A Public Document

. 1									
1.	Agency Name					Date Stamp)	California	802
	County of Alameda							Form	
	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)				Amendment	(Must pro	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, E	Board of Supervisors					(maor pro		, i un 0.7
	· · · · · · · · · · · · · · · · · · ·	E-mail				Date of Original F	Filing:	(month, day, yea	ar)
	(510) 272-3882	crystal.hishida@acgov	.org					(,),),	~)
2.	Function, Event, or Cerer								
								* (= 0	
	Title			_	Face	Value of Each A	dmissi	on \$ _\$150_	
	Opliand Deider	n ve Detroit Liene				12 18	11		
	Description Oakland Raiders	S VS. Detroit Lions		_	Date(s	s) <u>12 / 18 /</u>		/	/
	Ticket(s)/Admission(s) prov Was the distribution to pers					10	ame of S	Cource	
	Was the distribution to pers	sons identified below s: <u>Supervisor Wilma Char</u> Official's	made a	at the	e behest of	f an agency offi	cial?		
	Was the distribution to pers Yes ☑ No 🔲 If yes	sons identified below s: <u>Supervisor Wilma Char</u> <i>Official's</i> s) and the explanati Number of Admission(s), Ticket(s)	made i Name (on:	at the	e behest of First) and Title • Check th taxable i also pro • If not inc	f an agency offi ne income box if the ag income. If the agency vide a description. come, describe the pul ial roles, performed b	cial? gency offi official p blic purpo	cial claims admis erformed a ceren	ionial role,
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	sons identified below s: <u>Supervisor Wilma Char</u> <i>Official's</i> s) and the explanati Number of Admission(s), Ticket(s)	made i Name (on:	at the Last, F	 behest of Tirst) and Title Check the taxable is also proise. If not inconceremon organization. To promotion 	f an agency offi ne income box if the ag income. If the agency vide a description. come, describe the pul ial roles, performed b	cial? gency offfi official pr blic purpo y an ager an eve	cial claims admis erformed a ceren ose, including icy official, indivi nt held at a	ionial 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: <u>Supervisor Wilma Char</u> <i>Official's</i> s) and the explanati s) and the explanati Number of Admission(s), Ticket(s)	made : Name (on: Age Offi	at the Last, F ncy cial	 behest of First) and Title Check the taxable is also provide to the second second	f an agency offi he income box if the agency vide a description. come, describe the pul hal roles, performed b ttion. te attendance at	cial? gency offi official pr blic purpo y an ager an eve naximiz	cial claims admis erformed a ceren ose, including icy official, indivi nt held at a	dual, or Income
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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.

A	exandra Boskovich	Ticket Administrator	11/28/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

				~				
1. Agency Name				Date Stamp	California Form	00		
County of Alameda								
Division, Department, or Region ((if applicable)				For Official	Use Only		
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Nam								
				Amendment (Must pro	vide explanation ir	n Part 3.)		
Crystal Hishida Graff, Clerk, Boa Area Code/Phone Number				ate of Original Filing:				
				ate of Original Filling	(month, day, ye	ar)		
(510) 272-3882 cry 2. Function, Event, or Ceremo	ystal.hishida@acgov.	-						
		uon						
Title			Face Val	ue of Each Admissi	on \$ <u>\$52.50</u>)		
Description Katy Perry concert			Date(s) _	11 , 21 , 11	/	/		
Ticket(s)/Admission(s) provid	Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden State Warriors Name of Source							
					.00100			
Yes 🔽 No 🔲 If yes: .	Supervisor Wilma Chan Official's	Name (Last,	First) and Title					
The identity of recipient(s)								
Name			Check the in	come box if the agency offi	cial claims admis	sion as		
(Last, First) or	Number of	Agency		ne. If the agency official pe a description.	erformed a cerem	ionial role,		
Organization	Admission(s)/ Ticket(s)	Official	If not income	, describe the public purpo	se, including			
(Name, Address, Description))		organization			dual, or		
Hozal Miranda		Yes 🗖		ttendance at an ever		Income		
Hazel Miranda	2	No 🗾	County facility	/ in order to maximiz	e potential			
		Yes 🗖	County rever	ue from sales.		Incom		
		No 🗖						
		Yes				Incom		
		No 🗖						
		Yes □ No □				Incom		
				, 				
		Yes □ No □				Incom		
3. Verification								
I have read and understand FPPC F is in accordance with the provisions.	kegulalions 18944.1 an	a 18942. I n	nave verified that	the distribution of adm	issions, set fo	rth above,		
112 1								
w	Alexandra Boskov	/ich	Ticket A	dministrator	11/21/	2011		

