A Public Document

1	Agency Name					Date Stam	20	California	000
	COUNTY OF ALAMEDA					Date Stan	ч	Form	802
	Division, Department, or Regi	on (if applicabl	e)			-		For Official	Jse Only
	BOARD OF SUPERVISORS	5							
	Street Address	, 				-			
	1221 OAK STREET, SUITE	536							
	Designated Agency Contact (
	Crystal Hishida Graff, Clerk,	Board of Su	pervisors			Amendment	(Must pro	vide explanation in	Part 3.)
		E-mail				Date of Original	Filing:	(month, day, yea	-
	(510) 272-3882	crystal.hish	ida@acgov.e	org				(monui, day, yea	
-	Function, Event, or Cere	and the second se	All second s				_		
								10.00	
2	Title HIGH SCHOOL FOOTI	BALL			Face	Value of Each A	Admissi	on \$ <u>12.00</u>	
	Description FOOTBALL					s) <u>12</u> <u>10</u>	, 11		
	Description 10010/12/				Date(s	5)/	/	/	/
	Ticket(s)/Admission(s) pro	sons identif	fied below n	nade at th	e behest o	/ f an agency off	Name of S	ource	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(_{Name}	sons identif	fied below n R SCOTT HAGGE Official's i explanatio	nade at th RTY, DISTRIC Name (Last, D n:	T 1 First) and Title	/ f an agency off	ficial? agency offi	cial claims admis	
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Lehna -	Lee Ann Fergerson	Ticket Administrator	12/0/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Agency Name				Date Stamp	Califo	rnia QN2
COUNTY OF ALAMEDA				A CONTRACTOR CONTRACTOR AND A CONTRACT	For	m 002
Division, Department, or Region (if ap	plicable)				For	Official Use Only
BOARD OF SUPERVISORS						
Street Address						
1221 OAK STREET, SUITE 536						
Designated Agency Contact (Name, Tit	le)			Amendment (Mu	at manufalm associate	line in Dest 21
Crystal Hishida Graff, Clerk, Board	of Supervisors				st provide explan	allon in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, a	av vearl
(510) 272-3882 crysta	l.hishida@acgov.o	org			(monul, d	ay, your)
Function, Event, or Ceremonia	the second se					
						0.00
Title SOCCER CLUB AMERICA v.	Mf		Face \	/alue of Each Adm	ission $\frac{1}{2}$	9.00
- SOCCEP			an 1 4	;) <u>12</u> ,29,11		
Description SOCCER			Date(s	s) <u>12</u> / <u></u> / <u></u> /		_//
Ticket(s)/Admission(s) provided k				Name	e of Source	
Was the distribution to persons io	dentified below n	nade at th	e behest of	Name f an agency officia		
Was the distribution to persons io	dentified below n	nade at th	e behest of	Name f an agency officia		
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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.

Julin Irgen	Lee Ann Fergerson	Ticket Administrator	12/16/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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١.	Agency Name					Date Stamp	Californi	* 802
	County of Alameda						and the second part of the secon	
	Division, Department, or Reg	ion (if applica	ble)			1	For Offici	al Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)					Aust provide explanation	in Part 3)
	Anna Gee, Operations Man	ager					asi provido explanator	in an oly
,	Area Code/Phone Number	E-mail				Date of Original Fil	ing:(month, day, y	ear)
	510-891-5585	anna.gee	@acgov.org					
	Function, Event, or Cere	emonial R	ole Informat	ion				
1	Title Soccer Club America v	Monarcae					119/	0
	Title Soccer Club America V	/ WONAI Ca				/alue of Each Adı		
	Description Soccer Game				Date(s	<u>, 12 , 29 , 1</u>	l1/_	/
	Ticket(s)/Admission(s) pro					Ivan	ne of Source	
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Arth	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	blic	Docum	ent

