Agency Report of: Ceremonial Role Events and -----• • T

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Coun	ity of Alameda						Form	1 002
	ion, Department, or Reg	ion (if applica	ble)				For Of	ficial Use Only
Board	d of Supervisors							
Street	t Address							
1221	Oak Street, Suite 536							
Desig	nated Agency Contact	(Name, Title)				Amendment (M	lust provide explanat	ion in Part 3)
Cryst	al Hishida Graff, Clerk	, Board of S	upervisors					
Area	Code/Phone Number	E-mail				Date of Original Fili	ing:(month, day	, year)
(510)) 272-3882	crystal.his	hida@acgov.	org				
. Fund	ction, Event, or Cere	emonial R	ole Informa	tion				
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3,

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

Nertin Dia	Lee Ann Fergerson	Ticket Administrator	09-23-11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and** Т

Ti	cket/Admission Distributio	ns			Α	Public Do	ocument
1.	Agency Name		nanoson menning akalan di karangan		Date Stamp	California	802
	County of Alameda					Form	
	Division, Department, or Region (if app	olicable)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title	e)			Amendment (Must pro	wide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, Board o	of Supervisors					
	Area Code/Phone Number E-mail	-			Date of Original Filing:	(month. day. vea	ar)
	(510) 272-3882 crystal	.hishida@acgov.	org			(,, ,,, , ,,	
2.	Function, Event, or Ceremonia						A. A. 11 (MARKANANANA)
	Title FOO FIGHTERS			Face V	alue of Each Admiss	ion \$ <u>75.10</u>	
					10 19 11		
	Description CONCERT			Date(s	<u>10 19 11</u>	/	/
	Ticket(s)/Admission(s) provided b	y agency? Yes	🗖 No 🗹	If no: GOLI	DEN STATE WARRIORS		
					Name or c	Source	
	Was the distribution to persons id	entified below r	nade at th	e behest of	an agency official?		
	Yes 🗹 No 🔲 If yes:	RCISOR SOTT HAGGERT	IN, DISTRICT OF	NE			
		Official's	Name (Last,	First) and Title			
	The identity of recipient(s) and	the explanation	on:				
	Name			Check the	income box if the agency off	icial claims admis	ision as
	(Last, First)	Number of	Agency	taxable in	come. If the agency official p		
	or Organization	Admission(s)/	Official		ide a description. ome, describe the public purpo	ose, including	
	(Name, Address, Description)	Ticket(s)		ceremoni	al roles, performed by an ager		dual, or
			Yes 🗖	TO RFWA	RD A COMMUNITY V		Income
	KIRSTIN SILVA	4	No 🗹		SERVICE TO THE PU		
			Yes 🗖				Income
			No 🗖				
			Yes □ No □				Income
			Yes 🗖				
							Income
			Yes 🗖				Income

3. Verification

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

No 🗖

Helictura-	LEE ANN FERGERSON	Ticket Administrator	09-23-11
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Comment: Use this space or an attachment for any additional information including amendment explanation.)

A Public Document

icket/Aumission Distri									Fub		
. Agency Name						[Date Sta	mp	Cal	ifornia	802
County of Alameda									F	orm	004
Division, Department, or Regio	Division, Department, or Region (if applicable)								F	or Official	Use Only
1221 Oak Street, Suite 555,	1221 Oak Street, Suite 555, Oakland, CAS 94612										
Street Address											
Crystal Hishida Graff, Princip	bal Analyst, Coι	unty Admi	nistrat	or's (Office						
Designated Agency Contact (A	Vame, Title)						nendmer	nt (Must pr	ovide exp	lanation i	n Part 3)
Area Code/Phone Number	E-mail					Date o	f Origina	al Filing: _	(mont	h, day, ye	ar)
(510) 272-3882	crystal.hishida	@acgov.c	org								-
2. Function, Event, or Cere	monial Role I	Informat	tion								
										¢20	
Title					Face V	/alue o	f Each	Admiss	sion \$.	4 00	
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						and Athl	otion				
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M	Alexandra Boskovich	Supervisor's Assistant	9/14/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space of an attac	hment for any additional information in	ncluding amendment explanation.)	

A Public Document

. Agency Name				Date Stamp	Californ	ia QN
County of Alameda					Form	-00/2
Division, Department, or Region	n (if applicable)				For Offic	ial Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Na	ame, Title)			Amendment (Mus	st provide explanation	n in Part 3)
Crystal Hishida Graff, Clerk, B	loard of Supervisors					
	-mail			Date of Original Filing	g:(month. day.	vear)
(510) 272-3882	crystal.hishida@acgov.o	org				
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Was the distribution to pers Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	ons identified below r s. Lockyer, Nadia, Superv Official's s) and the explanation Number of Admission(s)/ Ticket(s)	nade at th isor- District Name (Last, i on: Agency Official Yes No No Yes No No Yes No Yes No Yes No Yes No No Yes No No No No No No No No	e behest of 2 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	e income box if the agenc ncome. If the agency official order a description. ome, describe the public p ial roles, performed by an tion. a community volun the public.	I? cy official claims ad cial performed a cer purpose, including agency official, inc	remonial role, dividual, or Income Income Income
Was the distribution to pers Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	ons identified below r s. Lockyer, Nadia, Superv Official's s) and the explanation Number of Admission(s)/ Ticket(s)	nade at th isor- District Name (Last,) Dn: Agency Official Yes No No Yes No No No No No No No No	e behest of 2 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	e income box if the agenc ncome. If the agency official order a description. ome, describe the public p ial roles, performed by an tion. a community volun the public.	I? cy official claims ad cial performed a cer purpose, including agency official, inc	remonial role, dividual, or Income Income Income Income

3. Verification

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

Ticket Administrator Title Print Name Signature of Agency Head or Designee

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
					2
Street Address					
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Ticket					
Date(s) of Event:09 /1	12 <u>/ 11</u> Desc	ription of Eve	nt: Oakland A's	s game	
/	/ Face	Value of Tick	et: \$	\$43.75	
Agency Event	⊠ No (Identify s	source of ticke	ets below.)		
Nome of Outside Course of				5	
Name of Outside Source of					
Number of Tickets Received	1: <u>20</u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
				ie	
ð					-
4. Individual or Organization	on Receiving Tic	L ket(s) (Provid	I ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Wilma Chan	, District 3		
Name of Individual or Organ	nization: Dale Reed	1		Numbe	er of Tickets: <u>20</u>
Description of Organization:					
Address of Organization:					
Nur	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a					revenue from sales
				1	
5. Verification				п.	
I have determined that the distr	ribution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
le	Alexandra E				
Signature of Agency Head or Design		Print Name	Supe	rvisor's Assistant	9/1/11 (month, day, year)
Comment: (Use this space or al			on including ameng		(monur, day, year)
	and the second sec				

4

A Dublic Decum

11	cket/Admission Distr	iputions					A	Public De	ocument
1.	Agency Name	×.				3	Date Stamp	California	802
	County of Alameda						e -	Form	A CONTRACTOR IN
	Division, Department, or Regi	on (if applicable)						For Official	Use Only
	1221 Oak Street, Suite 536								
	Street Address						а. С		
	Oakland, CA 94612								
	Designated Agency Contact (/	Name, Title)					Amendment (Must pr	ovide explanation i	n Part 3.)
	Anna Gee, Operations Mana	0							
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, ye	ar)
_	510-891-5585	anna.gee@acgov.o	rg					A	
2.	Function, Event, or Cere	monial Role Infor	matio	n					
	Title How Sweet the Sound	2			_	Face \	/alue of Each Admiss	ion \$ _23.55	
	Description Concert	а 			_	Date(s) <u>11 27 11</u>	/	/
						Cold	lon Stato Marriore		
	Ticket(s)/Admission(s) prov	vided by agency?	Yes [] No) 🗸	If no: Gold	Name of	Source	
							,		
	Was the distribution to per-	sons identified belo	ow ma	de a	t th	e behest of	f an agency official?		
		Miley Nete Alemede	County	Cum	milar	-			
	Yes 🗹 No 🔲 Ifye	es: <u>Miley, Nate - Alameda</u> Offic	i County	me (I	ast I	First) and Title			
					uot, 1	noty and the			
	The identity of recipient(s) and the explan	ation	:					
	Name						e income box if the agency of ncome. If the agency official [
	(Last, First) or	Number Admission		Agen Offic		also prov	vide a description.		,
	Organization (Name, Address, Descrip	Ticket(s					ome, describe the public purp ial roles, performed by an age		idual, or
	(Maine, Address, Descrip					organiza	tion.		
	Youth UpRising	4		Yes		To reward	a non profit for its con	tribution to	Income
							•		
	8711 MacArthur Blvd			Yes		the comm	unity.		Income
	Oakland, CA 94605								Income
				No	<u>Ц</u>				
									Income
	\frown			Yes					Income
				No					
3.	Verification I have read and understand FPH is in accordance with the provisi		1 and 1	18942	2. I h	ave verified i	that the distribution of ad	missions, set fo	orth above,
	ARIN	Anna Gee				Oper	rations Manager	9/2	All
	Signature of Agency Head or Designe	e Pri	nt Name				Title	(mor	th, day, year)
	Comment: (Use this space or an	attachment for any additic	onal info	ormatio	on in	cluding amend	Iment explanation.)		

Α	Pu	blic	Doc	ument
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. Agency Name					Date Stamp		Califor	
County of Alameda							Form	002
Division, Department, or Region (if app	olicable)						For Off	icial Use Only
1221 Oak Street, Suite 536								
Street Address								
Oakland, CA 94612								
Designated Agency Contact (Name, Title	e)				Amendment (Mustoro	vide explanati	on in Part 3)
Anna Gee, Operations Manager							,	
Area Code/Phone Number E-mail					Date of Original Fi	iling:	(month. day	vear)
510-891-5585 anna.g	ee@acgov.org						(,,,,
. Function, Event, or Ceremonia	I Role Informat	tion						
Deiders vo. Obieses Deers							450	
Title Raiders vs. Chicago Bears		ti.	_	Face V	alue of Each Ad	imissi	on \$ _150	0.00
Description Football Game				.	27	11		, ,
Description <u>recordence</u>				Date(s))///			//
Ticket(s)/Admission(s) provided b Was the distribution to persons id	lentified below n	nade a	it the	behest of	Na	ime of S	ource	
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No □ If yes: ^{Miley}	l entified below n r, Nate - Alameda Cou Official's	nade a Inty Supe Name (L	it the	behest of	Na		ource	
Ticket(s)/Admission(s) provided b Was the distribution to persons id	l entified below n r, Nate - Alameda Cou Official's	nade a Inty Supe Name (L	ervisor ast, F	 behest of irst) and Title Check the taxable in also provi If not inco ceremonia 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ il roles, performed by	ial? ency offi fficial pe lic purpo	cial claims a rformed a ce se, including	remonial role,
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization	lentified below n v, Nate - Alameda Cou Official's the explanatic Number of Admission(s)/	nade a Inty Supe Name (L on: Ager Offic Yes	ervison ast, F	 behest of irst) and Title Check the taxable in also provi If not inco ceremonia organizati 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ il roles, performed by	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	remonial role, dividual, or Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Inty Supe Name (L on: Ager Offic Yes	erviso ast, F noy ial	 behest of irst) and Title Check the taxable in also provi If not inco ceremonia organizati 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	iremonial role, dividual, or Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) St. Mary's Center 925 Brockhurst Street	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a nty Supe Name (L on: Ager Offic Yes No Yes No	at the ervisoo ast, F	 behest of irst) and Title Check the taxable in also provid If not incompanization organization To reward 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	iremonial role, dividual, or Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: ^{Miley} The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) St. Mary's Center	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a nty Supe Name (L on: Ager Offic Yes No Yes No Yes	at the ervisoo ast, F	 behest of irst) and Title Check the taxable in also provid If not incompanization organization To reward 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	iremonial role, dividual, or Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) St. Mary's Center 925 Brockhurst Street	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a nty Supe Name (L on: Ager Offic Yes No Yes No Yes	t the ervisoo .ast, F	 behest of irst) and Title Check the taxable in also provid If not incompanization organization To reward 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) St. Mary's Center 925 Brockhurst Street	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Inty Supe Name (L on: Ager Offic Yes No Yes No Yes No	at the ervisoo ast, F	 behest of irst) and Title Check the taxable in also provid If not incompanization organization To reward 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	Income
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No ☐ If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) St. Mary's Center 925 Brockhurst Street	lentified below n , Nate - Alameda Cou Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a nty Supe Name (L on: Ager Offic Yes No Yes No Yes No Yes	t the ervisoo ast, F	 behest of irst) and Title Check the taxable in also provid If not incompanization organization To reward 	Na an agency offic income box if the age come. If the agency o de a description. me, describe the publ it roles, performed by on. a non profit for it	ency offi official pe lic purpo an agen	cial claims a rformed a co se, includinç cy official, in	Income

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

ASK .	Anna Gee	Operations Manager	9/22/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form For Official U	lse Only
	Division, Department, or Reg	ion (if applicabl	e)					For Onicial C	Jse Only
	1221 Oak Street, Suite 536								
	Street Address								
	Oakland, CA 94612	(A)							
	Designated Agency Contact						Amendment (Mu	st provide explanation in	Part 3.)
	Anna Gee, Operations Mana Area Code/Phone Number	ager IE-mail					Date of Original Filir		
							Date of Original Tim	g:(month, day, yea	r)
_	510-891-5585	anna.gee@							
Ζ.	Function, Event, or Cere	emoniai Ro	le informat	lion					
	Title Raiders vs. New York	Jets				Face \	/alue of Each Adm	ission \$ <u>150.00</u>	
	Description Football Game				_	Date(s	s) <u>09 / 25 / 11</u>	///_//_///_///_////	/
	Ticket(s)/Admission(s) pro	vided by ag	ency? Yes		o ☑	lf no: Oakl	and Raiders	e of Source	
							ivani		
	The identity of recipient	es: <u>Miley, Nate</u> (s) and the				Check th	e income box if the agend		
	(Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/ Ticket(s)	Agei Offic	NG 20 10 10 10 10 10 10 10 10 10 10 10 10 10	also prov If not inc	ncome. If the agency offi- vide a description. ome, describe the public ial roles, performed by ar tion.	purpose, including	
	Harris, Jaimie		4	Yes No		To promot	te attendance at an	event held in a	Income
				Yes No		County fac	cility in order to ma	kimize potential	Income
				Yes No		County rev	venue from parking	and concession	Income
				Yes No		sales.			Income
				Yes No					Income
3.	Verification I have read and understand FF is in accordance with the provis		ns 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of	f admissions, set for	th above,

SAM .	Anna Gee	Operations Manager	9/22/1/
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if appli 1221 OAK STREET, #536		Date Stamp	
Division, Department, or Region (if appli			
1221 OAK STREET #536	icable)		For Official Use Only
$122 \pm 07000000000000000000000000000000000$			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment	(Must explain in Part 5.)
(510) 272-6694 anna.ge	e@acgov.org		must explain in Fait 0.7
Agency Contact (name and title)		Date of Original F	iling:(month, day, year)
Anna Gee, Operations Manager			(monor, day, your)
Event For Which Tickets Were	Distributed		ana ang ang ang ang ang ang ang ang ang
Date(s) of Event:08 _/ _19 _/ _11		, Baseball Game	
Date(s) of Event:		20.00	
///	– Face Value of Tick	et: \$	
Agency Event 🔲 Yes 🗵 No	(Identify source of ticke	ts below)	
Name of Outside Source of Ticket(s) I	Provided to Agency:		
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency:	sly 🛛 🖾 Pursuant to Contra
Agency Official(s) Receiving Tic	ket(s) (use a continuation	on sheet for additional names)	
Name of Official	Number	State Whether the Distribution	h is Income to the Official or
(Last, First)	of Tickets	Describe the Public Purp	
Individual or Organization Receiption	iving Ticket(s) (Provi	ded at the behest of an agency offic	bial.)
Name of Behesting Agency Official:	Alameda County Super	visor Nate Miley, District 4	
Name of Individual or Organization: <u>V</u>	Vomen on the Way to F	Recovery	Number of Tickets:2
Description of Organization:	program for women		
Address of Organization.	land Ave - Hayward, C		
Number and Stre	et	City	State Zip Coo
Purpose for Distribution: (Describe the	e public purpose for the di	stribution to the organization.)	
To promote attendance at an event h	eld at a County facility	in order to maximize potential C	county revenue from parking
		· · · · · · · · · · · · · · · · · · ·	
Verification	anan manan kanan kanan kanan kanan kanan kanan kanan kana		
L have determined that the distribution of t	lickets set forth above is i	n accordance with the provisions of	FPPC Regulation 18044 1
La X			
	NNA GEE	OPERATIONS MANA	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year

Agency Report of: Ceremonial Role Events and Т

icket/Admission Distributio	ns						~			cumer
Agency Name					Da	te Stamp)	Cali	fornia	802
County of Alameda										
Division, Department, or Region (if app	licable)							Fo	or Official	Use Only
Board of Supervisors										
Street Address										
1221 Oak Street, Suite 536										
Designated Agency Contact (Name, Title	<i>;)</i>				Amer	ndment	(Must pro	vide expl	anation in	Part 3.)
Crystal Hishida Graff, Clerk, Board o	f Supervisors						(r art onj
Area Code/Phone Number E-mail					Date of O	riginal F	iling:	(month	, day, yea	r)
(510) 272-3882 crystal.	hishida@acgov.	org								
Function, Event, or Ceremonial	Role Informat	tion								
									32 15	
Title TREASURE TROVE		a	-	Face V	alue of E	ach A	dmissi	ion \$ _	52.15	
Description DISNEY ON ICE				Dato/s)/_	15,	11		,	,
										/
					DEN STAT	E WAR	RIORS			
Ticket(c)/Admission(c) provided by	Van Van			IF no. GULL						
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☑ No □ If yes:		nade af	t the	behest of				Source		
Was the distribution to persons ide	entified below n A COUNTY SUPERVISOR SCOTT Official's	haggerty, di Name (La	t the	behest of				Source		
Was the distribution to persons ide Yes I No I If yes: <u>ALAMEDA</u>	entified below n A COUNTY SUPERVISOR SCOTT Official's	haggerty, di Name (La	t the	behest of rst) and Title • Check the	an agen	cy offic	cial?	icial clain		
Was the distribution to persons ide Yes ☑ No □ If yes: △LAMEDA The identity of recipient(s) and Name (Last, First)	entified below n A COUNTY SUPERVISOR SCOTT Official's the explanatic Number of	nade af HAGGERTY, DI Name (La on: Agend	t the ISTRICT 1 ast, Fil	behest of rst) and Title • Check the taxable in	an agen	cy offic ∝ if the ag ∋ agency o	cial?	icial clain		
Was the distribution to persons ide Yes ☑ No □ If yes: ALAMEDA The identity of recipient(s) and Name (Last, First) or Organization	entified below n A COUNTY SUPERVISOR SCOTT Official's the explanatic	nade af HAGGERTY, DI Name (La Sn:	t the ISTRICT 1 ast, Fil	behest of rst) and Title • Check the taxable in also provi • If not incc	an agen income box come. If the ide a descrip	cy offic	cial? pency off official p ollic purpo	icial clain erformed ose, inclu	a cerem	onial role,
Was the distribution to persons ide Yes ☑ No □ If yes: ALAMEDA The identity of recipient(s) and Name (Last, First) or	entified below n A COUNTY SUPERVISOR SCOTT Official's the explanatic Number of Admission(s)/	nade af HAGGERTY, DI Name (La on: Agend	t the ISTRICT 1 ast, Fil cy	behest of rst) and Title • Check the taxable in also provi • If not incc	an agen income box come. If the ide a descrip ome, describ al roles, perf	cy offic	cial? pency off official p ollic purpo	icial clain erformed ose, inclu	a cerem	onial role,
Was the distribution to persons ide Yes ☑ No □ If yes: ALAMEDA The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n a county supervisor scott Official's the explanatic Number of Admission(s)/ Ticket(s)	nade af HAGGERTY, DI Name (La on: Agend	t the	 behest of rst) and Title Check the taxable in also provious of taxable	e income box come. If the ide a descrip ome, describ al roles, perf ion. RD A NO	cy offic	cial? Jency off official p Jlic purpo y an ager DFIT	icial clain erformed ose, inclu ncy offici	l a cerem Iding al, Individ	onial role, Iual, or Income
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Was the distribution to persons ide Yes ☑ No □ If yes: ALAMEDA The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n a county supervisor scott Official's the explanatic Number of Admission(s)/ Ticket(s)	nade af HAGGERTY, DI Name (La on: Agend Offici Yes No Yes	t the ISTRICT 1 ast, Fil cy ial	 behest of rst) and Title Check the taxable in also provious of taxable	e income box come. If the ide a descrip ome, describ al roles, perf ion. RD A NO	cy offic	cial? Jency off official p Jlic purpo y an ager DFIT	icial clain erformed ose, inclu ncy offici	l a cerem Iding al, Individ	ual, or
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\mathcal{S}	Signature of	of Agency He	ad on De	esignee	Print Name	 Title	(month, day, year)

ket/Admission Distribution	A Public Docume							
Agency Name					Date Stamp		California Form	802
County of Alameda								
Division, Department, or Region (if applied	cable)						For Official U	se Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment (M	ust prov	ide explanation in I	Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				_			
Area Code/Phone Number E-mail					Date of Original Fili	ng:	(month, day, year,)
(510) 272-3882 crystal.h	iishida@acgov.	org		ľ				
Function, Event, or Ceremonial	Role Information	tion						
fitle DISNEY ON ICE			_	Face \	/alue of Each Adr	nissio	on \$ _20.40	
Description			_	Date(s) <u>10</u> <u>12</u> <u>1</u>	1	/	/
licket(s)/Admission(s) provided by	adency? Ves			If no. GOL	DEN STATE WARRI	ORS		
ICREUS//AUTIISSICILIST DI OVICEO DV								
Vas the distribution to persons ide	ntified below r	nade at	t the	behest of	Nan	ne of So	burce	
Vas the distribution to persons ide	ntified below r COUNTY SUPERVISOR SCOTT Official's	nade af HAGGERTY, DI Name (La	t the	behest of	Nan	ne of So	burce	
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Julygen	LEE ANN FERGERSON	Ticket Administrator	9/23/11
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Admis**

