Phone Number E-mail Steven.jones@acgov.org Date of Original Filing: (Month, 1970) (Month		
Area Code/Phone Number (510) 272-6693 Steven.jones@acgov.org Date of Original Filling:		
2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) \(\) Stevent Description \(\) \(\) Alameda County Fair \(\) Provide Title/Explanation \(\) Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Alameda County Fair \(\) Name of Source \(\) Was ticket distribution made at the behest \(\) No \(\) Yes \(\) If yes: \(\) Alameda County Supervisor Wilma \(\)	anation in Part 3.)	
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$1 Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Alameda County Fair Name of Source Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma	Day, Year)	
Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest No Yes No Yes No Yes Alameda County Supervisor Wilma	12/\$10 parking	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Alameda County Fair Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma	05 , 15	
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma of agency official? Official's Name (Last, First)		
	Chan	
3. Recipients		
Use Section A to identify the agency's department or unit.	side organization.	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age	ency's policy	
Number of State of St		
B. Name of Individual (Last, First) (Last, First) Pass(es) Itchet(s)/ Pass(es)		
Anderson, Carl Anderson, Carl S/1park Ceremonial Role : Other : Other : Other : Other describe below: To promote attendance at a County facility in ord.	Income C	
potential County revenue from parking and conce		
Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: 3/1park	Income	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age	ency's policy	
Homeowners association	gadaga (saman manan m	
4. Verification nd 18942. I have verified that the distribution set forth above, is in accordance with the requi		
Steven Jones Central District Director Print Name Title	irements.	
Comment:	irements. 06.30.2015 (Month, Day, Year)	

County Department, or Region (#Applicable) Supervisors Superviso				No.				
Supervisors ad Agency Contact (Name, Title) Once Giffhone Number E-mail	1.	Agency Name				Date Stamp		
Supervisors		Alameda County						
Amendment (Nome, Table) Date of Original Filings: Amendment (Most provise explanation in Part 3.) Date of Original Filings: (Mosth, Day, Year)		Division, Department, or Regio	n (If Applicable)				For Official Use Only	
Amendment (Name, Table) Amendment (Name,		Board of Supervisors						
Amendment (Nation provide explanation in Part 3) Date of Original Filling: (Nation Day, Vear)		Designated Agency Contact (N	ame, Title)					
Amendment (Nation provide explanation in Part 3) Date of Original Filling: (Nation Day, Vear)		Steven Jones						
Second Seleven jones Second Seleven jones Second Seleven jones Second			-mail			Amendment (Must p.	rovide explanation in Part 3.)	
## To be considered to the second of the sec				@acgov.org		Date of Original Filing:	(Marth Day Varia	
Alameda County Fair Provide Title/Explanation Pass(es) provided by agency? Yes \ No \ Date(s) 06 17 , 15 07 , 05 15 Pass(es) provided by agency? Yes \ No \ Date(s) 06 17 , 15 07 , 05 15 Pass(es) provided by agency? Yes \ No \ Date(s) N	**************************************			999			(Monut, Day, Year)	
Date	٠.			Van IVI Na I	☐ Face Value c	of Each Ticket/Pass \$	\$12	
Pass(es) provided by agency? Yes No No I for a lamed a County Fair Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Lest, First) Ints and to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Ints		· · · · · ·	-	tes [A] NO	antonial .			
Pass(es) provided by agency? Yes No Yes If no: Alameda County Fair Name of Source No Yes If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Pass(es) Name of Individual (Last, First) Name of Individual (Last, First) Name of Outside Organization Income If checking "Ceremonalal Role" or "Other describe believe: Ceremonial Role Other Income Income If checking "Ceremonalal Role" or "Other describe believe: Name of Outside Organization Income Income Income Income Name of Outside Organization Name of Outside		Event Description Alameda Co	Durity Fall Provide Title/Explai	nation	Date(s)	D II I I I I I I I I I I I I I I I I I	U/ US 15	
Name of Individual (Lest, Fint) Name of Individual (Lest, Fint) Name of Outside Organization include address and description) Name of Outside Organization include address and description) Number of Individual (Lest, Fint) Number of Individual (Lest, Fint) Pass(es) Number of Ticket(s)/ Pass(es) Number of Individual (Lest, Fint) Number of Ticket(s)/ Pass(es) Number of Individual (Lest, Fint) Number of Individual (Lest, Fint) Number of Ticket(s)/ Pass(es) Number of Individual (Lest, Fint) Number of Ticket(s)/ Pass(es) Number of Individual (Lest, Fint) Number of Individual (Lest, Fint) Number of Ticket(s)/ Pass(es) Number of Individual (Lest, Fint) Number of				da County Fair				
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In A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made at	the behest	No ☐ Yes [⊠ If ves: Alam	eda County Superviso	r Wilma Chan	
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Name of Individual (Last, First)								
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Name of Outside Organization include address and description) Gospel Church 1034 66th Ave, 41 To promote attendance at a County facility in order to maximize potential guidance; delivers food & to hungry children & families Addition Additi				1 433(63)		,	Income .	
Ticket(s)/ Pass(es) I Gospel Church 1034 66th Ave, I, CA 94621 Iritual guidance; delivers food & to hungry children & families and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ition Ticket(s)/ Pass(es) To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales							Income	
potential County revenue from parking and concession sales iritual guidance; delivers food & to hungry children & families and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 07/02/2015				Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy	
to hungry children & families and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 07/02/2015		Acts Full Gospel Church 1034 66th Ave, Oakland, CA 94621		41				
and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Steven Jones Central District Director 07/02/2015		Offer spiritual guidance; delivication clothing to hungry children &						
Steven Jones Central District Director 07/02/2015	4.	Verification	and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
				Print Nam	ne :	Tille	(M	

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)					
	Steven Jones				Amendment (Must	t provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	mation				\$12	
	Does the agency have a ticke	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$	\$12	
	Event Description Alameda (County Fair Provide Title/Expla	anation	Date(s)	5 , 17 , 15	07 , 05 , 15	
		Provide Title/Expla	Alamo	ada County Fair			
	Ticket(s)/Pass(es) provided by	Yes No [If no: Alame	eda County Fair Name of S	Source		
	Was ticket distribution made at the behest No□ Yes ☑ If ve				eda County Supervis	sor Wilma Chan	
	of agency official?	it allo politost	No 🗌 Yes [△ IT yes:	Official's Name	e (Last, First)	
3.	Recipients						
w' 1	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization						
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nnt to the agency's policy		
	, .				·		
	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income [
	-			Ceremonial Role If checking *Ceremo	Other Inial Role" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy		
	San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580		50	To promote attend potential County re	dance at a County facility in order to maximiz evenue from parking and concession sales		
	Homeowners association	,					
4.	Verification	J-11 400 / / /	118012	orified that the distribution and	forth above is in accordance	with the requirements	
		חר " יייים בייים	i 18942. I nave Ve	rillea that the distribution set	forth above, is in accordance	with the requirements.	
			Steven Jo	ones	Central District Direct	otor 06.19.2015	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A	A Nama				Data Classes	California O O O
	Agency Name				Date Stamp	Form 802
	Alameda County			For Official Use Only		
	Division, Department, or Regi	on (If Applicable	;)	•		·
	Board of Supervisors				·	
•	Designated Agency Contact (Name, Title)				
	Steven Jones				☐ Amendment (Must o	rovide explanation in Part 3.)
•	Area Code/Phone Number	E-mail		,	tamas , , ,	,
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				#40
	Does the agency have a ticke		Yes⊠ No[Face Value o	f Each Ticket/Pass \$ _	\$12
	Event Description Alameda (County Fair		Date(s) 06	, 17 , 15	07 , 05 , 15
	Event Description	Provide Title/Expl	lanation	Date(3)	Accordance of the second secon	Egyphysessesseshedisedistical Economical property and a second state of the second sta
	Ticket(s)/Pass(es) provided by	v agency?	da County Fair			
		, ,	Yes No[Name of So	
,	Was ticket distribution made a	it the behest	No 🗌 Yes [⊠ If yes: Alame	eda County Superviso	r Wilma Chan
E	of agency official?				Official's Name (Last, First)
	Recipients					
	Use Section A to identify the agence	unit. ● Use Sec	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		-			·	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income 🗌
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	The Unity Council 1900 Fruitvale Ave, Oakland, CA 94601		50	To promote health, motivate and provide expanded opportute to vulnerable populations in the County		expanded opportunities
	Community advocacy, social delivery, and economic dev					
4.	Verification	an	nd 18942. I have ve	erified that the distribution set t	forth above, is in accordance w	ith the requirements.
			Steven Jo		Central District Directo	
		_	Print Nam		Tille	(Month, Day, Year)
	Comment:					