Print Name

Title

(month, day, year)

A Public Document

11		indutions	>					F		
1.	Agency Name							Date Stamp	California Form	000
	County of Alameda							·	Form	802
	Division, Department, or Reg	ion (if applica	ible)						For Official	Use Only
	Board of Supervisors									
	Street Address						1			
	1221 Oak Street, Suite 536									
	Designated Agency Contact							A da a	1	
	Crystal Hishida Graff, Clerk	. Board of S	Supervisors					enament (Must p	provide explanation in	Part 3.)
	Area Code/Phone Number						Date of	Original Filing:	(month, day, yea	
	(510) 272-3882	crystal.his	shida@acoov.o	ora					(moniin, day, yea	<i>11)</i>
2.	Function, Event, or Cer									
	Title					Face \	/alue of	Each Admis	sion \$ <u>\$52.50</u>)
							4.4	01 11		
	Description Katy Perry cor	icert				Date(s	s)]	/	/
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		o 🕅	l If no: Gold	len State	Warriors		
								ivame o	f Source	
	Yes 🗹 No 🔲 Ify	es: Supervis	sor Wilma Chan Official's I	Name (l	Last, I	=irst) and Title				
	The identity of recipient	t(s) and th	e explanatio	on:						
	Name								official claims admis	
	(Last, First)		Number of	Age			ncome. If t vide a desc	승규는 물건물 승규는 집에 집에 들어올랐다.	performed a cerem	ionial role,
	or Organization		Admission(s)/ Ticket(s)	Offi	cial	If not inc	ome, desc	ribe the public pu	rpose, including	
	(Name, Address, Descri	ption)	(inclusion)			ceremon organiza		erformed by an aç	jency official, indivi	dual, or
				Yes		To promot	e attenc	lance at an ev		Income
	Teresa So		2	No	$\overline{}$	County fac	cility in o	order to maxin	nize potential	
				Yes		County rev	venue fr	om sales		Income
				No			venue n	om sales.		
	· · · · · · · · · · · · · · · · · · ·			Yes						Income
				Yes						Income
				No						
				Yes						Income
				No						
3.	Verification	NY 1979 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

3

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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.

	\mathcal{V}		Alexandra Boskovich	Ticket Administrator	11/21/2011
-	Signature of Agency Head or D	esignee	Print Name	Title	(month, day, year)

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Income

Income

Income

Income

1.	Agency Name					Date Stamp	California 802	
	COUNTY OF ALAMEDA						Form OUZ	
	Division, Department, or Reg	ion (if applica	ble)				For Official Use Only	
	BOARD OF SUPERVISORS	5						
	Street Address							
	1221 OAK STREET, SUITE	536						
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in 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.e	org				
2.	Function, Event, or Cere	monial R	ole Informat	tion				
	Title KATY PERRY		,	·····	Face	/alue of Each Admiss	ion \$ _52.50	
	Description MUSIC Date() <u>11</u> <u>21</u> <u>11</u>	///	
	Ticket(s)/Admission(s) nro	wided by a	idency? Yes		If no:			
	noket(s//Admosfort(s) pro	indea by e	igeney: ree			Name of Source		
	Was the distribution to pe	rsons iden	tified below n	nade at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	es:	SOR SCOTT HAGGE	RTY, DISTRICT	[1 			
			Official's	Name (Last,)	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descrij	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro ● If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agen tion.	erformed a ceremonial role, ose, including	
	SCOTT HAGGERTY		4	Yes ☑ No □	to obtain o	oversight of facilities or	events that hav	

3. Verification

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 🗖

Yes 🗖

No 🗖 Yes 🗖

No 🗖

No 🗖

No

Yes 🗖

V	Topaster	Lee Ann Fergerson	Ticket Administrator	10-17-11
ł	Signature of Agency Head & Designee	Print Name	Title	(month, day, year)