County of Ala

Street Address

510-891-5585

Ticket/Admission Distributions	AI	A Public Docum			
1. Agency Name	Date Stamp	California Form	802		
County of Alameda		Form	002		

For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Anna Gee, Operations Manager Area Code/Phone Number Date of Original Filing: . E-mail (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title Ringling Brothers Circus	Face Value of Each Admission \$ <u>35.20</u>
Description Circus Show	Date(s) 0811//

Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden State Warriors

anna.gee@acgov.org

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

If yes: <u>Alameda County Supervisor Nate Miley, District 4</u> Yes 🗹 No 🔲

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 		
Martinez, Marta	4	Yes □ No ☑	To reward a County employee for exemplary to Income		
		Yes 🔲 No 🔲	the public Income		
		Yes □ No □	Income		
		Yes 🗖 No 🗖	Income		
		Yes □ No □	Income		

3. Verification

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

SHAND.	Anna Gee	Operations Manager	09/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and T

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īc	ket/Admission Distr	induction.									
. /	Agency Name						Dat	e Stamp		Califor	nia 802
(County of Alameda										
Ē	Division, Department, or Reg	ion (if applica	able)							For Of	ficial Use Only
E	Board of Supervisors										
S	Street Address										
	1221 Oak Street, Suite 536										
Ī	Designated Agency Contact ((Name, Title)					Amen	dment (M	lust provid	le explanat	ion in Part 3.)
(Crystal Hishida Graff, Clerk,	, Board of S	Supervisors							, , , , , , , , , , , , , , , , , , , ,	
Ā	Area Code/Phone Number	E-mail	W				Date of O	riginal Fil	ing:	(month, day	/, year)
((510) 272-3882	crystal.his	shida@acgov.	org							
F	Function, Event, or Cere	emonial R	Role Informat	tion							
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T	Fitle Raiders				_	Face V	alue of E	ach Ad	missio	n \$).
	Football						109	25 . 1	1		//
- Г	Description Football				_	Date(s)/	/			.//
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Julia a.G.	Lee Ann Fergerson	Ticket Administrator	09-23-11
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA				Bute oramp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title		.0g01.01g		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	- /	tv Administrato	or's Office		(monur, day, year)
2. Event For Which Tickets					
Date(s) of Event:			Luxury Suit	e Raider's Game	
Date(s) of Event:/_2				150.00	
/	/ Face	Value of Ticket	t: \$	130.00	
Agency Event 🛛 Yes	🗙 No (Identify s	source of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	l:4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatior	n sheet for addi	tional names)	
Name of Offic		Number		her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets		be the Public Purpose for	
			5		
4. Individual or Organization	on Receiving Tic	ket(s) (Provide	ed at the hehes	t of an agency official)	
Name of Behesting Agency	Official: <u>Supervisor</u>	r Scott Hagger	ty, District One	9	
Name of Individual or Orgar					er of Tickets:4
Description of Organization:	,				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dist	tribution to the o	organization.)	
To promote attendance at a	County sponsored	l event to maxi	mize potential	county revenue by pa	rking and concession.
5. Verification					
I have determined that the distr	ribution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Pullin Dican		ERGERSON	TICK	ET ADMINISTRATOR	5.77
Signature of Agency Head of Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	lditional information	n including amen	dment explanation.)	

ickets Provided by Agency Report		A Publ	lic Documeı	nt	TICKETS PROVIDED AGENCY REPO
Agency Name	antikishi kara kanya manangan mana kura panakana ang sa			Date Stamp	California 80
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #536			x		
Street Address					
OAKLAND, CA 94612			_		
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-6694	anna.gee@acgo	v.org			
Agency Contact (name and title	ə)			Date of Original Filing:	(month, day, year)
Anna Gee - operations mai	nager				
. Event For Which Ticket	s Were Distribut	ed	*		
Date(s) of Event:2	20 <u>11</u> Desc	cription of Ever	nt: <u>KMEL Summ</u>	ier Jam	
///////		· Value of Ticke	1	45.35	
Agency Event 🛛 Yes	🗵 No (Identify	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Go</u>	olden State War	rirors	
Number of Tickets Received	d: <u>4</u>	Ticket(s) Pro	vided to Agency	: 🔲 Gratuitously	⊠ Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (ເ	use a continuatio	on sheet for addition	onal names)	
Name of Offi (Last, First)		Number of Tickets		er the Distribution is In- e the Public Purpose fo	
. Individual or Organizati	-	• •			
Name of Behesting Agency	Official: <u>Alameda</u>	County Super	visor Nate Miley	District 4	
Name of Individual or Organ	nization: <u>United Se</u>	niors of Oakla	nd & Alameda C	CountyNumb	er of Tickets:4
Description of Organization	senior advocacy			· · · · · · · · · · · · · · · · · · ·	
Address of Organization:	200 Bancroft Ave, s	Ste 251 - Oakl	and, CA 94605 ^{City}		State Zip Co
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the or	ganization.)	
To promote attendance at a		-			y revenue from
. Verification	whytion of tistes and	forth above is it	2000rdance with	the provisions of EDD	C Regulation 18044 1
I nave determined that the dist	ridution of tickets set	iortri apove is li	i accordance with	uie provisions or FPP0	5 Neyulalloll 10944.1.
A A A	Anna Gee		Onera	tions Manager	09/01/11

x

Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
I. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail	······································		Amendment (Must ex	plain in Part 5)
(510) 272-6694	anna.gee@acgo	v.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Mar	lager				
. Event For Which Ticket	s Were Distribut	ted			
Date(s) of Event:08 /1	2 / 11 Des	cription of Eve	nt. Baseball G	ame	
				~~ ~~	
	/ Face	e Value of Tick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify	source of ticke	ts below.)		
				S	
Name of Outside Source of	licket(s) Provided	to Agency:		-	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (use a continuatio	on sheet for add	itional names)	
Name of Offic	cial	Number	State Whe	ther the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	the Distribution
. Individual or Organizati	on Receiving Ti	cket(s) (Provid	led at the behas	t of an agency official)	
-	-	• • •			
Name of Behesting Agency	Official: <u>Alameda</u>	County Super	visor Nate Mile	y, District 4	
					2
Name of Individual or Orgar	nization: <u>Women of</u>		(ecovery	Numbe	er of Tickets:2
Description of Organization:					
Address of Organization, 20	0424 Haviland Ave	- Hayward, C	A 94541		
Address of Organization.	mber and Street		City		State Zip Cod
Purpose for Distribution: (D	escribe the nublic n	irnose for the di	stribution to the	organization)	
•		-			rovonuo from parking
To promote attendance at a	in event held at a l		in order to max	kimize potential County	Tevenue Irom parking
And the second s					
. Verification					
I have determined that the dist	ribution of tickets set	forth above is i	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
-NHA	ANNA GEI	Ξ	OPE	RATIONS MANAGER	09/01/11
Signature of Agency-Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for anv a	dditional informati	on including amen	dment explanation.)	
and concession sales	,				

Agency Report		A Pubi	ic Documer	t	TICKETS PROVIDED AGENCY REPO
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)	· · · · · · · · · · · · · · · · · · ·			For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5)
(510) 272-6694	anna.gee@acgov	.org			
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Anna Gee - operations mar	nager				
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:2	24 / 11 Desc	ription of Ever	nt: Sesame Stre	ət	
			et: \$	23.15	
	/ Face	value of ficke	θί. φ		
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided (Go Agency. Go	olden State Warr	irors	
Number of Tickets Received	1:4	Ticket(s) Prov	vided to Agency:	Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offi	cial	Number		er the Distribution is li the Public Purpose	ncome to the Official or
(Last, First)		of Tickets	Describe	the Fublic Fulpose	
I. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behest of	of an agency official.)	
-	-				
Name of Behesting Agency					·····
Nous of Individual on Oran	United Sei	niors of Oakla	nd & Alameda C	ounty Num	her of Tickets: 4
Name of Individual or Organ	nization: <u>United Ser</u>	niors of Oakla	nd & Alameda C	ounty Num	ber of Tickets:4
		niors of Oakla	nd & Alameda C	ountyNum	ber of Tickets:4
Name of Individual or Organ Description of Organization		niors of Oakla	nd & Alameda C	ounty Num	ber of Tickets:4
Description of Organization	senior advocacy	niors of Oakla		ountyNum	
Description of Organization		niors of Oakla	nd & Alameda C	ounty Num	
Description of Organization	mber and Street		City		
Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (E	senior advocacy	rpose for the di	City stribution to the or	ganization.)	State Zip Cc
Description of Organization Address of Organization: — Nu	senior advocacy	rpose for the di	City stribution to the or	ganization.)	State Zip Cc
Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (E	senior advocacy	rpose for the di	City stribution to the or	ganization.)	State Zip Cc
Description of Organization Address of Organization: Purpose for Distribution: (E To promote attendance at a 5. Verification	senior advocacy mber and Street Describe the public pu an event held at a C	rpose for the di County facility	City stribution to the or in order to maxir	ganization.) nize potential coun	State Zip Co ty revenue from
Description of Organization Address of Organization: Purpose for Distribution: (E To promote attendance at a	senior advocacy mber and Street Describe the public pu an event held at a C	rpose for the di County facility	City stribution to the or in order to maxir n accordance with	ganization.) nize potential coun the provisions of FPI	State Zip Co ty revenue from PC Regulation 18944.1.
Description of Organization Address of Organization:	senior advocacy mber and Street Describe the public pu an event held at a C tribution of tickets set Anna Gee	rpose for the di County facility forth above is it	City stribution to the or in order to maxir n accordance with	ganization.) nize potential coun <i>the provisions of FPI</i> tions Manager	State Zip Co ty revenue from PC Regulation 18944.1. 07/01/11
Description of Organization Address of Organization: Purpose for Distribution: (E To promote attendance at a 5. Verification	senior advocacy mber and Street Describe the public pu an event held at a C ribution of tickets set Anna Gee	rpose for the dia County facility forth above is in Print Name	City stribution to the or in order to maxir n accordance with Opera	ganization.) nize potential coun the provisions of FPF tions Manager Title	State Zip Co ty revenue from PC Regulation 18944.1.

-

Tickets Provided by Agency Report		A Pub	lic Docume	ent	
1. Agency Name	.				AGENCY REPOR
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
	ion (i applicable)				
1221 OAK STREET, #536 Street Address					
OAKLAND, CA 94612	Te	·····			
Area Code/Phone Number	E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-6694	anna.gee@acgov	/.org			
Agency Contact (name and title	<i>י</i>)			Date of Original Filing: .	(month, day, year)
Anna Gee - Operations Ma	nager				
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:2	20 / 11 Desc	ription of Eve	nt: Baseball Ga	ame	
	/ Face	Value of Lick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
				2	
Name of Outside Source of	Ticket(s) Provided	to Agency:		· · · · · · · · · · · · · · · · · · ·	
Number of Tickets Received	l:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u				
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizati					
Name of Behesting Agency	Official: Alameda (County Super	visor Nate Mile	y, District 4	
Name of Individual or Orgar					er of Tickets:2
Description of Organization:	: <u> </u>				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D					
To promote attendance at a	an event held at a C	County facility	in order to max	cimize potential county	revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is i	n accordance wil	th the provisions of FPPC	CRegulation 1894
ARAC	ANNA GEE			RATIONS MANAGER	
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a			ion including oron		
	т ацаотпенстог ану аб	นแบกสา เทบเทาสม	on nouting amen	anon ospianauon.j	
and concession sales					

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	and the second state for provide the second state of the			Date Stamp	
COUNTY OF ALAMEDA				Bute stamp	Form 802
Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
1221 OAK STREET, #536					
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-6694		ora		Amendment (Must et	xplain in Part 5.)
Agency Contact (name and title	anna.gee@acgov	7.0rg		Date of Original Filing: .	
Anna Gee, Operations Man					(month, day, year)
2. Event For Which Tickets					
			Baseball G	amo	
Date(s) of Event: <u>08</u> / <u>1</u>	<u> </u>	ription of Eve	nt:		
	/ Face	Value of Tick	et: \$	38.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(a) Dravided	A gapour Of	akland Athletic	S	
Name of Outside Source of		to Agency:			
Number of Tickets Received	l:	Ticket(s) Pro	ovided to Agenc	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	i ving Ticket(s) (u	se a continuati			
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is In ibe the Public Purpose fo	
4. Individual or Organization					<u></u>
Name of Behesting Agency	Official: Alameda (County Super	visor Nate Mile	y, District 4	
Name of Individual or Organ					er of Tickets:2
Description of Organization:			1.1. HAN 199.1.		
Address of Organization:	0424 Haviland Ave				
- Nur	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the	organization.)	
To promote attendance at a	in event held at a C	County facility	in order to max	kimize potential County	y revenue from parking
5. Verification					
I have determined that the distr	ribution of tickets set	forth above is i	n accordance wi	th the provisions of FPP0	C Regulation 18944.1.
NAA	ANNA GEE		OPF	RATIONS MANAGER	R 09/01/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a		lditional informati	ion including amen	dment explanation.)	
and concession sales	,		-		

C

Agency Report of: Ceremonial Role Events and Т

Ti	cket/Admission Distr	inducion	0							
١.	Agency Name						Date Star	mp	California	802
	COUNTY OF ALAMEDA								Form	
	Division, Department, or Regi	i on (if applica	able)				1		For Official	Jse Only
	BOARD OF SUPERVISORS	5								
	Street Address									
	1221 OAK STREET, SUITE	536								
	Designated Agency Contact (Name, Title)					Amendmen	nt (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors							
	Area Code/Phone Number	E-mail					Date of Origina	al Filing:	(month, day, yea	r)
	(510) 272-3882		shida@acgov.							
	Function, Event, or Cere	emonial R	Role Informat	tion						
	Title DISNEY ON ICE					Face	Value of Each	Admissi	on \$ 32.15	
					_					
	Description TREASURE TR	ROVE			_	Date(s) <u>10</u> / <u>13</u>		/	/
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		o	lf no: GO		Name of S	Source	
	Was the distribution to per	rsons iden		nade a	at the	e behest o	f an agency of		Source	
	Was the distribution to per	es: <u>Supervis</u>	ntified below n sor scott hagger Official's	nade a ry, distr Name (L	at the	e behest o	f an agency of		Source	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>supervis</u> (s) and th	ntified below n sor scott hagger Official's	nade a ry, distr Name (L	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in 	f an agency of	fficial? agency offi cy official po public purpo	icial claims admis erformed a cerem ose, including	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or	rsons iden es: <u>supervis</u> (s) and th	ntified below n sor scott HAGGER [*] Official's ne explanatic Number of Admission(s)/	nade a ry, distr Name (L Dn: Agen Offic	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in 	f an agency of ne income box if the income. If the agen vide a description. come, describe the p nial roles, performed	fficial? agency offi cy official po public purpo	icial claims admis erformed a cerem ose, including	onial role, lual, or
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below n sor scott HAGGER [*] Official's ne explanatic Number of Admission(s)/	nade a TY, DISTR Name (L on: Ager Offic Yes	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the p nial roles, performed	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	onial role, lual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a TY, DISTR Name (L on: Ager Offic Yes	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Iual, or Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a TY, DISTR Name (L on: Ager Offic Yes No Yes	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Iual, or Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a ry, DISTR Name (L on: Ager Offic Yes No Yes No Yes	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Iual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a TY, DISTR Name (L on: Ager Offic Yes No Yes No Yes No	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Iual, or Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a ry, DISTR Name (L on: Ager Offic Yes No Yes No Yes	at the ICT ON Last, F	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Iual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>supervis</u> (s) and th otion)	ntified below m sor scott HAGGER' Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a ry, DISTR Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the	 behest of iirst) and Title Check t taxable also pro If not in ceremo organize 	f an agency of ne income box if the income. If the agen vide a description. come, describe the nial roles, performed ation.	fficial? agency offi cy official pr public purpo d by an ager	icial claims admis erformed a cerem ose, including acy official, individ	Income Income Income Income Income Income