20232200						_	
1.	Agency Name				Date Stamp California R02		
	Alameda County				Form Ot		
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors			·			
	Designated Agency Contact (Name, Title)		A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	, i		
	Steven Jones				Amendment (Must pr	Tovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
20000000	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform					\$5,000	
	Does the agency have a ticked	-	Yes⊠ No[econds	of Each Ticket/Pass \$		
	Event Description Basketball	Game	min delektrikal inga nyagikigakin mijigidam, mi pumilah masakin kiloka kiloka kiloka kiloka kiloka kiloka kilo	Date(s)	6 07 15		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No [☑ If no: Golder	n State Warriors	IFCQ	
	NATA A STABLE A STABLE AND A STABLE A	4 4 1 - 1 - 1 1	panny	Δlam			
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes [✓ If yes: Alann	eda County Superviso Official's Name (L	ast, First)	
: -	-						
3.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	Number of	of D. W. H. William and J. W.				
	, a traine of Agency, copartment of our		Ticket(s)/ Describe the p Pass(es)		, , , , , , , , , , , , , , , , , , , ,		
		,					
	,						
			Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Commence of the Commence of th	<u>elemplative blooming om 300 dill</u> eteration blooming van han elemping van bildelijde van bildelijde van		Ceremonial Role	Other	Income	
	Johnson, Doug		2	-	nial Role" or "Other" describe below:		
					ance at an event held a potential County reven		
						Income [
				Ceremonial Role If checking "Ceremor	Other Interest of "Other" describe below:	income L	
			2	Ç			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
				MATERIAL AND REAL PROPERTY AND			
Δ	Verification						
т,	VOIMORION	ar	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
			Steven Jo	ones	Central District Directo	or 07.02.2015	
		-	Print Nam	The second second	Title	(Month, Day, Year)	
	Comment:		***************************************				

1.	Agency Name		Date Stamp California				
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Steven Jones						
	Area Code/Phone Number	E-mail	**************************************		Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	:(Month, Day, Year)	
	Function or Event Inform					(Month, Day, Tear)	
•	Does the agency have a ticker		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	\$5,000	
	Event Description Basketball				6		
	Event Description	Provide Title/Expla	nation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No [⊠ If no: Golde	n State Warriors	See at any amount of the see at a see a	
			103 [] 110 [Name of S		
	Was ticket distribution made a	t the behest	No ☐ Yes [⊠ If yes: Alam	eda County Superviso	or Wilma Chan	
2000	of agency official?		and and the financial state of the configuration in the continuous		Official's Name	(Last, Filst)	
	Recipients					47	
	• Use Section A to identify the agency	y's department or ι	ınit. ● Use Sec Number of	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the				
		WWW.0000000000000000000000000000000000	1 445(45)	The state of the s			
	·	•				•	
			Number of				
	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	·			į	Other	Income [
	Summers, Jim		2	ľ	nial Role" or "Other" describe below		
					ance at an event neich potential County reve	d at a County facility in enue from sales.	
				Ceremonial Role		Income [
					nial Role" or "Other" describe below		
			2	•			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	(include address and des	scription)	Pass(es)		South made with a state of the		
				·			
					•		
ļ.	Verification						
	I have read and understand FPPC Requ	ılations 18944 1 and	l 18942. I have ve				
		_	Steven Jo		Central District Direct		
			Print Nam	ne .	Title	(Month, Day, Year)	
	Comment:						
						EDD E 000 //	

gency Report of:	. Tiekotii	Pass Distr	ibutions		A Public Document
gency Report of: eremonial Role Ev	ents and Ticketh	doo bion		Date Stamp	California 802
Agency Name			1		For Official Use Only
1 County	u abla)				
Division, Department, o	Region (If Applicable)				
Board of Supervisors Designated Agency Con	ntact (Name, Title)				its evolunation in Part 3.)
				Amendment (Must	provide explanation in Part 3.)
Amy Shrago Area Code/Phone Num	ber E-mail			Date of Original Filing	(Month, Day, Year)
(510) 272-6695	amy.silrago@a	cgov.org		. Figure S	188.00
Eurotion or Event	Information	s□ No⊠	Face Value	of Each Ticket/Pass \$	
au have	a ticket policy		Date(s)	of Each Holder	
Event Description KM	EL Summer Jam Provide Title/Explana	tion		on State Warriors	
EAGIN Description	y the amount	es□ No⊠		en State Warriors	Source
Ticket(s)/Pass(es) pro	Midea by -5		Car	rson, Keith Official's Nar	no (Last First)
Was ticket distribution		No ☐ Yes ☒	If yes:	Official's Nar	ne (Last, First)
of agency official?					the elife an outside organization.
3. Recipients	t or III	nit. • Use Section	B to identify an indi	vidual. * Use Section C to	identify an outside organization. Juant to the agency's policy
Use Section A to identify	y the agency's department of the	Number of	Describe the	public purpose made purs	quant to the agency - p
A. Name of Agenc	y, Department or Unit	Ticket(s)/ Pass(es)			
		Number of		Identify one of the	following:
B. Nam	e of Individual	Ticket(s)/ Pass(es)		157	Income 🗆
ь.	(Loxt, First)		Ceremonial		e below:
tooking Kevin		4			
Jenkins, Kevin		100	the public or t	O efficodings	reiopment.
				al Role Other O "Ceremonial Role" or "Other" descri	
			If checking	*Ceremonial Role or Other	
			1		
			485538860		pursuant to the agency's policy
Name 0	f Outside Organization	Number of Ticket(s)/	Describe	the public purpose mass	November (1994)
C. Name o	ddress and description)	Pass(es)			
				- v	
			1		
X0					
				15.050	sportance with the requirements.
4 Verification		1.1 and 18942. I hav	e verified that the distr	ibution set forth above, is in ac	ecordance with the requirements.
4. Verification		1,1 and 18942. I hav	e verified that the distr	ibution set forth above, is in ac Supervisor's	

Comment: -

Agency Name					For Official Use Only		
Nemoda County	(1996 SS 1997 SS 255 - 47		
Division, Department, or Regi	on (If Applicable)						
Board of Supervisors							
Designated Agency Contact (Name,Title)				to estan in Part 3.)		
Amy Shrago				☐ Amendment (Must pr	ovide explanation in Part 3.7		
Area Code/Phone Number	E-mail			Date of Original Filing: .	(Month, Day, Year)		
(510) 272-6695	amy.shrago@a	cgov.org					
= View or Event Infor	mation			of Each Ticket/Pass \$ _	154.35		
	et policy? Y	es□ No⊠	Face Value	of Each flokes, 45	, ,		
Event Description Andre Wa	ard vs. Paul Smit	h '	_ Date(s)	6 , 20 , 15			
Event Description Andre VV	Provide Title/Explan	ation					
		′es□ No⊠	If no: Gold	en State Warriors Name of St	ource		
Ticket(s)/Pass(es) provided	0, -0,		If yes: Car	son, Keith			
Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)		
of agency official?					AND DESCRIPTION OF THE STATE OF		
3. Recipients • Use Section A to identify the age			- P to identify an indi	vidual. • Use Section C to ide	ntify an outside organization.		
Necipierits Use Section A to identify the age	ncy's department or u	nit. • Use Sectio	n B to Identity an in-	public purpose made pursua	nt to the agency's policy		
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the I	Subile parpose			
A. Name or Agency	Α						
			Identify one of the following:				
B. Name of Indiv	/idual	Ticket(s)/ Pass(es)			Income [
(Last, First)			Ceremonial F	Role Other S	low:		
Brown, Aisha		1 4 1	To reward a County employee for his or her exemplary service the public or to encourage staff development.				
Blown, Visua		4					
			Ceremonial		Income		
			Ceremoniai # checking "C	eremonial Role" or "Other" describe b	niow:		
	*						
X		Number of	. Describe t	he public purpose made pur	suant to the agency's policy		
C. Name of Outside	Organization nd description)	Ticket(s)/ Pass(es)	Describe	III. PARAMETER PARAMETER SERVICE SERVI			
(include address a							
			W-4-H-4	tion set forth above, is in accord	ance with the requirements.		
4 Verification		and the state of the same	verified that the distribu	tion set form disers,			
4. Verification		1 and 18942. I have Amy S		ution set forth above, is in accord	sistant 06/30/15 (Month, Day, Year		

Comment: _

				Distributions		
1.	Agency Name				Date Stamp	California 802
	Alameda County					roini
	Division, Department, or Reg	jion (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					and the section of the first A L
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Info	mation		(70.7		
	Does the agency have a tick	et policy?	Yes □ No [of Each Ticket/Pass \$ _	154.35
	Event Description Andre Wa	ard vs. Paul Sm	nith	Date(s)0	6 , 20 , 15	
				Golde	en State Warriors	
	Ticket(s)/Pass(es) provided t	by agency?	Yes No		Name of Soi	urce
	Was ticket distribution made	at the behest	No ☐ Yes I	☑ If yes: Cars	on, Keith	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients	N 01 E 0	230 177 83 1	es mentene un la vere		
	Use Section A to identify the agen	cy's department or		tion B to identify an individ	fual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Ð					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Decker, Breeanna		4		onial Role" or "Other" describe below:	Income
			4	the public or to en	courage staff developn	her exemplary service to nent.
					Other	Income
	Jenkins, Kevin		4	10 To	onial Role" or "Other" describe below:	har avamplan, candas to
			39	To reward a County employee for his or her exemplary so the public or to encourage staff development.		
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
	1					
	X		9,			
_						
4.	Verification	.1 an	d 18942. I have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
			Amy Shr	rago	Supervisor's Assistan	nt 06/30/15
			Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