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. Age	ency Name						Date Stamp		California	802
	unty of Alameda						- E		Form	002
Divi	sion, Department, or Reg	ion (if applica	able)						For Official	Use Only
	ard of Supervisors									
Stre	et Address	t.								
122	21 Oak Street, Suite 536									
Des	ignated Agency Contact	(Name, Title)					Amendment	Must provid	e explanation i	Part 3)
Cry	stal Hishida Graff, Clerk,	, Board of S	Supervisors					inder provid	e explanation i	rr art o.y
Area	a Code/Phone Number	E-mail					Date of Original F	iling:	month, day, ye	arl
(51	0) 272-3882	crystal.his	shida@acgov.o	org						
. Fur	nction, Event, or Cere		the second s							
Title	e Oakland Raiders				-	Face \	/alue of Each Ad	dmissio	n \$ <u>150.00</u>)
							11 06	11		
Des	scription Football Game)			_	Date(s	a) <u>11 / 06 /</u>		/	/
Was	ket(s)/Admission(s) pro	rsons iden	tified below n	nade a	at the	e behest of	146	ame of Sou cial?	irce	
Was	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Lockyer</u> :(s) and th	t ified below n r, Nadia, Supervi <i>Official's i</i>	nade a sor- Dis Name (L	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also prov If not inc 	e income box if the ag ncome. If the agency of ride a description. ome, describe the pub	ency official pfficial perf	al claims admi ormed a ceren e, including	ionial role,
Was	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi <i>Official's I</i> ne explanatio Number of Admission(s)/	nade a sor- Dis Name (L on: Ager	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also prov If not inc 	e income box if the ag ncome. If the agency o vide a description. ome, describe the pub ial roles, performed by	ency official pfficial perf	al claims admi ormed a ceren e, including	ionial role,
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Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also provoing of the second or the secon	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also provoing of the second or the secon	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No Yes No	at the strict Last, F ncy cial	 behest of 2 First) and Title Check the taxable in also provoing if not inc ceremon organization To reward 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No Yes	at the strict Last, F ncy cial	 behest of 2 First) and Title Check the taxable in also provoing if not inc ceremon organization To reward 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No Yes No Yes No	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also provoing if not inc ceremon organization To reward 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom Incom Incom Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No Yes No Yes No	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also provoing if not inc ceremon organization To reward 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Incom Incom Incom Incom Incom
Was The	s the distribution to per Yes ☑ No □ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Lockyer</u> :(s) and th	tified below n r, Nadia, Supervi Official's i ne explanation Number of Admission(s)/ Ticket(s)	nade a sor- Dis Name (L on: Ager Offic Yes No Yes No Yes No Yes No	at the strict Last, F	 behest of 2 First) and Title Check the taxable in also provoing if not inc ceremon organization To reward 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. a County employ	ency officia official perf lic purpose an agency yee for h	al claims admi ormed a ceren e, including e official, indivi	dual, or Income Income Income

MA	MICHELLE DIANDA	Ticket Administrator	11/1/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	Publi		Journ	ICIIL

1.	Agency Name				×	Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Reg	ion (if applicable)					For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Ī	Amendment (Must pro	vide explanation in l	Part 3)			
	Anna Gee, Operations Mana	ager						un 0.)
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year,	<u> </u>
	510-891-5585	anna.gee@acgov.org					(month, ddy, year,	
2.	Function, Event, or Cere		tion					
	Title Katy Perry			_	Face V	alue of Each Admiss	ion \$ <u>52.50</u>	
	Concert					11 10 11		
	Description Concert	· · · ·		_	Date(s)	11 , 10 , 11	/	/
					O alda			
	Ticket(s)/Admission(s) pro	vided by agency? Yes		o 🗹	If no: Golde	Name of State Verriors	Source	
,	Was the distribution to pe	rsons identified below i	made a	at the	e behest of	an agency official?		
						0,		
	Yes 🖸 No 🔲 Ify	es:	ate Miley,	District	4			
		Official's	Name (l	Last, F	First) and Title			
	The identity of recipient(s) and the explanation:							
•	Name			Check t		the income box if the agency official claims admission		ion as
	(Last, First)	Number of	Age	ncy	taxable in	come. If the agency official p		
	or Organization	Admission(s)/	Offi	cial		ide a description. ome, describe the public purp	ose, including	
	(Name, Address, Descrip	otion) Ticket(s)			ceremoni organizat	al roles, performed by an agei Ion	ncy official, individ	ual, or
			Yes			e attendance at an eve	ent held at a	Income
	Hickey, Neal	1	No					
		·····	Yes					Income
	Rodrigues, Angelina	1	1		County fac	ility in order to maximi	ze potentiai	
			-					Income
	Gee, Terrence	11	Yes No		County rev	enues from parking ar	nd concession	
	· · · · · · · · · · · · · · · · · · ·		_					
	Keller, Tiffany	11	Yes No		sales			Income
		11	Yes					Income
			No					
	Verification							
	I have read and understand FP		nd 1894	2. I h	ave verified th	hat the distribution of adr	nissions, set fon	th above,
\sim	is in accordance with the provis	iions.						
~	N N N							