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

Helho an	Lee Ann Fergerson	Ticket Administrator	09-23-11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

gency Report	A Publ	ic Document		TICKETS PROVID
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if a 1221 OAK STREET, #536	applicable)		Date Stamp	California Form 80 For Official Use Only
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number E-ma				
] Amendment (Must exp	lain in Part 5.)
(510) 272-6694 anna Agency Contact (name and title)	a.gee@acgov.org	D;	ate of Original Filing:	
Anna Gee, Operations Manager				(month, day, year)
Event For Which Tickets Wer	re Distributed			
Date(s) of Event: <u>08 / 14 /</u>	11 Description of Ever	nt: Baseball Game)	
	Face Value of Ticke	20	3.00	
	No (Identify source of ticke			
Name of Outside Source of Ticket	(s) Provided to Agency: Oa	akland Athletics		
Number of Tickets Received:	2 Ticket(s) Prov	vided to Agency:	Gratuitously	⊠ Pursuant to Con
Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for addition	al names)	
Name of Official (Last, First)	Number of Tickets		the Distribution is Inco he Public Purpose for	
······································				
		and the second		
Individual or Organization Re	<pre>>ceiving Ticket(s) (Provid</pre>	led at the behest of	an agency official.)	
-				
Name of Behesting Agency Officia	al: Alameda County Superv	visor Nate Miley, D		
Name of Behesting Agency Officia	al: Alameda County Superv	visor Nate Miley, D	District 4	r of Tickets:2
Name of Behesting Agency Officia Name of Individual or Organization	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u>	visor Nate Miley, D	District 4	r of Tickets:2
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u>	al: Alameda County Superv n: Women on the Way to F entry program for women	visor Nate Miley, E Recovery	District 4	r of Tickets:2
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u>	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/	visor Nate Miley, E Recovery	District 4	
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u>	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street}	visor Nate Miley, E Recovery A 94541 City	District 4 Numbe	
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u> Number and Purpose for Distribution: (Describe	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street} e the public purpose for the dis	visor Nate Miley, E Recovery A 94541 ^{City} stribution to the orga	District 4 Numbe	State Zip
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u>	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street} e the public purpose for the dis	visor Nate Miley, E Recovery A 94541 ^{City} stribution to the orga	District 4 Numbe	State Zip
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u> Number and Purpose for Distribution: (Describe	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street} e the public purpose for the dis	visor Nate Miley, E Recovery A 94541 ^{City} stribution to the orga	District 4 Numbe	State Zip
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u> Number and Purpose for Distribution: (Describe To promote attendance at an eve	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street} e the public purpose for the dis ent held at a County facility i	visor Nate Miley, E Recovery A 94541 City stribution to the orga in order to maximi	District 4 Numbe Inization.) ze potential County	State Zip (
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>Re-e</u> Address of Organization: <u>20424 H</u> Number and Purpose for Distribution: (Describe To promote attendance at an eve	al: <u>Alameda County Superv</u> n: <u>Women on the Way to F</u> entry program for women Haviland Ave - Hayward, C/ ^{d Street} e the public purpose for the dis ent held at a County facility i	visor Nate Miley, E Recovery A 94541 City stribution to the orga in order to maximi	District 4 Numbe Inization.) ze potential County	State Zip (