Agency Name	y Report of: nonial Role Events and Ticket/Pass Distributions ncy Name				fficial Use Only
Alameda County	u ha			,	
Division, Department, or Regi	on (If Applicable)				
Board of Supervisors Designated Agency Contact	(Name, Title)				
Amy Shrago				Amendment (Must provide explan	ation in Part 3.)
Area Code/Phone Number	E-mail	2775-23577		Date of Original Filing:(Month, L	Day, Year)
(510) 272-6695	amy.shrago@a	gov.org			5000.00
Function or Event Info Does the agency have a tick Event Description Warriors	rmation et policy? Ye vs. Cavallers Provide Title/Explana	s □ No ☒	_ Date(s)0	of Each Ticket/Pass \$	
Ticket(s)/Pass(es) provided	by agency? Ye	es□ No⊠	If no: Gold	en State Warriors Name of Source rson, Keith	
Was ticket distribution made of agency official?	e at the behest	√o ☐ Yes ☒	100		side organization.
3. Recipients • Use Section A to identify the agr		it. • Use Sectio	n B to identify an indiv Describe the I	vidual. • Use Section C to identify an out	gency's policy
A. Name of Agency, Department or Unit		Pass(es)			W
B. Name of Indi	yldual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	Income □
Sanchez, Mina		4	1.0	Role Dother IX premonial Role" or "Other" describe below: pounty employee for his or her ex pencourage staff development	
			a consider		Income
C. Name of Outside	Organization	Number of Ticket(s)/ Pass(es)	Describe t	he public purpose made pursuant to the	e agency's policy
C. Name of Outstade	ind description,	1 200/2-07			
				7	
4. Verification		and 18942. I have	verified that the distribu	ition set forth above, is in accordance with the	requirements. 06/01/15
		Amy S	hrago	Supervisor's Assistant	(Month, Day, Year

ncy Report of: emonial Role Events and Ticket/Pass Distributions gency Name				Date Stamp	California 802	
Alameda County					For Official Use Only	
Division, Department, or Regi	on (If Applicable)					
Board of Supervisors						
Designated Agency Contact	Name, Title)				to to Part 2.)	
Amy Shrago				Amendment (Must prov	ide explanation in Part 3.7	
Area Code/Phone Number	E-mail			Date of Original Filing: —	(Month, Day, Year)	
(510) 272-6695	amy.shrago@	acgov.org			5000.00	
Function or Event Info	mation	′es□ No⊠	Face Value	of Each Ticket/Pass \$ —		
Does the agency have a tick		′es □ No ⊠	0	6 , 07 , 15		
Event Description Warriors	vs. Cavaliers Provide Title/Explan	nation				
		Yes□ No⊠	If no: Gold	en State Warriors Name of Sou	rce	
Ticket(s)/Pass(es) provided	by agency?		If yes: Car	son. Keith		
Was ticket distribution made	at the behest	No ☐ Yes ☒	If yes:	Official's Name (L.	ast, First)	
of agency official?					8 8 1	
. Recipients		u a Use Section	on B to identify an indiv	vidual. • Use Section C to ident	ify an outside organization.	
 Use Section A to identify the age 	ncy's department or t		Describe the p	dividual. • Use Section C to identify an outside organization. e public purpose made pursuant to the agency's policy		
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)				
		Number of		Identify one of the follow	ving:	
B. Name of Indiv	ridual	Ticket(s)/ Pass(es)			Income [
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ceremonial R	" I Date" or "Other" describe below		
Carson, Keith		4	If checking "Ge	s that have received		
			County funding	or support		
			Commonial	Role O Other O	Income I	
Western I			If checking "Co	eremonial Role" or "Other" describe below	ν.	
		Number of	9.00m (c) (c) (c)	and ourse	ant to the agency's policy	
C. Name of Outside	Organization	Number of Ticket(s)/ Pass(es)	Describe th	ne public purpose made pursu		
C. (include address a	ia description/	Lass(no)				
					i,	
					ne with the requirements.	
4 Verification		1 and 18942. I have	verified that the distribu	tion set forth above, is in accordance	tant 06/01/15	
		Amy SI		Supervisor's Assis	(Month, Day, Year	
		Print N		1100	A 370	

Agency Name	t/Pass Dist		Fo	Official Use Only
Al-mode County			Pol	Official day =,
Division, Department, or Region (If Applicable)			*	
Board of Supervisors				
Designated Agency Contact (Name, Title)			de avale	position in Part 3.)
Amy Shrago			☐ Amendment (Must provide expla	mador in r six siy
- Cade/Phone Number E-mail			Date of Original Filing:(Month	, Day, Year)
(510) 272-6695 amy.shrago@	gacgov.org			5000.00
Function or Event Information	Yes□ No⊠	Face Value	of Each Ticket/Pass \$	
Does the agency have a ticket policy?	Yes LI NO LA	D-45/6) 0	6 , 14 , 15	J/
Event Description Warriors vs. Cavaliers Provide Title/Explo	nation			
	Yes□ No⊠	If no: Gold	en State Warriors Name of Source	
Ticket(s)/Pass(es) provided by agency?		If yes: Car	son, Keith	
Was ticket distribution made at the behest	No ☐ Yes ☒	If yes:	Official's Name (Last, Firs	0
of agency official?				
3. Recipients	unit. • Use Section	n B to identify an indi	vidual. • Use Section C to identify an o	utside organization.
 Use Section A to identify the agency's department 	Number of	Describe the	public purpose made pursuant to the	agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			2
8 8				
	Number of		Identify one of the following:	
B. Name of Individual	Ticket(s)/ Pass(es)			Income
		Ceremonial F	Coro Las	11-
Brooks, Rodney	2		tu amployee for his or ner t	exemplary service to
170780015	2.0	the public or to	encourage stan do to	Income [
		Ceremonial		
Shrago, Amy	-2		and amployee for his or her	exemplary service to
Shrago, Ally	64	the public or to	encourage staff developmen	
	Number of		he public purpose made pursuant to t	he agency's policy
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe t	ne pablic parpers in a second	AND
(include address and description)				
		20052		
		A		
			is in accordance with	the requirements.
A Varification	1 and 18942. I have	verified that the distribu	ution set forth above, is in accordance with	06/30/15
	Amy S		Supervisor's Assistant	(Month, Day, Year,
	Print N	lame		

ency Report of: remonial Role Events					For Official Use O	nly
Agency Name					For Official Case	1770
2000 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on (If Applicable)					
Alameda County Division, Department, or Regi	OII (III - VI					
Board of Supervisors	Nema Title)				u a la Par	(3)
Designated Agency Contact	Name, river			Amendment (Must	provide explanation in Par	
Amy Shrago	Ter all			Date of Original Filing	3: (Month, Day, Year)	
Area Code/Phone Number	E-mail amy.shrago@acgo	ov.org				32.00
(510) 272-6695			Malun	of Each Ticket/Pass \$	-	
. Function or Event Info	rmation ret policy? Yes [□ No⊠	Face Value	21 . 15		
			Date(s) —	06 , 21 , 15		
Does the agency have a tra- Event Description Athletics	Provide Title/Explanation	1	Oakl	Athletics	10	
H. M.	thy agency? Yes	□ No⊠	If no:	Name (of Source	
Ticket(s)/Pass(es) provided	101-0		If yes: Ca	rson, Keith Official's No	nme (Last, First)	
Was ticket distribution mad	10 11 11 11 11 11 11 11 11 11 11 11 11 1	☐ Yes 🗵				
of agency official?					o identify an outside orga	nization.
of agency official? 3. Recipients • Use Section A to identify the a	ands department or unit.	• Use Section B	to identify an ind	ividual. • Ose Seems.	suant to the agency's p	olicy
Use Section A to identify the an	gency's department	Number of Ticket(s)/	Describe the	public purpose made par		
A. Name of Agency, Depa	artment or Unit	Pass(es)				
		Number of		Identify one of th	e following:	
Name of In	dividual	Ticket(s)/ Pass(es)		Pole O Other 🛛		Income
B. (Last, F	into		Ceremonia # checking	Role Coremonial Role" or "Other" descri	ibe below:	
			a dilas			
				ist Pole Other		Income
			Ceremon	ial Role Other Officer or "Other" des	cribe below:	
			If checking	-Ceremonia / Cor		
		1				1
	7	Number of		e the public purpose mad	e pursuant to the agend	y's policy
- Name of Outs	side Organization	Ticket(s)/	Describ	se the public part	for ite	contribution
(include addres	ss and dosent	Pass(es)	To reward	a school or nonprofit	organization for its	Gailli III
Usaine Community	Services 815 Apgar 94608 To empower	2	to the com	munity.		
St. Emeryville, CA	94608 To empower			220		
				•		
				i la la	accordance with the requir	ements.
4 Verification		and 18942. I have	verified that the dis	stribution set forth above, is in	le Assistant	06/30/15
A Vermiania	44.3	Amy S	hrago	Cal	's Assistant	(Month, Day, Ye
	_	Print h	Vame		(MX)	