LANBAR .	Anna Gee	Operations Manager	. 11/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	oneon annooren bisti	insacion	<u> </u>					
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	Division, Department, or Regi	ion (if applica	able)			1	For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				-		
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors			Amendment (M	lust provide explanation in	n Part 3.)
	Area Code/Phone Number	E-mail	Supervisere			Date of Original Fili	ing:(month, day, yes	
	(510) 272-3882	crystal his	shida@acgov.	ora			(month, day, ye	ar)
	Function, Event, or Cere	And the second se	the second s	-				
	r unouon, Erony or oore	internal is		lion				
	Title Oakland Raiders				Face \	Value of Each Adı	mission \$)
	Description Football Game				Date(s	s) <u>11 / 06 / 1</u>	1/	/
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes	□ No 🔽	I If no: Oakl	land Raiders		
		10				Nan	ne of Source	
	Yes 🖸 No 🔲 If ye	es: Lockye	r, Nadia, Supervi Official's	isor- District Name (Last, I	2 First) and Title			
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is in accordance with the provisions.

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1.	Agency Name				Date Stamp	California	802
	County of Alameda				(5)	Form	
	Division, Department, or Regio	on (if applicable)				For Official U	Jse Only
	Board of Supervisors		17				
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (N	lame, Title)			Amendment (Mu	et provide, overlagedian in	Ded 21
	Anna Gee, Operations Manag	aer				st provide explanation in	Part 3.)
	the second se	E-mail			Date of Original Filin	g:(month, day, yea	r)
	510-891-5585	anna.gee@acgov.org				(month, day, yea	<i>''</i>
2.	Function, Event, or Cerer	and the second se	tion				
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	Title Raiders vs Bears			Face	Value of Each Adm	ission \$ <u>61.00</u>	
	Description Football Game			Date(s	s) <u>11 / 27 / 11</u>	/	
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	Ticket(s)/Admission(s) prov	vided by agency? Yes	No 🖸	If no: Oak	And Raiders	of Pourse	
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DAAD	Anna Gee	Operations Manager	11/28/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

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. /	Agency Name					Date Stan	np	Califor	
	County of Alameda							Form	
Ī	Division, Department, or Region (if app	olicable)				1		For Off	icial Use Only
1.1	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	4							
1	Designated Agency Contact (Name, Title	e)		6		Amendment	(Must provi	de explanati	on in Part 3.)
	Crystal Hishida Graff, Clerk, Board o	of Supervisors	_	_		1444.530			
1	Area Code/Phone Number E-mail					Date of Original	Filing:	(month, day	year)
_		.hishida@acgov.					_	5 D	16 A
. 1	Function, Event, or Ceremonia	I Role Informat	tion						
	Title Oakland Raiders				F X	/		n e 150	00
				-		/alue of Each /			
1	Description Football Game				Date(s	s) <u>11 / 6</u>	, 11		, ,
1				-	Date(s	.,		1.	//
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1	Ticket(s)/Admission(s) provided b	v agency2 Vec			If no. Oakl	and Raiders			
	Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No □ If yes: ^{_Lock}	l entified below n yer, Nadia, Superv	nade a isor- Dis	t the	behest of		Name of So ficial?	urce	
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	CHELLE DIANDA	Ticket Administrator	11/3/11
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	blic	Docu	ument

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1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	Division, Department, or Regi	on (if applica	able)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536					8		
	Designated Agency Contact (Name, Title)				-	5251 67 Mar 4	No. Werks
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors			Amendment (Must pr	ovide explanation in	n Part 3.)
	and the second se	E-mail	50001113013			Date of Original Filing: .	(month, day, ye	
	(510) 272-3882	crystal his	shida@acgov.o	ora			(month, day, ye	ar)
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		in official to		lion				2
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A Public Document

1.	Agency Name					kin ken in desid di manishi di Ukin Distrikan seki	Date Stamp	California	000
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applica	ible)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	Vame, 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	ar)
_	(510) 272-3882	crystal.his	shida@acgov.	org					
2.	Function, Event, or Cere	monial R	ole Information	tion	011110-001111-00020	-			
	Title Oakland Raiders					Face \	/alue of Each Admi	sion \$ 150.00)
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	Description Football Game				_	Date(s) <u>11 / 06 / 11</u>	/	/
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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.