gency Report	A Publ	ic Document	TICKETS PROVIDED AGENCY REPO
Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			
Division, Department, or Regior	ı (if applicable)		For Official Use Only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
	-mail		at eveloin in Devt 5)
(510) 272-6694 a	anna.gee@acgov.org	Amendment (Mu	st explain in Part 5.)
Agency Contact (name and title)		Date of Original Filin	g:(month, day, year)
Anna Gee, Operations Manag	per		(monur, day, year)
Event For Which Tickets			
Date(s) of Event:08_/15		Baseball Game	
		~~~~~	······
/	_/ Face Value of Ticke	et: \$	
Agency Event 🛛 Yes	No (Identify source of ticke	ts below.)	
• •			
Name of Outside Source of Tic	ket(s) Provided to Agency:		
Number of Tickets Received: _	2 Ticket(s) Pro	vided to Agency: 🛛 Gratuitously	⊠ Pursuant to Contr
Agency Official(s) Receivi	ng Ticket(s) (use a continuation	on sheet for additional names)	ne an
Name of Official	-	State Whether the Distribution is	Income to the Official or
(Last, First)	of Tickets	Describe the Public Purpose	
			·
		ded at the behest of an agency official	.)
Name of Behesting Agency Of	ficial. Alameda County Superv	visor Nate Miley, District 4	
			_
Name of Individual or Organiza	ation: <u>Women on the Way to F</u>	Recovery Nu	mber of Tickets: <u>2</u>
Description of Organization:	te-entry program for women		
	24 Haviland Ave - Hayward, C	A 94541	
204	Et navilana / tro nay tara, e	City	State Zip Co
Address of Ordanization.	er and Street	•	
Address of Organization.	er and Street		
Purpose for Distribution: (Des	cribe the public purpose for the di		
Purpose for Distribution: (Des	cribe the public purpose for the di	stribution to the organization.) in order to maximize potential Cou	unty revenue from parkin
Purpose for Distribution: (Des	cribe the public purpose for the di		unty revenue from parkin
Purpose for Distribution: (Des To promote attendance at an	cribe the public purpose for the dia event held at a County facility	in order to maximize potential Cou	
Purpose for Distribution: (Des To promote attendance at an	cribe the public purpose for the dia event held at a County facility		
Purpose for Distribution: (Des To promote attendance at an	cribe the public purpose for the dis event held at a County facility ution of tickets set forth above is in	in order to maximize potential Country of the second	PPC Regulation 18944.1.
Purpose for Distribution: (Des To promote attendance at an	cribe the public purpose for the dia event held at a County facility ution of tickets set forth above is in ANNA GEE	in order to maximize potential Cou	PPC Regulation 18944.1.

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A Public Documer
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Co Div	jency Name							California	
Div						Date Stamp		California	1.1AD
Div	ounty of Alameda							Form	002
<b>D</b>	vision, Department, or Region (if an	oplicable)						For Official U	se Only
BC	oard of Supervisors								
Sti	reet Address	······							
12	21 Oak Street, Suite 536								
De	signated Agency Contact (Name, Ti	tle)				Amendment (M	lust prov	ide explanation in I	Part 3.)
An	na Gee, Operations Manager					·	·	·	
Ar	ea Code/Phone Number E-mail					Date of Original Fili	ing:	(month, day, year,	)
51	0-891-5585 anna.	gee@acgov.org							
2. Fu	inction, Event, or Ceremonia	al Role Informat	ion						
								e 32.15	
Tit	le DOI Treasure Trove			-		alue of Each Adı			
<b>D</b> -	escription Show				Dato/s	) <u>10 ,14 ,1</u>	11	1	1
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111	CKet(s)/Admission(s) provided	DV AUCHEVY TES	1 1 140	Ľ (	II IIO	N/am	me of Si	ource	
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W	as the distribution to persons i	dentified below n y, Nate, Alameda County Sup Official's (	nade a ^{Dervisor} , D Name (L	t the	e behest of				
W	as the distribution to persons i Yes  No  If yes: ^{Mile} ne identity of recipient(s) and Name (Last, First) or	dentified below n y, Nate, Alameda County Suy Official's d the explanatic Number of Admission(s)/	nade a ^{Dervisor} , D Name (L	ot the District 4 .ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>if not inc</li> </ul>	an agency offici e income box if the agen ncome. If the agency of ide a description. ome, describt the publi	ial? mcy offic fficial pe ic purpo	cial claims admiss rformed a ceremo se, including	onial role,
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Carthe	Anna Gee	Operations Manager	930/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

### Agency Report of: Ceremonial Role Events and

Ti	cket/Admission Dist	ributions				ŀ	A Public Do	cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Reg	ion (if applica	ble)				For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)				Amendment (Must	provide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk	, Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year,	)
	(510) 272-3882	crystal.his	hida@acgov.o	org				
2.	Function, Event, or Cere	emonial R	ole Informat	ion				
	Title Oakland A's vs. Detroi	t Tigers			Face	/alue of Each Admis	sion \$ <u>.38.00</u>	
	Description Baseball					s) <u>09 / 21 / 11</u>		/
	Ticket(s)/Admission(s) pro					ivanie u	of Source	
	Yes 🗹 No 🔲 Ify	/es	Keith Superviso Official's i	Name (Last, F	irst) and Title			
	The identity of recipient							
	Name (Last, First) or Organization (Name, Address, Descri	ntion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	e income box if the agency ncome. If the agency officia vide a description. come, describe the public pu nial roles, performed by an ag	l performed a ceremo rpose, including	onial role,
	(Name, Address, Desch				organiza	ition.		
	Sakamoto, Heather		2	Yes □ No ☑	event or e	te attendance at a Co vent held at a County	unty sponsored / facility	
				Yes 🗖			- · · · · · · · · · · · · · · · · · · ·	Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income

3. Verification

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

No 🗖

Yes 🗖

No 🗖

Amage	Amy Shrago	Ticket Administrator	10/04/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income

Income

1. Agency Name       Date Stamp       California gency         COUNTY OF ALAMEDA       Division, Department, or Region (# applicable)       For Official Use On         Street Address       1221 OAK STREET, #536, OAKLAND, CA 94612       Image: Amage:	Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1221 OAK STREET, #536, OAKLAND, CA 94612         Area Code/Phone Number       Email         (510) 272-6692       District2@acgov.org         Agency Contact (name and tille)       District2@acgov.org         Michelle Dianda, Ticket Administrator, BOS       Date of Original Filing:	1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg		· · · · · · · · · · · · · · · · · · ·		Date Stamp	
(510) 272-6692       District2@acgov.org         Agency Contact (name and itlie)       Date of Original Filing:		OAKLAND, CA 946	612			
2. Event For Which Tickets Were Distributed         Date(s) of Event:       09 / 23 / 11       Description of Event:       Marc Anthony Concert	(510) 272-6692 Agency Contact (name and title	District2@acgov.c	org			*
	2. Event For Which Ticket	s Were Distribute				
Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Conditional names)         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribution is Income to the Official of Tickets         Image: Name of Official (Last, First)       of Tickets       State Whether the Distribution is Income to the Official of Tickets         Image: Name of Official (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:         Supervisor Nadia Lockyer, District 2       Name of Individual or Organization:       Elizabeth Briones         Name of Individual or Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:       Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a County facility in order to maximize potential County revenue.         5. Verification       Induct determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1	/Agency Event □ Yes	/ Face ⊠ No (Identify s	Value of Ticke ource of ticke	et: \$ ts below.)	72.05	
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Supervisor Nadia Lockyer, District 2         Name of Individual or Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:       Elizabeth Briones       Number of Tickets:       2         Address of Organization:       Mumber and Street       City       State       Zip         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a County facility in order to maximize potential County revenue.       5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1       Add C						Pursuant to Contract
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Nadia Lockyer, District 2         Name of Individual or Organization:       Elizabeth Briones         Description of Organization:       Number of Tickets:         Address of Organization:       Elizabeth Briones         Number of Distribution:       (Describe the public purpose for the distribution to the organization.)         To promote attendance at an event held at a County facility in order to maximize potential County revenue.         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1	3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio			
Name of Behesting Agency Official:       Supervisor Nadia Lockyer, District 2         Name of Individual or Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:		cial				
Name of Behesting Agency Official:       Supervisor Nadia Lockyer, District 2         Name of Individual or Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:	4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	st of an agency official.)	
Name of Individual or Organization:       Elizabeth Briones       Number of Tickets:       2         Description of Organization:	_	_				
Address of Organization:	Name of Individual or Orga	nization: Elizabeth E	Briones			per of Tickets:2
To promote attendance at an event held at a County facility in order to maximize potential County revenue. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1	т. — — — — — — — — — — — — — — — — — — —					State Zip Code
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1	-					y revenue.
	5. Verification					
MICHELLE DIANDA       TICKET ADMINISTRATOR       I/////mpnth, day,         Signature of Agency Head or Designee       Print Name       Title       (mpnth, day,         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)       Item (mpnth, day,	Signature of Agency Head or Desig	MICHELLE	DIANDA Print Name		KET ADMINISTRATOI	$a \left[ \sigma \right] \left[ 1 \right]$

004	Date Stamp California					
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a Use Only	Form				Alameda	
	For Official U			ble)	Department, or Region (if applic	Div
					Supervisors	Bo
					ress	Stre
					Street, Suite 536	
in Part 3.)	Amendment (Must provide explanation in F				d Agency Contact (Name, Title)	Des
					e, Operations Manager	Anı
ear)	Date of Original Filing:(month, day, year)				Phone Number E-mail	Are
				@acgov.org	5585 anna.gee	510
			ion	ole Informat	n, Event, or Ceremonial F	. Fu
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M2797999	/alue of Each Admission \$ <u>32.15</u>	Face V			Treasure Trove	Titl
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/	)//	Date(S			on Show	Des
	en State Warriors	Gold				
	Name of Source	If no: 000	🗆 No 🖸	igency? Yes	Admission(s) provided by	Tic
				Official S	No 🔲 If yes:	
	-		n:		itity of recipient(s) and t	
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			pervisor , District Name (Last,	tified below n , Alameda County Sup Official's i	distribution to persons ide	

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

A Public Document
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				/// dbite be	oumon
1. Agency Name				Date Stamp California	802
County of Alameda				Form	002
Division, Department, or Region (if app	licable)			For Official	Jse Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title	<i>ə)</i>			Amendment (Must provide explanation in	Part 3)
Anna Gee, Operations Manager					
Area Code/Phone Number E-mail				Date of Original Filing:	<del>r)</del>
510-891-5585 anna.g	ee@acgov.org				
2. Function, Event, or Ceremonial	Role Informat	tion			
				20.45	
Title DOI Treasure Trove			-	Face Value of Each Admission \$ <u>32.15</u>	
- su Show				Date(s)//////	,
Description Show				Date(s)///////	/
				Coldon State Warriers	
Ticket(s)/Admission(s) provided b	y agency? Yes			If no: <u>Name of Source</u>	
Was the distribution to persons id	entified below n	nade a	t the	e behest of an agency official?	
-					
Yes 🔽 No 🔲 If yes: Miley.	Nate, Alameda County Su Official's	pervisor, D	histrict 4	ivational Title	
	Oniciai s	ivanie (L	ası, r	rs) and the	
The identity of recipient(s) and	the explanation	on:			
Name				Check the income box if the agency official claims admis	
(Last, First) or	Number of	Agen	etimenen en der b	taxable income. If the agency official performed a cerem also provide a description.	onial role,
Organization	Admission(s)/ Ticket(s)	Offic	191	<ul> <li>If not income, describe the public purpose, including</li> </ul>	
(Name, Address, Description)				ceremonial roles, performed by an agency official, individ organization.	iuai, or
		Yes		To promote attendance at an event held in a	Income
Dameral, Mark	4	No	Z		
· · · · · · · · · · · · · · · · · · ·		Yes		County facility in order to maximize potential	Income
		Yes	П	County revenue from parking and concession	Income
		1		County revenue from parking and concession	
		Yes		sales.	Income
		I			
		Yes	Ē		
$\frown$		1			Income
			است س		
3. Verification	lationa 180111	a 100 41	5 1 6	ave verified that the distribution of admissions, act to	th abovo
I have read and understand FPPC Regu is in accordance with the provisions.	nauons 10944.1 An	10942	c. i ni	ave verified that the distribution of admissions, set fo	นา สมบังษ์,
				i	j

AAA	Anna Gee	Operations Manager	9/200/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

icket/Admission Distri	putions					Public Do	
. Agency Name				Date Star	mp	California Form	802
County of Alameda						Form	002
Division, Department, or Regio	n (if applicable)	······································				For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (N	ame, Title)				nt (Mustoro	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, E	Board of Supervisors				• •		
Area Code/Phone Number	E-mail			Date of Origina	l Filing: _	0/04/11 (month, day, yea	nr)
(510) 272-3882	crystal.hishida@acgov	.org					
Function, Event, or Cerer	nonial Role Inform	ation					
						00 55	
Title How Sweet the Sound			Face \	/alue of Each	Admiss	ion \$ _23.55	
Concert				<b>s)</b> <u>10</u> <u>04</u>	, 11	,	,
Description Concert			Date(s	5)/	_/	/	/
			- vc Gold	len State Warrior	s		
Ticket(s)/Admission(s) prov	ons identified below	made at th	e behest of	f an agency o	Name of S	Source	
Was the distribution to pers Yes □ No ☑ If yes	sons identified below s:	<b>made at th</b> s Name (Last,		f an agency o	Name of S	Source	
Was the distribution to pers	sons identified below s:	<b>made at th</b> s Name (Last,	e behest of	f an agency o	Name of S	Source	
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name	sons identified below s:	made at th s Name (Last, ion:	First) and Title	f an agency of	fficial?	icial claims admis	
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s	sons identified below s:	made at th s Name (Last, ion: Agency	First) and Title	f an agency o	fficial?	icial claims admis	
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization	sons identified below s:	made at th s Name (Last, ion: Agency	First) and Title  Check th taxable i also pro If not inc	f an agency of the income box if the ncome. If the agen vide a description. some, describe the	fficial?	icial claims admis erformed a cerem ose, including	onial role,
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or	sons identified below s:	made at th s Name (Last, ion: / Agency / Official	First) and Title  Check th taxable i also prov If not inc ceremon organiza	f an agency of the income box if the ncome. If the agen vide a description. some, describte the ial roles, performed tion.	Mame of S fficial? e agency off cy official p public purp d by an ager	icial claims admis erformed a cerem ose, including ncy official, indivi	onial role, dual, or
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identified below s:	made at th s Name (Last, ion: / Agency / Official	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or dua
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization	sons identified below s:	made at th s Name (Last, ion: / Agency / Official No □	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describte the ial roles, performed tion.	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	onial role, dual, or
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identified below s:	made at the s Name (Last, ion: Agency Official Yes I Yes I	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or Incom Incom
Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identified below s:	made at the s Name (Last, ion: / Agency / Official / Yes [] No [] / Yes []	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or dual, or Incom Incom
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Was the distribution to pers Yes □ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identified below s:	made at the s Name (Last, ion: Agency / Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or dual, or Income Income Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons identified below s:	made at the s Name (Last, ion: Agency Official Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or lincome lincome lincome
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons identified below s:	made at the s Name (Last, ion: Agency / Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	First) and Title  Check th taxable i also prov If not inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performed tion. te attendance a	fficial? fficial? e agency off cy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi- nty sponsored	dual, or dual, or income income income income

#### 3. Verification

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

ASmage	Amy Shrago	Ticket Administrator	10/04/11
Signature of Agency Head or Designee	Print Name	Title ,	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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<b>Ticket/Admission Dis</b>	tributions			· A	<b>Public Document</b>
1. Agency Name				Date Stamp	California Form 802
County of Alameda					
Division, Department, or Re	gion (if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 53	6				
Designated Agency Contac	t (Name, Title)			Amendment (Must pro	ovide explanation in Part 3.)
Crystal Hishida Graff, Cler	k, Board of Supervisors				
Area Code/Phone Number				Date of Original Filing: _	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.c	org			
2. Function, Event, or Ce	the state of the s				
Title Disney on Ice: Treas	ure Trove	•	Face	Value of Each Admiss	ion \$ <u>32.15</u>
Description <u>Event</u>			Date(s	s) <u>10 / 15 / 11</u>	//
			ic	len State Warriors	
licket(s)/Admission(s) p	rovided by agency? Yes		If no:	Name of	Source
Was the distribution to p	ersons identified below n	nade at the	e behest o	f an agency official?	
Yes 🗹 No 🔲 🗄	Carson, Keith Supervisor	r			
	yes: <u>Carson, Keith Superviso</u> Official's I	Vame (Last, F	irst) and Title	· · · · · · · · · · · · · · · · · · ·	
The identity of recipie	nt(s) and the explanatio	n:			
Name (Last, First) or Organization (Name Address Desc	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro • If not ind	ne income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age	performed a ceremonial role,

Organization (Name, Address, Description)	Ticket(s)	Official	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization.</li> </ul>	ual, or
Bolton, Sheila	4	Yes □ No ☑	To promote attendance at a County sponsored event or event held at a County facility	Income
		Yes 🗖 No 🗖		Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income

#### 3. Verification

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

6 Shrean	Amy Shrago	Ticket Administrator	10/04/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report         1. Agency Name         COUNTY OF ALAMEDA         Division, Department, or Regio         Street Address         1221 OAK STREET, #536, O		2		Date Stamp	California 802 For Official Use Only
Area Code/Phone Number E	- <b>mail</b> District2@acgov.org nistrator, BOS	)		Amendment <i>(Must</i>	,
Date(s) of Event: <u>09</u> <u>20</u>	_/_11_ Descrip _/ Face Va ⊠ No (Identify sou cket(s) Provided to a	tion of Ever alue of Ticke urce of ticke Agency: <u>Oa</u>	et: \$ ts below.) akland A's	43.75	⊠ Pursuant to Contract
3. Agency Official(s) Receiv Name of Officia (Last, First)		a continuation Number of Tickets	State Whet		Income to the Official or for the Distribution
<ul> <li>Individual or Organization</li> <li>Name of Behesting Agency O</li> <li>Name of Individual or Organiz</li> <li>Description of Organization:</li> <li>Address of Organization:</li> <li>Purpose for Distribution: (Destribution: (Destribution: To reward a community volur)</li> </ul>	fficial: Supervisor N ation: Michael Phe er and Street scribe the public purpo	ladia Locky lps ose for the di	rer, District 2 City	Num	nber of Tickets:3 
5. Verification	MICHELLE D	IANDA nt Name		ET ADMINISTRATO	Ali- In

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form 002
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #536, OAKLAND, CA 94	612			
Area Code/Phone Number E-mail			Amendment (Muster	xplain in Part 5.)
(510) 272-6692 District2@acgov.	org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Ruben Briones, Deputy Chief of Staff, BOS				
2. Event For Which Tickets Were Distribut				
Date(s) of Event: <u>09 / 25 / 11</u> Desc	ription of Eve	nt: Oakland Ra	aiders	
/ Face			150.00	
Agency Event 🔲 Yes 🗵 No (Identify s				
Name of Outside Source of Ticket(s) Provided	to Agency: O	akland Raiders		
Number of Tickets Received:1				⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (u	ise a continuati			
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo	
Dianda, Michelle	1	To promote a	attendance at an even	t held at a County
		facility in ord	er to maximize potenti	al revenue from sales
4. Individual or Organization Receiving Tie	<b>cket(s)</b> (Provi	ded at the behes	st of an agency official.)	
Name of Behesting Agency Official: <u>Superviso</u>	or Nadia Locky	/er, District 2		
Name of Benesting Agency Official.				ş
Name of Individual or Organization:			Numb	er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	irpose for the di	stribution to the	organization.)	
To promote attendance at an event held at a C	County facility	in order to may	kimize potential revenu	le from sales.
5. Verification				
I have determined that the distribution of tickets set	forth above is i	n accordance wi	th the provisions of FPP(	C Regulation 18944.1.
Myter know RUBEN BF	RIONES	DEP	UTY CHIEF OF STAF	f 9/12/11
Signature of Agency Head or Designee	Print Name	·····	Title	(month, day, year)

¥

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> ) Street Address			Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #536, OAKLAND, CA	94612			
Area Code/Phone NumberE-mail(510) 272-6692District2@acgoAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS			Amendment (Must of Date of Original Filing:	
2. Event For Which Tickets Were Distrib		N		
Date(s) of Event: <u>09 / 23 / 11</u> De // Fa				
Agency Event  Yes  No (Identity No Version Name of Outside Source of Ticket(s) Provide	fy source of ticke ed to Agency: <u>G</u>		rriors	
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
4. Individual or Organization Receiving	Ticket(s) (Provi	ded at the behest	t of an agency official.)	
Name of Behesting Agency Official: <u>Supervi</u>	isor Nadia Locky	er, District 2		
Name of Individual or Organization: <u>Shadia</u>			Numl	ber of Tickets:2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public To promote attendance at an event held at a				ue from sales.
5. Verification				
I have determined that the distribution of tickets s Signature of Agency field or Designee	set forth above is in LE DIANDA Print Name		h the provisions of FPP ET ADMINISTRATO Title	alin lu
Comment: (Use this space or an attachment for any	y additional informati	on including amenc	lment explanation.)	

### **A Public Document**

							Date 01	0	ifornio
1. Agency N							Date Stamp		ifornia 802
	OF ALAMEDA								or Official Use Only
Division, De	epartment, or Reg	ion (if applica	able)						
Street Addr	ress								
1221 OAK	STREET, #536,	OAKLAND.	. CA 94612						
	Agency Contact (		,						den etien in Dent 2 \
Michelle D	ianda, Ticket Adn	ninietrator	BOS				Amendment (M	ust provide exp	nanation in Part 3.)
	Phone Number	E-mail	500				Date of Original Fili	ing:	h, day, year)
			2				_	e (mont	h, day, year)
(510) 272-	, Event, or Cere		Dacgov.org	ion				<u> </u>	
		binomaria							
Title Oakla	and Raiders Gam	e			-	Face \	/alue of Each Adr	mission \$	150.00
Decevintie	n Football Game	•				Data	;) <u>11</u> 06 <u>1</u>	1	1 1
Descriptio	$n - \frac{1}{2} $				-	Date(s	i)/////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////	<u> </u>	
Ticket(s)/A		-					Nan	ne of Source	
Was the di Yes [∕]	istribution to pe I No ☐ If y	rsons iden ves: <u>Lockye</u>	n <b>tified below r</b> r, Nadia, Supervi <i>Official's</i>	nade af sor, Distr Name (La	<b>t the</b> rict2		Nan f an agency offici		
Was the di Yes [∕]	istribution to pe	rsons iden ves: <u>Lockye</u>	n <b>tified below r</b> r, Nadia, Supervi <i>Official's</i>	nade af sor, Distr Name (La	<b>t the</b> rict2	behest of	f an agency offici	al?	
Was the di Yes [∕]	istribution to pe I No □ If y tity of recipient	rsons iden ves: <u>Lockye</u>	ntified below r r, Nadia, Supervi Official's ne explanatic	nade af sor, Distr Name (La	t the rict2 ast, Fi	behest of irst) and Title • Check th	f an agency offici	al?	
Was the di Yes [∕]	istribution to pe I No □ If y tity of recipient	rsons iden ves: <u>Lockye</u>	ntified below r r, Nadia, Supervi Official's ne explanatic Number of	nade af sor, Distr Name (La on: Agen	t the rict2 ast, Fi	behest of irst) and Title • Check th taxable i	f an agency offici	al?	