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. Agency Name				Date Stamp	California	802
County of Alameda				0	Form	002
Division, Department, or Re-	gion (if applicable)			0	For Official L	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	6					
Designated Agency Contact					to per la de lavis	25. 1065.1
Anna Gee, Operations Mar	nager			Amendment (Mus	st provide explanation in I	Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filin	g:	
510-891-5585	0000 000 000 0ra				9. (month, day, year)
. Function, Event, or Cer	anna.gee@acgov.org	tion				
. Function, Event, or Cer	remonial Role Informa	tion				
Title Bob Seger			Face V	/alue of Each Adm	ission \$ 153.00	
Description Concert			Date(s) <u>12 , 21 , 11</u>		1
			- 0.55 4 -			
Ticket(s)/Admission(s) pr	ovided by agency? Yes			Name	of Source	
Was the distribution to pe	ersons identified below r	nade at th ate Miley, Distric	e behest of	Nume		
Was the distribution to pe	e rsons identified below r yes: <u>Alameda County Supervisor Na</u> Official's	made at th ate Miley, Distric Name (Last, 1	e behest of	Nume		
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3. Verification

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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.

=42C1	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
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•	Agency Name						Date Stamp		Califor	
	County of Alameda								Form	
j	Division, Department, or Reg	jion (if applica	able)				1		For Of	icial Use Only
	Board of Supervisors									
	Street Address						1			
	1221 Oak Street, Suite 536									
1	Designated Agency Contact	(Name, Title)					Amendment	(Must pro	vide explanati	on in Part 3.)
	Anna Gee, Operations Man	ager						inder pro	nuu enpianan	on min and only
	Area Code/Phone Number	E-mail					Date of Original F	iling:	(month, day	, year)
	510-891-5585	anna.gee	@acgov.org							
.	Function, Event, or Cere	emonial R	tole Informat	tion						
	Not So Silont Night						and and the state of the state		. 70	00
	Title Not So Silent Night				-	Face \	/alue of Each A	dmissi	on \$ <u>70.</u>	00
į	Description Concert		,			Detelo	;) <u>11 ,10 ,</u>	11		
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	Was the distribution to pe	rsons iden /es: _ ^{Alameda (}	County Supervisor Na Official's (nade : nte Miley, Name (at the	e behest of	f an agency offic		ource	
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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. 11

AXU .	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name				Date Stamp		California Form	007
	County of Alameda						Form	002
	Division, Department, or Reg	ion (if applicable)			1		For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)			Amendment	Must provid	la ovalanation in	Part 21
	Anna Gee, Operations Man	ager				(iwast provid	le explanation in	Part 3.)
	Area Code/Phone Number	E-mail			Date of Original F	iling:	(month, day, yea	
	510-891-5585	anna.gee@acgov.org					(monun, day, you	"/
2	Function, Event, or Cere	the second se	tion					
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	Title Warrior's vs. Clippers			Face	/alue of Each A	dmissio	n \$ <u>95.00</u>	
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ASILO	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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A Public Document

١.	Agency Name						Date St	amp	Californi	a 000
	County of Alameda						A		Form	002
	Division, Department, or Regi	ion (if applicab	le)						For Offic	al Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	Name, Title)					Amendme	ant (Mustor	vide evolenatio	in Part 3)
	Anna Gee, Operations Mana	ager						ine (mast pro	waa explanation	nir ar o.y
	Area Code/Phone Number	E-mail					Date of Origin	nal Filing:	(month, day,	(ear)
	510-891-5585	anna.gee@	Dacgov.org							67.7.5
2.	Function, Event, or Cere	monial Ro	ole Informat	ion						
	D. I.I. Ol								450	20
	Title Raiders vs. Chargers				-	Face \	alue of Eacl	n Admiss	ion \$	00
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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 Chi	Anna Gee	Operations Manager	12/12/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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. Agency Name				Date Stamp	California Form	002
County of Alameda					Form	002
Division, Department, or Reg	gion (if applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	3					
Designated Agency Contact			•	-	erta es a serva	251 z. 33
Anna Gee, Operations Mar	lader			Amendment (M	Aust provide explanation in) Part 3.)
Area Code/Phone Number	E-mail			Date of Original Fil	ing:	
510-891-5585	anna.gee@acgov.org				(month, day, yea	ar)
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. Tunodon, Event, or oer		lion				
Title Warrior's vs. Bulls			Face \	/alue of Each Adı	mission \$ _95.00	
				10 00 1		
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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.

