A Public Document

1. /	Agency Name					Date Stamp	California 202	
	County of Alameda						Form OUZ	
ī	Division, Department, or Regi	on (if applica	ble)				For Official Use Only	
_	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide evolution in Part 21	
(Crystal Hishida Graff, Clerk,	Board of S	Supervisors				vide explanation in Fatt 3.)	
7	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)	
I	(510) 272-3882	crystal.his	shida@acgov.	org			(
	Function, Event, or Cere	the second se		den en e				
٦	Title WARRIORS GAME	A			Face V	/alue of Each Admissi	on \$	
						te(s)/ 10 12///		
I	Description <u>MIAMI HEAT</u>			<u> </u>	Date(s			
٦	Γicket(s)/Admission(s) pro	vided by a	igency? Yes	🔲 No 🗸	If no:	Nome of S	2011/202	
						Name or o		
١	Nas the distribution to per	sons iden	tified below n	nade at th	e behest of	an agency official?		
	Yes 🗹 No 🔲 If ye	es: <u>ALAMEI</u>	DA COUNTY SU	IPERVISOR	SCOTT HAG	GERTY		
			Official's	Name (Last, I	First) and Title			
٦	The identity of recipient	(s) and th	e explanatic	on:				
-	Name (Last, First) or		Number of	Agency	taxable ir	e income box if the agency offi ncome. If the agency official pe vide a description.		
_	Organization (Name, Address, Descrip	tion)	Admission(s)/ Ticket(s)	Official	If not include ceremonic organization of the second s	ome, describe the public purpo ial roles, performed by an agen tion.	cy official, individual, or	
-				Yes 🗖	TO REWARD A	COMMUNITY VOLUNTEER FOR H	HIS OR HER Income	

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. 		
LEIF MADRIGAL	20	Yes □ No ☑	TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVCE TO THE PUBLIC	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, join accordance with the provisions.

LEE ANN FERGERSON **Ticket Administrator** 01/25/12 Print Name Title (month, day, year) Signature of Agenc pr Designee

A Public Document

. Agency Name							
				Date Stamp		California Q	
County of Alameda						Form OU	
Division, Department, or Regior			For Official Use Only				
Board of Supervisors							
Street Address	Street Address						
1221 Oak Street, Suite 536	1221 Oak Street, Suite 536						
Designated Agency Contact (Na	me,Title)			Amendment (M	ust provi	de explanation in Part 3.)	
Crystal Hishida Graff, Clerk, B	oard of Supervisors					. ,	
Area Code/Phone Number E	-mail			Date of Original Fili	n g :	(month, day, year)	
(510) 272-3882 c	crystal.hishida@acgov.o	org					
Function, Event, or Cerem	ionial Role Informat	tion					
Coldon State Marriero VI	Momphia Crizzliaa					. 05.00	
Title Golden State Warriors v			Face	Value of Each Adn	nissic	on \$	
Description Basketball Game			Data/a	3,7,1	2	1 1	
Description			Date(s) <u>3</u> 7 <u>12</u> /				
Ticket(s)/Admission(s) provi			- un Gold	len State Warriors			
Licket(s)/Admission(s) provi	ded by adency? Yes		If no:				
Was the distribution to perso	ons identified below n			Nam f an agency officia	ne of So al?	urce	
Was the distribution to person Yes ☑ No ☐ If yes	Haggerty, Scott; Supervi	isor Name (Last,		Nam f an agency officia		urce	
Was the distribution to perso	Haggerty, Scott; Supervi Official's and the explanation Number of Admission(s)/ Ticket(s)	isor Name (Last,	First) and Title Check th taxable i also pro If not inc ceremon	Nam f an agency officia e income box if the agen ncome. If the agency offi vide a description. some, describe the public ial roles, performed by a	al? ncy offic icial per : purpos	ial claims admission as formed a ceremonial role e, including	
Was the distribution to person Yes No I If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	Haggerty, Scott; Supervi Official's and the explanation Number of Admission(s)/ Ticket(s)	isor Name (Last, DN: Agency Official	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia e income box if the agen ncome. If the agency offi vide a description. some, describe the public ial roles, performed by a	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or	
Was the distribution to person Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization	Haggerty, Scott; Supervi Official's and the explanation Number of Admission(s)/ Ticket(s)	isor Name (Last, on: Agency	First) and Title Check th taxable i also prov If not inc ceremon organiza	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or	
Was the distribution to person Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, on: Agency Official Yes No 🖸	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or is to the incor	
Was the distribution to person Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536 Food bank for Fremont, Newark Union City	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, on: Agency Official Yes 🗖	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	lal claims admission as formed a ceremonial role e, including y official, individual, or ^{is to the} Incor	
Was the distribution to person Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, on: Agency Official Yes No Yes No No No	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or Is to the Incor Incor	
Was the distribution to person Yes No If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536 Food bank for Fremont, Newark Union City	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, on: Agency Official Yes No Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	lal claims admission as formed a ceremonial role e, including y official, individual, or ^{is to the} Incor	
Was the distribution to person Yes No If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536 Food bank for Fremont, Newark Union City	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, Dr: Agency Official Yes D No D Yes D Yes D	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or is to the incor Incor	
Was the distribution to person Yes No I If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536 Food bank for Fremont, Newark Union City	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	lal claims admission as formed a ceremonial role e, including y official, individual, or is to the Incor Incor	
Was the distribution to person Yes No I If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Tri-Cities Volunteers 37350 Joseph Street, Fremont, CA 94536 Food bank for Fremont, Newark Union City	Image: Haggerty, Scott; Supervise Official's Official's Image: And the explanation Number of Admission(s)/ Ticket(s) 4	isor Name (Last, Dn: Agency Official Yes No Yes No Yes No Yes No Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To reward a nor	Nam f an agency officia is income box if the agen ncome. If the agency offi vide a description. isome, describe the public ial roles, performed by a tion.	al? icy offic icial per : purpos n agenc	ial claims admission as formed a ceremonial role e, including y official, individual, or is to the incor Incor	

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.

Nelly MM	Lee Ann Fergerson	Ticket Administrator	1/12/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

. Agency Name				Date Stamp	California	
County of Alameda					Form OU	
Division, Department, or Region (if applica	Division, Department, or Region (if applicable)					
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must prov	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.	org				
. Function, Event, or Ceremonial R	ole Informat	tion				
Title Golden State Warriors v. Phoenix	Suns		Face \	/alue of Each Admissi	on \$ _ <u>95.00</u>	
Basketball game			Date(s) <u>2</u> <u>13</u> <u>12</u>	///////	
			Gold	den State Warriors		
Ticket(s)/Admission(s) provided by a	gency? Yes	🔲 No 🖸	o ☑ If no:			
Was the distribution to persons ident Yes ☑ No ロ If yes: Hagger				-		
The identity of recipient(s) and the	e explanatio	on:				
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov • If not inc	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion.	rformed a ceremonial role, se, including	
Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612	4	Yes □ No □	To reward a non community	profit organization for its contributio	ns to the Incom	
Broad range of services for domestic violence victims and their families		Yes □ No □			Incom	
		Yes 🗖			Incom	
		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 🗖

Yes 🗖

No 🗖

Jacoban	Lee Ann Fergerson	Ticket Administrator	1/9/12
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

A Public Document

1.	Agency Name		99999999999999999999999999999999999999	9949.cm=20.0400.d000.0000.0000.0000.0000.0000		Date Stamp	California 802
	County of Alameda					Form OUZ	
	Division, Department, or Regi	ion (if applica	ble)			For Official Use Only	
	Board of Supervisors						
	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	Supervisors				, , ,
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.his	shida@acgov.o	org			
2.	Function, Event, or Cere	emonial R	ole Informat	tion		<u></u>	
	Title WARRIORS GAME				Face \	/alue of Each Admiss	ion \$ _ ^{95.00}
	Description BASKETBALL		<u></u>		Date(s) 03 / 16 / 12	/
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	🗋 No 🖸	lf no:	Name of S	Source
	Was the distribution to per	rsons iden	tified below n	nade at the	e behest of	an agency official?	
	Yes 🖸 No 🔲 If ye	es: ALAMEI	DA COUNTY SU Official's I	PERVISOR	SCOTT HAG	GERTY	
			Official's l	Name (Last, I	First) and Title		
	The identity of recipient	(s) and th	e explanatio	n:			
	Name (Last, First) or Organization (Name, Address, Descrip	ition)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov ● If not inc	e income box if the agency off ncome. If the agency official p ride a description. ome, describe the public purpo ial roles, performed by an ager	erformed a ceremonial role, ose, including

(Name, Address, Description)			ceremonial roles, performed by an agency official, indivious organization.	dual, or
TOM BURNS	4	Yes No	TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVCE TO THE PUBLIC	Income
		Yes No		Income

3. Verification

A

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.