					AND THE PARTY OF T
ency Report of: remonial Role Events	and Ticket/P	ass Distri	BULIONS	Date Stamp	California 802
remornal Name					For Official Use Only
Agency Name Alameda County)	
Division, Department, or Regio	on (If Applicable)				
Board of Supervisors	Name Title)				n a in Port 2)
Designated Agency Contact (vario,			Amendment (Musi	provide explanation in Part 3.)
Amy Shrago	E-mail			Date of Original Filing	(Month, Day, Year)
Area Code/Phone Number	amy.shrago@ac	gov.org			32.00
(510) 272-6695			100000	of Each Ticket/Pass \$	
. Function or Event Infor	et policy? Yes	□ No⊠	Face Value	06 <u>26</u> 15	
Does the agency have a tick	70.7 (C. C. C		Date(s)	06 1 20 1	
Event Description Athletics	Provide Title/Explanation	on	Oak	land Athletics	-
		s□ No⊠			of Source
Ticket(s)/Pass(es) provided	0, -0 .		If yes. Ca	rson, Keith Official's No	me (Last, First)
Was ticket distribution made	9 644 11.	lo□ Yes⊠			
of agency official?					Identify an outside organization.
3. Recipients		e Use Section	B to identify an ind	ividual. • Use Section C to	to the agency's policy
. Use Section A to identify the ag	ency's department of this	Number of	Describe the	public purpose made pur	suant to the vis
A. Name of Agency, Depar	rtment or Unit	Ticket(s)/ Pass(es)			
<u>^</u>					
		Number of		identify one of the	o following:
B. Name of Ind	lividual		Ceremonia	I Role Other 🗵	Income
Name of Ind	lividual	Number of Ticket(s)/	If checking '	Role Other Officeremonial Role" or "Other" descri	Income Lobe below:
B. Name of Ind	lividual	Number of Ticket(s)/	If checking '	Role Other Officeremonial Role" or "Other" descri	Income Lobe below:
Name of Ind	lividual	Number of Ticket(s)/ Pass(es)	To promote a order to max	I Role Other Other Other Other International Role or "Other" description of the content of the c	Income Lobe below: nt held at a County facility in y revenue.
B. Name of Ind	lividual	Number of Ticket(s)/ Pass(es)	To promote a order to max	ni Role Other M Ceremonial Role" or "Other" descri attendance at an ever imize potential Count	Income Lobe below: nt held at a County facility in y revenue.
B. Name of Ind	lividual	Number of Ticket(s)/ Pass(es)	To promote a order to max	I Role Other Other Other Other International Role or "Other" description of the content of the c	Income Lobe below: nt held at a County facility in y revenue.
B. Name of Ind	lividual	Number of Ticket(s)/ Pass(es)	To promote a order to max	I Role Other Other Coremonial Role or "Other" description of the description of the description of the description of the other of the description of the other of the other of the other of the other description of the oth	Income Lobe below: Int held at a County facility in y revenue. Income
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B. Name of Ind (Last, First Leung, Chris C. Name of Outsice (include address)	de Organization s and description)	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	To promote a order to max Ceremon If checking	I Role Other Acceptance of the Passes of the	Income Lobe below: Int held at a County facility in y revenue. Income Income Income
B. Name of Ind (Last, First Leung, Chris C. Name of Outsice (include address)	de Organization s and description)	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	To promote a order to max Ceremon If checking	I Role Other Acceptance of the Passes of the	Income Lobe below: Int held at a County facility in y revenue. Income Income Income
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gency Report of:	Tieke	#/Dace Dis	tributions		A Public Document
eremonial Role Events	s and Ticke	UF ass Dis	al libraria.	Date Stamp	California 802
Agency Name					For Official Use Only
Alameda County	- (If Applicable)				
Division, Department, or Regio	on (II Applicable)				
Board of Supervisors	Title)				
Designated Agency Contact (/	Vame, Fille)			E	provide explanation in Part 3.)
Amy Shrago				3 2 3	
Area Code/Filono Italia	E-mail	accov ord		Date of Original Filing	(Month, Day, Year)
(510) 272-6695	amy.shrago@	acgov.org		-	32.00
. Function or Event Inform	mation	/es□ No⊠	Face Value	of Each Ticket/Pass \$	-
Does the agency have a ticke		res LI NO 🖾	D. (.)	06 , 27 , 15	
Event Description Athletics v	rs. Royals Provide Title/Explan	nation			
			lf no: Oakl	and Athletics	Source
Ticket(s)/Pass(es) provided b	y agency?	Yes□ No⊠			NAVANA
Was ticket distribution made	at the behest	No ☐ Yes ☒	If yes: Car	Official's Nan	ne (Last, First)
of agency official?					
3. Recipients • Use Section A to identify the agen	2. S. D. D. S.		e tantifu an indi	vidual • Use Section C to i	dentify an outside organization.
Necriplems Use Section A to identify the agen	cy's department or u	nit. • Use Section	on B to identify an indi-	public purpose made pursu	ant to the agency's policy
A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the	ривис ригрозо паса раз	
		N. baret			.Howing:
B. Name of Individual (sast First)	dual	Number of Ticket(s)/		Identify one of the fo	
D. (Last, First)		Pass(es)	Ceremonial F	Role Other 🗵	Income
Usseen Idrie					elow: s or her exemplary service to looment.
Hassan, Idris		2	To reward a Co	ounty employee for the encourage staff deve	lopment.
			Ceremonial		Income
		G1	Ceremonial If checking "C	eremonial Role" or "Other" describe	below:
			- AWARENEE .	1	
AND THE PARTY AND A PARTY AND	ranization	Number of	Describe ti	he public purpose made pu	rsuant to the agency's policy
C. Name of Outside O	d description)	Ticket(s)/ Pass(es)			
				to be accessed in the accessed	dance with the requirements.
4. Verification	1	1 and 18942. I have	verified that the distribu	tion set forth above, is in accor	eletant 06/30/15
STATE OF THE PARTY		Amy Sl	nrago	Supervisor's As	(Month, Day, Year)
	1	Print N	lame	1100	

ency Report of: remonial Role Event				Date Stamp	Form
Agency Name					For Official Use Only
i Committee					
Alameda County Division, Department, or Regi	on (If Applicable)				
Board of Supervisors	(Name, Title)				0-421
Designated Agency Contact	(1441114)			Amendment (Must	provide explanation in Part 3.)
Amy Shrago	E-mail			Date of Original Filing	1: — (Month, Day, Year)
Area Code/Phone Number (510) 272-6695	amy.shrago@a	cgov.org			20.00
Function or Event Info	(et policy)	s□ No⊠	Face Value	of Each Ticket/Pass \$ 6	
Event Description Athletics	vs. Royals Provide Title/Explana	tion		and Athletics	
14-4	Lby agency? Y	es□ No⊠			/ Source
Ticket(s)/Pass(es) provided	,		If yes: Car	son, Keith	me (Last, First)
Was ticket distribution mad		No□ Yes⊠			
of agency official?				Section C to	identify an outside organization.
3. Recipients	sency's department or u	nit. • Use Section	B to identify an indi	vidual. • Use section 2	identify an outside organization. suant to the agency's policy
e Use Section A to identify the ag	atment or Unit	Number of Ticket(s)/	Describe the	public purpose made por	
A. Name of Agency, Depa	irtment or one	Pass(es)			
1					
Y described to the second		Number of Ticket(s)/		Identify one of the	following:
B. Name of Inc	dividual (11)	Pass(es)	Ceremonial	Role Other	Income
			If checking *C	Ceremonial Role" or "Other" descrit	pe below:
				N Role D Other D	Income L
			Ceremonia # checking	ni Role Other Other Ceremonial Role" or "Other" descr	ibe below:
			# GHUSANIY		
					t Have
		Number of	Describe	the public purpose made	pursuant to the agency's policy
C. Name of Outsi	de Organization s and description)	Ticket(s)/ Pass(es)	Descriss		examination for its contributions
		Α	To reward a	school or nonprofit o	organization for its contributions
Men of Iron PO Box 94604 To help save	the lives of young	A 18	to the comm	unity.	
94604 To help save	419			20	
			15000		
				ibution set forth above, is in a	ccordance with the requirements. Assistant 06/30/15
4.5 - 4.5 - 4.5 - 4.5		and 18942. I have	verified that the distri	Supervisor's	Assistant 06/30/15
4. Verification	CANADA STATE OF THE STATE OF TH				
4. Verification		Amy SI		- Supervisor	

Comment:

1	Agency Name				Date Stamp	California OAO
•				9	Date Stamp	Form 802
	Alameda County Division, Department, or Reg	tion (If Applicable	e)		4	For Official Use Only
	6 (A 6 () () () () () () () () () (jioti (ii rippiioani	0/			27
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Şhrago				☐ Amendment (Must t	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)
2.	Function or Event Info	mation				20.00
	Does the agency have a tick	et policy?	Yes□ No!		of Each Ticket/Pass \$ _	32.00
	Event Description Athletics	vs. Royals		Date(s) 0	6 , 28 , 15	
	E TOTAL D'OUSTIPATON	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided t	by agency?	Yes ☐ No [✓ If no: Oakla	and Athletics	auera i
	VAToo Mohat distable distable or and a	at the beheat		Care		ource
	Was ticket distribution made of agency official?	at the benest	No ☐ Yes	⊠ If yes: Cars	Official's Name ((Last, First)
_						
3.	Recipients • Use Section A to identify the agent	cv's department or	unit. • Use Sec	tion B to identify an individ	fual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm		Number of	Approximation of the second second	blic purpose made pursuan	
	A. Name of Agency, Departin	ient or onit	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuan	t to the agency a policy
	- N				981	
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	Ramirez, Lolis		97	Ceremonial Role	A TOTAL STATE OF THE STATE OF T	Income _
	Kamirez, Loiis		4		nial Role" or "Other" describe below: nunity volunteer for his	
		a		Ceremonial Role	Other	Income
					onial Role" or "Other" describe below:	
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	it to the agency's policy
	(include address and de	escription)	Pass(es)	Desaring the pa	and purpose many purpose.	to the agency o pency
4.	Verification	1 an	ed 18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
		-	Amy Shr	ago	Supervisor's Assistar	nt 06/30/15
			Print Nam	0	Title	(Month, Day, Year)
	Comment:					

			1		The state of the s
Agency Name					For Official Use Only
Alameda County Division, Department, or Regio	n (If Applicable)				
Board of Supervisors					
Designated Agency Contact (A	Jame, Title)			Amendment (Must p	provide explanation in Part 3.)
Amy Shrago	E-mail			Date of Original Filing:	
Area Code/Phone realists	amy.shrago@acg	ov.org	1 310	Date of Original 1	(Month, Day, Year)
(510) 272-6695					32.00
Function or Event Inform	nation	□ No⊠	Face Value	of Each Ticket/Pass \$ -	
- us agency have a ticke	t policy res		0	6 , 29 , 15	
Event Description Athletics v	s. Rockies				
Event Description	Provide Title/Explanation	7	Oakla	and Athletics	
Ticket(s)/Pass(es) provided b		□ No⊠			Source
		E W - 121	If yes: Car	son, Keith Official's Name	a (Last First)
Was ticket distribution made	at the behest No	☐ Yes 🏻	ii yes.	Official's Nam	e (cast, rosy
- f = monov official?					
3. Recipients • Use Section A to identify the agen	to tanadment or unit.	• Use Section	B to identify an indiv	ridual. • Use Section C to id	tentify an outside organization
 Use Section A to identify the agen 	icy's department of	lumber of	Describe the	oublic purpose made pursu	ant to the agency's policy
A. Name of Agency, Departr	ment or Unit	Ticket(s)/ Pass(es)			
					8
		- 1			
		Number of		Martify one of the fo	allowing:
Name of Indivi	idual	Number of Ticket(s)/		tdentify one of the fo	
B. Name of Indivi	idual		Ceremonial F	other 🗆	Income
B. Name of Indivi	idual	Ticket(s)/	Ceremonial F	other 🗆	Income
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B. Name of Indivi	idual	Ticket(s)/	Ceremonial F If checking "Ge	other 🗆	Income L
B. Name of Indivi	idual	Ticket(s)/	If checking "Ge	Role Other Or "Other" describe to	Income In
B. Name of Indivi	idual	Ticket(s)/	If checking "Ge	Role Other Corremonial Role" or "Other" describe to	Income In
B. Name of Indivi	idual	Ticket(s)/	If checking "Ge	Role Other Or "Other" describe to	Income In
B. Name of Indivi	idual	Ticket(s)/	If checking "Ce Ceremonial If checking "C	Role Other Other describe to the Other Other Role Other Other Deremonial Role or "Other" describe	Income In
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ce Ceremonial If checking "C	Role Other Other describe to the Other Other Role Other Other Deremonial Role or "Other" describe	Income In
(Last, First)	Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ge Ceremonial If checking "G	Role Other remonial Role" or "Other" describe to the Color Role Other remonial Role" or "Other" describe to the Color remonial Role" or "Other" describe to the Color remonial Role remonial Rol	Income In
C. Name of Outside C	Organization nd description)	Ticket(s)/ Pass(es)	If checking "Ge Ceremonial If checking "G	Role Other remonial Role" or "Other" describe to the Color Role Other remonial Role" or "Other" describe to the Color remonial Role" or "Other" describe to the Color remonial Role remonial Rol	Income In
C. Name of Outside C	Organization and description)	Number of Ticket(s)/ Pass(es)	Ceremonial If checking *C Describe t	Role Other Role Other describe to the Other Oth	Income In
C. Name of Outside C	Organization and description)	Number of Ticket(s)/ Pass(es)	If checking "Ge Ceremonial If checking "G	Role Other Role Other describe to the Other Oth	Income In
C. Name of Outside C	Organization and description)	Number of Ticket(s)/ Pass(es)	Ceremonial If checking *C Describe t	Role Other Role Other describe to the Other Oth	Income In
C. Name of Outside C	Organization and description)	Number of Ticket(s)/ Pass(es)	Ceremonial If checking *C Describe t	Role Other Role Other describe to the Other Oth	Income In
C. Name of Outside Conclude address and Urojas Community Ser St, Emeryville, CA 946	Organization nd description) vices 815 Apgar 08 To empower co	Number of Ticket(s)/ Pass(es)	Ceremonial If checking *Co Describe to To reward a set to the commu	Role Other Role Other describe to the control of the control	Income Logical Income
C. Name of Outside C	Organization nd description) vices 815 Apgar 08 To empower co	Number of Ticket(s)/ Pass(es)	Ceremonial If checking *Co Describe to To reward a set to the commu	Role Other Role Other describe to the Other Oth	Income In

ency Report of: remonial Role Events and Tick			Date Stamp	California 802
Agency Name		4	10/24/25/24/CD4/25	For Official Use Only
Nameda County				101011111111111111111111111111111111111
Division, Department, or Region (If Applicable)				
Board of Supervisors Designated Agency Contact (Name, Title)				
			☐ Amendment (Must	provide explanation in Part 3.)
Amy Shrago			AVTS .	
Area Code/Filone Humber	nacgov.org		Date of Original Filing	(Month, Day, Year)
(510) 272-6695 amy.snragoo			. = . Ti-ket/Page \$	32.00
Does the agency have a ticket policy?	Yes□ No⊠	Face Value	of Each Ticket/Pass \$	
Athletics vs. Rockies		Date(s)0	06 , 30 , 15	
Event Description Provide Title/Expl	anation		and Athletics	
Ticket(s)/Pass(es) provided by agency?	Yes□ No⊠			Source
		Car	son, Keith	ns // net First)
Was ticket distribution made at the behest	No ☐ Yes ☒	11 yes	Official's Nam	e (Last, First)
of agency official?			1001 No1000 0 000 000 242 Y	t
. Recipients • Use Section A to identify the agency's department o	r unit. • Use Sectio	on B to identify an indiv	vidual. • Use Section C to I	dentity an outside organize
a paratement or Unit	Number of Ticket(s)/	Describe the	public purpose made pursu	lant to the agency's policy
A. Name of Agency, Department or Unit	Pass(es)			
W 11				
S-01-255				
	Number of		Identify one of the fo	ollowing:
B. Name of Individual	Ticket(s)/ Pass(es)		, 157	Income [
		Ceremonial R	in trade" or "Other" describe t	pelow;
Spencer, Scott	2	. /		vald at a COUNTY RECITLY III
		order to maxim	lize potential County i	Gvorido il oli p
		Ceremonial	Role Other O	Income I
		If checking "Go	eremonial Role" or "Other" describe	
	Number of			rsuant to the agency's policy
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe th	ne public purpose made pe	
(include address and description)	1 230(2-)			
9		1-20-22		
				dance with the requirements.
4. Verification	1.1 and 18942. I have	verified that the distribu	tion set forth above, is in accor	reletant 06/30/15
Section Section 1	Amy S		Supervisor's As	ssistant (Month, Day, Yea
	railiy o		Title	