· ARA	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

 Agency Name						Date Star	mn		liforni	
County of Alameda					L		ΠP	100000000000000000000000000000000000000	Form	802
Division, Department, or Region (if applic	able)								For Officia	al Use Only
Board of Supervisors										
Street Address										
1221 Oak Street, Suite 536										
Designated Agency Contact (Name, Title)						ondmor	nt (Mustr	provide e	volanation	in Part 3.)
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Area Code/Phone Number E-mail					Date of	f Origina	al Filing:	(mo	nth, day, y	ear)
(510) 272-3882 crystal.hi	shida@acgov.o	org								,
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Description Warriors vs. LA Clipper			_	Date(s)	25			/_	/
Ticket(s)/Admission(s) provided by	agency? Yes		o 🔽	lf no: Golde	en State	Warrior	S Nome o	fSource		
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Division, Department, or Re	gion (if applica	able)					[For Offici	al Use Only
Board of Supervisors	•								
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact	t (Name, Title)				1	Amendment (Must provi	de explanation	in Part 3.)
Anna Gee, Operations Mar	nager								
Area Code/Phone Number	E-mail				1	Date of Original F	iling:	(month, day, y	ear)
510-891-5585	anna.gee	@acgov.org						•	2997
Function, Event, or Cer	CONTRACTOR OF THE OWNER	CONTRACTOR OF THE OWNER.	ion						
								ano 100	
Title Raiders vs Lions				F	ace Va	lue of Each Ac	dmissic	on \$ _61.00)
Description Football Gam	e			D	Date(s) .	12 , 18 ,	11		
Ticket(s)/Admission(s) pr	rovided by a	agency? Yes	🗆 No	🗹 lf no		ld Raiders Na	ame of Sc	ource	
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Was the distribution to pe	ersons iden yes: _ ^{Alameda (}	tified below n County Supervisor Na Official's I	nade at te Miley, Dis Name (Las	the beh	est of a			burce	
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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.

Att	Anna Gee	Operations Manager	12/12/11
Signature of Agency Mead or Desighee	Print Name	Title	(month, day, year)

A Public	Document
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1. Agency Name				Date Stamp	Californi Form	a 202
COUNTY OF ALAMEDA					and the second se	and the second se
Division, Department, or Region (if a	pplicable)				For Officia	al Use Only
BOARD OF SUPERVISORS						
Street Address						
1221 OAK STREET, SUITE 536						
Designated Agency Contact (Name, T	itle)			Amendment (Must	provide explanation	in Part 3)
Crystal Hishida Graff, Clerk, Board	of Supervisors					5
Area Code/Phone Number E-mail				Date of Original Filing	:(month_day_v	ear)
(510) 272-3882 crysta	al.hishida@acgov.	org			(
2. Function, Event, or Ceremoni	Contraction of the local division of the loc	Contraction of the local division of the loc				
Title Not so Silent Night			Fac	e Value of Each Admis	ssion \$ _70.00)
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Description MUSIC			Dat	e(s)///	/_	/
Ticket(s)/Admission(s) provided	by agency? Yes	🗹 No	🔲 lf no: _	N/	of Source	
				I Vallie C	Source	
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	Official's	Name (Las	st, First) and 1	Title		
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Julianon	Lee Ann Fergerson	Ticket Administrator	12/2/11
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