Was the di Yes [∕] The iden1	istribution to pe I No □ If y tity of recipient Name (Last, First)	rsons iden res: <u>Lockyer</u> t <b>(s) and t</b> h	ntified below r r, Nadia, Supervi Official's ne explanatic	nade af sor, Distr Name (La	t the rict2 ast, Fi	behest of irst) and Title • Check th taxable i also pro • If not inc	f an agency offici e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a	al? ncy official cla ficial performe c purpose, inc	ed a ceremonial role, luding
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/	nade af sor, Disti Name (La on: Agen Offici	t the rict2 ast, Fi icy ial	behest of irst) and Title • Check th taxable i also pro • If not inc ceremon organiza	f an agency offici e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a	al? ncy official cla ficial performe c purpose, inc an agency offic	d a ceremoníal role, luding cial, individual, or  Income
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No	t the rict2 ast, Fi icy ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or Income its
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes	t the rict2 ast, Fi icy ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or Income its
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes	t the rict2 ast, Fi ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or its Income Income
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes No Yes	t the rict2 ast, Fi ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or its Income Income
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes No Yes No	t the rict2 ast, F ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or its Income Income
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes No Yes No Yes	t the rict2 ast, Fi ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or its Income Income
Was the di Yes [∕] The ident (Nar	istribution to pe No ☐ If y tity of recipient Name (Last, First) or Organization me, Address, Descri	rsons iden res: <u>Lockyer</u> t <b>(s) and th</b> ption)	ntified below r r, Nadia, Supervi <i>Official's</i> ne explanatic Number of Admission(s)/ Ticket(s)	nade af sor, Distr Name (La on: Agen Offici Yes No Yes No Yes No Yes	t the rict2 ast, F ial	behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza	f an agency offici ne income box if the ager ncome. If the agency off vide a description. tome, describe the public ial roles, performed by a tion.	al? ncy official cla ficial performe c purpose, inc an agency offic ization for	ad a ceremonial role, luding cial, individual, or its Income Income Income

#### 3. Verification

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

MAD	MICHELLE DIANDA	TICKET ADMINISTRATOR	9/14/11
Signature of Agency Head or Designee	Print Name	Title	(nonth, day year)

gency Report	A Pub	lic Docume	ent	TICKETS PROVIDED AGENCY REPO
Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
Street Address			1	
1221 OAK STREET, #555, OAKLAND, CA 9	4612			
Area Code/Phone Number E-mail	10		Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal.hishida@	)acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	-	or's Office		
Event For Which Tickets Were Distributed				
Date(s) of Event:09 /05 /11 Des	cription of Eve	nt: Oakland A's	s game	
/Fac	e Value of Tick	et: \$	\$38	
Agonov Event Vee View No. (Identify	acurac of ticks	te below )	18	
	source of ticke			
Name of Outside Source of Ticket(s) Provided	to Agency: <u>Oa</u>	akland Athletics	5	2 ⁴
Number of Tickets Received: <u>2</u>			ey: 🔲 Gratuitously	
Number of fickets Necelved.	10000110	vided to Agend		
Agency Official(s) Receiving Ticket(s)	use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	come to the Official or
(Last, First)	of Tickets	584 546 920 824 74 581 522 946 55	be the Public Purpose for	
1				
·				
-				
Individual or Organization Receiving T	icket(s) (Provid	ded at the behes	t of an agency official )	
Individual or Organization Receiving T			t of an agency official.)	
Individual or Organization Receiving T Name of Behesting Agency Official: <u>Supervis</u>			t of an agency official.)	
Name of Behesting Agency Official: Supervis	or Wilma Chan			2
	or Wilma Chan			er of Tickets:2
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u>	or Wilma Chan Rivera	, District 3		er of Tickets:2
Name of Behesting Agency Official: Supervis	or Wilma Chan Rivera	, District 3		er of Tickets:2
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> :	or Wilma Chan Rivera	, District 3		
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization:	or Wilma Chan Rivera	, District 3		
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> :	or Wilma Chan Rivera	, District 3	Numb	
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u>	or Wilma Chan Rivera urpose for the dia	, District 3	Numb	State Zip Co
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public p	or Wilma Chan Rivera urpose for the dia	, District 3	Numb	State Zip Co
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public p	or Wilma Chan Rivera urpose for the dia	, District 3	Numb	State Zip Co
Name of Behesting Agency Official: <u>Supervise</u> Name of Individual or Organization: <u>Lionela F</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public p To promote attendance at an event held at a	or Wilma Chan Rivera urpose for the dia County facility	, District 3 City stribution to the o in order to max	Numb	State Zip Co y revenue from sales
Name of Behesting Agency Official: Supervise Name of Individual or Organization: Lionela F Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a Verification I have determined that the distribution of tickets set	or Wilma Chan Rivera urpose for the dis County facility <i>t forth above is in</i>	, District 3 City stribution to the o in order to max	Numb	State Zip Cod y revenue from sales C Regulation 18944.1.
Name of Behesting Agency Official: Supervise Name of Individual or Organization: Lionela F Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a Verification I have determined that the distribution of tickets set	or Wilma Chan Rivera urpose for the dia County facility	, District 3 City stribution to the o in order to max	Numb	State Zip Coo y revenue from sales C Regulation 18944.1.
Name of Behesting Agency Official: Supervise Name of Individual or Organization: Lionela F Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a Verification I have determined that the distribution of tickets see	or Wilma Chan Rivera urpose for the dis County facility <i>t forth above is ir</i> ORA BOSKOVIC	, District 3 City stribution to the o in order to max n accordance wit CH SUP	brganization.) timize potential Count th the provisions of FPPO ERVISOR'S ASSISTA Title	State Zip Con y revenue from sales C Regulation 18944.1.

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555	Calculation (Conc. 1997) (Const. Constanting of the P				
Street Address	-				
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	accov ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title,		acgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princi		tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets		-	013 011100		
Date(s) of Event:			nt: <u>A's Game</u>		<u>.</u>
	/ Face			43.75	
Agency Event 🛛 Yes	🗙 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	akland Athletic's	S	
Number of Tickets Received	:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	• • • •	se a continuatio		-	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organization		.,.			
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Organ	ization: <u>Ralph Gor</u>	zales		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a	county sponsored	event at a Co	unty facility to	maximize potential cou	inty revenue
5 Vorification		7			
5. Verification	ibution of tickets set f	forth above is ir	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Hilmon		ERGERSON	Ticke	t Administrator	(month, day, year)
Signatore of Apency Head or Design Comment: (Use this space or ar		Print Name ditional informatio	on including amend	Title Iment explanation.)	(month, day, year)

A Public Document
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ICKet/Autilission Distri	putions			A		cumen	
. Agency Name	a de la companya de l			Date Stamp	California	009	
County of Alameda					Form	002	
Division, Department, or Regio	on (if applicable)				For Official U	Jse Only	
Board of Supervisors	Board of Supervisors						
Street Address							
1221 Oak Street, Suite 536	1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Date of Original Filing:			
Crystal Hishida Graff, Clerk, I							
Area Code/Phone Number E-mail							
(510) 272-3882	crystal.hishida@acgov.d	org			(	· /	
. Function, Event, or Cerei				ξ			
	\$00 FF						
Title				Face Value of Each Admission \$ <u>\$23.55</u>			
	Causad		10 4 11				
Description How Sweet the Sound			Date(s) <u>10 / 4 / 11</u> /				
Ticket(s)/Admission(s) prov	vided by agency? Yes	🔲 No 🗹	If no: Golden State Warriors Name of Source				
				Nume of C	lource		
Was the distribution to pers	sons identified below n	nade at th	e behest of	f an agency official?			
			• • • • • • • • •				
Yes 🗹 No 🗖 Ifye	s ☑ No ☐ If yes: <u>Supervisor Wilma Chan</u> Official's Name (Last, First) and Title						
	Official's	Name (Last, I	First) and Title				
The identity of recipient(s) and the explanation:							
Name			Check th	the income box if the agency official claims admission as			
(Last, First) Number of Admission		Agency		taxable income. If the agency official performed a ceremonial role, also provide a description.			
		Official		ome, describe the public purpose, including			
(Name, Address, Descript	ion)		ceremonial roles, performed by an agency official, individual, or organization.				
		Yes 🗖	×	e attendance at an eve	nt held at a	Income	
Reverend Raymond Lankford	d 4	No 🗹	County fac	cility in order to maximiz	e potential		
		Yes 🗖	County ro	venue from sales.		Income	
		No 🗖		venue nom sales.			
		Yes 🗖				Income	
		No 🗖					
		Yes 🗖			÷	Income	
		No 🗖					

#### 3. Verification

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

Yes 🗖

No 🗖

	Alexandra Boskovich	Ticket Administrator	10/3/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
/			

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income
Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> ) Street Address	0.4040	Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #536, OAKLAND, CA         Area Code/Phone Number       E-mail         (510) 272-6692       District2@acgu         Agency Contact (name and title)         Michelle Dianda, Ticket Administrator, BOS         2. Event For Which Tickets Were Distributed	ov.org	Date of Original Fil	
Date(s) of Event: <u>09 / 16 / 11</u> De / Fa	escription of Ever ace Value of Ticke fy source of ticke ed to Agency: <u>Oa</u>	et: \$43.75 ts below.) akland A's	ly ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	) (use a continuation Number of Tickets	on sheet for additional names) State Whether the Distribution Describe the Public Purpo	
<ul> <li>Individual or Organization Receiving</li> <li>Name of Behesting Agency Official: Superv</li> <li>Name of Individual or Organization: Gary W</li> <li>Description of Organization:</li> </ul>	risor Nadia Locky Vallner	er, District 2N	umber of Tickets:4
Address of Organization:			State Zip Code
5. Verification I have determined that the distribution of tickets Signature of Agency Head or Designee Comment: (Use this space or an attachment for an	LE DIANDA Print Name	TICKET ADMINISTRA	

## A Public Document

	Revaullission Dist									
1.	Agency Name						Date Stan	ηp	California	802
	COUNTY OF ALAMEDA								Form	
	Division, Department, or Reg	<b>jion</b> (if applica	ble)						For Official	Use Only
	Street Address									
	1221 OAK STREET, #536,	OAKLAND,	CA 94612							
	Designated Agency Contact						Amendmen	t (Must.pro	wide explanation in	Part 3)
	Michelle Dianda, Ticket Adr	ministrator. E	305					(muot pro		,
	Area Code/Phone Number	E-mail					Date of Original	l Filing: _	(month day yes	ar)
	(510) 272-6692	District2@	acgov.org						(month, day, yee	,
	Function, Event, or Cer			ion					88.59999	
	Title Disney on Ice- Treasu	re Trove			_	Face	Value of Each	Admiss	ion \$ <u>32.15</u>	
	Description Concert					Date(	s) <u>10 / 15</u>	, 11	1	1
	Description				_	Date	s)		,	
	Ticket(s)/Admission(s) pro								Source	
	Was the distribution to pe	e <b>rsons iden</b> yes: <u>Lockyer</u>	tified below n , Nadia, Supervi <i>Official's</i>	nade a sor Disti Name (L	<b>it the</b> rict 2	behest o	of an agency of	ficial?		
	Was the distribution to pe Yes I No ロ If y	e <b>rsons iden</b> yes: <u>Lockyer</u>	tified below n , Nadia, Supervi Official's le explanatic Number of	nade a sor Disti Name (L on: Ager	nt the rict 2 .ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check to taxable also pro-</li> </ul>	of an agency of he income box if the income. If the agenc ovide a description.	ficial? agency of cy official p	ficial claims admi performed a ceren	
	Was the distribution to pe Yes ☑ No □ If y The identity of recipien Name (Last, First)	ersons iden yes: <u>Lockyer</u> t(s) and th	tified below n , Nadia, Supervi Official's e explanatic	nade a sor Distr Name (L	nt the rict 2 .ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check ti taxable also pro</li> <li>if not in</li> </ul>	he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed	ficial? agency of cy official p public purp	ficial claims admi terformed a ceren ose, including	ionial role,
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi Official's e explanatic Number of Admission(s)/	nade a sor Distr Name (L on: Ager Offic	nt the rict 2 .ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check ti taxable also pro</li> <li>if not in- ceremon organiza</li> </ul>	he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed	ficial? agency of cy official p bublic purp I by an age	ficial claims admi berformed a ceren ose, including ncy official, indivi	ionial role, dual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic	nt the rict 2 _ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check ti taxable also pro</li> <li>if not in- ceremon organiza</li> <li>To promo</li> </ul>	he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation.	agency of cy official p bublic purp by an age	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No	nt the rict 2 _ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check ti taxable also pro</li> <li>if not in- ceremon organiza</li> <li>To promo</li> </ul>	he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation.	agency of cy official p bublic purp by an age	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes	nt the rict 2 _ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check the taxable also produce organized</li> <li>if not indiceremotion organized</li> <li>To promotion from the taxable of taxable of</li></ul>	he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation.	agency of cy official p bublic purp by an age at an even o maxim	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes	at the rict 2 _ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check the taxable also produce organized</li> <li>if not indiceremotion organized</li> <li>To promotion from the taxable of taxable of</li></ul>	of an agency of he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation. ote attendance a acility in order to	agency of cy official p bublic purp by an age at an even o maxim	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes No	at the rict 2 _ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check the taxable also produce organized</li> <li>if not indiceremotion organized</li> <li>To promotion from the taxable of taxable of</li></ul>	of an agency of he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation. ote attendance a acility in order to	agency of cy official p bublic purp by an age at an even o maxim	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <u>Lockyer</u> t(s) and th iption)	tified below n , Nadia, Supervi <i>Official's</i> ae explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes	at the rict 2 ast, F	<ul> <li>behest o</li> <li>irst) and Title</li> <li>Check the taxable also produce organized</li> <li>if not indiceremotion organized</li> <li>To promotion from the taxable of taxable of</li></ul>	of an agency of he income box if the income. If the agenc ovide a description. come, describe the p nial roles, performed ation. ote attendance a acility in order to	agency of cy official p bublic purp by an age at an even o maxim	ficial claims admi performed a ceren ose, including ncy official, indivi ent held at a	dual, or Income Income Income Income

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

$\mathcal{M}$	Dr	MICHELLE	DIANDA
 Signature of Agence	y Head or Designee		Print Name

TICKET ADMINISTRATOR

Title

d (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Α	Pu	blic	Doc	ument
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Incket/Admission Distribution	JII5			ocumen
I. Agency Name			Date Stamp California	^a 802
County of Alameda			Form	
Division, Department, or Region (if ap	plicable)		For Officia	I Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Tit	le)		Amendment (Must provide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors			
Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·		Date of Original Filing:	ear)
(510) 272-3882 crysta	I.hishida@acgov.c	org		
2. Function, Event, or Ceremonia	al Role Informat	ion		
				E
Title			Face Value of Each Admission \$ <u>\$32.1</u>	5
Dianov on loo Troosur			Date(s)/ 12/ 11/_	,
Description Disney on Ice Treasur	e Irove		Date(s)////////	/
			Golden State Warriors	
Ticket(s)/Admission(s) provided	by agency res		Name of Source	
Was the distribution to persons i	dentified below n	hade at the	e behest of an agency official?	
Sur	pervisor Wilma Chan			
Yes ☑ No 🔲 If yes: Sup	pervisor Wilma Chan Official's I	Name (Last, I	First) and Title	
	1 (1 1 4) .			
The identity of recipient(s) and	a the explanatio	n:		
Name			<ul> <li>Check the income box if the agency official claims adm taxable income. If the agency official performed a cere</li> </ul>	
(Last, First) or	Number of Admission(s)/	Agency Official	also provide a description.	
Organization	Ticket(s)		<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indi</li> </ul>	vidual. or
(Name, Address, Description)			organization.	
		Yes 🗖	To promote attendance at an event held at a	Income
Kathy Martins	4	No 🔽	County facility in order to maximize potential	
		Yes 🗖	County revenue from sales.	Income
		No 🗖	-	
		Yes 🗖		Income

3. Verification

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

No 🗖

No 🔲 Yes 🗖

Yes 🗖

No 🗖

unn	Alexandra Boskovich	Ticket Administrator	10/3/2011
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income

Income

## **A Public Document**

11	ckel/Admission Distribution							A second second second second second	
1.	Agency Name					Date Stamp	Ca	lifornia Form	001
	COUNTY OF ALAMEDA							Form	002
	Division, Department, or Region (if appli	cable)						For Official L	Jse Only
	Street Address								
	1221 OAK STREET, #536, OAKLANI	D. CA 94612							
	Designated Agency Contact (Name, Title)					Amendment (M	luct provide ov	nlanation in	Dort 2 \
	Michelle Dianda, Ticket Administrator	BOS					iust provide ex	planation in	Part 3.)
	Area Code/Phone Number E-mail	,				Date of Original Fil	ing:	nth, day, year	-)
	(510) 272-6692 District2	@acgov.org					(mon	, uuj, jou	/
2.	Function, Event, or Ceremonial		tion				an and an	****	
								~~ ~~	
	Title Lord of the Rings in Concert			-	Face Va	alue of Each Adı	mission \$	67.70	
	Concert					10 , 22 , 1	1		•
	Description Concert			-	Date(s)		·	/	/
	Ticket(s)/Admission(s) provided by Was the distribution to persons ide	entified below n	nade a	it the		Nan	ne of Source al?	'	
	Was the distribution to persons ide Yes I No I If yes: Locky The identity of recipient(s) and the Name (Last, First) or	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/	nade a sor Distr Name (L	rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> </ul>	income box if the agen come. If the agency of de a description.	al? ncy official cli ficial perform	aims admiss ed a ceremo	
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First)	entified below n er, Nadia, Supervis Official's the explanatic Number of	nade a sor Distr Name (L on: Ager	rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco</li> </ul>	income box if the age come. If the agency of de a description. me, describe the publi al roles, performed by a	al? ncy official cli ficial perform c purpose, inc	aims admise ed a ceremo	onial role,
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/	nade a sor Distr Name (L on: Ager Offic Yes	nt the rict 2 .ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> </ul>	income box if the age come. If the agency of de a description. me, describe the publi al roles, performed by a	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	onial role,
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes	nict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> <li>To reward</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	ual, or Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes	nict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	ual, or Incom
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> <li>To reward</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	iual, or Income Income Income
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	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> <li>To reward</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	Income Income Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> <li>To reward</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	Income Income Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Locky The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n er, Nadia, Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Ager Offic Yes No Yes No Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not inco ceremonia organizati</li> <li>To reward</li> </ul>	income box if the agency offici income box if the agency of de a description. me, describte the public al roles, performed by a on. a County employ	al? ncy official cli ficial perform c purpose, inc an agency off	aims admise ed a ceremo cluding icial, individ	Income Income Income Income Income

MAR	MICHELLE DIANDA	TICKET ADMINISTRATOR	9/22/1
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

### **A Public Document**

1. Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	Californ	
COUNTY OF ALAMEDA			Form	004		
Division, Department, or Reg	ion (if applicable)				For Offi	cial Use Only
Street Address						
1221 OAK STREET, #536,						
Designated Agency Contact					I	· · · · · · · · · · · · · · · · · · ·
				Amendment (Must	t provide explanatio	on in Part 3.)
Michelle Dianda, Ticket Adr Area Code/Phone Number				Date of Original Filing		
Area Code/Prione Number	E-mail			Date of Original Filing	(month, day,	year)
(510) 272-6692	District2@acgov.org					
2. Function, Event, or Cer	emonial Role Informa	tion				
Title Lord of the Rings in Co	oncert		Face V	alue of Each Admi	ssion \$ <u>67.7</u>	70
Description Concert			Date(s	<u>10 ,22 ,11</u>		///
Ticket(s)/Admission(s) pro	ovided by agency? Yes			Name	of Source	
Was the distribution to pe Yes ☑ No 🔲 If y	rsons identified below i res: Lockyer, Nadia, Supervi Official's	made at the isor District 2 Name (Last, I	e behest of	Name		
Was the distribution to pe	rsons identified below i res: Lockyer, Nadia, Supervi Official's t(s) and the explanation Number of Admission(s)/ Ticket(s)	made at the isor District 2 Name (Last, I on: Agency	e behest of First) and Title • Check th taxable in also prov • If not inc	an agency official an agency official e income box if the agency icome. If the agency offici ide a description. ome, describe the public p al roles, performed by an a	? v official claims ac al performed a ce urpose, including	remonial role,
Was the distribution to pe Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	rsons identified below i res: Lockyer, Nadia, Supervi Official's t(s) and the explanation Number of Admission(s)/ Ticket(s)	made at the isor District 2 Name (Last, I on: Agency	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza	an agency official an agency official e income box if the agency icome. If the agency offici ide a description. ome, describe the public p al roles, performed by an a	? v official claims ac al performed a ce urpose, including agency official, in	remonial role,
Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	rsons identified below res: Lockyer, Nadia, Supervi Official's t(s) and the explanation (s) Number of Admission(s)/ Ticket(s)	made at the isor District 2 Name (Last, I on: Agency Official Yes 🗖	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To reward	an agency official an agency official e income box if the agency come. If the agency offici ide a description. ome, describe the public p al roles, performed by an a ion.	? v official claims ac al performed a ce urpose, including agency official, in ation for its	remonial role, dividual, or Income
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Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri The Sun Gallery 1015 E Street, Hayward	rsons identified below r res: Lockyer, Nadia, Supervi Official's t(s) and the explanation (s) And the explanation Admission(s)/ Ticket(s) 2	made at the isor District 2 Name (Last, I on: Agency Official Yes No Yes No Yes Yes Yes Yes	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To reward	an agency official an agency official e income box if the agency icome. If the agency offici ide a description. ome, describe the public p al roles, performed by an a ion. a nonprofit organiza	? v official claims ac al performed a ce urpose, including agency official, in ation for its	remonial role, dividual, or Income Income Income

### 3. Verification

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

$\mathcal{N}$	V	$\mathbb{R}$
Signature	of Agency Hea	d or Designee

MICHELLE DIANDA

Print Name

TICKET ADMINISTRATOR