Kelly Xor US	LEE ANN FERGERSON	Ticket Administrator	01/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name				Date Stamp	California		
	County of Alameda					Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Board of Supervisors							
	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 Supervisors						
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)		
	(510) 272-3882	crystal.hishida@acgov.	org			(, ,,,,,,,		
2.	Function, Event, or Cere	emonial Role Information	tion					
						05.00		
	Title WARRIORS GAME			Face Value of Each Admission \$ _95.00 Date(s) _02 _/ 02 _/ 12/ No ☑ If no:				
	Description BASKETBALL							
	Description Diverse in the							
	Ticket(s)/Admission(s) pro	ovided by agency? Yes	□ No 🗸					
	Was the distribution to per	rsons identified below r	nade at th	e behest of	an agency official?			
		ALAMEDA COUNTY SI		SCOTT HAG	GERTY			
	Yes 🗹 No 🔲 Ify	es: <u>All Milebry ocontri oc</u> Official's	Name (Last.	SOR SCOTT HAGGERTY				
				,				
	The identity of recipient	(s) and the explanation	on:					
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc ceremon	e income box if the agency offi ncome. If the agency official po /ide a description. ome, describe the public purpo ial roles, performed by an agen	erformed a ceremonial role, ose, including		
	GARRETT CONTRERAS	4	Yes □ No ☑	organiza TO REWARD A SERVCE TO TH	COMMUNITY VOLUNTEER FOR I	HIS OR HER Income		
			Yes 🗖			Income		
			No 🗖					
			Yes 🗖			Income		

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.

 Image: signature of Agency flead or Designee
 LEE ANN FERGERSON

 Print Name
 Ticket Administrator

 01/25/12

 (month, day, year)

No 🗖

No 🗖

No 🗖

Yes 🗖

Yes 🗖

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

Income

Income

A Public Document

1.	Agency Name					Date Stamp	California	802		
	County of Alameda						Form	002		
	Division, Department, or Reg	on (if applicable)					For Officia	Use Only		
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)				Amendment (Must prov	vide explanation i	n Part 3)		
	Crystal Hishida Graff, Clerk,	Board of Supervi	sors							
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month. dav. ve	ar)		
	(510) 272-3882	crystal.hishida@)acgov.o	org			(11101111), addy, yo	,		
2.	Function, Event, or Cere	monial Role In	format	ion		en en en de skillen ander an en				
	Title WARRIORS GAME				Face V	/alue of Each Admissi	on \$ 95.00			
	Description BASKETBALL				Date(s)//////					
	Ticket(s)/Admission(s) pro	lf no:	Name of S	ource						
	Was the distribution to persons identified below made at the behest of an agency official?									
					SCOTT HAG	GERTY				
	Yes 🗹 No 🔲 If ye	es: ALAMEDA COU	Official's I	Name (Last.	First) and Title					
	The fall of the of the state of the			1 7	,					
	The identity of recipient	(s) and the exp	lanatio	on:						
	Name (Last, First) or Organization (Name, Address, Descrip	Admis Tick	ber of sion(s)/ æt(s)	Agency Official	taxable ir also prov	e income box if the agency offic icome. If the agency official pe ide a description. ome, describe the public purpo al roles, performed by an agen	rformed a ceren se, including	nonial role,		
	(144110, 7441-53, 26361µ				organizal					
	rob stoker			Yes 🗖	SERVCE TO TH		IIO OIN HEIN	Income		
		4		No 🗹						
				Yes 🗖				Income		

	a service and a service se	1.1	- en 1970)		New Marke
rob stoker	4	Yes No		TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVCE TO THE PUBLIC	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.

Juli Xn n.	LEE ANN FERGERSON	Ticket Administrator	01/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name				Date Stamp	California	002	
	County of Alameda			Form	002			
	Division, Department, or Reg		For Officia	I Use Only				
	Board of Supervisors							
	Street Address	· · · · · · · · · · · · · · · · · · ·		<u></u>				
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name,Title)			Amendment (Must prov	vide explanation	n Part 3)	
	Crystal Hishida Graff, Clerk,	Board of Supervisors					n r un o.y	
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, ye	ar)	
	(510) 272-3882	crystal.hishida@acgov.	.org			(
2.	Function, Event, or Cere	emonial Role Informa	tion					
						05.00		
	Title WARRIORS GAME			Face \	/alue of Each Admissi	on \$		
	Description BASKETBALL			Date(s	Date(s) 03 / 13 / 12 //			
				Date(s	<i>)) / /</i>	·	/	
	Ticket(s)/Admission(s) pro	vided by agency? Yes	. □ No 🖸] If no:	Name of S			
					Name of S	ource		
	Was the distribution to pe	rsons identified below r	made at th	e hehest of	an agency official?			
	-							
	Yes 🗹 No 🔲 Ify	es: <u>ALAMEDA COUNTY SU</u> Official's	JPERVISOR	SCOTT HAG	COTT HAGGERTY			
		Official's	Name (Last,	First) and Title				
	The identity of recipient	(s) and the explanation	on:					
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ir also prov If not inc ceremoni organizat		erformed a cerer se, including cy official, indiv	nonial role,	
	ANDREAS CLUVER	4	Yes □ No ☑	TO REWARD A SERVCE TO TH	Community volunteer for F E public	IIS OR HER	Income	
			Yes 🗖 No 🗖				Income	
			Yes 🗖			ar modeler	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 🗖

Vollextran	LEE ANN FERGERSON	Ticket Administrator	01/25/12
Signature of Agendy Head of Besignee	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

1.	Agency Name				Date Stamp	California	000
• •	COUNTY OF ALAMEDA					Form	802
	Division, Department, or Region (if applicable)				For Official	Use Only
	BOARD OF SUPERVISORS						
	Street Address						
	1221 OAK STREET, SUITE 536	ł					
	Designated Agency Contact (Name		<u></u>				D (0)
	Crystal Hishida Graff, Clerk, Boa	ard of Supervisors			Amendment (Must pro	vide explanation in	Part 3.)
	Area Code/Phone Number E-m			· · · · · · · · · · · · · · · · · · ·	Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882 cry	stal.hishida@acgov.	ora			(month, day, yee	<i>,</i>
2.	Function, Event, or Ceremo						
	Title GSW			Face V	/alue of Each Admiss	ion \$ <u>156</u>	
					01 28 12		
	Description AMA SUPERCROS	55		Date(s) <u>01</u> <u>28</u> <u>12</u>	/	/
Was the distribution to persons identified below made at the behest of an an antipervisor scott haggerty, dist. 1 Yes No If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DIST. 1 Official's Name (Last, First) and Title							
	The identity of recipient(s) a	and the explanation	on:				
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i 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 agen tion.	erformed a cerem ose, including	onial role,
			Yes 🗖	To reward a	community volunteer for his	service to the	Income
	NICK NAPPO	2	No 🗹	public	······,		
			Yes 🗖				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.