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A Public Document

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gency Name					Date Stam	ıp	California	802
County of Alameda							Form	002
Division, Department, or Region ((if applicable)				1		For Official	Use Only
Board of Supervisors								
Street Address					1			
1221 Oak Street, Suite 536								
Designated Agency Contact (Nam	ne, Title)				Amendment	(Must pro	uide explanation i	Dart 2)
Anna Gee, Operations Manager	r					(wust pro	vide explanation li	r Part 3.)
Area Code/Phone Number E-n					Date of Original	Filing:	(month, day, ye	ar)
510-891-5585 an	na.gee@acgov.org						(month, day, ye	
Function, Event, or Ceremo	the second se	tion						
Title Raiders vs. Chargers			-	Face \	alue of Each /	dmissi	ion \$0)
					01 01	10		
Description Football Game			_	Date(s	s) <u>01</u> <u>01</u>	/	/	/
		1000 C	. 171	If no. Oakl	land Raiders			
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AVER.	Anna Gee	Operations Manager	12/12/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name	jency Name				Date S	Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Reg	ion (if applicable)						For Official	Use Only
	Board of Supervisors	Board of Supervisors							
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)							Destal
	Anna Gee, Operations Mana	ader					nent (<i>wust pro</i>	vide explanation in	Part 3.)
	Area Code/Phone Number	E-mail				Date of Orig	inal Filing:	(month, day, yea	
	510-891-5585	anna.gee@acgov.or	a					(month, day, yea	")
2	Function, Event, or Cere	and the second se	the second s						
	Title Warrior's vs. Kings - Pr	re Season		_	Face \	/alue of Eac	ch Admissi	ion \$ _95.00	
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	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Dunlap, Kamika	Alameda County Supervision es: Alameda County Supervision Officion (s) and the explana Number of Admission Ticket(s) 1	w made a or Nate Miley, I al's Name (L ation: of (s)/ Ager Offic Yes No Yes No Yes No	District ast, F ncy cial	 behest of and Title Check the taxable in also prove If not incceremon organization To promotion County factories 	e income box if ncome. If the ag ride a descriptio ome, describe th ial roles, perform tion. e attendance cility in order	official? — the agency offi jency official point. he public purpoint ned by an agent e at an even r to maximiz	icial claims admis erformed a cerem ncy official, individ nt held in a ze potential	onial role, dual, or Income Income Income

ALL .	Anna Gee	Operations Manager	12/21/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and T -1

cket/Admission Dis	surputions	5					Public Do	
Agency Name				Date St	tamp	California Form	009	
County of Alameda							Form	002
Division, Department, or F	Region (if applica	able)					For Official	Use Only
Board of Supervisors								
Street Address					-			
1221 Oak Street, Suite 5	36							
Designated Agency Conta							1 <u>.</u>	
Crystal Hishida Graff, Cle	erk. Board of S	Supervisors				ent (Must pro	vide explanation in	Part 3.)
Area Code/Phone Number					Date of Origin	nal Filing:	(month, day, yea	t and
(510) 272-3882	crystal his	shida@acgov.o	ora				(month, day, yea	<i>n)</i>
Function, Event, or C			-					
	er en le mentar r							
Title				Face	Value of Eacl	h Admissi	on \$ <u>\$153</u>	
Description Bob Seger	concert			Date(s	s) <u>12</u> <u>21</u>	/	/	/
Ticket(s)/Admission(s) Was the distribution to	persons iden	tified below n	nade at th	e behest o	f an agency o	Name of S	Cource	
Was the distribution to Yes ☑ No □	persons iden If yes: <u>Supervi</u>	tified below n sor Wilma Chan Official's	nade at th	e behest o	f an agency o	Name of S	Cource	
Was the distribution to	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's	nade at th	e behest o First) and Title • Check ti taxable i also pro • If not inc	f an agency of an agency of an agency of a second s	Name of S official? - he agency offi ency official pr 1. e public purpo	cial claims admis erformed a cerem ose, including	onial role,
Was the distribution to Yes ☑ No □ The identity of recipie Name (Last, First) or Organizatior (Name, Address, Des	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency	e behest o First) and Title • Check th taxable i also pro • If not ind ceremor organize To promo	f an agency of an agency of an agency of a second s	Name of S official? - he agency offi ency official pro- to e public purpo- ted by an agen at an eve	cial claims admis erformed a cerem use, including ucy official, indivio nt held at a	onial role, dual, or
Was the distribution to Yes ☑ No □ The identity of recipie Name (Last, First) or Organizatior	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official	e behest o First) and Title • Check th taxable i also pro • If not ind ceremor organize To promo	f an agency of an agency of an agency of a second s	Name of S official? - he agency offi ency official pro- to e public purpo- ted by an agen at an eve	cial claims admis erformed a cerem use, including ucy official, indivio nt held at a	onial role, dual, or
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Was the distribution to Yes ☑ No □ The identity of recipie Name (Last, First) or Organizatior (Name, Address, Des	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's ne explanatic Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes No	e behest o First) and Title • Check th taxable i also pro • If not ind ceremor organize To promo County fa	f an agency of ne income box if the income. If the age vide a description come, describe the hial roles, perform itlon. te attendance cility in order to	Name of S official? - he agency offi ency official pu to public purpo ted by an agen at an eve to maximiz	cial claims admis erformed a cerem use, including ucy official, indivio nt held at a	dual, or Incom Incom
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Was the distribution to Yes ☑ No □ The identity of recipie Name (Last, First) or Organizatior (Name, Address, Des	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's ne explanatic Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No	e behest o First) and Title • Check th taxable i also pro • If not ind ceremor organize To promo County fa	f an agency of ne income box if the income. If the age vide a description come, describe the hial roles, perform itlon. te attendance cility in order to	Name of S official? - he agency offi ency official pu to public purpo ted by an agen at an eve to maximiz	cial claims admis erformed a cerem use, including ucy official, indivio nt held at a	dual, or Income Income Income
Was the distribution to Yes ☑ No □ The identity of recipie Name (Last, First) or Organizatior (Name, Address, Des	persons iden If yes: <u>Supervi</u> ent(s) and th	tified below n sor Wilma Chan Official's ne explanatic Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes	e behest o First) and Title • Check th taxable i also pro • If not ind ceremor organize To promo County fa	f an agency of ne income box if the income. If the age vide a description come, describe the hial roles, perform itlon. te attendance cility in order to	Name of S official? - he agency offi ency official pu to public purpo ted by an agen at an eve to maximiz	cial claims admis erformed a cerem use, including ucy official, indivio nt held at a	onial role, 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.