A	wancy Name			tributions	2002	Form -
	gency Name					For Official Use Only
A	lameda County vision, Department, or Regi	ion (If Applicable)				
			1			
E	oard of Supervisors esignated Agency Contact	(Name, Title)				
				1	Amendment (Must p	provide explanation in Part 3.)
	Amy Shrago Trea Code/Phone Number	E-mail			Date of Original Filing:	(Month Day Year)
-	510) 272-6695	amy.shrago@	acgov.org			
2.	Function or Event Information Does the agency have a tick Event Description Athletics	et policy? Y vs. Angels Provide Title/Explan		Date(s)(of Each Ticket/Pass \$. 062015 and Athletics	
	Ticket(s)/Pass(es) provided Was ticket distribution made		/es□ No⊠ No□ Yes⊠		son, Keith Official's Name	177870
_	of agency official?				uldual Use Section C to id	entify an outside organization.
3.	Recipients • Use Section A to identify the ago	ency's department or t	mit. • Use Sectio	n B to identify an indi	public purpose made pursu	ant to the agency's policy
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the	public purpose mass p	
)
			Number of		Literation one of the fo	llowing:
	B. Name of Indi	vidual	Number of Ticket(s)/ Pass(es)		Identify one of the fo	
	B. Name of India (Last, First)	vidual		1 - 0	Role Other Seremonial Role" or "Other" describe b	Income L elow: or her exemplary service to
	(Last, First)	vidual	Ticket(s)/ Pass(es)	To reward a C	Role O Other O oremonial Role" or "Other" describe be ounty employee for his encourage staff deve	Income Cooks to the cooks to th
	Brooks, Rodney	Organization	Ticket(s)/ Pass(es)	To reward a Country the public or to	Role Other Someone of Other Someone of Sounty employee for his encourage staff deve	Income Cooks to the cooks to th
	Brooks, Rodney	Organization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	To reward a Country the public or to	Role Other Someone of Other Someone of Sounty employee for his encourage staff deve	Income Celow: Sor her exemplary service to lopment. Income Celow:
	Brooks, Rodney C. Name of Outside (include address a	Organization nd description)	Number of Ticket(s)/ Pass(es)	To reward a C the public or to Ceremonial If checking C	Role Other county employee for his one courage staff devence Other Role Other ceremonial Role" or "Other" describe to the courage staff devence Role Other ceremonial Role" or "Other" describe to the courage the public purpose made pu	Income Lelow: Income elow: Income elow: Income lelow: Income lelow: Income lelow:
	Brooks, Rodney	Organization nd description)	Number of Ticket(s)/ Pass(es)	To reward a C the public or to Ceremonial If checking C	Role Other Someone of Other Someone of Sounty employee for his encourage staff deve	Income Lelow: Income control or her exemplary service to lopment. Income control or local or

ency Report of: remonial Role Events and Ticket/F Agency Name		For Official Use Only
L. County	27	
Alameda County Division, Department, or Region (If Applicable)		*
Board of Supervisors		
Designated Agency Contact (Name, Title)		Amendment (Must provide explanation in Part 3.)
Amy Shrago		Date of Original Filing: (Month, Day, Year)
Area Code/Phone Number amy.shrago@ac	gov.org	00.00
Function or Event Information	□ No⊠	Face Value of Each Ticket/Pass \$
		Face Value of Each Ticker and the Date(s)
Event Description Athletics vs. Angels Provide Title/Explanation	on	Outland Athletics
Yes that by agency? Yes	s□ No⊠	
Ticket(s)/Pass(es) provided by as		If yes: Carson, Keith Official's Name (Last, First)
Was ticket distribution made as	lo 🗌 Yes 🛛	Officials leading (read)
of agency official?		C to identify an outside organization.
3. Recipients	it. • Use Section	B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
Use Section A to identify the agency's department	Number of Ticket(s)/	B to identify an individual. Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit	Pass(es)	
	Number of	Identify one of the following:
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Income Income
B. Name of Individual	Ticket(s)/	Ceremonial Role Other II Income
B. Name of Individual (Last, First) Leung, Chris	Ticket(s)/	Ceremonial Role Other Streemental Role or "Other Streement held at a County facility in
CLast, First)	Ticket(s)/ Pass(es)	Ceremonial 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.
CLast, First)	Ticket(s)/ Pass(es)	Ceremonial 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. Ceremonial Role Other Income
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role Other Image Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other Image Income Inc
Leung, Chris	Ticket(s)/ Pass(es)	Ceremonial 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. Ceremonial Role Other Income 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
Leung, Chris Jenkins, Kevin	Ticket(s)/ Pass(es) 2	Ceremonial Role Other Image Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue. Ceremonial Role Other Image Income Inc
Leung, Chris Jenkins, Kevin	Ticket(s)/ Pass(es)	Ceremonial 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. Ceremonial Role Other Income 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
Leung, Chris Jenkins, Kevin	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial 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. Ceremonial Role Other Income 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
Leung, Chris Jenkins, Kevin	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial 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. Ceremonial Role Other Income 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
Leung, Chris Jenkins, Kevin	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial 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. Ceremonial Role Other Income 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
Leung, Chris Jenkins, Kevin C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial 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. Ceremonial Role Other Income 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 Describe the public purpose made pursuant to the agency's policy
Leung, Chris Jenkins, Kevin C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial 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. Ceremonial Role Other Income 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

ency Report of: remonial Role Events and Ticket/F Agency Name				For Official Use Only
. I- County				
Alameda County Division, Department, or Region (If Applicable)				
a and of Supervisors				
Designated Agency Contact (Name, Title)			Amendment (Must	provide explanation in Part 3.)
Amy Shrago			Date of Original Filing	
Area Code/Phone Number E-mail amy.shrago@ac	aov.org		Date of Original 1	
/51(1) Z/Z*0000			Taket/Pass \$	32.00
Function or Event Information Yes	s□ No⊠	Face Value	of Each Ticket/Pass \$	
have a licket policy.		Date(s)	06 , 19 , 15	
Event Description Athletics vs. Angels Provide Title/Explana.	ijon	Oakl	and Athletics	
Visit - conev?	s□ No⊠			/ Source
Ticket(s)/Pass(es) provides 57		Li voe: Car	rson, Keith Official's Na	me (Last, First)
Was ticket distribution made at the behest	Vo ☐ Yes ☒	ir yes.	Official's Na	ma (mad) i may
of agency official?				Monthly an outside organization.
3. Recipients	it. • Use Section	n B to identify an indi	vidual. • Use Section C to	to the agency's policy
Use Section A to Identify the agency	Number of	Describe the	public purpose made pur	suant to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			
	1 1			
	Number of		Identify one of the	following:
Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the	following:
B. Name of Individual		Ceremonial	Role Other 🗵	Income L
D. (Last, First)	Ticket(s)/ Pass(es)	If checking *C	Role Other Other Ceremonial Role or "Other" describ	Income Lincome
B. Name of Individual (Last, First) Jenkins, Kevin	Ticket(s)/	If checking *C	Role Other December All Common Role of County employee for to encourage staff de	Income Lincome
D. (Last, First)	Ticket(s)/ Pass(es)	To reward a C the public or t	Role Other Other Coremonial Role or Other described on the county employee for to encourage staff de	Income Lincome
D. (Last, First)	Ticket(s)/ Pass(es)	To reward a C the public or t	Role Other December All Common Role of County employee for to encourage staff de	Income Lincome
D. (Last, First)	Ticket(s)/ Pass(es)	To reward a C the public or t	Role Other Other Coremonial Role or Other described on the county employee for to encourage staff de	Income Lincome
D. (Last, First)	Ticket(s)/ Pass(es)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lipe below: his or her exemplary service to velopment. Income Lipe below:
Jenkins, Kevin	Pass(es) A Number of Ticket(s)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lincome
Jenkins, Kevin	Ticket(s)/ Pass(es)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lipse below: his or her exemplary service to velopment. Income Lipse below:
Jenkins, Kevin	Pass(es) A Number of Ticket(s)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lipse below: his or her exemplary service to velopment. Income Lipse below:
Jenkins, Kevin	Pass(es) A Number of Ticket(s)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lipe below: his or her exemplary service to velopment. Income Lipe below:
Jenkins, Kevin	Pass(es) A Number of Ticket(s)	To reward a C the public or t Ceremonia	Role Other December 1 Other December 1 Other December 2 Other described at Role Other December 1 Other December 1 Role Other December 1	Income Lipe below: his or her exemplary service to velopment. Income Lipe below:
Jenkins, Kevin C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking **C To reward a C the public or t Ceremonia If checking	Role Other December of County employee for to encourage staff deal other of County employee for the county employee for the county employee for the public purpose made	Income Libe below: his or her exemplary service to velopment. Income Libe below:
Jenkins, Kevin C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking **C To reward a C the public or t Ceremonia If checking	Role Other December of County employee for to encourage staff deal other of County employee for the county employee for the county employee for the public purpose made	Income Lips below: his or her exemplary service to velopment. Income Lips below: Income Cordance with the requirements.