Julii Ande	RUBEN BRIONES	Deputy Chief of Staff	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AP	ublic	Document

1. /	Agency Name						Date Sta	mp	California	000
	County of Alameda				3			<i>.</i>	Form	802
	Division, Department, or Reg	ion (if applicable)			_				For Official	Jse Only
	Board of Supervisors									
1.1	Street Address									
		é								
	1221 Oak Street, Suite 536 Designated Agency Contact				7					
		1999 - 1997 - 1997 - 1999 -						171. (CONTRACTOR	ovide explanation in	0. 37,5266
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	., Board of Sup	ervisors				Date of Origin	al Filing: O)9/09/11 (month, day, yea	
05		(<u></u>					bate of origin	ur r ning	(month, day, yea	r)
	(510) 272-3882	NAME AND ADDRESS OF TAXABLE PARTY.		the survey of the local division of the loca	_					
2. I	Function, Event, or Cere	emonial Role	e Informat	ion						
	Fitle Raiders Footbal					Face V	alue of Eech	Admica	ion \$	
	itle <u>Raders Footbal</u>				-					
4	Description Raiders vs. Ch	nicado Bears				Dato/c	11 , 27	, 11	/	1
1	Jescription					Date(s)		/////	/
			ncy? Yes	1779A (2012)				Name of S	Source	
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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.

Amy Shrago **Ticket Administrator** 11/30/11 ls Title (month, day, year) Signature of Agency Head or Designee Print Name

Α	Public	Document

	0110							
. Agency Name					Date Sta	amp	California	009
County of Alameda							Form	002
Division, Department, or Region (if ap	oplicable)						For Official	Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Til	tle)				Amendme	nt (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board								,
Area Code/Phone Number E-mail					Date of Origin	al Filing: _	(month, day, yea	ar)
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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 a accordance with the provisions.

		MICHELLE DIANDA	Ticket Administrator	11/22/11
V	Signature of Agency Nead or Designee	Print Name	Title	(month, day, year)

A Public Document

cket/Aumssion Distribut						- I'' - I	
Agency Name					Date Stamp	California Form	802
County of Alameda						For Official	Use Only
Division, Department, or Region (if a	applicable)						···· ,
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, 7	Title)				Amendment (M	ust provide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board					Dete of Original Fill	in a t	
Area Code/Phone Number E-ma	11				Date of Original Fili	ng:(month, day, ye	ar)
	tal.hishida@acgov.o						
Function, Event, or Ceremon	ial Role Informat	ion					
				-	·	\$150 c	
Title			-	Face V	/alue of Each Adı	mission \$ $_{\pm100}$	
Description Oakland Raiders vs.I	Detroit Lions			Dete/a) <u>12 , 18 , 1</u>	1 ,	,
Description				Date(S	·)//	/	/
			_	ur Oakl	and Raiders		
			n 171	If no.			
Ticket(s)/Admission(s) provided	by agency? Yes				Nan	ne of Source	
Ticket(s)/Admission(s) provided Was the distribution to persons					, van		
Was the distribution to persons	identified below n	nade a	at the		, van		
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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.

	\searrow	Alexandra Boskovich	Ticket Administrator	11/28/2011
Signature of Agency Head or	Désignee	Print Name	Title	(month, day, year)

A Publi	c Document
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1. /	Agency Name						Date \$	Stamp	California	802
	County of Alameda								Form	002
C	Division, Department, or Reg	ion (if applicab	ole)						For Official	Use Only
	Board of Supervisors									
S	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Amenda	nent (Must pro	vide explanation in	Part 3.)
	Anna Gee, Operations Mana				_		Deter of Only	to at many		
	Area Code/Phone Number	E-mail					Date of Orig	inal Filing:	(month, day, yea	ar)
_	510-891-5585	A COLUMN TWO IS NOT THE OWNER.	Dacgov.org							
. F	Function, Event, or Cere	emonial Ro	ble Informat	tion						
т	ritle Raiders vs Bears		Ϊ			Face	Value of Ead	h Admiss	ion \$ _61.00	
					_					
D	Description Football Game				_	Date(s) <u>11</u> <u>27</u>		/	
Т	ˈicket(s)/Admission(s) pro	ovided by ag	gency? Yes		0 🗹	If no: Oak	land Raiders	Name of S		
								warne or a	Source	
	Vas the distribution to per Yes ☑ No ロ If y							official?		
v	Yes ☑ No ☐ If ye The identity of recipient Name (Last, First) or	es: <u>Alameda Co</u>	Ounty Supervisor Na Official's I Official's I Official's I Official's I Official's I Official's I Official's I Official's I Official's I Official's I	ite Miley, I Name (L	District .ast, F	4 irst) and Title Check ti taxable i also pro	ne income box if	the agency off jency official p n.	icial claims admis erformed a cerem ose, including	
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V 	Yes ☑ No ☐ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Ma, Milton Saephan, Nai √u, Binh	es: <u>Alameda Co</u> (s) and the	Ounty Supervisor Na Official's / e explanatio Number of Admission(s)/ Ticket(s) 1 1	Ager Office Yes No Yes No Yes No Yes No	District ast, F	 Check the taxable is also proised organize To promotion County fa 	he income box if income. If the ag vide a descriptio come, descriptio tome, descripte ti nal roles, perforr ation. te attendanc cility in order	the agency off jency official p in. he public purpo ned by an ager e at an eve r to maximi:	erformed a cerem ose, including ncy official, individ nt held in a ze potential	onial role dual, or Incor Incor Incor