Pelinardis	LEE ANN FERGERSON	TICKET ADMINISTRATOR	01.26.12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name					Date Stamp	California	802
	COUNTY OF ALAMEDA						Form	002
Ī	Division, Department, or Region (if applicable)					For Official	Use Only	
	BOARD OF SUPERVISORS	6						
•	Street Address							
	1221 OAK STREET, SUITE	536						
Ī	Designated Agency Contact (Name, Title)				Amendment (Must prov	ide explanation ir	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.o	org				,
2.	Function, Event, or Cere							
	0004						450	
•	Fitle <u>GSW</u>				Face V	/alue of Each Admissio	on \$	
	Description <u>AMA SUPERC</u>	ROSS			Date/s	b) 01 / 28 / 12	1	1
,					Date	·)/		/
١	Was the distribution to per					Name of So an agency official?	ource	
	Yes 🗹 No 🗋 If ye	es:		Name (Last.)	First) and Title			
_				, -	noty and mic			
_	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov • If not inc	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceren se, including	ionial role,
-				Yes 🗖	to reward a	community volunteer for his s	ervice to the	Income
	DALE RABENEAU		2	No 🗹	County			
•				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 🗖

Yes 🗖

No 🗖

No 🗖

Head of Designee Signature of Agency

Print Name

LEE ANN FERGERSON

TICKET ADMINISTRATOR 01.26.12

(month, day, year)

Income

Income

A Public Document

1.	Agency Name			And and a second s	Date Stamp	California 802
	County of Alameda			Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	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 Supervisors				····· ···,
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.	org			
2.	Function, Event, or Cere	emonial Role Information	tion			
	Title Golden State Warriors	v Utah Jazz		Face	/alue of Each Admissi	on \$ 95.00
	INIC					
	Description Basketball Gar	ne		Date(s	s) <u>1 7 12</u>	///////
	·			·		
	Ticket(s)/Admission(s) pro	vided by agency? Yes	⊡ No I⁄i	If no: Gold	en State Warriors	
		indea by agoing i Too			Name of S	Source
			mada at the	habaatat	an anonau official?	
	Was the distribution to per	rsons identified below r	nade at the	epenestor	an agency official?	
	Yes 🖸 No 🔲 If y	es: <u>Haggerty</u> , Scott; Superv	isor			
		Official's	Name (Last, F	irst) and Title		
	The identity of recipient	(s) and the explanatio	on:			
				Check th	e income box if the agency offi	cial claims admission as
	Name (Last, First)	Number of	Agency	taxable i	ncome. If the agency official pe	
	or	Admission(s)/	Official		/ide a description. ome, describe the public purpo	se including
	Organization (Name, Address, Descrip	otion) Ticket(s)			ial roles, performed by an ager	
	Dennis Faye		Yes 🗖	To reward a a co	ommunity volunteer for his contribut	ions to the Income
		4	No 🗹	community.		
			Yes 🗖			Income
			No 🗖			

(Name, Address, Description)	l icket(s)		ceremonial roles, performed by an agency official, ind organization.	ividual, or
Dennis Faye	4	Yes □ No ☑	To reward a a community volunteer for his contributions to the community.	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.

Kuluxor	Lee Ann Fergerson	Ticket Administrator	1/12/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pub	lic	Document

1.	Agency Name				Date Stamp	California	
10131	County of Alameda				79/70.000/00/70/00/70/00/70/	Form 802	
	Division, Department, or Reg	gion (if applicable)			-	For Official Use Only	
	Board of Supervisors						
	Street Address				-		
	1221 Oak Street, Suite 536	5					
	Designated Agency Contact	(Name,Title)			Amendment (Must pro	uide eurlenelien is Ded 2 \	
	Crystal Hishida Graff, Clerk	Board of Supervisors				vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)	
	(510) 272-3882	crystal.hishida@acg	ov.org			(monin, day, year)	
2.	Function, Event, or Cer	Contraction of the second s			al a construction of the second se		
_	o subclobed and supplied the						
	Title Golden State Warriors	s v. Phoenix Suns		_ Face	Value of Each Admissi	ion \$ _95.00	
	Basketball da	me			0 10 10		
	Basketball ga			_ Date(s	s) <u>2 / 13 / 12</u> //		
				Cal			
	Ticket(s)/Admission(s) pr	ovided by agency?	′es 🗖 N	o 🗹 If no: 🛄	den State Warriors Name of S		
					Name of S	Source	
	Was the distribution to pe	reone identified held	w made :	at the behast o	f an agoncy official?		
	Construction and an and a second s						
Yes 🗹 No 🔲 If yes: Lockyer, Nadia - Alameda County Supervisor, District 2 Official's Name (Last, First) and Title							
Official's Name (Last, First) and Title							
The identity of recipient(s) and the explanation:							
	Name				ne income box if the agency offi		
	(Last, First)	Number o	10121 Total (0)		ncome. If the agency official pe vide a description.	erformed a ceremonial role,	
	or Organization	Admission		siai j	come, describe the public purpo	ose, including	

(Name, Address, Description)	Ticket(s)		ceremonial roles, performed by an agency official, incorganization.	dividual, or
Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612	4	Yes □ No ☑	Fo reward a non-profit organization for its contributions to the community	Income
Broad range of services for domestic violence victims and their families		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.

INAR	Michelle Dianda	Ticket Administrator	1/5/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	A	Public	Document
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110	KerAumission Dist	110 01010110								
1.	Agency Name						Date Stam	ıр	California Form	802
	County of Alameda						Contract Contract			A CONTRACTOR OF A DESCRIPTION OF A DESCRIPANTE OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCR
	Division, Department, or Reg	ion (if applica	ible)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact	(Name,Title)					Amendment	(Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk	and a local division of the local division o	Supervisors							
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day, yea	<i>r)</i>
_	(510) 272-3882		shida@acgov.	1994						
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Golden State Warriors					Faco	/alue of Each /	ldmieei	on ¢ 95.00	
	TILLE				-					
	Description Basketball Gar	me			_	Date(s) <u>01 / 07</u>	, 12		1
						10000000000	· · · · · · · · · · · · · · · · · · ·			
	Ticket(s)/Admission(s) pro	ovided by a	agency? Ves			If no. Gold	en State Warriors			
	Was the distribution to pe	rsons iden	tified below n	nade a	at the	e behest of	•	vanie or o	tource	
	Was the distribution to pe Yes ☑ No ロ If y	rsons iden /es:	tified below n , Nadia, Superv Official's	nade a isor- Di Name (l	at the	e behest of	•	vanie or o	ource	
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient _{Name}	rsons iden /es:	tified below n , Nadia, Superv Official's	nade a isor- Di Name (l	at the	e behest of 2 First) and Title	an agency off	ficial?	cial claims admis	
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient	rsons iden /es:	tified below n , Nadia, Superv Official's ne explanatic Number of	nade a isor- Di Name (l on: Age	at the strict Last, F	e behest of 2 First) and Title • Check th taxable in	an agency off	ficial?	cial claims admis	
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient ^{Name} (Last, First)	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n , Nadia, Superv Official's ne explanatic	nade a isor- Di Name (l on:	at the strict Last, F	e behest of 2 First) and Title • Check th taxable in also prov • If not inc	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed	icial? agency offi y official po ublic purpo	cial claims admis erformed a cerem ose, including	onial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n , Nadia, Superv Official's ne explanatic Number of Admission(s)/	nade a isor- Di Name (l on: Age	at the strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n , Nadia, Superv Official's ne explanatic Number of Admission(s)/	nade a isor- Di Name (l on: Agei Offic	at the strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed tion.	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n Nadia, Superv Official's e explanation Number of Admission(s)/ Ticket(s)	nade a isor- Di Name (l on: Age Offic	at the strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n Nadia, Superv Official's e explanation Number of Admission(s)/ Ticket(s)	nade a isor- Di Name (l on: Agen Offic Yes No	strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n Nadia, Superv Official's e explanation Number of Admission(s)/ Ticket(s)	nade a isor- Di Name (l on: Age Offic Yes No Yes	strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or Income Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n Nadia, Superv Official's e explanation Number of Admission(s)/ Ticket(s)	nade a isor- Di Name (l on: Agel Offic Yes No Yes No Yes No	strict stri strict strict strict strict strict strict strict strict stri	 behest of 2 First) and Title Check the taxable is also provide on the second second	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or Income Income
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	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Lockyer</u> t(s) and th	tified below n Nadia, Superv Official's e explanation Number of Admission(s)/ Ticket(s)	nade a isor- Di Name (l on: Agen Offic Yes No Yes No Yes No Yes	strict Last, F	 behest of 2 First) and Title Check the taxable is also provide on the second organiza To promotion 	e income box if the a ncome. If the agency vide a description. ome, describe the pr ial roles, performed tion. e attendance at	agency official P official po ublic purpo by an agen t an eve	cial claims admis erformed a cerem ose, including ncy official, individ nt held at a	onial role, dual, or 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.