ency Report of: remonial Role Event	e and Ticke	t/Pass Dis	tributions		A Public Document
	s and neke	U1 000 D.0		Date Stamp	California 802
Agency Name					For Official Use Only
Alameda County	on (If Applicable)				Lacor receiption and
Division, Department, or Regi	OII (II Applicable)				
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Amy Shrago	90.00			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing	(Month, Day, Year)
(510) 272-6695	amy.shrago@a	acgov.org			
Function or Event Info	rmation		Eace Value	of Each Ticket/Pass \$	32.00
Does the agency have a tick	et policy? Y	′es□ No⊠	race value	6 , 17 , 15	1 1
Event Description Athletics	vs.Padres		_ Date(s)	10 1 11	
Event Description			Oakla	and Athletics	
Ticket(s)/Pass(es) provided	by agency?	/es□ No⊠			Source
		No ☐ Yes ☒	If yes: Car	son, Keith Official's Nam	e (Last. First)
Was ticket distribution made of agency official?	at the believe	NO C 100 E		Official's (Vari	& (Eddt 1 1154)
			- 1750 - 2000 -		tentify an outside organization.
. Recipients • Use Section A to identify the age	ncy's department or u	nit. • Use Section	n B to identify an indiv	ridual. • Use Section C to I	ientily an outside organization
		Number of Ticket(s)/	Describe the p	oublic purpose made pursu	ant to the agency's policy
A. Name of Agency, Depart	ment of Olit	Pass(es)			
					0.00000
P Name of Indiv	idual	Number of Ticket(s)/		Identify one of the fo	
B. Name of Indiv		Pass(es)	Ceremonial R	ole 🗆 Other 🗵	Income
		1 1	If checking *Cer	remonial Role" or "Other" describe b	elow:
					Income
			Ceremonial F	Role Other L	
				remonial Role" or "Other" describe	below:
			If checking "Ge	remonial Role" or "Other" describe	below:
8			If checking "Ce	remonial Role" or "Other" describe i	below:
8		Number of			
C. Name of Outside	Organization	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
(include address an	d description)		Describe th	e public purpose made pu	rsuant to the agency's policy
C. Name of Outside of (Include address and Year of the African Am	erican Male	Ticket(s)/	Describe th	e public purpose made pu chool or nonprofit orga	rsuant to the agency's policy
(include address an	erican Male	Ticket(s)/ Pass(es)	Describe th	e public purpose made pu chool or nonprofit orga	rsuant to the agency's policy
Year of the African Am	erican Male	Ticket(s)/ Pass(es)	Describe th	e public purpose made pu chool or nonprofit orga	rsuant to the agency's policy
Year of the African Am	erican Male	Ticket(s)/ Pass(es)	Describe the To reward a so to the commun	e public purpose made pu chool or nonprofit orga nity	rsuant to the agency's policy anization for its contributions
Year of the African Am	erican Male	Ticket(s)/ Pass(es)	Describe the To reward a so to the commun	e public purpose made pu chool or nonprofit orga nity	rsuant to the agency's policy anization for its contributions
Year of the African Am	erican Male	Ticket(s)/ Pass(es) 2 and 18942. I have v	Describe the To reward a so to the commun	e public purpose made pu chool or nonprofit orga nity	rsuant to the agency's policy anization for its contributions tance with the requirements.
Year of the African Am	erican Male	Ticket(s)/ Pass(es)	Describe the To reward a so to the community of the community of the community of the distribution of the	e public purpose made pu chool or nonprofit orga nity	rsuant to the agency's policy anization for its contributions tance with the requirements.

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.) Amy Shrago E-mail Area Code/Phone Number Date of Original Filing: (Month, Day, Year) amy.shrago@acgov.org (510) 272-6695 2. Function or Event Information 32.00 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes ☐ No ☒ Event Description Athletics vs.Padres 06 , 18 , 15 If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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)/ B. Pass(es) Income Other 🗵 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ Pass(es) (include address and description) To reward a school or nonprofit organization for its contributions East Bay Agency for Children 303 Van 2 to the community Buren Ave Oakland CA 94610 East Bay 4. Verification and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 06/30/15 Supervisor's Assistant Amy Shrago (Month, Day, Year) Title Print Name

Agency Report of:

Comment:

	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Reg	jion (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				☐ Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing	
	(510) 272-6695	amy.shrago@a	cgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info Does the agency have a tick Event Description Athletics	et policy? You	es □ No ⊠	Face Value	of Each Ticket/Pass \$. 06 <u>, 11 , 15</u>	32.00
	Ticket(s)/Pass(es) provided	es□ No⊠ No□ Yes⊠	Car	and Athletics Name of S		
	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 age	ncy's department or un	it. • Use Section	on B to identify an indiv	ridual. • Use Section C to id	entify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursu	ant to the agency's policy
					*	
	B. Name of Indiv	Idual	Number of Ticket(s)/		Identify one of the foll	owing:
	(Lust, rest)		Pass(es)	Ceremonial Re	ole Other \(\overline{\ove	Income C
				Ceremonial R	ole Other C remonial Role" or "Other" describe be	Income [
	C. Name of Outside C	organization d description)	Number of Ticket(s)/ Pass(es)		public purpose made purs	uant to the agency's policy nization for its contributions

Amy Shrago

Comment: _

Supervisor's Assistant

06/30/15

(Month, Day, Year)

A Public Docume	n	١
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1.	Agency Name		Date Stamp	California 802			
	Alameda County			For Official Use Only			
	Division, Department, or Reg	gion (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Steven Jones				-		
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	steven.jones@	gacgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				93.48	
	Does the agency have a tick	et policy?	′es⊠ Nol	☐ Face Value o	of Each Ticket/Pass \$	\$12	
	Event Description Alameda				3 , 17 , 15	07 , 05 , 15	
	Ticket(s)/Pass(es) provided t	by agency?	′es □ No I	If no. Alame	da County Fair		
	rioket(s)/r ass(es) provided t	by agency? Y	Name of Sot				
	Was ticket distribution made	at the behest	eda County Superviso	r Wilma Chan			
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients • Use Section A to identify the agen-	cy's department or un	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
		,1					
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceremonial Role If checking "Geremon	Other Interpretation of the control	Income	
				Ceremonial Role If checking 'Ceremon	Other Initial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580		50	To promote attenda potential County re	o promote attendance at a County facility in order to maximize otential County revenue from parking and concession sales		
	Homeowners association						
4.	Verification	ulations 1804d 1 and 1	8942 I have ve	cilied that the distribution set 6	forth above, is in respectance with	h the requirements	
	The state of the s	una 10344.1 and 1	Steven Jo		onn above, is in accordance will Central District Director		
			Print Name	0	Title	(Month, Day, Year)	

A Public	Documen
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1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Regio	n (If Applicable		Por Official Case Only		
	Board of Supervisors					
	Designated Agency Contact (N	lame, Title)	9		1	
	Steven Jones					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
			s@acgov.org		Date of Original Filing:	(Month, Day, Year)
5	Function or Event Inform	and the second		2		(Monin, Day, Year)
10.0	Does the agency have a ticket		Yes 🖾 No l	□ Face Value o	of Each Ticket/Pass \$ _	\$12
	그 : [11] [14] [14] [14] [14] [14] [14] [14]	5 (5 (5) (6 (5) (5) (5) (5) (5) (5)	IRSIVI NOI			07 , 05 , 15
	Event Description Alameda Co	Provide Title/Exp	lanation	Date(s)	3 / 17 / 15	07 , 05 , 15
			da County Fair			
	Ticket(s)/Pass(es) provided by	agency?	Name of Sc			
	Was ticket distribution made at	the behest	eda County Superviso	or Wilma Chan		
	of agency official?		No ☐ Yes [Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's	s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)			
					4 -	
	B. Name of Individual		Number of	7	Identify and of the fallery	124
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing;
				Ceremonial Role	Other	Income
				If checking "Geremon	sial Role" or "Other" describe below:	
				Ceremonial Role	Other 🗆	Income
				If checking "Geremon	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Con Lorentee Dove 8 Olds Ol	.b.1.404	7 033(03)	-		
	San Leandro Boys & Girls Cl Marina Blvd, San Leandro, C		50	to the community	i or nonprotit organiza	tion for its contributions
			1	to the continuinty		
	Helps youth become self-suff responsible and members of					
4,	Verification				PERSONAL PROPERTY AND ADDRESS OF THE PERSON	MANON MATERIA AND COMPANIE
	I have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.
			Steven Jo	nes (Central District Directo	or 06.19.2015
			Print Name	9	Title	(Month, Day, Year)