A RA	Anna Gee	Operations Manager	11/28/11	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

A Public Document

cket/Admission Distrib				
Agency Name			Date Stamp California	202
County of Alameda			Form	002
Division, Department, or Region	(if applicable)		For Official U	se Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Nar	ne, Title)		Amendment (Must provide explanation in I	² art 3.)
Crystal Hishida Graff, Clerk, Bo	pard of Supervisors			,
	mail		Date of Original Filing:)
(510) 272-3882 ci	rystal.hishida@acgov.o	org		
Function, Event, or Cerem				
			\$150	
Title			Face Value of Each Admission \$ <u>\$150</u>	
- A Oakland Raiders	vs Detroit Lions		Date(s) <u>12</u> <u>18</u> <u>11</u> /	,
Description Oakland Raiders		i	Date(s)////	/
Yes ☑ No ☑ If yes: The identity of recipient(s)		Name (Last, F	irst) and Title	
Name (Last, First) or Organization (Name, Address, Descriptio	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization. 	
Brian Cravalho		Yes 🗖	To promote attendance at an event held at a County facility in order to maximize potential	ual, or
	2	No 🗹		ual, or Income
••••••••••••••••••••••••••••••••••••••	2	No ☑ Yes ☑ No □	County revenue from sales.	Incom
	2	Yes 🗖		Incom Incom
	2	Yes □ No □		Incom Incom
	2	Yes No Yes		
-	2	Yes No Yes No No		Income Income Income
-	2	Yes No Yes No Yes Yes		Incom Incom Incom Incom

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.

M	Alexandra Boskovich	Ticket Administrator	11/28/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Herear annosion Distri	ioutions .			~	r ubiic bo	cumer
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	004
Division, Department, or Region	on (if applicable)				For Official U	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (/	lame, Title)					-
Anna Gee, Operations Mana	ger			Amendment (Must pr	ovide explanation in	Part 3.)
Notes and the second seco	gen E-mail			Date of Original Filing:		
510-891-5585	appa goo@oogou org				(month, day, yea	ウ
Function, Event, or Cere	anna.gee@acgov.org	tion				
Function, Event, or cere	monial Role informa	uon				
Title Raiders vs Bears			Face \	/alue of Each Admiss	ion \$ 61.00	
Description Football Game			Date(s	s) <u>11 , 27 , 11</u>	1	1
			Oak	and Paiders		
Ticket(s)/Admission(s) prov	/ided by agency? Yes	No 🖸	If no:	Name of	Source	
The identity of recipient(Name (Last, First)		on:	 Check th 	e income box if the agency of ncome. If the agency official p		
Organization (Name, Address, Descript	ion)	Agency Official	· If not inc	vide a description. ome, describe the public purp ial roles, performed by an age tion.		ual, or
Deputy Sheriff's Activities Le	ague 10 ·	Yes □ No ☑	To promot	e attendance at an eve	ent held in a	Incom
16378 E. 14th Street, Suite #	4100	Yes 🗖 No 🗖	County fac	cility in order to maxim	ize potential	Incom
San Leandro, CA 94578		Yes □ No □	County re	venue from parking an	d concession	Incom
	LA	Yes 🗖 No 🗖	sales			Incom
		Yes 🗖				Incom
<u></u>		No 🗖				
. Verification I have read and understand FPF is in accordance with the provisi		nd 18942. I h		that the distribution of adi rations Manager		
			oper	ations manager	11/28/	11

Agency Report of: Ceremonial Role Events and Ti kat/A dr . : . -:

Α	Ρι	ıbl	ic	Do	οςι	Im	ent
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cket/Admission Distrib	utions			AI	Jublic Do	
Agency Name				Date Stamp	California Form	000
County of Alameda						
Division, Department, or Region	(if applicable)				For Official U	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nam	ne, Title)			Amendment (Must prov	ide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Bo	ard of Supervisors					
Area Code/Phone Number E-r	mail			Date of Original Filing:	(month, day, yea)
(510) 272-3882 cr	ystal.hishida@acgov.c	org				
Function, Event, or Ceremo	onial Role Informat	ion				
					. ¢150	
Title			Face Va	alue of Each Admissi	on \$	
Oakland Raiders)	vs Detroit Lions			12 , 18 , 11	1	,
Description Oakland Raiders			Date(s)	/	/	/
Yes ☑ No □ If yes: The identity of recipient(s)	Supervisor Wilma Chan Official's		First) and Title			
Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also provi • If not inco	income box if the agency offi come. If the agency official pe de a description. me, describe the public purpo al roles, performed by an agen on.	erformed a cerem se, including	
		Yes 🗖	To promote	e attendance at an eve		iual, or
Honora Murphy	1		I County faci			
	4	No 🔽		lity in order to maximiz		
	4	No 🗹 Yes 🗖		- 1		Incom
	4			lity in order to maximiz		Incom
	4	Yes 🗖		- 1		Incom Incom
	4	Yes 🔲 No 🔲		- 1		Incom Incom
	4	Yes No Yes		- 1		Incom Incom Incom
	4	Yes No Yes No No		- 1		Incom Incom Incom
	4	Yes No Yes Yes		- 1		Incom Incom Incom Incom