MI MI	CHELLE DIANDA	Ticket Administrator	1/5/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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incket/Admission Distribution					Public Do	
. Agency Name		(c.		Date Stamp	California Form	801
County of Alameda				[10] J. T. H. K. K. M. G. K.		
Division, Department, or Region (if ap	oplicable)				For Official	Use Only
Board of Supervisors						
Street Address				1	1	
1221 Oak Street, Suite 536						5
Designated Agency Contact (Name, Ti	tle)			Amendment (Must pr	ovide explanation in	Part 3)
Crystal Hishida Graff, Clerk, Board	of Supervisors				, inde explanation in	, art oly
Area Code/Phone Number E-mail			1	Date of Original Filing: _	(month, day, yea	ar)
(510) 272-3882 crysta	ll.hishida@acgov.	org				· ·
. Function, Event, or Ceremonia	al Role Informa	tion				
Coldon State Warriers Come					05.00	
Title Golden State Warriors Game			Face	/alue of Each Admiss	ion \$	
Description Basketball Game			P. C.	<u>, 01 , 10 , 12</u>		
Description Description			Date(s	\$)//	·/	/
1000 10 1010 10 100 10 100 10 100 10 100 10 1			. v. Gold	en State Warriors		
Ticket(s)/Admission(s) provided	by agency? Yes	□ No 🖸	If no:	Name of	Source	
Ticket(s)/Admission(s) provided	by agency? Yes	No 🖸	If no:	Name of	Source	
Ticket(s)/Admission(s) provided				Name or	Source	
Was the distribution to persons i	dentified below I	made at th	e behest of	Name or	Source	
Was the distribution to persons i	dentified below i kyer, Nadia- Supervi	made at th isor District 2	e behest of	Name or	Source	
Was the distribution to persons in Yes ☑ No □ If yes: Loc	dentified below ı kyer, Nadia- Supervi Official's	made at th isor District 2 Name (Last,	e behest of	Name or	Source	
Was the distribution to persons i	dentified below ı kyer, Nadia- Supervi Official's	made at th isor District 2 Name (Last,	e behest of	Name or	Source	đ
Was the distribution to persons in Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name	dentified below i kyer, Nadia- Supervi Official's d the explanatio	made at th isor District 2 Name (Last, on:	e behest of First) and Title	f an agency official?	ficial claims admis	
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MR	MICHELLE DIANDA	Ticket Administrator	//0//2
Signature of Agency Head or Designee	Print Name	Title	(mønth, day, year)

Ticket/Admission Distributi	ons			A Public	Documen
1. Agency Name				Date Stamp Califor	^{mia} 802
County of Alameda				For	n 002
Division, Department, or Region (if a	oplicable)			For O	fficial Use Only
Board of Supervisors				4	
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, The Contact (Name,	itle)			Amendment (Must provide explana	tion in Part 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors			n 1941 - 22 - 22 - 22 - 22 - 22 - 22 - 22 -	
Area Code/Phone Number E-mail				Date of Original Filing:	y, year)
(510) 272-3882 crysta	al.hishida@acgov.	org			
2. Function, Event, or Ceremonia	al Role Informa	tion			
Golden State Warriors					00
Title Golden State Warriors			Face	Value of Each Admission \$ _95	.00
Description Basketball Game			Dato	s) <u>04 / 24 / 12</u>	, ,
Description			Date	5)/	//
Ticket(s)/Admission(s) provided	by agonov2 Vac		Gold	den State Warriors	
nekel(s)/Admission(s) provided	by agency: res		· 11110	Name of Source	
Was the distribution to nersons i	double is a balance	mada at t	ha hahaat a	f an ananay official2	
Was the distribution to persons i	dentified below r	nade at t	ne penest o	an agency official?	
Yes 🗹 No 🔲 If yes: Loc	kyer, Nadia- Supervi Official's	isor District	2		
	Official's	Name (Last	t, First) and Title	9	
The identity of recipient(s) and	d the explanation	on:			
Name			Check t	he income box if the agency official claims	admission as
(Last, First)	Number of	Agency	alao ara	income. If the agency official performed a c ovide a description.	ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official	• If not in	come, describe the public purpose, includin	
(Name, Address, Description)	(instant)		ceremo organiza	nial roles, performed by an agency official, i ation.	ndividual, or
		Yes 🗖		a nonprofit organization for its	Income
Literacy Plus Program	4	No 🗸	contributio	ons to the community	
		Yes 🗖	1		Income
835 C Street, Hayward, CA 94541		No 🗖	1	8	
		Yes 🗖	1		Income
Operated by Hayward Library to he	elp	No 🗖	l		
		Yes 🗖		5	Income
students improve reading and writi	ng	No 🗖	1		
aldUa		Yes 🗖			Income
skills.		No 🗖			
3. Verification					
I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I	have verified	that the distribution of admissions, s	et forth above,
is in accordance with the provisions.					
Int	MICHELLE DIANI	DA	Tick	et Administrator	1/10/12

Print Name

Signature of Agency Head or Designee

Title

110/1

(month, day, year)

Tic	ket/Admission Distributio	ons				A Public E)ocumen
1. /	Agency Name				Date Stamp	Californ	^{ia} 802
3	County of Alameda					Form	20 2 2 2 2 2 2
i	Division, Department, or Region (if ap	plicable)			1	For Offic	ial Use Only
	Board of Supervisors						
1	Street Address				1		
	1221 Oak Street, Suite 536						
1	Designated Agency Contact (Name, Tit	e)			Amendment (Mus	st provide explanation	in Part 3)
	Crystal Hishida Graff, Clerk, Board	of Supervisors			0-50. (#)		
7	Area Code/Phone Number E-mail				Date of Original Filin	g:(month. day.	vear)
	(510) 272-3882 crysta	.hishida@acgov.	org				
2. 1	Function, Event, or Ceremonia	I Role Informa	tion				
	Harlem Globetrotters					60.0	0
	Title Harlem Globetrotters				/alue of Each Adm		
)	Description Basketball Event			Date(s	s) 01 / 14 / 12	/	/
				0.1			
	Ticket(s)/Admission(s) provided I	y agency? Yes	🗆 No 🖸	If no: Gold	Ien State Warriors	of Source	
	Was the distribution to persons id	lentified below r	made at th	le behest of	f an agency officia	1?	
	Was the distribution to persons io	lentified below r xyer, Nadia- Supervi <i>Official's</i>				1?	
1	Was the distribution to persons io	xyer, Nadia- Supervi Official's	isor District : Name (Last,			1?	
1	Was the distribution to persons id Yes ☑ No ロ If yes: Loci	xyer, Nadia- Supervi Official's	isor District : Name (Last,	2 First) and Title • Check th taxable i also pro • If not inc	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	y official claims adr ial performed a cere ourpose, including	emonial role,
	Was the distribution to persons id Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization	yer, Nadia- Supervi Official's the explanation Number of Admission(s)/	isor District : Name (Last, Dn:	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role,
	Was the distribution to persons in Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	tyer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	isor District : Name (Last, on: Agency Official Yes 🗖	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income
	Was the distribution to persons io Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark 41811 Blacow Rd, Fremont 94538	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	Agency Official Yes No Yes No Yes No	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income
	Was the distribution to persons in Yes ☑ No □ If yes: Loc The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	isor District : Name (Last, Dn: Agency Official Yes No Yes No Yes Yes No	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income Income Income
	Was the distribution to persons io Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark 41811 Blacow Rd, Fremont 94538	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	isor District : Name (Last, Dn: Agency Official Yes No Yes No Yes No Yes No Yes No	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income Income Income
	Was the distribution to persons io Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark 41811 Blacow Rd, Fremont 94538	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	isor District : Name (Last, Dn: Agency Official Yes No Yes No Yes Yes No	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income Income Income
	Was the distribution to persons io Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark 41811 Blacow Rd, Fremont 94538	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	isor District : Name (Last, Dn: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income Income Income Income
	Was the distribution to persons io Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) YMCA- Fremont/Newark 41811 Blacow Rd, Fremont 94538	xyer, Nadia- Supervi Official's the explanation Admission(s)/ Ticket(s) 4	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes	2 First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. a non-profit organiz	y official claims adr clal performed a cerr purpose, including agency official, ind zation for its	emonial role, ividual, or Income Income Income

WORK	MICHELLE DIANDA	Ticket Administrator	1/12/12
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)

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

AT abile boounterit	Α	Pub	lic	Document
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П	cket/Admission Distrib	utions					A	Public D	ocumer
1.	Agency Name						Date Stamp	Californi	a 000
	County of Alameda							Form	^a 802
	Division, Department, or Region	(if applicable)						For Offici	al Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nan	me, Title)							
	Crystal Hishida Graff, Clerk, Bo	pard of Supervisor	s				Amendment (Must pl		
		mail					Date of Original Filing: .	(month day)	(aac)
	(510) 272-3882 ci	rystal.hishida@ac	aov.o	ora				(monin, day, y	ear
2.	Function, Event, or Cerem								
		0,040,000,000,000,000,000,000,000,000,0							
	Title WWE Raw					Face V	alue of Each Admiss	sion \$ <u>62.00</u>)
							01 15 12		
	Description Wrestling Event					Date(s	01 / 15 / 12	/_	/
	Ticket(s)/Admission(s) provid	ed by agency?	Yes	🗆 No		f no: Golde	en State Warriors		
	8 MA 8						Name of	Source	
	Yes 🗹 No 🔲 If yes:	Lockyer, Nadia- Su	cial's l	sor Distric Name (Las	ct 2 st, Firs	t) and Title			
	The identity of recipient(s)	and the explan	atio	n:				1	
	Name						income box if the agency of		
	(Last, First) or	Number		Agency			come. If the agency official de a description.	performed a cere	monial role,
	Organization	Admission Ticket(s		Officia		If not inco	me, describe the public pur	oose, including	
	(Name, Address, Description	n)		4.		organizati	al roles, performed by an age on.	ency official, indi	vidual, or
				Yes [a non-profit organizat	ion for its	Income
	YMCA- Fremont/Newark	4		No 🗗		ontributior	ns to the community		
				Yes [Income
	41811 Blacow Rd, Fremont 94	538		No 🗖					
				Yes [Income
	Offers childcare and youth prog	grams		No 🗖					
	1			Yes [Income
				No E					
				Yes [Income
				No E					
2	Verification								land

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.