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1.	Agency Name		Date Stamp California O 0 2			
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	December 1 Comments					
	Board of Supervisors Designated Agency Contact ((Mama Titla)				
		rvame, nue)				
	Steven Jones	Ton 11			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Date of Original Filing: _	
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filling:	(Month, Day, Year)
2.	Function or Event Infor		Yes 🖾 No [\$12
	Does the agency have a ticke		of Each Ticket/Pass \$	Ψ12		
	Event Description Alameda C	County Fair Provide Title/Expl	anation		3 , 17 , 15	07 , 05 , 15
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No[If no: Alame	da County Fair	
			Name of Sou			
	Was ticket distribution made a	at the behest	eda County Supervisor	Wilma Chan		
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to ide Number of				ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol-		
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	0.00	
	(Last, First)	207.1	Pass(es)		Identify one of the following	ng:
				Geremonial Role # checking "Geremon	Other Inland Role" or "Other" describe below:	Income
				Ceremonial Role # checking "Geremor	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Girls Incorporated of The Island City 1724 Santa Clara Ave. Alameda 94501		50	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Equips girls to achieve acad lead healthy/active lives, ma				Δ	
4.	Verification					
	I have read and understand FPPC Regu	lations 18944.1 and				
			Steven Jo	nes	Central District Director	r 06.19.2015

1.	Agency Name	Date Stamp	California	802			
	Alameda County	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form	The state of the state of			
	Division, Department, or Reg		For Official	Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Steven Jones	2*34/0.1/0.325/075/11*0					
	Area Code/Phone Number	[E-mail			☐ Amendment (Must p	rovide explanation in	Part 3.)
	(510) 272-6693	steven.jones	@acgov org	1	Date of Original Filing:		
-	Function or Event Info		resudgov.org	<u> </u>		(Month, Day, Yea	ar)
	Does the agency have a tick	of Each Ticket/Pass \$ _		\$12			
				, 15			
	Event Description Alameda	3 / 17 / 15	07 / 05				
	Ticket(s)/Pass(es) provided t	da County Fair					
	ricket(s)/Pass(es) provided t	- William Carlo	Name of So				
	Was ticket_distribution made at the behest No ☐ Yes ☒ If yes: Alam				eda County Superviso	or Wilma Chan	
	of agency official?				Official's Name (Last, First)	
3.	Recipients						
	Use Section A to Identify the agen-	cy's department or	1	tion B to identify an individ	ual. • Use Section C to iden	tify an outside orga	nization.
	A, Name of Agency, Department or Unit Numl			Describe the public purpose made pursuant to the agency's policy			olicy
			Pass(es)				
	B. Name of Individual Number					visero	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other		Income
				If checking "Geremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other		Income
					olal Role" or "Other" describe below:		-
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's p	olicy
	4.0900000000000000000000000000000000000		Pass(es)	Commence of the commence of th			A STATE OF THE STA
	East Bay Asian Youth Cen		50		ance at a County facili		
	12th St, Oakland, CA 9460	12th St, Oakland, CA 94606		potential County re	venue from parking a	na concession	sales
	EBAYC's mission is to sup be safe, smart, and socially						
1.	Verification				277 N 29-1-1 21-23 WATER CONTRACTOR	MANAGES OF THE REAL PROPERTY.	
	I have seath and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set I	forth above, is in accordance wi	th the requirements.	
			Steven Jo	ones	Central District Directo	or 06.	19.2015
	agnuinge or regency rieda or Dosigne	10	Print Nam	0	Title	(Mont	th, Day, Year)
	ME SENSEN						
	Comment:	1.00					

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1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Reg	gion (If Applicable)			Por Official Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	1 1
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info		WHICH THE LOCAL IN	UN 10 935 035 750 54 754 752		\$12/\$10 parking
	Does the agency have a tick	N 1 C M 1 N Co 10 N CC. S.	of Each Ticket/Pass \$ _			
	Event Description Alameda	County Fair Provide Title/Expl	anation	Date(s)06	3 , 17 , 15	07 , 05 , 15
	Ticket(s)/Pass(es) provided to	by agency?	da County Fair			
			Name of Sc			
	Was ticket distribution made of agency official?	at the behest	eda County Superviso	(Last, First)		
3.					17 1 2 7 1 1 2 7 N 1 1 2 7 N 1 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N 1 2 7 N	
٥.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of			
	B. Name of Individu	Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
	Anderson, Carl	3/1park	If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income	
			J. Ipani		ance at a County facil evenue from parking a	ity in order to maximize nd concession sales
			3/1park	Ceremonial Role If checking "Ceremon	Other Initial 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 pursuan	t to the agency's policy
	Homeowners are visition					
4.	Verification	ulations 18044 1 ac	1 18942 I house on	rilled that the distribution set	forth above, is in accordance w	with the requirements
	, man road and andorstand FEP'C Reg	matteria 10344, i alli		imoo inat ing diatribution set i	iorar above, is in accordance w	an me requirements.
		-	Steven Jo	nes	Central District Direct	or 06.30.2015

1.	Agency Name		Date Stamp California 802			
	Alameda County			Form —		
	Division, Department, or Re	gion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	t (Name, Title)				
	Steven Jones					
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info					
	Does the agency have a tick		Yes⊠ No□	Face Value	of Each Ticket/Pass \$	\$12
	Event Description Alameda	County Fair		Data(s) 00	6 , 17 , 15	07 , 05 , 15
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Alame	eda County Fair	
					Name of Source	
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes ☒	If yes: Alam	neda County Supervisor V	Vilma Gnan
_					Small S runte (Edd	
3.	Recipients	sev's danariment or	unit - Hea Section B	to identify an individ	unt - a Use Section C to Mentify	an outside organization
	I Number of I			B to identify an individual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individ	Number of Ticket(s)/		Identify one of the following	1	
			Pass(es)	Ceremonial Role	Other	Income
	Reyes, Edgar			nial Role" or "Other" describe below:	moone E	
			-			
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income L
	C. Name of Outside Org	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	the agency's policy	
	(include address and d	Pass(es)	Describe the pur	one purpose made pursuant to	the agency a poncy	
4.	Verification					A SECURIORIEM I
	I have reed and understand EDBC De	gulatione 18944,1 an	d 18942. I have verified t	hat the distribution set	forth above, is in accordance with to	he requirements.
			Steven Jones		Central District Director	06.22.2015
	.,,,		Print Name		Title	(Month, Day, Year)
	Comment:					
	Comment:					

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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		1						
	Designated Agency Contact (Name, Title)								
	Steven Jones								
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)				
	(510) 272-6693 steven.jones@acgov			i	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Information								
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Va			☐ Face Value	of Each Ticket/Pass \$	\$12			
					3 , 17 , 15	07 , 05 , 15			
	Event Description Arameda County Fall Date(s) Date(s)								
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Alame			If no: Alame	eda County Fair				
	manaday, assignay province	-, -,,-	Iea LI NOI		Name of Source				
	Was ticket distribution made at the behest No ☐ Yes ☒			☑ If yes: Alam	If yes: Alameda County Supervisor Wilma Chan				
	of agency official?			Official's Name (L	ast, First)				
3.	Recipients								
		Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number of							
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's police		to the agency's policy			
	B. Name of Individ	ual	Number of		Monthly are of the follows				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:				
	Young, Eddie		4	Ceremonial Role # checking "Geremon	Other Inial Role" or "Other" describe below:	Income			
				To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales					
				Ceremonial Role	Other	Income			
4			4	If chacking "Caremo	nial Role" or "Other" describe telow;				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	Describe the public purpose made pursuant to the agency's policy				
	Verification								
**	House med and understand EDDC Be	18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.			
	Topological Control		Steven Jo	ones	Central District Directo	r 06.19.2015			
	Print Name				Titlo	(Month, Day, Year)			
	The second secon								
	Comment:								

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1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802		
						For Official Use Only		
	Board of Supervisors Designated Agency Contact (A	lame, Title)						
	Steven Jones							
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)			
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform			\$12				
	Does the agency have a ticket		of Each Ticket/Pass \$	Anna Maria				
	Event Description Alameda Co	ounty Fair Provide Title/Expl	17 , 15	07 , 05 , 15				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Alame			eda County Fair				
	Was ticket distribution made at the behest No T Yes X If yes. Alamo				Name of Source reda County Supervisor Wilma Chan			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes; Alam of agency official?				Official's Name (Last, First)			
3.	Recipients							
761	 Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. 							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	2 Valence (1970)		rass(us)	Ceremonial Role # checking "Ceremon	Other Interest of the control of the	Income		
					Other Dial Role" or "Other" describe below:	Income		
		C. Name of Outside Organization (include address and description)			lic purpose made pursuant to the agency's policy			
	C. Name of Outside Organiz		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy		
	C. Name of Outside Organiz (include address and desc Acts Full Gospel Church 1034 - 66th Avenue Oakland	ription)	Ticket(s)/			to the agency's policy		
	Acts Full Gospel Church	ription) I, CA 94621 /ers food &	Ticket(s)/ Pass(es)	To reward a no				
4.	Acts Full Gospel Church 1034 - 66th Avenue Oakland Offer spiritual guidance; deliv clothing to hungry children & Verification	ription) I, CA 94621 vers food & families	Ticket(s)/ Pass(es)	To reward a no community	nprofit organization fo	r its contributions to the		
4.	Acts Full Gospel Church 1034 - 66th Avenue Oakland Offer spiritual guidance; deliv clothing to hungry children &	ription) I, CA 94621 vers food & families	Ticket(s)/ Pass(es)	To reward a no community	nprofit organization fo	r its contributions to the		