Un	Alexandra Boskovich	Ticket Administrator	12/19/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	ckel/Aumission Distin	putions	1				A	Fublic DC	
1.	Agency Name			******			Date Stamp	California Form	009
	County of Alameda							Form	002
	Division, Department, or Regio	n (if applical	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	ame, Title)					Amendment (Must pro		Part 3)
	Crystal Hishida Graff, Clerk, E	Board of S	upervisors					·	·
		E-mail					Date of Original Filing: _	(month, day, yea	ur)
	(510) 272-3882	crystal.his	hida@acgov.	org					
	Function, Event, or Ceren	nonial Re	ole Informat	tion			**************************************		
								<u> ተ</u> ፈርር	
	Title					Face \	/alue of Each Admiss	ion \$ <u>\$150</u>	
	Description Oakland Raiders	s vs Detroi	t Lions				<u>, 12 , 18 , 11</u>	,	,
	Description <u>Solution</u>	10.00101	LIGHO			Date(s	;)//	/	/
	Was the distribution to persons identified below made Yes I No I If yes: Supervisor Wilma Chan						an agency official?		
	The identity of recipient(s	s) and the			'Last, I	First) and Title			
	Name (Last, First) or Organization (Name, Address, Descripti	on)	Number of Admission(s)/ Ticket(s)	Age Offi	ncy cial	taxable in also prov ● 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 age tion.	erformed a cerem ose, including	onial role,
				Yes		To promot	e attendance at an eve		Income
	Edwin Kawamoto		2	No	\checkmark	County fac	cility in order to maximize	ze potential	
				Yes		County rev	venue from sales.		Income
				No					
				Yes					Income
	·			No					
				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. ///

Man p	Alexandra Boskovich	Ticket Administrator	12/16/2011
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.)

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A Public Document

11	cket/Admission Distri	butions					A	Fublic Doc	
1.	Agency Name						Date Stamp	California Form	202
	County of Alameda							all all the second and a second	and the state of t
	Division, Department, or Regio	on (if applica	ble)					For Official Us	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	lame, Title)					Amendment (Must provide 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.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion			· · · · · · · · · · · · · · · · · · ·		
	·							• • ¢110	
	Title		"		-	Face \	/alue of Each Admiss	ion \$ $\frac{-\phi + 19}{2}$	
	Description Club America v	Monarcas	3			Data/a	<u>, 12 , 29 , 11</u>	1	1
	Description				-	Date(S	•)///	/	
	Ticket(s)/Admission(s) prov	ridad by a	annov? Voo			If no. Gold	en State Warriors		
	ncket(s)/Aumission(s) pro-	nueu by a	gency? res			II 110	Name of S	Source	
	Was the distribution to per-	sons ident	tified below n	nade a	t the	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If ye	Supervis	sor Wilma Chan						
			Official's i	Name (L	ast, F	First) and Title			
	The identity of recipient(s) and th	e explanatio	n:					
	Name	-,				Check th	e income box if the agency of	ficial claims admissi	ion as
	(Last, First)		Number of	Agen	су	taxable i	ncome. If the agency official p		
	or Organization		Admission(s)/	Offic	ial	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vide a description. come, describe the public purp	ose, including	
	(Name, Address, Descrip	tion)	Ticket(s)	cerem			onial roles, performed by an agency official, individual, or		
				Yes			a community voluntee	r for her	Income
	Medina, Jessica		3	No		service to	San Lorenzo.		
				Yes					Income
				No					
	9 mm m / / m - mm m m - fan H / di di di di di di a na e e e e e e e e e e e e e e e e e			Yes					Income
	•			No					
	America			Yes					Income
				No					
	<u></u>			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.