MAR	MICHELLE DIANDA	Ticket Administrator	1/1	2/	12
Signature of Agency-Head or Designee	Print Name	Title	(mon	th, day, y	(ear)

AF	Public Docu	ment

icket/Admission Distributio	110					
Agency Name				Date Stamp	Californ	^{ia} 802
County of Alameda		Form				
Division, Department, or Region (if ap		For Offic	ial Use Only			
Board of Supervisors Street Address						
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tit	le)					
Crystal Hishida Graff, Clerk, Board	of Supervisors			Amendment (Mus	st provide explanatio	n in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, day,	vear)
(510) 272-3882 crysta	l.hishida@acgov.	org			1 1 15	
Function, Event, or Ceremonia	I Role Informat	tion				
Title Golden State Warriors Game			Face	/alue of Each Adm	ission \$ 95.0	0
Description Basketball Game			Date(s	s) <u>02 / 07 / 12</u>		/
		Cold	lon State Warriers			
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Gold					
Was the distribution to persons i	dentified below r	nade at the	e behest of	Name	of Source	
Was the distribution to persons i	dentified below n kyer, Nadia- Supervi Official's	nade at the sor District 2 Name (Last, I	 behest of First) and Title Check the taxable is also provide if not incoceremon organiza 	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	I? y official claims add ial performed a cer purpose, including agency official, ind	emonial role,
Was the distribution to persons id Yes ☑ No □ If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization	dentified below n kyer, Nadia- Supervi Official's I the explanatic Number of Admission(s)/	nade at the sor District 2 Name (Last, I on: Agency	 behest of First) and Title Check the taxable is also provide if not incoceremon organiza 	e income box if the agenc ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an tion. a community volunt	I? y official claims add ial performed a cer purpose, including agency official, ind	emonial role,
Was the distribution to persons in Yes I No I If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n kyer, Nadia- Supervi Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last, I on: Agency Official Yes 🗖	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the agenc ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an tion. a community volunt	I? y official claims add ial performed a cer purpose, including agency official, ind	emonial role, ividual, or Income
Was the distribution to persons in Yes I No I If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n kyer, Nadia- Supervi Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last, I on: Agency Official Yes I No I	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the agenc ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an tion. a community volunt	I? y official claims add ial performed a cer purpose, including agency official, ind	emonial role, ividual, or Income Income
Was the distribution to persons in Yes I No I If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n kyer, Nadia- Supervi Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last, I on: Agency Official Yes No Yes No Yes Yes Yes	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the agenc ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an tion. a community volunt	I? y official claims add ial performed a cer purpose, including agency official, ind	emonial role, ividual, or Income Income Income
Was the distribution to persons in Yes I No I If yes: Loc The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n kyer, Nadia- Supervi Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last, I on: Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the agenc ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an tion. a community volunt	I? y official claims add ial performed a cer purpose, including agency official, ind	ividual, or Income Income Income

Print Name

Title

(month, day, year)

Α	Public	Document

Icket/Aumission Distributio					A Public Do	
Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if app	olicable)				For Official	Use Only
Board of Supervisors						
Street Address	Street Address					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Titl	e)			Amendment (Mus	st provide explanation in	n Part 3.)
Crystal Hishida Graff, Clerk, Board of	of Supervisors			See 2		
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, day, yea	ar)
	.hishida@acgov.	and the second				
Function, Event, or Ceremonia	I Role Informa	tion				
Title Golden State Warriors	T.	¥	Face	/alue of Each Adm	lealan ¢ 95.00	
nue						
Description Basketball Game			Date(s) 02 / 07 / 12	/	/
			7	on State Marriana		
Ticket(s)/Admission(s) provided b	y agency? Yes		I If no: Gold	en state warnors		
Ticket(s)/Admission(s) provided b Was the distribution to persons id	lentified below r	nade at th	e behest of	Name	e of Source	
Was the distribution to persons id	lentified below r yer, Nadia- Supervi Official's	nade at th sor District 2 Name (Last, I	e behest of	Name	11111111111	
Was the distribution to persons id Yes ☑ No □ If yes: Lock	lentified below r yer, Nadia- Supervi Official's	nade at th sor District 2 Name (Last, I	e behest of First) and Title • Check the taxable in also prov • If not ince	e income box if the agenc come. If the agency offic ide a description. ome, describe the public p ial roles, performed by an	I? y official claims admis ial performed a cerem purpose, including	ionial role,
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/	made at the isor District 2 Name (Last,) On: Agency	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agenc come. If the agency offic ide a description. ome, describe the public p ial roles, performed by an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	ionial role,
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last,) on: Agency Official Yes 🗖	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agency ncome. If the agency officia ride a description. ome, describe the public p ial roles, performed by an ion. e attendance at an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last,) on: Agency Official Yes I No I	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agency ncome. If the agency officia ride a description. ome, describe the public p ial roles, performed by an ion. e attendance at an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last, I on: Agency Official Yes I Yes I	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agency ncome. If the agency officia ride a description. ome, describe the public p ial roles, performed by an ion. e attendance at an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last,) on: Agency Official Yes No Yes No Yes No	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agency ncome. If the agency officia ride a description. ome, describe the public p ial roles, performed by an ion. e attendance at an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income
Was the distribution to persons id Yes ☑ No □ If yes: Lock The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below r syer, Nadia- Supervi Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the sor District 2 Name (Last,) on: Agency Official Yes No Yes No Yes Yes Yes Yes	e behest of First) and Title Check the taxable in also prov If not ince ceremoni organizat	e income box if the agency ncome. If the agency officia ride a description. ome, describe the public p ial roles, performed by an ion. e attendance at an	I? y official claims admis ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income

Ma	R	MICHELLE DIANDA	Ticket Administrator	1/17/12
Signature of Agency	Head or Designee	Print Name	Title	(month, day, year)

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

A Public Docume	ent
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	cket/Admission Distributions						
1.	Agency Name				Date Stamp	California	002
	County of Alameda					Form	802
	Division, Department, or Region (if applica	ble)			1	For Official U	lse Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must pr	ovide explanation in l	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors			terre a construction de la construction La construction de la construction d		
	Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, year	,
		hida@acgov.				 D NY 25352 	
2.	Function, Event, or Ceremonial R	ole Informat	tion				
	Title Golden State Warriors						
	Title Colden otate Wallions			Face	Value of Each Admiss	sion \$	
	Description Basketball Game			Date/s	s) <u>02 , 20 , 12</u>	1	,
				Datela	») ———/———/	/	
			NULLES ADDRESS	- u Gold	len State Warriors		
	Ticket(s)/Admission(s) provided by a	doncy2 Voe		1 100.0000			
	Ticket(s)/Admission(s) provided by a Was the distribution to persons ident	tified below n	nade at th	ie behest o	Name or	Source	
		t ified below n Nadia- Supervis Official's i	nade at th sor District . Name (Last,	ie behest o	f an agency official?	Source	s
	Was the distribution to persons ident Yes I No I If yes: Lockyer, The identity of recipient(s) and the Name	t ified below n Nadia- Supervis Official's i	nade at th sor District : Name (Last, pn:	e behest of 2 First) and Title	f an agency official?	ficial claims admiss	
	Was the distribution to persons ident Yes I No I If yes: Lockyer, The identity of recipient(s) and the	tified below n Nadia- Supervis Official's d e explanatio Number of	nade at th sor District : Name (Last, on: Agency	e behest of 2 First) and Title Check th taxable i	f an agency official?	ficial claims admiss	
	Was the distribution to persons ident Yes ☑ No □ If yes: Lockyer, The identity of recipient(s) and the Name (Last, First)	tified below n Nadia- Supervis Official's i e explanatio	nade at th sor District : Name (Last, pn:	First) and Title Check th taxable i also pro If not inc ceremon	f an agency official? he income box if the agency of ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an age	ficial claims admiss performed a ceremo pose, including	nial role,
×.	Was the distribution to persons ident Yes ☑ No □ If yes: Lockyer, The identity of recipient(s) and the (Last, First) or Organization	tified below n Nadia- Supervis Official's e explanatio Number of Admission(s)/	nade at th sor District : Name (Last, on: Agency	First) and Title	f an agency official? he income box if the agency of ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an age	ficial claims admiss performed a ceremo pose, including ency official, individe	nial role,
×.	Was the distribution to persons ident Yes ☑ No □ If yes: Lockyer, The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	tified below n Nadia- Supervis Official's e explanatio Number of Admission(s)/	nade at th sor District : Name (Last, on: Agency Official	First) and Title	f an agency official? the income box if the agency of ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an agention. nonprofit organization for its	ficial claims admiss performed a ceremo pose, including ency official, individe	nial role, ual, or
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n accordance with the provisions.