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.

Ale	xandra Boskovich	Ticket Administrator	11/23/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distrib	outions				Α	Public Documer
1.	Agency Name County of Alameda Division, Department, or Region	ı (if applical	ole)			Date Stamp	California Form 802
	Board of Supervisors Street Address						
	1221 Oak Street, Suite 536 Designated Agency Contact (Na	. ,				Amendment (Must pro	vide explanation in Part 3.)
		-mail	upervisors hida@acgov.o	ora		Date of Original Filing: _	(month, day, year)
2.	Function, Event, or Cerem						450.00
	Title <u>Oakland Raiders</u> Description <u>Football Game</u> Ticket(s)/Admission(s) provi	ded by a	gency? Yes	□ No Ø	Date(s)	lue of Each Admiss	
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s	Lockyer,	Nadia, Supervi Official's	isor- District Name (Last, I		n agency official?	
	Name (Last, First) or Organization (Name, Address, Descriptio	on)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable inc also provid If not incor	e a description. ne, describe the public purp roles, performed by an age	erformed a ceremonial role, ose, including
	Ysit, Ario		2	Yes ☑ No □	To reward a service to th	community voluntee le public	r for his Income
				Yes 🗖			Income

3. Verification

I have read and understand EPPC Re	egulations 18944.1 and 18942. I	have verified that the distribution of adm	issions, set forth above,
is in accordance with the provisions.			
VM	MICHELLE DIANDA	Ticket Administrator	11/22/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

No 🗖

Yes 🗖

No 🔲 Yes 🗖

No 🗖

Yes 🗖

No 🗖

,

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

Income

Income

Income

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	enteur taimeeren bretinbat			_					
1.	Agency Name					Date	Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Region (if a	applicable)						For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name,	Title)					ment (Mustor	vide explanation in	Part 31
	Anna Gee, Operations Manager						mont (mast pro	wde explanation in	Fait 5.)
	Area Code/Phone Number E-ma	il				Date of Orig	ginal Filing: _	(month, day, yea	
	510-891-5585 anna	a.gee@acgov.org						(//////////////////////////////////////	,
2.	Function, Event, or Ceremon	Sector and the sector of the s	tion						
								411 (2)II	
	Title Raiders vs Lions			-	Face V	alue of Ea	ch Admissi	ion \$ <u>61.00</u>	
	Description Football Game				Data	12,1	8,11		,
	Description			-	Date(s)/	/	/	/
	Ticket(s)/Admission(s) provided	by agency? Yes		0 1	If no: Oak		Name of S	Source	
	Was the distribution to persons Yes ☑ No □ If yes: <u>Ala</u> The identity of recipient(s) an Name (Last, First)	identified below n meda County Supervisor Na Official's nd the explanatic Number of	nade a te Miley, I Name (L on: Agen	District .ast, F	 behest of 4 irst) and Title Check the taxable in 	an agency e income box if	/ official?	Source icial claims admis erformed a cerem	
	Was the distribution to persons Yes ☑ No □ If yes: <u>Ala</u> The identity of recipient(s) an Name	identified below n meda County Supervisor Na Official's nd the explanatic	nade a Ite Miley, I Name (L on:	District .ast, F	 behest of 4 <i>iirst) and Title</i> Check the taxable is also prov If not ince 	an agency e income box if income. If the a ide a descriptio ome, describe f al roles, perfor	/ official? f the agency offi gency official p on. the public purpo	icial claims admis erformed a cerem	onial role,
	Was the distribution to persons Yes ☑ No □ If yes: Ala The identity of recipient(s) an Name (Last, First) or Organization	identified below m meda County Supervisor Na Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade a te Miley, D Name (L on: Agen Offic Yes	District .ast, F	 behest of 4 Grad Title Check the taxable is also prov If not inccceremoniorganization 	an agency e income box if income. If the a ide a descriptio ome, describe t al roles, perfor ion.	/ official? f the agency offi gency official p on. the public purpo	icial claims admis erformed a cerem ose, including ncy official, individ	onial role, dual, or
	Was the distribution to persons Yes ☑ No ☐ If yes: Ala The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m meda County Supervisor Na Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade a te Miley, t Name (L on: Agen Offic Yes No Yes	District ast, f	 behest of 4 Greek the taxable in also prov If not inccceremoni organizat To promote 	an agency e income box if income. If the a ide a descriptione, descriptione, descriptione, descriptione, al roles, perfor ion. e attendance	/ official? f the agency offi gency official p on. the public purpor med by an ager	icial claims admis erformed a cerem ose, including ncy official, individ nt held in a	onial role, dual, or Income
	Was the distribution to persons Yes ☑ No ☐ If yes: Ala The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description) League of Women Voters Eden A	identified below m meda County Supervisor Na Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade a te Miley, I Name (L on: Agen Offic Yes No Yes No Yes	District ast, F	 behest of and Title Check the taxable is also prov If not inccceremoni organizat To promote County fact 	an agency e income box if income. If the a ide a descriptione, descriptione, descriptione, descriptione, at roles, perfor ion. e attendance cility in orde	f the agency offi gency official p on. the public purpor med by an ager ce at an eve	icial claims admis erformed a cerem ose, including ncy official, individ nt held in a	onial role, dual, or Income Income
	Was the distribution to persons Yes ☑ No ☐ If yes: Ala The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) League of Women Voters Eden A PO Box 2234	identified below m meda County Supervisor Na Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade a te Miley, I Name (L on: Agen Offic Yes No Yes No Yes No Yes	District ast, F	 behest of and Title Check the taxable is also prov If not inccceremoni organizat To promote County fact 	an agency e income box if income. If the a ide a descriptione, descriptione, descriptione, descriptione, at roles, perfor ion. e attendance cility in orde	f the agency offi gency official p on. the public purpor med by an ager ce at an eve	icial claims admis erformed a cerem ney official, individ nt held in a ze potential	onial role, dual, or Income Income