	Alexandra Boskovich	Ticket Administrator	12/22/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	Iblic	Docu	ment
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	site an internet biot									
1.	Agency Name					Date Sta	Imp	California	802	
	County of Alameda								Form	002
2	Division, Department, or Region (if applicable)								For Official	Jse Only
	Board of Supervisors									
	Street Address									
8	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)						Amendme	nt (Must pro	vide explanation in	Part 3.)
	Anna Gee, Operations Man	nager			3			1999.000		
	Area Code/Phone Number	e Number E-mail					Date of Origina	al Filing:	(month, day, yea	1)
	510-891-5585	0-891-5585 anna.gee@acgov.org					*			
2.	Function, Event, or Cer	emonial Ro	ole Informat	tion						
	Paidera va Liena								61.00	
	Title Raiders vs Lions				-	Face \	alue of Each/	Admissi	on \$	
	Description Football Game	е			2	Date(s) <u>12 , 18</u>		///////	/
	Ticket(s)/Admission(s) pro	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Raiders								
3	Ticket(s)/Admission(s) provided by agency? Yes [] No [2] 1110.							Name of S	ource	
	Was the distribution to pe	ersons identi	ified below n	nade at	District	4 .	an agency o			
,	Was the distribution to pe	e rsons identi yes: _ ^{Alameda Co}	ified below n punty Supervisor Na Official's I	nade a te Miley, D Name (La	District		an agency o			
	Was the distribution to pe Yes ☑ No 🔲 If y	ersons identi yes: <u>Alameda Co</u> t(s) and the	ified below n punty Supervisor Na Official's I	nade a te Miley, D Name (La	District ast, F	4 First) and Title • Check th taxable in also prov • If not inc.	e income box if the ncome. If the agen ride a description. ome, describe the lai roles, performe	fficial? e agency offi ccy official pe public purpo	cial claims admis rformed a ceremo se, including	onial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	ersons identi yes: <u>Alameda Co</u> t(s) and the	ified below n ounty Supervisor Na Official's I e explanatio Number of Admission(s)/	nade at te Miley, D Name (La on: Agen Offici Yes	District ast, F	4 • Check th taxable in also prov • If not inc. ceremon organizat	e income box if the ncome. If the agen ride a description. ome, describe the lai roles, performe	fficial? e agency offi icy official pe public purpo d by an agen	cial claims admis rformed a ceremo se, including cy official, indivic	onial role, lual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	ersons identi yes: <u>Alameda Co</u> t(s) and the	ified below n ounty Supervisor Na Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agen Offici Yes No Yes	District ast, F ncy ial	4 • Check th taxable in also prov • If not inc. ceremon organizat To promot	e income box if the ncome. If the agen ide a description. ome, describe the lai roles, performe tion.	fficial? e agency offi ccy official pe public purpo d by an agen at an even	cial claims admis informed a ceremi se, including cy official, indivic nt held in a	ual, or
	Was the distribution to pe Yes I No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descri Laffey, Patrick	ersons identi yes: <u>Alameda Co</u> t(s) and the	ified below n ounty Supervisor Na Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade a te Miley, D Name (La on: Agen Offici Yes No Yes No Yes	District ast, F icy ial	4 First) and Title • Check th taxable in also prov • If not inc. ceremon organizat To promot	e income box if the ncome. If the agen ride a description. ome, describe the tal roles, performe- tion. e attendance	fficial? e agency offi icy official pe public purpo d by an agen at an even o maximiz	cial claims admis rformed a cerem se, including cy official, individ nt held in a ce potential	Iual, or Income Income
	Was the distribution to pe Yes I No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descri Laffey, Patrick Laffey, Jamie	ersons identi yes: <u>Alameda Co</u> t(s) and the iption)	ified below n ounty Supervisor Na Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at te Miley, D Name (La on: Agen Offici Yes No Yes No Yes No Yes	District ast, F cy ial	4 First) and Title • Check th taxable in also prov • If not inc. ceremon organizat To promot	e income box if the ncome. If the agen ride a description. ome, description. ial roles, performe- tion. e attendance a cility in order to	fficial? e agency offi icy official pe public purpo d by an agen at an even o maximiz	cial claims admis rformed a cerem se, including cy official, individ nt held in a ce potential	Iual, or Incom Incom Incom Incom