Signature of Agency Head or Designee

MICHELLE DIANDA Print Name

Ticket Administrator Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 Parking Pass at a \$18 value

	Α	Pub	lic	Document
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110	cket/Admission Distribution	5110						
1.	Agency Name					Date Stamp	Californ	^{ia} 802
	County of Alameda						Form	and the second second
	Division, Department, or Region (if ap			For Office	ial Use Only			
	Board of Supervisors						Ŷ	
	Street Address							
ļ	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Til	tle)				Amendment (Mus	t provide explanatio	n in Part 3.)
	Crystal Hishida Graff, Clerk, Board	and a second state of the second s					1999 - 1997 -	
	Area Code/Phone Number E-mail				Date	of Original Filing	g:(month, day,	year)
	and the second	I.hishida@acgov.	a second s					
	Function, Event, or Ceremonia	al Role Informat	tion					
2	Title Golden State Warriors			E	ace Value	of Each Admi	ission \$_95.0	0
	Description Basketball Game			D	ate(s)			/
	Ticket(s)/Admission(s) provided I	Golden Sta	te Warriors					
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		by agency r. res	Пио			Name	of Source	
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

0 Signature of Agency Head or Designee

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ti

Ticket/Admission Distributio	ons				A	Public Do	cument
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	and the state of the
Division, Department, or Region (if app	olicable)				3 C	For Official U	Jse Only
Board of Supervisors Street Address					- 181		
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Titl	e)				Amendment (Must pi	rovide explanation in	Part 3)
Crystal Hishida Graff, Clerk, Board of	of Supervisors						r un oly
Area Code/Phone Number E-mail					Date of Original Filing: .	(month, day, yea	1)
	.hishida@acgov.	_	_				
2. Function, Event, or Ceremonia	I Role Informat	tion					
Title Michael Jackson Tour			-	Face \	Value of Each Admiss	sion \$ _207.35	
Description Cirque Du Soleil Show	2		_	Date(s	s) 01 / 17 / 12	/	
Ticket(s)/Admission(s) provided b	v agency? Yes		이 교	I If no: Gold	len State Warriors		
	,	L			Name of	Source	
Was the distribution to persons ic	lentified below n	nade a	at th	e behest of	f an agency official?		
	ver. Nadia- Supervi	sor Dist	trict 2				
Yes 🗹 No 🔲 If yes: Lock	yer, Nadia- Supervi Official's	Name (l	ast,	First) and Title	•		
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Name				17 YO	e income box if the agency of		
(Last, First) or	Number of Admission(s)/	Ager Offic			ncome. If the agency official vide a description.	performed a ceremo	onial role,
Organization (Name, Address, Description)	Ticket(s)			ceremon	come, describe the public purp nial roles, performed by an age		lual, or
Batista, Michelle		Yes		organiza To promote a	ition. attendance at an event held	at a County	Income
Datista, Michelle	2	No	$\overline{\mathbf{Z}}$		er to maximize potential rev		
		Yes			4		Income
		No					
	2	Yes No	_				Income
		Yes					
1		No					Income
		Yes					Income
		No					
3. Verification							10 11 ¹¹
I have read and understand FPPC Regu is in accordance with the provisions.	llations 18944.1 an	d 1894	2. I h	ave verified l	that the distribution of ad	missions, set for	th above,
		20		T 1 1 1	A Administrates	1.1.1	7/10
100 EX	AICHELLE DIANI			licke	et Administrator	//	1112
Signature of Agency Head or Designee	Print Nar	ne			Title	month	h, day, year)

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

	Α	Publi	c Doc	ument
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-	cket/Admission Distrib									
۱.	Agency Name						Date Stam	p	California	802
	County of Alameda	//f ==== li== li	- 1- 1						Form For Official	North Contraction
	Division, Department, or Region (if applicable)									
	Board of Supervisors Street Address									
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	1221 Oak Street, Suite 536 Designated Agency Contact (Nan	ne.Title)	4	_						
	Crystal Hishida Graff, Clerk, Bo	18 1935-9-	uponvicore			,	Amendment	(Must prov	ide explanation in	Part 3.)
		mail	upervisors		-		Date of Original	Filing:		
	(510) 272-3882 cr	rvstal hist	hida@acgov.	ora					(month, day, yea	r)
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22		omarra		lion						
	Title Michael Jackson Tour				-	Face \	/alue of Each A	dmissio	on \$ _207.35	
	Cirgue Du Selail S	Phone					01 18	12		
	Description Cirque Du Soleil S	SHOW			-	Date(s	;) <u>01 </u>	12	/	/
	Ticket(s)/Admission(s) provid		gency: res				٨	ame of So	ource	
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Mas	MICHELLE DIANDA	Ticket Administrator	1/17/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume

	cket/Admission Distribut						
1.	Agency Name				Date Stamp	Califo	^{mia} 802
	County of Alameda					For	n 004
	Division, Department, or Region (if a	applicable)			1	For C	fficial Use Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536	1					
	Designated Agency Contact (Name,	Title)			Amendment	(Must provide explana	lion in Part 3.)
	Crystal Hishida Graff, Clerk, Board	and the second se					
	Area Code/Phone Number E-ma	11			Date of Original F	iling:(month, de	y, year)
		al.hishida@acgov.	COMPANY OF THE OWNER	.e.			
2.	Function, Event, or Ceremon	ial Role Informa	tion				
	Title Golden State Warriors				(-) (F -) (00
				Face	Value of Each Ac	dmission $ = \frac{33}{2} $.00
	Description Basketball Game			Date(s) <u>01 / 20 /</u>	12	1 1
				Datel	s)		
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	Ticket(s)/Admission(s) provided	by agency? Yes	i 🗌 No 🖸	If no: Gold	ien State Warriors Na	ame of Source	
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MAD	MICHELLE DIANDA	Ticket Administrator	1/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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. Agency Name				Data Star	A Puk		
County of Alameda				Date Star		lifornia Form	802
Division, Department, or Region (if applied	cable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				Amendment	t (Must provide ex	Inlanation in	Part 3)
Crystal Hishida Graff, Clerk, Board of	Supervisors					panalonin	, an 0.)
Area Code/Phone Number E-mail				Date of Original	Filing:(mon	nth, day, yea	r)
	iishida@acgov.	and the second se			222	tr Oliviati	8
. Function, Event, or Ceremonial I	Role Informa	tion					
Title Golden State Warriors			Eac	e Value of Each A	Advaication (*	95.00	
			. гас	e value of Each A	Admission \$		
Description Basketball Game			Dat	e(s) 01 / 23	/_12		
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				olden State Warriors	3		
Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No	If no: G		Name of Source		
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	MAD	MICHELLE DIANDA	Ticket Administrator	1/23/12
/	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.) Includes 1 parking pass at a value of \$18

A Public Doci	ument
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IIC.	Retraumssion Dist									
	Agency Name						. Date Stamp		Califo	^{mia} 802
1000	County of Alameda								For	a manage of the
	Division, Department, or Reg	ion (if applica	able)						For O	fficial Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
1	Designated Agency Contact	(Name, Title)					Amendment (M	lust provi	ide explana	tion in Part 3.)
	Crystal Hishida Graff, Clerk	, Board of S	Supervisors				5			
	Area Code/Phone Number	E-mail					Date of Original Fili	ing:	(month, da	y, year)
	(510) 272-3882	crystal.his	shida@acgov.o	org					nationese int	1999 A 1999 A 1994
.	Function, Event, or Cere	emonial R	tole Informat	tion			1			
	Golden State Warriors								¢ 95	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.