A Star	Anna Gee	Operations Manager	11/28/11
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 of: Ceremonial Role Events and Т

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		Date(s)///	//
		Ookland Baidara	
led by agency? Yes	🔲 No 🗹	If no: Oakland Raiders	
ns identified below n	nade at th	e behest of an agency official?	
Supervisor Wilma Chan	Nomo /l ant	First) and Title	
and the explanation	on:		
Number of	Agency	also provide a description.	a ceremoniai role,
Ticket(s)	Unicial		
n)		organization.	ai, individual, or
	Yes 🗖		
2	No 🗹	County facility in order to maximize pote	ntial 🗖
	Yes 🗖	County revenue from sales	Income
	No 🗖		
	Yes 🗖		Income
	No 🗖		
	Yes 🗖		Income
	No 🗖		
	Yes 🗖		Income
	(if applicable) ne, Title) pard of Supervisors mail rystal.hishida@acgov.o onial Role Informat vs.Detroit Lions ded by agency? Yes ns identified below r Supervisor Wilma Chan Official's and the explanatic Number of Admission(s)/ Ticket(s)	(if applicable) me, Title) pard of Supervisors mail rystal.hishida@acgov.org onial Role Information vs.Detroit Lions ded by agency? Yes □ No ☑ ns identified below made at th Supervisor Wilma Chan Official's Name (Last, I) and the explanation: n) Number of Agency Official Yes □ 2 No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	(if applicable) Date Stamp Calified (if applicable) Image: Constraint of the system of t

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 🗖

\mathcal{N}^{-}	Alexandra Boskovich	Ticket Administrator	11/28/2011
Signature of Agency Head or De	esignee Print Name	Title	(month, day, year)

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

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	y? Yes below n , Supervis Official's I	below made a	formation y? Yes □ No ☑ below made at the , Supervisor District 2 Official's Name (Last, F	Iformation Face N Date(s y? Yes □ No ☑ If no: Gold below made at the behest o , Supervisor District 2 Official's Name (Last, First) and Title	Decgov.org Iformation Face Value of Each Adm Date(s) <u>11</u> , <u>21</u> , <u>11</u> y? Yes □ No ☑ If no: Golden State Warriors Name below made at the behest of an agency official , Supervisor District 2 Official's Name (Last, First) and Title	Deacgov.org Information Face Value of Each Admission \$ <u>52.50</u> Date(s) <u>11</u> <u>21</u> <u>11</u> y? Yes □ No ☑ If no: Golden State Warriors Name of Source below made at the behest of an agency official?