Title

A Public	Document
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1. Agence	:y Name						Date Stamp	California	802
	of Alameda							Form For Official U	
Divisio	n, Department, or Reg	ion (if applicab	ole)					For Official C	Jse Only
	Oak Street, Suite 536	····							
Street A	Address								
	id, CA 94612								
Designa	ated Agency Contact (	(Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	See, Operations Man								
Area Co	ode/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	7
510-89	1-5585	anna.gee@	@acgov.org						
2. Functi	on, Event, or Cere	emonial Ro	ole Informat	ion					
Title <u>A</u>	thletics vs. Angels				_	Face V	/alue of Each Admiss	ion \$ <u>38.00</u>	
Descri	ption <u>Baseball Game</u>	Э			_	Date(s	) <u>09 / 13 / 11</u>	/	/
200011						(-	,		
Ticket(	s)/Admission(s) pro	wided by ar	nency? Yes		. ⊡	lf no ^{. Oakl}	and Athletics		
monor		indua by a	geney: 100				Name of S	Source	
		• • •	· · · · · · · · · · · · · · · · · · ·						
was th	e distribution to pe	rsons identi	n woisa bein	nade a	it the	e penest of	an agency official?		
Vas	Ify No 🗖 Ify	es. Miley, Nat	e - Alameda Cou	nty Sup	ərviso	r			
103			e - Alameda Cou Official's i	Name (L	.ast, F	irst) and Title			
The id	entity of recipient	(s) and the	explanatio	n:					
		(0)				Check th	e income box if the agency off	icial claims admis	sion as
	Name (Last, First)		Number of	Agei	ncv	taxable ir	ncome. If the agency official p	2513 - Az O. COLUMOR 2013 - C. M. M. M. M. M.	
	or Overanization		Admission(s)/	Offic			vide a description. ome, describe the public purp	ose. including	
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ceremon	ial roles, performed by an agei		ual, or
Sanftn	er lim		1	Yes		organizat	e attendance at an eve	ent held in a	Income
Samu	<b>GI, JIII</b>		I			,			
Sanftn	er, Ida		1	Yes No		County fac	cility in order to maximi	ze potential	Income
				Yes No		County rev	venue with parking and	concession	Income
				Yes					Income
				No		sales.			
	(			Yes No					Income
		and the second							
3. Verific				- 4004	016	ave verified t	that the distribution of odr	ningional sat fo	th ohovo
	ead and understand FF cordance with the provis		ns 10944.1 an	u 1094	z. i n	ave vermed t	that the distribution of adm	ମାବରାଠମର, ବଟ 101	ur abuve,
	()								

ATA	Anna Gee	<b>Operations Manager</b>	09/30/2011
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
	(ii applicable)				
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	mail				
	mail			Amendment (Must expl	ain in Part 5.)
	ystal.hishida@a	icgov.org		Data of Original Filings	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal			or's Office		
2. Event For Which Tickets W					
Date(s) of Event:09 /12	/ <u>11</u> Desci	ription of Eve	nt: <u> </u>		
0915	11	Value of Tick		38.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tick	(et(s) Provided t	o Agency: <u>Oa</u>	akland Athletics	8	
Number of Tickets Received:					Pursuant to Contract
3. Agency Official(s) Receivin	<b>ig Ticket(s)</b> (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inco be the Public Purpose for t	
	1				
4. Individual or Organization					
Name of Behesting Agency Offi	cial: <u>Alameda C</u>	county Super	visor Scott Hag	gerty, District 1	
Name of Individual or Organizat	tion: <u>Clark Luet</u>	лу		Number	of Tickets:4
Description of Organization:					2. 
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	nose for the dis	stribution to the c	rganization)	
To promote attendance at a cou				-	ty revenue
5. Verification	ion of tickets set fi	orth above is ir	accordance with	h the provisions of FPPC F	Regulation 18944 1
Vulla Dala	LEE ANN FE			ET ADMINISTRATOR	a/a/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an atta	achment for any add	litional informatic	on including amend	Iment explanation.)	

# A Public Document

1. /	Agency Name				Date Stamp	California Form	005
	COUNTY OF ALAMEDA					Form	<b>8</b> 02
	Division, Department, or Region (if applic	cable)				For Official	Use Only
	BOARD OF SUPERVISORS						
3	Street Address						
	1221 OAK STREET, SUITE 536						
Ì	Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in	Part 3)
1	Crystal Hishida Graff, Clerk, Board of	Supervisors					
7	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	nr)
	(510) 272-3882 crystal.h	ishida@acgov.	org	ъ.			
2.	Function, Event, or Ceremonial I	Role Informat	tion				
				_ 、		• • 38.00	
	Title OAKLAND A'S			Face	/alue of Each Admiss	ion \$	
ì	Description BASEBALL			Dato/s	s) <u>09 / 16 / 11</u>	1	1
				Date(s	»)/	/	/
	Ticket(s)/Admission(s) provided by	adonev2 Vec		Lifno. OAK	LAND ATHLETICS		
	ricket(s)/Admission(s) provided by	agency: res		_ II IIO	Name of S	Source	9
	Was the distribution to persons iden Yes  No  If yes:	a a		e behest of	f an agency official?		
ľ		Official's	Name (Last, I	First) and Title	f an agency official?		
ľ	Yes No If yes: The identity of recipient(s) and the Name (Last, First)	Official's he explanatic Number of	Name (Last, ) on: Agency	First) and Title <ul> <li>Check the taxable i</li> </ul>	f an agency official?		
,	Yes No If yes: The identity of recipient(s) and the second	Official's	Name (Last, ) on:	First) and Title Check th taxable i also prov	f an agency official? The income box if the agency offinition ncome. If the agency official p vide a description.	erformed a cerem ose, including	onial role,
ľ	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or	Official's he explanation Number of Admission(s)/	Name (Last, ) on: Agency	<ul> <li>First) and Title</li> <li>Check the taxable in also provide to the taxable in also provide the ta</li></ul>	f an agency official? he income box if the agency official p ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agention.	erformed a cerem ose, including ncy official, individ	onial role,
and the second se	Yes No If yes: The identity of recipient(s) and the second	Official's he explanatic Number of Admission(s)/ Ticket(s)	Name (Last, ) on: Agency Official Yes 🔲	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency official provide a description. Tome, describe the public purpial roles, performed by an agention. Te attendance at a cour potential county revent	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income
and the second se	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's he explanation Number of Admission(s)/	Name (Last, ) on: Agency Official Yes 🗖 No 🔽	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency offinition ncome. If the agency official p vide a description. Tome, describe the public purp ial roles, performed by an agention. te attendance at a cour	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income
	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's he explanatic Number of Admission(s)/ Ticket(s)	Name (Last, ) on: Agency Official Yes I Yes I	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency official provide a description. Tome, describe the public purpial roles, performed by an agention. Te attendance at a cour potential county revent	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income
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	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's he explanatic Number of Admission(s)/ Ticket(s)	Name (Last, ) on: Agency Official Yes No Yes No Yes Yes Yes	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency official provide a description. Tome, describe the public purpial roles, performed by an agention. Te attendance at a cour potential county revent	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income Income
	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's he explanatic Number of Admission(s)/ Ticket(s)	Name (Last, ) on: Agency Official Yes □ No □ Yes □ No □ Yes □	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency official provide a description. Tome, describe the public purpial roles, performed by an agention. Te attendance at a cour potential county revent	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income Income
	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's he explanatic Number of Admission(s)/ Ticket(s)	Name (Last, ) on: Agency Official Yes No Yes No Yes Yes Yes	First) and Title Check th taxable i also prov If not inc ceremon organiza To promo maximize	f an agency official? The income box if the agency official provide a description. Tome, describe the public purpial roles, performed by an agention. Te attendance at a cour potential county revent	erformed a cerem ose, including ncy official, individ nty facility to ue from	onial role, dual, or Income Income
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Kelux	Lee Ann Fergerson	Ticket Administrator	9/23/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report	A Pub	ic Document	TICKETS PROVIDED B AGENCY REPOR
. Agency Name	Kanta Gala Maharan ang punung panggangganggangganggangganggangganggang	Date	Stamp California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (if	applicable)		For Official Use Only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-ma	ail		
(510) 272-6694 ann	a.gee@acgov.org	Amendi	nent (Must explain in Part 5.)
Agency Contact (name and title)	a.gee@acgov.org	Date of Orig	jinal Filing:
Anna Gee - Operations Manager			(month, day, year)
. Event For Which Tickets We			
		Baseball Game	
Date(s) of Event:0817	Description of Eve		
//	Face Value of Tick	et: \$1,500	_
	No (Identify source of ticke		
Name of Outside Source of Ticket	t(s) Provided to Agency:	akland Athletics	
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: 🔲 Grati	uitously 🛛 🛛 Pursuant to Contrac
	T = 1 = 4/2		
. Agency Official(s) Receiving	IICKET(S) (use a continuation	on sheet for additional names	)
Name of Official	Number		bution is Income to the Official or
(Last, First)	of Tickets	Describe the Public	Purpose for the Distribution
Individual or Organization P			
. Individual or Organization Re	-		y official.)
	-		y official.)
Name of Behesting Agency Officia	al: Alameda County Super		
Name of Behesting Agency Officia	al: Alameda County Super		y official.) Number of Tickets:24
Name of Behesting Agency Officia Name of Individual or Organizatio	al: <u>Alameda County Super</u>	visor Nate Miley, District 4	24
Name of Behesting Agency Officia Name of Individual or Organizatio	al: <u>Alameda County Super</u>	visor Nate Miley, District 4	24
Name of Behesting Agency Officia	al: <u>Alameda County Super</u>	visor Nate Miley, District 4	24
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>summ</u> Address of Organization:	al: <u>Alameda County Super</u> on: <u>Bartell Learning Center</u> m: <u>mer program to low income</u>	risor Nate Miley, District 4 children in east Oakland	Number of Tickets:24
Name of Behesting Agency Official Name of Individual or Organizatio Description of Organization: <u>sum</u>	al: <u>Alameda County Super</u> on: <u>Bartell Learning Center</u> m: <u>mer program to low income</u>	visor Nate Miley, District 4	Number of Tickets:24
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>summ</u> Address of Organization:	al: <u>Alameda County Super</u> n: <u>Bartell Learning Center</u> mer program to low income	risor Nate Miley, District 4 children in east Oakland ^{City}	Number of Tickets:24 State Zip Code
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>summ</u> Address of Organization: <u>Number an</u>	al: <u>Alameda County Super</u> n: <u>Bartell Learning Center</u> mer program to low income ^{d Street} e the public purpose for the dis	risor Nate Miley, District 4 children in east Oakland ^{City}	Number of Tickets:24 State Zip Code
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>sum</u> Address of Organization: <u>Number an</u> Purpose for Distribution: (Describ	al: <u>Alameda County Super</u> n: <u>Bartell Learning Center</u> mer program to low income ^{d Street} e the public purpose for the dis	risor Nate Miley, District 4 children in east Oakland ^{City}	Number of Tickets:24 State Zip Code
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>summ</u> Address of Organization: <u>Number an</u> Purpose for Distribution: (Describe To reward a non profit for its cont	al: <u>Alameda County Super</u> n: <u>Bartell Learning Center</u> mer program to low income ^{d Street} e the public purpose for the dis	risor Nate Miley, District 4 children in east Oakland ^{City}	Number of Tickets:24 State Zip Code
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>Sum</u> Address of Organization: <u>Number an</u> Purpose for Distribution: (Describe To reward a non profit for its cont	al: <u>Alameda County Super</u> n: <u>Bartell Learning Center</u> mer program to low income ^{d Street} e the public purpose for the dis tribution to the community	children in east Oakland City	Number of Tickets:24 
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>summ</u> Address of Organization: <u>Number an</u> Purpose for Distribution: (Describe To reward a non profit for its cont	al: <u>Alameda County Super</u> m: <u>Bartell Learning Center</u> mer program to low income d Street e the public purpose for the dis tribution to the community	children in east Oakland City Stribution to the organization.	Number of Tickets:24 State Zip Code
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A Public Document
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Agency Name County of Alameda						
County of Alameda				Date Stamp	California	802
obuilty of Alumoud					Form	
Division, Department, or Region (if app	plicable)				For Official U	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	le)			Amendment (Mus	t provide explanation in	Part 3.)
Anna Gee, Operations Manager						
Area Code/Phone Number E-mail				Date of Original Filing	g:(month, day, yea	r)
510-891-5585 anna.g	jee@acgov.org					
Function, Event, or Ceremonia	I Role Informat	tion				
Title Ringling Brothers Circus			<b>F</b>	alue of Each Adm	• · · · · · · · · · · · · · · · · · · ·	
Title Tringing Dioticia Oricus						
Description Circus Show			Dato/e	) 09 , 11 , 11	1	1
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Ticket(s)/Admission(s) provided p	vauency res					
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Signature of Agency Head or Designee

Print Name

(month, day, year)

Title

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1. Aç									
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Co	ounty of Alameda								Form OU2
	vision, Department, or Reg	ion (if applicat	ble)						For Official Use Only
Bo	oard of Supervisors								
	eet Address								
12	21 Oak Street, Suite 536								
	signated Agency Contact							4	ide custometien in Dect 2.)
An	na Gee, Operations Man	ager						nust prov	ide explanation in Part 3.)
	ea Code/Phone Number	E-mail	1				Date of Original Fil	ling:	(month, day, year)
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Th	Yes ☑ No ☐ If y ne identity of recipient Name (Last, First) or Organization	res: <u>Alameda C</u> t <b>(s) and th</b> e	ounty Supervisor Na Official's e explanatic Number of Admission(s)/ Ticket(s)	te Miley, Name (I on: Age Offic Yes	District Last, F ncy cial	4 • Check th taxable i also pro • If not inc ceremon organiza	e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by ition.	ncy offi fficial pe ic purpo an agen	rformed a ceremonial role, se, including
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# 1 33

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accorpance with the provisions.

4 M Jog	Anna Gee	Operations Manager	09/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

t

ncket/Admission Distribution	0113					
1. Agency Name	, particular and provide the Markov Addition of the second second			Date Stam	ιp	California 802
County of Alameda						Form OU2
Division, Department, or Region (if a	oplicable)					For Official Use Only
Board of Supervisors						
Street Address				Í		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Ti	itle)					i
Anna Gee, Operations Manager					l (iviust pro	vide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original	Filing:	(month, day, year)
510-891-5585 anna.	.gee@acgov.org					(month, day, year)
2. Function, Event, or Ceremonia		tion				
Title Ringling Brothers Circus			Face	Value of Each A	Admissi	i <b>on \$</b>
					4.4	
Description Circus Show			Date(s	s)/	/	//////
			~ .			
Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No	✓ If no: Gold	len State Warriors	i Nomo of S	20uroo
Ticket(s)/Admission(s) provided	by agency? Yes	🗖 No	If no: Gold	den State Warriors /	Name of S	Source
				,		Source
Ticket(s)/Admission(s) provided Was the distribution to persons i				,		Source
Was the distribution to persons i	dentified below n	nade at t	he behest o	f an agency off		Source
Was the distribution to persons i		nade at t	he behest o	f an agency off		Source
Was the distribution to persons i	dentified below n neda County Supervisor Na Official's i	nade at t Ite Miley, Dist Name (Las	he behest o	f an agency off		Source
Was the distribution to persons i Yes ☑ No □ If yes: ^{Alan} The identity of recipient(s) and	dentified below n neda County Supervisor Na Official's i	nade at t Ite Miley, Dist Name (Las	the behest o rict 4 t, First) and Title	f an agency off	ficial?	icial claims admission as
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### 3. Verification

( 1

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

ARQL!	Anna Gee	Operations Manager	09/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

icket/Admission Distribution	13							
Agency Name		2019-01-01-01-02-02-00-02-02-02-02-02-02-02-02-02-02-			Date Stamp	Ca	lifornia ⁻ orm	009
County of Alameda							orm	002
Division, Department, or Region (if appli	icable)					F	For Official U	Jse Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title,	)				Amendment (M	lust provide exi	planation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of	f Supervisors							,
Area Code/Phone Number E-mail					Date of Original Fili	ing:(mon	th, day, yea	r)
(510) 272-3882 crystal.ł	nishida@acgov.o	org						
Function, Event, or Ceremonial	<b>Role Informat</b>	tion						
							\$75.10	
Title			_	Face \	/alue of Each Adı	nission \$	φ <i>r</i> 0.10	
Description Lord of the Rings in con	cert			Date/s	<u>, 10 , 22 , 1</u>	1	1	1
Description				Durcio	,,			
Ticket(c)/Admission(c) provided by	varancy2 Vac			If no. Gold	en State Warriors			
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☑ No □ If yes: Super	entified below n	nade a	it the	behest of	^{Nan} f an agency offici	ne of Source al?		
Was the distribution to persons ide Yes ☑ No □ If yes: Super	entified below n rvisor Wilma Chan Official's i	nade a	it the	behest of	^{Nan} f an agency offici			
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name	entified below n rvisor Wilma Chan Official's i	nade a _{Name (L} on:	at the .ast, F	behest of     irst) and Title     Check th	Nan f an agency offici	al?		
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# is in accordance with the provisions.

	Alexandra Boskovich	Ticket Administrator	9/26/2011
Signature of Agency Head or Designee	<ul> <li>Print Name</li> </ul>	Title	(month, day, year)

1 1 4	cketAumssion Dist									
	Agency Name						Date Stamp		California	802
	County of Alameda					Form				
	Division, Department, or Region (if applicable)							For Official (	Jse Only	
	1221 Oak Street, Suite 555,	Oakland, O	CAS 94612			:				
	Street Address									
	Crystal Hishida Graff, Princi		, County Admi	nistrat	or's (	Office				
	Designated Agency Contact (	(Name,Title)					Amendment (/	Must provid	le explanation in	Part 3.)
	Area Code/Phone Number	E-mail					Date of Original Fi	iling:	(month, day, yea	
	(510) 272-3882	crystal his	shida@acgov.c	ora					(month, day, yea	r)
,	Function, Event, or Cere						Cinta -			
••										
	Title					Face V	/alue of Each Ad	Imissio	n \$ _\$43.75	
							0 15	11		
	Description Oakland Athlet	lics game			_	Date(s	s) <u>9 15 /</u>		/	/
						o 11				
·	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No 🔲 If y	rsons iden	<b>itified below n</b> /ilma, Alameda Cou	n <b>ade a</b> unty Sup	<b>at the</b> perviso	e behest of	f an agency offic	ime of So	urce	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient	rsons iden res: _	ntified below n Vilma, Alameda Cou Official's / De explanatio	nade a unty Sur Vame (L on:	at the perviso Last, F	e behest of or irst) and Title • Check th	f an agency offic	cial?	al claims admis	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient	rsons iden res: <u>Chan, W</u> t <b>(s) and th</b>	t <b>ified below n</b> /ilma, Alameda Cou Official's (	nade a unty Sup Name (L	at the pervisc Last, F	<ul> <li>behest of</li> <li>or</li> <li>irst) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon</li> </ul>	f an agency offic he income box if the agency o vide a description. come, describe the publication by	ency offici official per lic purpos	al claims admis formed a cerem e, including	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden res: <u>Chan, W</u> t <b>(s) and th</b>	tified below n /ilma, Alameda Coo Official's / ne explanatio Number of Admission(s)/	nade a unty Sup Vame (L on: Age Offic	at the pervise Last, F ncy cial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provoid or the taxable is also provoid or the taxable is also provoid the taxab</li></ul>	f an agency offic he income box if the agency o vide a description. come, describe the publication by	ency offici official per lic purpos an agenc	ial claims admis formed a cerem e, including y official, individ	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Chan, W</u> t <b>(s) and th</b>	itified below n /ilma, Alameda Cou Official's i ne explanatio Number of Admission(s)/ Ticket(s)	nade a unty Sup Vame (L on: Age Offic	at the pervise Last, F	e behest of or iirst) and Title • Check th taxable in also prov • If not inc ceremon organiza To promot	f an agency offic he income box if the agency o vide a description. some, describe the pub- ial roles, performed by tion.	ency offici official per lic purpos an agenc an even	al claims admis formed a cerem e, including y official, individ t held at a	onial role, dual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Chan, W</u> t <b>(s) and th</b>	itified below n /ilma, Alameda Cou Official's i ne explanatio Number of Admission(s)/ Ticket(s)	nade a unty Sup Vame (L on: Age Offic Yes No Yes	at the pervise Last, F	e behest of or irst) and Title • Check th taxable in also prov • If not inc ceremon organiza To promot	f an agency offic he income box if the agency of ncome. If the agency of vide a description. some, describe the publication, ial roles, performed by tion.	ency offici official per lic purpos an agenc an even	al claims admis formed a cerem e, including y official, individ t held at a	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Chan, W</u> t <b>(s) and th</b>	itified below n /ilma, Alameda Cou Official's i ne explanatio Number of Admission(s)/ Ticket(s)	nade a unty Sup Name (I on: Agen Offic Yes No Yes No Yes	at the pervise Last, F ncy cial	e behest of or irst) and Title • Check th taxable in also prov • If not inc ceremon organiza To promot	f an agency offic the income box if the agency of roome. If the agency of vide a description. some, describe the publication is roles, performed by tion. te attendance at a cility in order to m	ency offici official per lic purpos an agenc an even	al claims admis formed a cerem e, including y official, individ t held at a	anial role, dual, or Income Income Income

 Signature of Agency Head or Designee
 Alexandra Boskovich
 Supervisor's Assistant
 9/15/11

 Title
 (month, day, year)

# **A Public Document**

1. Agency Name					Date Stamp	California Form	802
County of Alameda						For Official	Ise Only
Division, Department, or Region (if application)	able)					i di cinciar	Jue only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must p	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors						
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	r)
(510) 272-3882 crystal.hi	shida@acgov.	org					
2. Function, Event, or Ceremonial F	Role Informat	tion					
Title LOVEvolution			_	Face V	alue of Each Admis	sion \$ _25.00	
				Datala	)	,	1
Description Concert			-	Date(s	)//		/
				Gold	on State Warriers		
Ticket(s)/Admission(s) provided by a	agency? Yes	☑ No	• 🗖	If no:	Name o	f Source	
Was the distribution to persons ider	ntified below r	nade a	at the	e behest of	an agency official?		
Yes 🔽 No 🔲 If yes: Lockye	r, Nadia, Superv Official's	isor- Di	strict	2			
	Official's	Name (l	Last, F	First) and Title			
The identity of recipient(s) and the	ne explanatio	on:					
Name		l		Check th	e income box if the agency o	official claims admis	sion as
(Last, First)	Number of	Age	ncy	1	ncome. If the agency official	performed a cerem	onial role,
or Organization	Admission(s)/	Offic	cial	1 '	ide a description. ome, describe the public pu	rpose, including	
(Name, Address, Description)	Ticket(s)	an De Philip		ceremon	ial roles, performed by an ag		tual, or
		Yes		organizat	e attendance at an ev	vent held at a	Income
Miguel Briones	4	No			ility to maximize pote		
		Yes					
		No					Income
			_				Income
-		Yes	п				
		Yes No	—				□ Income
		No	D				Income
		No Yes					Income Income Income
		No Yes No					Income Income Income
		No Yes					Income Income Income

#### 3. Verification

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

Mil	Michelle Dianda	Ticket Administrator	9/23/11
Signature of Agency Head or Designee	Print Name	Title	(roonth, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

### **A Public Document**

1. Agency Name					Date Stamp	California	802
County of Alameda						Form	
Division, Department, or Region (if applica	ble)					For Official	Use Only
Board of Supervisors	•						
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors						
Area Code/Phone Number E-mail					Date of Original Filing	(month, day, yea	r)
· · · ·	shida@acgov.o	-					
2. Function, Event, or Ceremonial R	ole Informat	ion					
Title Oakland Raiders				Ease \	alua of Each Adus	scien \$ 150.00	
	*************************				/alue of Each Admi		
Description Football Game				Date(s	) <u>11 / 06 / 11</u>	/	
				2410(0	,		
Ticket(s)/Admission(s) provided by a	agency? Yes	[7] N	о П	lf no ^{. Oakl}	and Raiders		
noned by harmonical provided by h	.gonoyi 160		~ ⊔		Name	of Source	