\square	NAZ	MICHELLE DIANDA	Ticket Administrator	1/25/12
Sig	nature 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.) Includes 1 parking pass at a value of \$18.

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110	ket/Admission Distr									
1.	Agency Name						Date Star	np	California Form	002
	County of Alameda								Form	802
	Division, Department, or Region (if applicable)								For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)									0
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				Amendmen	t (must pro	vide explanation in	Part 3.)
	Area Code/Phone Number	E-mail					Date of Origina	l Filing:	(month, day, yea	el.
	(510) 272-3882	crystal.his	shida@acgov.	ora					(month, day, yea	0
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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.

MALL	MICHELLE DIANDA	Ticket Administrator	1/25/12
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.) Includes 1 parking pass at a value of \$18.

110	cket/Admission Distr	indutions	2			,	A Public D	oounion
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	County of Alameda						Form	- All All All All All All All All All Al
	Division, Department, or Reg		For Officia	al Use Only				
	Board of Supervisors							
	Street Address							
2	1221 Oak Street, Suite 536 Designated Agency Contact (
						Amendment (Must	orovide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail					Date of Original Filing:		
	(510) 272-3882		shida@acgov.	ora			(month, day, y	ear)
2.	Function, Event, or Cere	a second s		LCI Losses	1.1			
				lion				
	Title Golden State Warriors				Face	Value of Each Admis	sion \$ _95.00)
	- Raskathall Car	20				s) <u>02 / 02 / 12</u>		
	Description Basketball Gar	ne			Date(s	s) <u> </u>	/_	/
3					Gold	ton State Marriers		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes] If no:	Name o	f Source	
	Was the distribution to pe	rsons iden	tified below n	nade at th	e behest of	f an agency official?	e	
2	n an							
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Signature of Agency Head or Designee

Print Name

Title

(nonth, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at a value of \$18.

A	Public	Document
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	Agency Name					Californi	* 802
County of Alameda						Form	
Division, Department, or Region (if applicable)					1	For Officia	al Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 5							
Designated Agency Conta	Amendment (A	fust provide explanation	in Part 3.)				
	Crystal Hishida Graff, Clerk, Board of Supervisors					Inco	
Area Code/Phone Number					Date of Original Fil	(month, day, y	ear)
(510) 272-3882	Name and Address of Concession, Name of Street, or other	shida@acgov.	the second s				
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Signature of Agency Head or Designee

Print Name

Ticket Administrator

(thonth, day, year)

A Public Document

Income

Income

Income

Income

1.	Agency Name		naan candoo mina kako di si Sini Sini Sini Sini Sini Sini Sini			Date Stamp	California 802
	County of Alameda						Form OUZ
	Division, Department, or Regi	on (if applica		For Official Use Only			
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (/	Vame, Title)				Amendment (Must prov	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.	org			(, , , , , , , , , , , , , , , , , , ,
2.	Function, Event, or Cere			100 C C C C C C C C C C C C C C C C C C	in en la general de la contra la contra de la		
	Golden State Warriors	Phoenix	Suns				05.00
	Title Golden State Warriors	V. I HOEHIA	ouns		Face V	/alue of Each Admissi	on \$
	Basketball gam	е				. 2 . 13 . 12	
	Description				Date(s) <u> </u>	
			_		Gold	len State Warriors	
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes	🔲 No 🗹] If no:	Name of S	ource
	Was the distribution to per-	sons iden	tified below r	nade at th	e behest of	an agency official?	
		Chan. V	Wilma - Alame	eda Countv	/ Supervisor	. District 3	
	Yes 🗹 No 🔲 If ye	es:	Wilma - Alame Official's	Name (Last	First) and Title		
	The identity of recipient(s) and th	e explanatio	on:			
	Name (Last, First) or Organization		Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc	e income box if the agency offi ncome. If the agency official pe ride a description. ome, describe the public purpo	erformed a ceremonial role, ose, including
	(Name, Address, Descrip	tion)			organiza		
	Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612		4	Yes □ No ☑	To reward a non- community	profit organization for its contributio	^{ons to the} Income

3. Verification

/ / \sim

their families

Broad range of services for domestic violence victims and

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 🗖

Yes 🗖

No

No Yes 🗖

No

No

Yes 🗖

M	Alex Boskovich	Ticket Administrator	1/5/12
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.)

Agency Name						
gency Name County of Alameda				Date Stamp	California Form	000
				THE COMPLEX PROPERTY AND A	Form	00
Division, Department, or Region (if a	oplicable)				For Official	Use Only
Board of Supervisors						
Street Address	reet Address					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, T	itle)			Amendment (Mi	Ist provide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board						
Area Code/Phone Number E-mail				Date of Original Filin	ng:(month, day, ye	ar)
	510) 272-3882 crystal.hishida@acgov.org					
Function, Event, or Ceremoni	al Role Informa	tion				
Title			Free 1	Value of Each Adn	\$95	
11tte			Face	value of Each Adh	hission $\left(\frac{1}{2} \right)$	
Description Warriors vs.Indiana P	acers		Date	s) <u>1 / 20 / 12</u>	2	1
			Duton	/		
	by agonov? Vee		I If no ^{. Gold}	Ien State Warriors		
Ticket(s)/Admission(s) provided	DV ADENCY (YES				the second s	
Ticket(s)/Admission(s) provided Was the distribution to persons i Yes ☑ No ☑ If yes: Sup	dentified below r	nade at th	e behest o	f an agency officia	e of Source	
Was the distribution to persons i	dentified below r bervisor Wilma Chan Official's	nade at th Name (Last,	First) and Title	f an agency officia f an agency officia ne income box if the agency ncome. If the agency offic vide a description. nome, describe the public ial roles, performed by ar	1? cy official claims admia cial performed a cerem purpose, including	ionial role,
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Was the distribution to persons i Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below r pervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency officia the income box if the agency ncome. If the agency offic vide a description. ome, describe the public ial roles, performed by ar tion. e attendance at an cility in order to may	I? cy official claims admit cial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income

Commont at all		
Comment. (Use this space o	or an attachment for any additional information including amen	dment explanation.)

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

110	Reliaumssion Dist	ibutions				A		Jumen
1. /	Agency Name					Date Stamp	California	009
(County of Alameda						Form	002
Ī	Division, Department, or Regi	on (if applicable)					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 Supervisors				Amendment (Must pro	ovide explanation ir	n Part 3.)
_		E-mail	,	******	*******	Date of Original Filing:	(month, day, yea	
,	(510) 272-3882	crystal.hishida@acg	iov ora				(mónth, day, yea	ar)
	Function, Event, or Cere							
4 . I	-uncuon, Event, of Cere		mation					
٦	Title				Face \	/alue of Each Admiss	ion \$ <u>\$156</u>	
[Description AMA Supercros	SS			Date(s	;) <u>1 / 28 / 12</u>	/	/
٦	ricket(s)/Admission(s) pro	vided by agency?	Yes 🗖	No I7	I If no: Gold	en State Warriors		
		, , ,				Name of S	Source	
					- 1 1 4 - 4			
V	Nas the distribution to per	sons identified beid	w mad	e at th	e penest of	an agency official?		
	Yes 🕢 No 🗔 Ifye	es: Supervisor Wilma C	han					
		Offic	ial's Nam	e (Last,	First) and Title	<u></u>		
٦	The identity of recipient	s) and the explan	ation					
-						- ! h !@ Ah 6		
	Name (Last, First)	Number		nencv		e income box if the agency off ncome. If the agency official p		
	or	Admission		Official also		also provide a description.		
	Organization (Name, Address, Descrip	tion) Ticket(s)			ot income, describe the public purpose, including emonial roles, performed by an agency official, individual, or		dual, or
-					organizat		nt hold at a	
(Goulart, Tony	3		es 🗖		e attendance at an eve cility in order to maximi:		Income
_		v						
				es 🔲	County rev	venue from sales.		Income
-			N					
				es 🔲				Income
			N	i sosal				
				es 🗖				Income
			N	o 🔲				