XBA	Anna Gee	Operations Manager	12/12/11
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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A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable)		Date Stamp Califor			
		Form			
Division, Department, or Region (if applicable)					
	For Of	fficial Use Only			
Board of Supervisors			·		
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)		Amendment (Must provide explanat	ion in Part 3.)		
Crystal Hishida Graff, Clerk, Board of Superviso	ors				
Area Code/Phone Number E-mail		Date of Original Filing: (month, dag	y, year)		
(510) 272-3882 crystal.hishida@a	cgov.org		-		
2. Function, Event, or Ceremonial Role Info	ormation				
		 _	5		
Title		Face Value of Each Admission \$ _ \$9	<u> </u>		
Description Warriors vs. Chicago Bulls		Date(s)/ 26 11	1 1		
Description		Date(S)//			
	· · · · ·	Golden State Warriors			
Ticket(s)/Admission(s) provided by agency?	Yes 🔲 No 🗹 🛙	no: <u>Name of Source</u>			
Was the distribution to persons identified be	Now made at the h	whest of an agency official?			
was the distribution to persons identified be	10W 111auc al life i				
·		benesit of an agency official?	· ·		
Yes 🔽 No 🔲 If ves: Supervisor Wilma	Chan		÷ •		
Yes 🔽 No 🔲 If ves: Supervisor Wilma			; · ·		
Yes 🔽 No 🔲 If ves: Supervisor Wilma	Chan ficial's Name (Last, Firs		; .		
Yes ☑ No □ If yes: Supervisor Wilma Of The identity of recipient(s) and the expla	Chan ficial's Name (Last, Firs		admission as		
Yes ☑ No □ If yes: Supervisor Wilma Of The identity of recipient(s) and the expla Name (Last, First) Numbe	Chan fficial's Name (Last, Firs nation: er of Agency	 t) and Title Check the income box if the agency official claims a taxable income. If the agency official performed a c 			
Yes ☑ No ☐ If yes: Supervisor Wilma Of The identity of recipient(s) and the expla Name (Last, First) or Oversidentian	Chan fficial's Name (Last, Firs nation: er of Agency on(s)/ Official	t) and Title Check the income box if the agency official claims a taxable income. If the agency official performed a c also provide a description. If not income, describe the public purpose, includin	eremonial role, g		
Yes ☑ No ☐ If yes: Supervisor Wilma Of The identity of recipient(s) and the expla Name (Last, First) or Numbe Admission	Chan fficial's Name (Last, Firs nation: er of Agency on(s)/ Official	 t) and Title Check the income box if the agency official claims a taxable income. If the agency official performed a c also provide a description. 	eremonial role, g		
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Yes ☑ No ☐ If yes: Supervisor Wilma Of The identity of recipient(s) and the expla Name (Last, First) or Organization (Name, Address, Description)	Chan fficial's Name (Last, Firs nation: er of on(s)/ Agency Official t(s) Yes I	 t) and Title Check the income box if the agency official claims a taxable income. If the agency official performed a c also provide a description. If not income, describe the public purpose, includin ceremonial roles, performed by an agency official, in organization. O obtain oversight of facilities that have 	g ndividual, 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.

(the p	Alexandra Boskovich	Ticket Administrator	12/22/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)