					eet to	<b>~</b>	
Was the distribution to persons iden	titled below h	nade a	at the	e penest of	an agency oπicial	٢	
Yes 🗹 No 🔲 If yes: Lockyer	, Nadia, Supervi	isor- Di	strict	2			
	Official's	Name (l	ast, F	irst) and Title			
The identity of recipient(s) and th	e explanatio	on:					
Name	•	• •		Check th	e income box if the agency	official claims admis	sion as
(Last, First)	Number of	Age		taxable i	ncome. If the agency offici		
or Organization	Admission(s)/ Ticket(s)	Offic	cial	If not inc	vide a description. ome, describe the public p		
(Name, Address, Description)				ceremon organiza	ial roles, performed by an a tion.	agency official, individ	dual, or
		Yes		To promot	e attendance at an e		Income
UDC of Alameda County	2	No	$\checkmark$	County fac	cility to maximize pol	tential revenue	
<u></u>	· ·	Yes					Income
P.O. Box 55604 Hayward, CA 94545		No					
		Yes					Income
To encourage people and volunteers		No					
		Yes					Income
to get out and vote.		No					
		Yes					Income
		No					
3. Verification							

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

MAR	Michelle Dianda	Ticket Administrator	9/2/0/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pub	lic	Doc	um	ent
Α	Pub	lic	Doc	um	en

						-		
1. Agency Name						Date Stamp	Californ	
County of Alameda							Form	002
Division, Department, or Regio	<b>n</b> (if applicat	ole)					For Offic	ial Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (N	ame, Title)					Amendment (Must p	rovide explanatio	n in Part 31
Anna Gee, Operations Manag	jer							r in r urc o.y
Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day,	vear)
510-891-5585	anna.gee@	@acgov.org					(	, • • • ,
2. Function, Event, or Cerer			ion					
								_
Title DOI Treasure Trove				_	Face V	alue of Each Admis	sion \$ <u>20,4</u>	0
Chavy						) <u>10 , 12 , 11</u>		
Description <u>Show</u>				_	Date(s	)//	/.	/
					0.14			
Ticket(s)/Admission(s) prov	ided by ag	gency? Yes		⊃ Ø	If no: Gold	Name of	Source	
Was the distribution to pers	ons identi	ified below n	nade a	t the	behest of	an agency official?		
Yes 🗹 No 🔲 Ifye:	S: <u>Miley, Nate,</u>	Alameda County Sup Official's I	vervisor, E	District 4	irot) and Titla			
				ası, r	nsij anu mie			
The identity of recipient(s	s) and the	e explanatio	n:					
Name		1000				e income box if the agency o		
(Last, First) or		Number of	Ager		-2.05 A 2022A 0228 (00 A 00.01212 0000)	come. If the agency official ide a description.	performed a cer	emonial role,
Organization		Admission(s)/ Ticket(s)	Offic	:19) :	• If not inc	not income, describe the public purpose, including		
(Name, Address, Descripti	on)				ceremon organizat	al roles, performed by an ag ion.	ency official, ind	ividual, or
			Yes		To reward	a non profit organizat	ion for its	Income
Canine Companions for Indep	bendence	4	No	$\checkmark$				
			Yes		contributio	ns to the community.		Income
PO Box 446					Contributio	no to the community.		
			Yes					Income
Santa Rosa, CA 95402								
			Yes					Income
Provides guide dogs for the d	isabled		No					
			Yes					Income
			No					

# 3. Verification

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

AAA	Anna Gee	Operations Manager	9/22/11
Signature of Agency Head or Designee	Print Name	Title	(mdnth, day, lyear)

Agency Report A Public Doct	ument	AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Onicial Use Only
Street Address		
1221 OAK STREET, #536, OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Muste	xplain in Part 5.)
(510) 272-6692 District2@acgov.org		
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Michelle Dianda, Ticket Administrator, BOS		
. Event For Which Tickets Were Distributed		
Date(s) of Event: <u>09</u> <u>20</u> <u>11</u> Description of Event: <u>Oaklan</u>	nd A's	
/Face Value of Ticket: \$	43.75	
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's		
Number of Tickets Received:3 Ticket(s) Provided to Ag	gency: 🔲 Gratuitously	⊠ Pursuant to Contra
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	r additional names)	
	Whether the Distribution is In Describe the Public Purpose for	
Individual or Organization Receiving Ticket(s) (Provided at the b	behest of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor Nadia Lockyer</u> , District	12	
		0
Name of Individual or Organization: Fred Sharples	Numb	er of Tickets:3
Description of Organization:		
Address of Organization:	City	State Zip Cod
Purpose for Distribution: (Describe the public purpose for the distribution to		
T upose for Distribution, (Describe the public purpose for the distribution to		y revenue from sales.
To promote attendance at an event held at a County facility in order to		
To promote attendance at an event held at a County facility in order to	· · · · · · · · · · · · · · · · · · ·	
To promote attendance at an event held at a County facility in order to <b>Verification</b>		
To promote attendance at an event held at a County facility in order to . Verification . I have determined that the distribution of tickets set forth above is in accordance.	ce with the provisions of FPP(	Ali- III
To promote attendance at an event held at a County facility in order to . Verification . I have determined that the distribution of tickets set forth above is in accordance.		Ali- III

Tickets Provided by		blic Docume	ant	TICKETS PROVIDED BY
Agency Report	AFU		711L	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Regio	<b>n</b> (if applicable)			For Official Use Only
1221 OAK STREET, #536				
Street Address		ANA WE THE REAL AND A REAL ADDRESS OF A DECISION OF A D		
OAKLAND, CA 94612				
Area Code/Phone Number E	-mail			<u></u>
(510) 272-6694	anna.gee@acgov.org		Amendment (Muster	(plain in Part 5.)
Agency Contact (name and title)		·····	Date of Original Filing: .	
Anna Gee - operations mana	aer			(month, day, year)
2. Event For Which Tickets		Dihanna		,
Date(s) of Event: <u>06</u> / <u>30</u>	_/ <u>11</u> Description of E ^v	vent: <u>Rinanna</u>		
/	_/ Face Value of Ti	cket: \$	83.80	
Agency Event 🛛 Yes	⊠ No (Identify source of tic	kets below.)		
Name of Outside Source of Tie	cket(s) Provided to Agency:	Golden State Wa	rrirors	
Number of Tickets Received:	Ticket(s) P	Provided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	i <b>ng Ticket(s)</b> (use a continua	ation sheet for addi	tional names)	
Name of Officia	I Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organizatior	n Receiving Ticket(s) (Pro	vided at the behes	t of an agency official.)	<u> </u>
-				
Name of Behesting Agency Of	ficial: <u>Alameda County Sup</u>	ervisor nate whe		
				2 2
Name of Individual or Organiz	ation:		Number	er of Tickets:2
S	enior advocacy			
Description of Organization:	<b>.</b>			200 J
Address of Organization				
Address of Organization:	er and Street	City		State Zip Code
Dumpoo for Distributions (D	ariba tha nublic num for the	diatribution to the	vanization \	
Purpose for Distribution: (Des				<u>,</u>
To promote attendance at an	event held at a County facili	ty in order to max	imize potential county	revenue from
5. Verification				
Thave determined that the distribution	ution of tickets set forth above i	s in accordance wit	h the provisions of FPPC	Regulation 18944.1.
Arth	Anna Gee	Oper	ations Manager	07/01/11
Signature of Agency Head or Désignee			Title	(month, day, year)
Comment: (Use this space or an a		ation including amon	dment explanation )	
		Lish indianing union		
parking and concession sales				

1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	1.000.				Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Part 5.)
(510) 272-6694	anna.gee@acgo\	v.org			
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Mar		and the second			
2. Event For Which Ticket					
Date(s) of Event:06 /_3	0 <u>,11</u> Desc	ription of Event: _	Baseball Gan	1e	
	/ Face			38.00	
	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency: Oakla	nd Athletics		a a star a succession a starting and a start of a succession of the
Number of Tickets Received	· <u>L</u>	Ticket(s) Provide	d to Agency:		Pursuant to Contrac
. Agency Official(s) Recei	ving Ticket(s) /u	se a continuation s	peet for additio	nal names)	
					ame to the Official or
Name of Offic (Last, First)	lai	Number of Tickets		er the Distribution is Inco the Public Purpose for	
	n de l'alla de la deservante de la composición de la composición de la composición de la composición de la comp				
l. Individual or Organization	on Receiving Tic	ket(s) (Provided	at the behest c	f an agency official.)	
-	Alamoda (				
Name of Behesting Agency	Official: <u>Alameda (</u>	County Superviso	r Nate Miley,	District 4	
Name of Behesting Agency	Official: <u>Alameda (</u>	County Superviso	r Nate Miley,	District 4	r of Tickets: 2
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda (</u> ization: <u>United Ser</u>	County Superviso	r Nate Miley,	District 4	r of Tickets:2
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda (</u> ization: <u>United Ser</u>	County Superviso	r Nate Miley,	District 4	r of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy	County Superviso	r Nate Miley, & Alameda C	District 4	r of Tickets: 2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda C</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S	County Superviso	r Nate Miley, & Alameda C CA 94605	District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S	County Superviso niors of Oakland a Ste 251-Oakland,	r Nate Miley, & Alameda C CA 94605 ^{City}	District 4	r of Tickets: 2 State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S	County Superviso niors of Oakland a Ste 251-Oakland,	r Nate Miley, & Alameda C CA 94605 ^{City}	District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S nber and Street escribe the public pub	County Superviso niors of Oakland a Ste 251-Oakland, pose for the distrib	r Nate Miley, & Alameda C CA 94605 City ution to the org	District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$ Purpose for Distribution: (D	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S nber and Street escribe the public pub	County Superviso niors of Oakland a Ste 251-Oakland, pose for the distrib	r Nate Miley, & Alameda C CA 94605 City ution to the org	District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$ Purpose for Distribution: (D To reward a nonprofit organ	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S nber and Street escribe the public pub	County Superviso niors of Oakland a Ste 251-Oakland, pose for the distrib	r Nate Miley, & Alameda C CA 94605 City ution to the org	District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$ Purpose for Distribution: (D To reward a nonprofit organ	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S nber and Street escribe the public public ization for its contr	County Superviso niors of Oakland a Ste 251-Oakland, pose for the distrib ibution to the com	r Nate Miley, & Alameda C CA 94605 City ution to the org imunity	District 4 ountyNumbe	State Zip Code
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{72}{Nur}$ Purpose for Distribution: (D To reward a nonprofit organ	Official: <u>Alameda (</u> ization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S nber and Street escribe the public public ization for its contr	County Superviso niors of Oakland a Ste 251-Oakland, pose for the distrib ibution to the com forth above is in acc	r Nate Miley, & Alameda C CA 94605 City ution to the org imunity	District 4 ountyNumbe	State Zip Code

	A Publ	ic Document	TICKETS PROVIDED AGENCY REPO
. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #536	(if applicable)	Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612			
	mail	Amendment (Mu	st explain in Part 5.)
(510) 272-6694 ar Agency Contact (name and title) Anna Gee - operations manage	nna.gee@acgov.org	Date of Original Filin	g:(month, day, year)
. Event For Which Tickets W			<u>2010/00/2017/00/00/00/00/00/00/00/00/00/00/00/00/00</u>
Date(s) of Event: <u>06</u> / <u>30</u>	/ Description of Ever	02.00	
/	/ Face Value of Ticke	3ί: φ	
Agency Event Yes	X No (Identify source of ticke	ts below.)	
Name of Outside Source of Tick	(et(s) Provided to Agency: Go	olden State Warrirors	
Number of Tickets Received:	2 Ticket(s) Prov	vided to Agency: Gratuitously	I Pursuant to Contr
. Agency Official(s) Receivin	<b>g Ticket(s)</b> (use a continuation		
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
. Individual or Organization	Receiving Ticket(s) (Provid	led at the behest of an agency official	.)
	cial. Alameda County Superv	risor Nate Miley, District 4	
Name of Behesting Agency Offi			
Name of Behesting Agency Offi Name of Individual or Organizat		Nur	mber of Tickets:2
	tion: <u>Geoffrey Pete</u>		mber of Tickets:2
Name of Individual or Organizat	tion: <u>Geoffrey Pete</u>		mber of Tickets:2
Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Descr	tion: <u>Geoffrey Pete</u> and Street ribe the public purpose for the dis	City	State Zip Co
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Descr To promote attendance at an e	tion: <u>Geoffrey Pete</u> and Street ribe the public purpose for the dis	City stribution to the organization.)	State Zip Co
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Descr To promote attendance at an er	tion: <u>Geoffrey Pete</u> and Street ribe the public purpose for the dis vent held at a County facility i	^{City} stribution to the organization.) n order to maximize potential cou	State Zip Co nty revenue from
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Descr To promote attendance at an er	tion: <u>Geoffrey Pete</u> and Street ribe the public purpose for the dis vent held at a County facility i	City stribution to the organization.)	State Zip Co nty revenue from PPC Regulation 18944.1.
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Descr To promote attendance at an er	tion: <u>Geoffrey Pete</u> and Street ribe the public purpose for the dis vent held at a County facility i	^{City} stribution to the organization.) n order to maximize potential cou	State Zip Co nty revenue from

A Public Documen	A Pub	lic	Docum	ent
------------------	-------	-----	-------	-----

AA A	Anna Gee	Operations Manager	9/20/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Agency Report       A Public Document       TickETS PROVIDE AGENCY REP         1. Agency Name COUNTY OF ALAMEDA       Date Stamp       California 800         Division, Department, or Region ( <i>if applicable</i> )       1221 OAK STREET, #555       For Official Use Only         1221 OAK STREET, #555       Street Address       OAKLAND, CA 94612       For Official Use Only         Area Code/Phone Number       E-mail crystal.hishida@acgov.org       Image: Crystal.hishida@acgov.org       Date of Original Filing:(month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         2. Event For Which Tickets Were Distributed       Date (s) of Event:09 / _13 / _11	2 2
COUNTY OF ALAMEDA       Form OU         Division, Department, or Region (if applicable)       For Official Use Only         1221 OAK STREET, #555       For Official Use Only         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         2. Event For Which Tickets Were Distributed       Date(s) of Event:09 / _13 / _11 Description of Event:Oakland A's Skybox	2
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         (510) 272-3882         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Dete(s) of Event:       09 / 13 / 11         Description of Event:       Oakland A's Skybox	
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-3882         Crystal.hishida@acgov.org         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Date of Original Filing:         (month, day, year)         (s) of Event:       09 / 13 / 11         Description of Event:       Oakland A's Skybox	
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	
OAKLAND, CA 94612       Image: Constant (Must explain in Part 5.)         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         Z. Event For Which Tickets Were Distributed       Description of Event: Oakland A's Skybox	
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:	_
Agency Contact (name and title)       Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office       (month, day, year)         2. Event For Which Tickets Were Distributed         Date(s) of Event:       09 / 13 / 11         Description of Event:       Oakland A's Skybox	
2. Event For Which Tickets Were Distributed Date(s) of Event:09 /13 /11 Description of Event:Oakland A's Skybox	
Date(s) of Event: <u>09 / 13 / 11</u> Description of Event: <u>Oakland A's Skybox</u>	
	_
/ Face Value of Ticket: \$\$1,500	
Agency Event Yes No (Identify source of tickets below.)	
Name of Outside Source of Ticket(s) Provided to Agency:	-
Number of Tickets Received: Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra	act
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)	
Name of Official Number State Whether the Distribution is Income to the Official or	_
(Last, First) of Tickets Describe the Public Purpose for the Distribution	
	_
	_
	_
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)	
Alameda County Supervisor Scott Haggerty, District 1	
Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Haggerty</u> , District 1	-
Name of Individual or Organization: <u>ALAMEDA COUNTY FIRE DEPARTMENT</u> Number of Tickets: <u>20</u>	
Description of Organization:	_
Address of Organization:	de
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
To reward a county department for their exemplary service to the public and encourage staff development	
	-
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	
LEE ANN FERGERSON Signature of Agency Head of Designee Print Name Title (month, day, year	/

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report					
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Regi	ion (if applicable)				
1221 OAK STREET, #555			с.		
Street Address					
OAKLAND, CA 94612				,	
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			indiri in an oly
Agency Contact (name and title)	)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		(month, day, your)
2. Event For Which Tickets		the second s			
Date(s) of Event: $\frac{9}{2}$			A's seat tick	kets	
Date(s) of Event:/				\$38.00	
/	/ Face	value of LICK	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided f	to Agency: <u>Oa</u>	akland Athletics	5	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio			
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
		-			
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: <u>Alameda (</u>	County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Organ					er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
		6 U - 1			
Purpose for Distribution: (De					
to reward a county departme	ent for his or her ex	cemplary serv	ice to the publi	С	
5. Verification	ibution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
N.A. S. O		ERGERSON		ET ADMINISTRATOR	al I.
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or al			on including amend	dment explanation.)	<ul> <li>International distribution of the second seco</li></ul>

Ficket/Admission Dis	tributions	5					A Public Do	cumen
. Agency Name						Date Stamp	California Form	802
County of Alameda	ala a dt R						For Official L	and the second second
Division, Department, or Re	gion (if applica	ble)						
Board of Supervisors Street Address								
1221 Oak Street, Suite 53								
Designated Agency Contac						Amendment (Must		
Crystal Hishida Graff, Cler		upervisors				Date of Original Filing	10/04/11	
Area Code/Phone Number	E-mail					Date of Original Filing	(month, day, year	)
(510) 272-3882		hida@acgov.						
2. Function, Event, or Ce	remonial R	ole Informat	tion					
Title Oakland A's vs. Detro	oit Tigers				Face \	/alue of Each Admis	sion \$ <u>38.00</u>	
Description Baseball				_	Date(s	<b>3)</b> <u>09</u> <u>18</u> <u>11</u>	/	/
Ticket(s)/Admission(s) p	rovided by a	gency? Yes		◦ 🛛	lf no: <u>Oakl</u>	land A's Name o	of Source	
Was the distribution to p	ersons iden	tified below n	nade a	it the	e behest of	f an agency official?		
Yes ☑ No 🔲 If	Loo, Carson,	Keith Superviso	r					
	yes	Official's	Name (L	.ast, F	irst) and Title			
The identity of recipier	nt(s) and th	e explanatio	on:					7
Name						ne income box if the agency ncome. If the agency officia		
(Last, First) or		Number of Admission(s)/	Ager Offic		1	vide a description.	a periorinea a cereine	inter role,
Organization (Name, Address, Desc	ription)	Ticket(s)				come, describe the public pu ial roles, performed by an a ition.		ual, or
·····			Yes			a community volunte	er for his or her	Income
Watts, Alfred		2	No	$\checkmark$	service to	the public.		
	· · · · · · · · · · · · · · · · · · ·		Yes					Income

### 3. Verification

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

No 🗖

Yes 🗖

No 🔲 Yes 🔲

No 🗖

Yes 🗖

No 🗖

RAGO **Ticket Administrator** 10/04/11 MU (month, day, year) Title ture of Agency He d or Designee

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income

Income

Income

	A Public Document			
Agency Name		Date Star		
COUNTY OF ALAMEDA				
Division, Department, or Region (if applicable)			For Official Use Only	
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			t (Must explain in Part 5.)	
(510) 272-6694 anna.gee@acg	ov.org			
Agency Contact (name and title)		Date of Origina	I Filing:(month, day, year)	
Anna Gee, Operations Manager			(	
Event For Which Tickets Were Distribu	uted	n na sana ang kanang		
Date(s) of Event: <u>08 / 16 / 11</u> Des	scription of Eve	_{nt} . Baseball Game		
		28.00		
// Fac	ce Value of Ticke	et: \$		
Agency Event 🔲 Yes 🗵 No (Identify	/ source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provide	d to Agency:			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency: 🛛 Gratuito	usly 🛛 🖾 Pursuant to Cont	
Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for additional names)		
Name of Official	Number		ion is Income to the Official or	
(Last, First)	of Tickets	Describe the Public Pu	rpose for the Distribution	
ndividual or Organization Receiving T		lod at the behast of an agonov of	ficial)	
	• • •		nciai.)	
Name of Behesting Agency Official: <u>Alameda</u>	a County Superv	visor Nate Miley, District 4		
			0	
Name of Individual or Organization: <u>Women</u>	on the way to F	kecovery	Number of Tickets: <u>2</u>	
Description of Organization: <u>Re-entry program</u>				
Address of Organization, 20424 Haviland Av	e - Hayward, C	A 94541		
Address of Organization: 20424 Haviand Av	<b>,</b> ,	City	State Zip C	
Curness for Distribution: (Describe the public s		tribution to the organization )		
Purpose for Distribution: (Describe the public p	•		<b>•</b> • • • • • • • • • • • • • • • • • •	
To promote attendance at an event held at a	County facility	n order to maximize potential	County revenue from parki	
			na ya kata kata ya kata kata kata kata ka	
/erificatidn				
have determined that the distribution of tickets se	et forth above is ir	accordance with the provisions	of FPPC Regulation 18944.1.	
VI OF IN	-	OPERATIONS MAN	JAGER 09/01/11	
ANNA GE				

**A Public Document** 

		Julione									
1.	Agency Name				***********		Date	e Stamp	6	Californi	a QNO
	County of Alameda									Form	
	Division, Department, or Region	n (if applica	ble)				1			For Offici	al Use Only
	Board of Supervisors										
	Street Address						1				
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Na	ame, Title)						dment (Mus	st provide	evolanation	in Part 3 )
	Crystal Hishida Graff, Clerk, B	Board of S	Supervisors				-			·	
	Area Code/Phone Number E	-mail					Date of Or	iginal Filin	g:	onth. day. v	(ear)
	(510) 272-3882	crystal.his	shida@acgov.o	org					(//	,ornin, ouy, y	
2.	Function, Event, or Cerem	-									
										<b>A</b>	
	Title				_	Face V	Value of Ea	ach Adm	ission	<b>\$</b> <u>\$75.</u>	10
	Eco Eightora con	voort					10 1	19 11			
	Description Foo Fighters con	icen				Date(s	s) <u> </u>	/		/_	/
	Ticket(s)/Admission(s) provi Was the distribution to perse							Name	of Sour	ce	
	Was the distribution to perso	ons iden	<b>tified below n</b> sor Wilma Chan	nade a	at the	behest of	f an agenc	Name		ce	
	Was the distribution to perso	ons iden 3: Supervis	<b>tified below</b> n sor Wilma Chan Official's	nade a	at the		f an agenc	Name		ce	
,	Was the distribution to perse Yes ☑ No 🔲 If yes	ons iden ₃ : ^{Supervis} 3) and th	<b>tified below</b> n sor Wilma Chan Official's	nade a	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide the second seco</li></ul>	f an agenc ne income box ncome. If the vide a descript come, describt ial roles, perfo	Name y officia if the agenc agency offic tion. the public j	y official ial perfor	claims adr med a cere	emonial role,
,	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade a Name (L on: Agen	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide if not inconceremon organiza</li> <li>To promotion</li> </ul>	f an agenc ne income box ncome. If the vide a descrip come, describe nial roles, perfo tion. te attendar	if the agence agency officia	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	emonial role, ividual, or
,	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade a Name (L on: Ager Offic	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide if not inconceremon organiza</li> <li>To promotion</li> </ul>	f an agenc ne income box ncome. If the vide a descript come, describt nial roles, perfo tion.	if the agence agency officia	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	emonial role, ividual, or
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	widual, or Income
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box ncome. If the vide a descrip come, describe nial roles, perfo tion. te attendar	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	emonial role, ividual, or Income
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	vidual, or Income
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	vidual, or Income
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	vidual, or Income
,	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	vidual, or Income
	Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons iden ₃ : ^{Supervis} 3) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also promoted in the companization organization organization of the promoted of the prom</li></ul>	f an agenc ne income box income. If the vide a descript ome, describe ital roles, perfo ital roles, perfo tion. te attendar cility in orde	If the agenc agency officia tion. the public pormed by an acce at an er to max	I? y official ial perfor purpose, agency o event h	claims adr med a cere including official, ind neld at a	ividual, or Income Income Income Income

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

	Alexandra Boskovich	Ticket Administrator	9/26/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	Date Stamp	California
COUNTY OF ALAMEDA		Form 802
Division, Department, or Region (if applicable)	-	For Official Use Only
1221 OAK STREET, #555		
Street Address	-	
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must exp	lain in Dart 5.)
(510) 272-3882 crystal.hishida@acgov.org		lain in Part 5.)
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		(monin, day, your)
2. Event For Which Tickets Were Distributed		
Date(s) of Event:/ 20 _/11 Description of Event:A's Game		
	38.00	
/ Face Value of Ticket: \$		
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: <u>Oakland Athletic</u>	CS	
Number of Tickets Received: <u>2</u> Ticket(s) Provided to Agen	cy: 🔲 Gratuitously [	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	ditional names)	
	ether the Distribution is Inco ribe the Public Purpose for	
4. Individual or Organization Receiving Ticket(s) (Provided at the behe	st of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Ha</u>	ggerty, District 1	
Name of Individual or Organization: Clark Luethy	Number	r of Tickets: <u>2</u>
Description of Organization:		
Address of Organization:	/	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	organization.)	
To promote attendance at a county sponsored event at a County facility to		nty revenue
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance w	ith the provisions of FPPC	Regulation 18944.1.
		a/a/11
Signature of Agency Heador Designee Print Name Comment: (Use this space or an attachment for any additional information including amer		(month, day, year)

Tickets Provided by		Δ Pub	lic Docume	ant	TICKETS PROVIDED BY
Agency Report					
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Reg	i <b>on</b> (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-6694	anna.gee@acgov	v.org			······,
Agency Contact (name and title	<i>.</i> )			Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Ma	nager				
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:08_/	17 / 11 Desc	ription of Eve	nt. Baseball G	ame	
				00.00	
/	/ Face	Value of Tick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
				6	
Name of Outside Source of	licket(s) Provided	to Agency:			
Number of Tickets Received	1:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece		ise a continuati			
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
	<b>M</b>				
4. Individual or Organizati	-				
Name of Behesting Agency	Official: Alameda	County Super	visor Nate Mile	y, District 4	
Name of Individual or Orga			Recovery	Numbe	er of Tickets: 2
Description of Organization	Re-entry program	for women			
Address of Ordanization:	0424 Haviland Ave	- Hayward, C	A 94541 City		State Zip Code
Purpose for Distribution: (D	lescribe the public pu	rnces for the di	istribution to the	ananization )	
•					for a state of
To promote attendance at a	in event held at a C	County facility	in order to may	imize potential County	revenue from parking
					and a second
5. Verification I have determined that the dist	ribution of tickets set	forth above is i	n accordance wil	h the provisions of FPPC	Regulation 18944.1.
n La					- 09/01/11
Signature of Agency Head or Desig	ANNA GEE	Print Name		Title	(month, day, year)
			ion including or on		(month, day, year)
Comment: (Use this space or a	n adaonment for any ad	iuiuunai iniumiali	on monuting americ	αποπε σχριατιατίθη.)	
and concession sales					

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	<b></b>			Date Stamp	California
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
Britisten, Beparanent, er region					
Street Address					
1221 OAK STREET, #555, OA	AKLAND, CA 946	512			
	-mail			Amendment (Must ex	(aloin in Dorf 5.)
(510) 272-3882 c	rystal.hishida@a	icgov.org			plain în Part 5.)
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County	y Administrate	or's Office		
2. Event For Which Tickets V	Vere Distribute	ed			
Date(s) of Event:09 /17	_/ <u>11</u> Desc	ription of Eve	nt: Oakland A'	s game	
	Face			\$43.75	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Tic	ket(s) Provided t	to Agency: Oa	akland Athletic	S	
Number of Tickets Received: _					I Pursuant to Contract
Number of Tickets Received: _		fickel(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	ng Ticket(s) (u	se a continuatio	on sheet for add	tional names)	
Name of Official		Number		ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
4. Individual or Organization	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
-	-			/	
Name of Behesting Agency Of	ficial: <u>Gupervisor</u>			, , , , , , , , , , , , , , , , , , ,	- A - AL - A - A - A - A - A - A - A - A
Name of Individual or Organiza	ation. Tom McCo	ormick		Numbe	er of Tickets: <u>20</u>
Name of Marvada of Organize					
Description of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Desc	oribo the public pur	mana far tha di	stribution to the	organization )	
•					rovenue from colos
To promote attendance at an e	event held at a C	ounty facility	In order to may	cimize potential County	revenue from sales
5. Verification					
I have determined that the distribut	ition of tickets set f	forth above is i	n accordance wi	th the provisions of FPPC	Regulation 18944_1
				-	-
Cignolium of Agenou Used on Decision	Alexandra E	Boskovich	Supe	ervisor's Assistant	9/13/11
Signature of Agency Head or Designee			on including and		(month, day, year)
Comment: (Use this space or an a	nacriment for any ad	ullonal informati	on incluaing amen	ument explanation.)	

### **A Public Document**

Agency Name						Date Stamp		Californi	a ono
COUNTY OF ALAMEDA								Form	- 002
Division, Department, or Region (if applicable)								For Offici	al Use Only
Street Address									
1221 OAK STREET, #536, O	AKLAND,	CA 94612							
Designated Agency Contact (Na						Amendment (M	Aust providu	e explanation	in Part 3
Michelle Dianda, Ticket Admir	nistrator. E	30S					-		
	E-mail				Dat	te of Original Fil	ling:	month. dav.	/ear)
(510) 272-6692	District2@	acgov.org					,		,
Function, Event, or Ceren			ion						
Title Oakland Raiders					Face Value	e of Each Ad	missio	n \$ <u>150.</u>	00
Description Football Game					Date(s)	9 , 25 , 1	11		/
•									
	/ided bv a	aencv? Yes	⊡ No	🗂 lf n	0:				
Ticket(s)/Admission(s) prov		<b>J</b>				Mai	ma of Sai	Irca	
Ticket(s)/Admission(s) prov	sons iden	tified below n	nade at t	the bel	,				
Was the distribution to pers Yes ☑ No □ If yea	sons ident	<b>tified below n</b> , Nadia, Supervi <i>Official's i</i>	nade at f isor- Distri Name (Las	<b>the bel</b> ict 2	nest of an				
Was the distribution to pers	sons ident	<b>tified below n</b> , Nadia, Supervi <i>Official's i</i>	nade at f isor- Distri Name (Las	the bel ict 2 st, First) a	nest of an	agency offic	ial?		
Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First)	sons ident	tified below n , Nadia, Supervi Official's i e explanatio Number of	nade at 1 isor- Distri Name (Las Dn: Agency	the bel ict 2 st, First) e	nest of an and Title Check the inco	agency offic	ial?	al claims adu	mission as emonial role,
Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's</i> i e explanatio	nade at 1 isor- Distri Name (Las	the bel ict 2 st, First) a	nest of an and Title Check the Inco taxable Incom also provide a If not Income,	agency offic	ial? ency officia fficial perf ic purpose	al claims ad ormed a cer e, including	emonial role,
Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's I</i> e explanatio Number of Admission(s)/	nade at 1 isor- Distri Name (Las Dn: Agency	the bel ict 2 st, First) a y 1 •	nest of an and Title Check the Inco taxable incom also provide a If not income, ceremonial rol organization.	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, ividual, or
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes D Yes D	the bel ict 2 it, First) a	nest of an and Title Check the Inco taxable incom also provide a If not income, ceremonial rol organization.	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, Ividual, or Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes [ No [ No [	the bel ict 2 st, First) a	nest of an and Title Check the incom also provide a if not income, ceremonial rol organization. reward a co	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, lividual, or Income Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes [ No [ Yes [ Yes [	the bel ict 2 it, First) a	nest of an and Title Check the incom also provide a if not income, ceremonial rol organization. reward a co	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, ividual, or Income Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes [ No [ No [	the bel ict 2 st, First) e	nest of an and Title Check the incom also provide a if not income, ceremonial rol organization. reward a co	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, ividual, or Income Income Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes [ No [ Yes [ No [ Yes [ No [	the bel	nest of an and Title Check the incom also provide a if not income, ceremonial rol organization. reward a co	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, ividual, or Income Income Income
Was the distribution to pers Yes No If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	sons ident s: Lockyer s) and th	tified below n , Nadia, Supervi <i>Official's l</i> e explanatic Number of Admission(s)/ Ticket(s)	nade at f isor- Distri Name (Las on: Agency Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [	the bel	nest of an and Title Check the incom also provide a if not income, ceremonial rol organization. reward a co	agency offic	ial? ency officia fficial perf ic purpose an agency	al claims add ormed a cer e, including r official, inc	emonial role, lvidual, or Income Income Income Income

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

IND	MICHELLE DIANDA	TICKET ADMINISTRATOR	9/22/11
Signature of Agency Head or Designee	Print Name	Title	(rhonth, day year)

gency Report	7.1 40	lic Document	New Joint Contract of Contract of Contract on Contract of Contract	AGENCY REPOR
Agency Name		D		Ilifornia 802
COUNTY OF ALAMEDA				Form OUL
Division, Department, or Region (if applicable	)			
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail		Ame	ndment (Must explain in .	Part 5.)
(510) 272-6694 anna.gee@a	acgov.org			
Agency Contact (name and title)		Date of	Original Filing:	nth, day, year)
Anna Gee, Operations Manager				
Event For Which Tickets Were Distr	ibuted			-
Date(s) of Event: <u>08 / 20 / 11</u>	Description of Eve	nt: Baseball Game		
	Face Value of Tick			
······································	ace value of tick	σι, ψ		
Agency Event 🛛 Yes 🛛 No (Ider	ntify source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Prov	ided to Agency. Of	akland Athletics		
Number of Tickets Received: <u>2</u>	Ticket(s) Pro	vided to Agency: 🛛 🛛 G	ratuitously 🛛 🗵 Pເ	irsuant to Contrac
Agency Official(s) Receiving Ticket(	S) (use a continuation	on sheet for additional nan	ies)	
Name of Official	Number		istribution is Income to	
(Last, First)	of Tickets	Describe the Pu	blic Purpose for the D	Distribution
· ·				
		an a		
·				
Individual or Organization Receiving	g Ticket(s) (Provid	led at the behest of an ag	ency official.)	
Alam	- eda County Super	visor Nate Miley, Distric	ŧΔ	
Name of Behesting Agency Official: Alan		nsor reace miley, Distric		
Name of Individual or Organization: Kristo	pher Kokotaylo		Number of T	iekota: 2
			_ Number of T	
Description of Organization: <u>Re-entry prop</u>	gram for women			
Address of Organization:	Ave - Hayward, C	4 94541		
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the di	stribution to the organizati	on.)	
To promote attendance at an event held a	at a County facility	n order to maximize po	tential County rever	nue from parking
Verification				
	e eat forth above is in	accordance with the prov	visions of EDDC Door	lation 18011 1
	s sectorul above IS II	r accordance with the prov	naiona or rero regu	
I have determined that the distribution of ticket	GEE Print Name		S MANAGER	09/01/11 (month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	nin 19 nin 2007 i lang sagangan manangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan			Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)			,	For Official Use Only
1221 OAK STREET, #536					
Street Address	· · · · · · · · · · · · · · · · · · ·				
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	avolain in Part 5 1
(510) 272-6694	anna.gee@acgov	/.org			
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year)
Anna Gee - operations mar	nager				
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:08_/1	1 <u>/11</u> Desc	ription of Ever	nt: Football gar	ne	
	/ Face				
and the second second			ει. φ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Oa	akland Raiders		
Number of Tickets Received	l:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose f	
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provid	l ded at the behest	t of an agency official.)	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Nate Miley	/, District 4	· . · · · · · ·
Name of Individual or Organ					per of Tickets: <u>4</u>
Description of Organization:	Schorl Brest Van I	Kempen			<u>.</u>
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a	in event held at a C	ounty facility i	in order to max	imize potential Count	y revenue from
5. Verification				an de la companya de	dhiadanaka kuna ina ang karawan kananaka kanana kuna kuna kuna kuna k
I have determined that the distr	ribution of tickets set i	forth above is ir	n accordance witi	h the provisions of FPP	C Regulation 18944.1.
ASK	Anna Gee		Opera	ations Manager	09/01/11

A Public Document
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1. Agency Name			Date Stamp California	802
County of Alameda			Form	002
Division, Department, or Region (i	f applicable)		For Officia	I Use Only
1221 Oak Street, Suite 536				
Street Address				
Oakland, CA 94612				
Designated Agency Contact (Name	e, Title)		Amendment (Must provide explanation	in Part 21
Anna Gee, Operations Manager				nn an o.y
Area Code/Phone Number E-m	ail		Date of Original Filing:	arl
510-891-5585 and	na.gee@acgov.org		(110),10, 003, 90	.ary
2. Function, Event, or Ceremo		ion		
Title Athletics vs. Angels			Face Value of Each Admission \$ _38.00	
			00 14 11	
Description Baseball Game			Date(s) / _1411/	/
Ticket(s)/Admission(s) provide	d by agency? Yes	🗆 No 🗹	If no: Oakland Athletics Name of Source	
			Name of Source	
Was the distribution to person	s identified helow n	nade at th	e behest of an agency official?	
Yes 🕢 No 🔲 If yes: 🖞	Viley, Nate - Alameda Cou Official's I	nty Superviso	r	
	Official's I	Name (Last, F	First) and Title	
The identity of recipient(s) a	and the explanatio	on:		
Name			Check the income box if the agency official claims adm	ission as
(Last, First)	Number of	Agency	taxable income. If the agency official performed a cerei	nonial role,
or Organization	Admission(s)/	Official	<ul> <li>also provide a description.</li> <li>If not income, describe the public purpose, including</li> </ul>	
(Name, Address, Description)	Ticket(s)		ceremonial roles, performed by an agency official, indiv organization.	idual, or
<u></u>		Yes 🗖	olganization	Income
Laffey, Patrick	1	No 🖸	To promote attendance at an event held in a	
		Yes 🗖		Income
Laffey, Jamie	1		County facility in order to maximize potential	
	-			· · · · ·
		Yes □ No □	County revenue with parking and concession	Income
			sales.	Income
		No 🗖	· · · · · · · · · · · · · · · · · · ·	
		Yes 🗖		Income
		No 🗖		
3. Verification				
I have mad and understand EDDC E				
		d 18942. I h	ave verified that the distribution of admissions, set f	
is in accordance with the provisions.		d 18942. I h	ave verified that the distribution of admissions, set f	

H H	Anna Gee	Operations Manager	09/30/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

<b>A Public</b>	Document
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		/13		-	~ ~	
1.	Agency Name				Date Stamp	California 802
	COUNTY OF ALAMEDA					Form 002
	Division, Department, or Region (if ap,	plicable)				For Official Use Only
	£			•		
	Street Address					
	1221 OAK STREET, #536, OAKLAI	ND, CA 94612				
	Designated Agency Contact (Name, Tit	le)			Amendment (Must pro	wide explanation in Part 3.)
	Michelle Dianda, Ticket Administrate	or, BOS				
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-6692 Distric	t2@acgov.org				
2.	Function, Event, or Ceremonia	al Role Informat	ion			
	Oakland Baidara					• 150.00
	Title Oakland Raiders			Face	Value of Each Admiss	ion \$
	Description Football Game			Date/s	<b>s)</b> <u>10</u> <u>16</u> <u>11</u>	1 1
	Description			Date	5)	
	Ticket(s)/Admission(s) provided I	waganay? Vac		If no. Oak	land Raiders	
	ficket(s)/Admission(s) provided i	by agency? Tes		11110 ₁	Name of S	Source
	Was the distribution to persons i	dentified below n	nade at the	e behest o	f an agency official?	
		kver Nadia Supervi	isor- District	2		
	Yes 🖸 No 🔲 If yes: Loc	kyer, Nadia, Supervi Official's	Name (Last, I			
						¢
	The identity of recipient(s) and	the explanation	on:		·	
	Name				he income box if the agency off income. If the agency official p	
	(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
	Organization (Name, Address, Description)	Ticket(s)			come, describe the public purp nial roles, performed by an age ation.	
	- · · · · · · · · · · · · · · · · · · ·		Yes 🗖			Income
	AC Fire Association Local 55	2	No 🗹	lo reward	a nonprofit organizatio	
			Yes 🗖			Income
			No 🗖	contributio	ons to the community	
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
	· · · · · · · · · · · · · · · · · · ·		No 🗖			
			Yes 🗖			Income
			No 🗖			
-				the second se		

, ·

### 3. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	9/14/11
gignature of Agency Head of Designee	Print Name	Title	(month; day, year)

### A Public Document

. Agency Name		···· · ····				Date S	Stamp	California	
COUNTY OF ALAMEDA							•	Form	<u> </u>
Division, Department, or Region (if applicable)							For Official	l Use Only	
Street Address									
1221 OAK STREET, #536, O	DAKLAND,	CA 94612							
Designated Agency Contact (A							ant (literation	uida avalanation i	n Dont 2 )
Michelle Dianda, Ticket Admi	inistrator B	SOS					ient (wust pro	ovide explanation i	n Part 3.)
	E-mail	.00	<u> </u>			Date of Orig	inal Filing:	(month, day, ye	
	District2@	acdov ord						(month, day, ye	ar)
. Function, Event, or Cerei		-	ion		]				
Title Oakland Raiders					Face V	alue of Eac	ch Admiss	ion \$ <u>150.00</u>	0
Description Football Game					Date(s	)/		/	/
	vided by a	gency? Yes	🗹 No	🗖 If	no:		Name of S	Source	
Ticket(s)/Admission(s) prov									
licket(s)/Admission(s) prov									
Ticket(s)/Admission(s) prov Was the distribution to pers	sons ident	ified below n	nade at [.]	the b	ehest of		official?		
Was the distribution to pers					ehest of		official?		
Was the distribution to pers		Nadia, Supervi	isor- Distr	rict 2			official?		
Was the distribution to pers Yes ☑ No 🔲 If ye	es: <u>Lockyer,</u>	Nadia, Supervi Official's i	isor- Distr Name (Las	rict 2			official? 		
Was the distribution to pers	es: <u>Lockyer,</u>	Nadia, Supervi Official's i	isor- Distr Name (Las	rict 2	) and Title Check the	an agency	the agency of	ficial claims admi	
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First)	es: <u>Lockyer,</u>	Nadia, Supervi <i>Official's I</i> e explanatic Number of	isor- Distr Name (Las Dn: Agency	rict 2 st, First, y	) and Title Check the taxable in	an agency	the agency off	ficial claims admi erformed a cerer	
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name	es: <u>Lockyer,</u> (s) and the	Nadia, Supervi <i>Official's</i> i e explanatic	isor- Distr Name (Las on:	rict 2 st, First, y	) and Title Check the taxable in also prov If not inco ceremoni	an agency e income box if come. If the ag ide a descriptio ome, describe ti al roles, perform	the agency off gency official p on. he public purp	erformed a cerer	nonial role,
Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization	es: <u>Lockyer,</u> (s) and the	Nadia, Supervi <i>Official's I</i> e explanatic Number of Admission(s)/	isor- Distr Name (Las Dn: Agency Officia	rict 2 st, First, y	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if come. If the ag ide a descriptio ome, describe ti al roles, perform ion.	the agency off jency official p n. he public purp med by an age	erformed a cerer ose, including ncy official, indiv	nonial role,
Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization	es: <u>Lockyer,</u> (s) and the tion)	Nadia, Supervi <i>Official's I</i> e explanatic Number of Admission(s)/	isor- Distr Name (Las Dn: Agency	rict 2 st, First, y	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if come. If the ag ide a descriptio ome, describe ti al roles, perform	the agency off jency official p n. he public purp med by an age	erformed a cerer ose, including ncy official, indiv	nonial role, idual, or
Was the distribution to personant         Yes       No       If yes         The identity of recipient(structure)         Name (Last, First) or         Organization (Name, Address, Descript)         St. Rose Hospital Foundation	es: <u>Lockyer,</u> ( <b>s) and the</b> tion)	Nadia, Supervi Official's e explanatic Number of Admission(s)/ Ticket(s)	isor- Distr Name (Las on: Agency Officia Yes [ No [2 Yes [	rict 2 st, First, y 1 - - - - - - - - - -	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if icome. If the ag ide a descriptio ome, describe ti al roles, perform ion. e attendance	the agency off gency official p on. he public purp med by an age e at an eve	erformed a cerer ose, including ncy official, indiv ent held at	nonial role, idual, or Income Income
Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Lockyer,</u> ( <b>s) and the</b> tion)	Nadia, Supervi Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Las Name (Las On: Agency Officia Yes [ No [ Yes [ No [	rict 2 st, First; y 1 - - - - - - - - - - - - - - - - - -	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if icome. If the ag ide a descriptio ome, describe ti al roles, perform ion. e attendance	the agency off gency official p on. he public purp med by an age e at an eve	erformed a cerer ose, including ncy official, indiv	idual, or Income Income e
Was the distribution to personant of the second	es: <u>Lockyer,</u> ( <b>s) and the</b> ( <b>tion</b> ) n ard	Nadia, Supervi Official's e explanatic Number of Admission(s)/ Ticket(s)	isor- Distr Name (Las on: Agency Officia Yes [ No [ Yes [ Yes [	rict 2 st, First, y 1 2 7 7 7 7 7 7 2 a	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if icome. If the ag ide a descriptio ome, describe ti al roles, perform ion. e attendance	the agency off gency official p on. he public purp med by an age e at an eve	erformed a cerer ose, including ncy official, indiv ent held at	idual, or Income e Income Income
Was the distribution to personant         Yes       No       If yes         The identity of recipient(structure)         Name (Last, First) or         Organization (Name, Address, Descript)         St. Rose Hospital Foundation	es: <u>Lockyer,</u> ( <b>s) and the</b> ( <b>tion</b> ) n ard	Nadia, Supervi Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Las Agence Officia Yes [ No [ Yes [ No [ Yes [ No [	rict 2 st, First; y 1 - - - - - - - - - - - - - - - - - -	) and Title Check the taxable in also prov If not inco ceremoni organizat	an agency e income box if icome. If the ag ide a descriptio ome, describe ti al roles, perform ion. e attendance	the agency off gency official p on. he public purp med by an age e at an eve	erformed a cerer ose, including ncy official, indiv ent held at	idual, or Income Income e
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#### 3. tion

I have read and and and restand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MA	MICHELLE DIANDA	TICKET ADMINISTRATOR	9/11/1
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	ıbl	ic	Do	cu	m	e	n	t
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licket/Admission Distrip	utions			blic Documen
1. Agency Name			Date Stamp Ca	alifornia Form 802
County of Alameda				
Division, Department, or Region	(if applicable)			For Official Use Only
1221 Oak Street, Suite 555, Oa	1221 Oak Street, Suite 555, Oakland, CAS 94612			
Street Address				
Crystal Hishida Graff, Principal	Analyst, County Admi	nistrator's (	Office	
Designated Agency Contact (Name	ne,Title)		Amendment (Must provide e)	xplanation in Part 3.)
Area Code/Phone Number E-	mail		Date of Original Filing:	
(510) 272-3882 cr	rystal.hishida@acgov.c	ora	(110)	nin, day, year)
2. Function, Event, or Cerem				
Title			Face Value of Each Admission \$	\$72.05
Mark Anthony			Date(s)/ _23 _/ 11	
Description Mark Anthony	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Date(s)//	//
			Caldan State Morriero	
Ticket(s)/Admission(s) provid	ded by agency? Yes	🖸 No 🗖	If no: Golden State Warnors Name of Source	<u>م</u>
				-
Yes ☑ No ロ If yes: The identity of recipient(s)	Chan, Wilma, Alameda Cou Official's i and the explanatio		irst) and Title	
Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official c taxable income. If the agency official perform also provide a description.</li> <li>If not income, describe the public purpose, in ceremonial roles, performed by an agency off organization.</li> </ul>	ned a ceremonial role, ncluding
Leticia Rivera	4	Yes <b>□</b> No ☑	To promote attendance at an event he	Income eld at a
		Yes. □ No □	County facility in order to maximize po	Income otential
		Yes □ No □	County revenue from sales.	Income
,		Yes 🗖		Income
		No 🗖		
		Yes 🗖		Income
· · · · · · · · · · · · · · · · · · ·		No 🗖		
<b>3. Verification</b> I have read and understand FPPC is in accordance with the provision		d 18942. I h	ave verified that the distribution of admissic	ons, set forth above,

Un C	Alexandra Boskovich	Supervisor's Assistant	9/22/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)