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 🔲

	0111012012
Title	(month, day, year)
	Ticket Administrator

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

Income

	CREUAUIIISSIOII DISUIL				A		Junei
1.	Agency Name				Date Stamp	California	005
	County of Alameda					Form	802
	Division, Department, or Region	ı (if applicable)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Na	nme, Title)			Amendment (Must prov	ide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, B	oard of Supervisors				nue explanation il	11 81 0.7
	Area Code/Phone Number E	-mail	1994 - 1990 - Sana M. Kadaran		Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882	rystal.hishida@acgov.	org			(
2.	Function, Event, or Cerem						
						.	_
	Title			Face V	alue of Each Admissi	on \$ <u>\$207.3</u>	35
	Michael Joekoon	Immortal Tour			1 17 12		
	Description Michael Jackson			Date(s) 17 12	/	/
				0.11	01-1-10/		
	Ticket(s)/Admission(s) provi	ded by agency? Yes	🗆 No 🖸	If no: Gold	en State warriors Name of S	AUK20	
						04,00	
	Was the distribution to perso	ons identified below r	nade at th	ne behest of	an agency official?		
					an agonoy onnoian		
	Yes 🖸 No 🔲 If yes	Supervisor Wilma Chan					
		Official's	Name (Last,	First) and Title			
	The identity of recipient(s) and the explanation	on:				
	Name			Check the	income box if the agency offi	cial claims admis	sion as
	(Last, First)	Number of	Agency		come. If the agency official pe ide a description.	erformed a cerem	onial role,
	or Organization	Admission(s)/	Official		ome, describe the public purpo	se, including	
	(Name, Address, Descriptio	on)		ceremoni organizat	al roles, performed by an agen ion	cy official, Indivi	dual, or
			Yes 🗖		e attendance at an ever	nt held at a	Income
	Murphy, Honora	4	No 🗹	County fac	ility in order to maximiz	e potential	
			Yes 🗖	Countyro	ionico fuena e ele e		Income
			No 🗖	County rev	enue from sales.		
			Yes 🗖				Income
			No 🗖				
			Yes				
							Income
			Yes 🗖				
							Income
		1		1			

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	01/17/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume	ent
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101	Ket/Aumssion Dist							
. A	gency Name					Date Stamp	California	802
C	County of Alameda						Form	002
	Division, Department, or Region (if applicable)					_	For Official	Use Only
E	Board of Supervisors							
	treet Address	×						
1	221 Oak Street, Suite 536							
	esignated Agency Contact	(Name, Title)				Amendment (Mus	st provide explanation in	Part 31
C	Crystal Hishida Graff, Clerk,	Board of Super	rvisors				a provide explanation il	i un oly
	rea Code/Phone Number	E-mail	n an			Date of Original Filin	g:(month, day, yea	ar)
(510) 272-3882	crystal.hishida	@acgov.c	org			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	unction, Event, or Cere	and the second	and the second se					
	1000 (
Т	ïtle				Fa	ce Value of Each Adm	ission \$ <u>\$207.3</u>	35
		om Inomocrite I T				1 17 12		Į.
D	Description Michael Jackson	on Immortal Tou	11		Da	te(s) _1 _/ 17 _/ 12	/	/
							o of Source	
v	Vas the distribution to pe Yes ☑ No □ If y	rsons identified	d below n /ilma Chan Official's l	nade at Name (Las		t of an agency officia		
v	Vas the distribution to pe	rsons identified res: <u>Supervisor W</u> t(s) and the ex	d below n /ilma Chan Official's l	nade at Name (Las	the behes st, First) and y u u e Che taxa also cere	t of an agency officia	I? cy official claims admin clal performed a ceren purpose, including	nonial role,
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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.

m	Alexandra Boskovich	Ticket Administrator	01/17/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pub	lic	Doc	ument
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. Agency Name				Participation of the second		
U				Date Stam	p Califor	nia oog
County of Alameda					Form	^{nia} 802
Division, Department, or Re	gion (if applicable)				For Off	icial Use Only
Board of Supervisors	Board of Supervisors					
Street Address						
1221 Oak Street, Suite 53						
Designated Agency Contac						
Crystal Hishida Graff, Cler	k Board of Supervisors			Amendment	(Must provide explanation)	on in Part 3.)
Area Code/Phone Number				Date of Original I	Filing:	
(510) 272-3882	crystal.hishida@acgov.	ora		_	r lling:(month, day	, year)
. Function, Event, or Ce		Children and the second second second				
a runction, Event, or de		uon				
Title			Face \	/alue of Each A	dmission \$ _\$20	7.35
Description Michael Jack	son Immortal Tour		Date(s	s) <u>1 / 18</u>	12	//
Ticket(s)/Admission(s) p				.		
				/\	lame of Source	
Was the distribution to p	ersons identified below n	nade at th	e behest of			
	ves: Supervisor Wilma Chan					
	ves: Supervisor Wilma Chan		ie behest of First) and Title			
	yes: <u>Supervisor Wilma Chan</u> Official's i	Name (Last,				
Yes 🗹 No 🔲 If	yes: <u>Supervisor Wilma Chan</u> Official's nt(s) and the explanatic Number of Admission(s)/ Ticket(s)	Name (Last,	First) and Title Check th taxable in also prov If not inco	e income box if the ag ncome. If the agency Ide a description. ome, describe the pul ial roles, performed b		remonial role,
Yes No life The identity of recipier Name (Last, First) or Organization (Name, Address, Description	yes: <u>Supervisor Wilma Chan</u> Official's nt(s) and the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency	First) and Title Check th taxable in also prov If not incc ceremoni organizat To promote	e income box if the ag ncome. If the agency ide a description. ome, description. ome, descripte the pul ial roles, performed by ion. e attendance at	cial? gency official claims ac official performed a ce blic purpose, including y an agency official, in an event held at a	remonial role, dividual, or a Income
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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.

	Alexandra Boskovich	Ticket Administrator	01/11/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

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1.	Agency Name					Date Stamp	California	രഹം
	County of Alameda						Form	-602
	Division, Department, or Reg	ion (if applica	ible)		**************************************		For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)						anna a cara a cara anna anna anna anna a
	Crystal Hishida Graff, Clerk,	Board of S	unorvisore			Amendment (Must pro	vide explanation ir	n Part 3.)
	Area Code/Phone Number	E-mail	supervisors			Date of Original Filing:		
	(510) 070 0000	an intel bio	hido@corou			0 0	(month, day, yea	ar)
	(510) 272-3882		shida@acgov.					
۷.	Function, Event, or Cere	emoniai R	ole informat	lion				
	Title				Face V	alue of Each Admissi	on \$ \$62	
	Description WWE RAW W			Date(s) 15	1	1	
	·							entimatentia.
	Ticket(s)/Admission(s) pro	wided by a	vancy2 Vac		If no. Gold	en State Warriors		
	nexet(s)/Admission(s) pre	wided by a	igency: ies		II 110	Name of S	ource	
	Was the distribution to per	rsons iden	tified below n	nade at th	e behest of	an agency official?		
		Supervis	sor Wilma Chan					
	Yes 🗹 No 🔲 Ify	es:	sor Wilma Chan	Name (Last - I	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name	a la construcción de la construc		1000 - 1000 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		e income box if the agency offi		
	(Last, First) or		Number of Admission(s)/	Agency Official	and the second	come. If the agency official pe ide a description.	erformed a cerem	onial role,
	Organization		Ticket(s)	Unicial		come, describe the public purpose, including nal roles, performed by an agency official, individual, or		August -
	(Name, Address, Descrip	otion)			organizat		cy oπicial, indivi	dual, or
				Yes 🗖		e attendance at an ever		Income
	Lam, Marianne		4	No 🗹	County fac	ility in order to maximiz	e potential	
				Yes 🗖	County rev	enue from sales.		Income
				No 🗖		childe from 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 🔲

\mathcal{O}	Alexandra Boskovich	Ticket Administrator	01/11/2012
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

	CREUMUIIISSION DISUII	Julions					F		
1.	Agency Name						Date Stamp	California Form	രനം
	County of Alameda							Form	-00/4
	Division, Department, or Region (if applicable)							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 Supervisors								
		E-mail					Date of Original Filing:	(month, day, yea	arl
	(510) 272-3882 crystal.hishida@acgov.org						(
2.	Function, Event, or Ceren								
	, ,							• • -	
	Title Fa					Face \	ce Value of Each Admission \$ <u>\$95</u>		
							1 7 12		
	Description Warriors vs.Utah Jazz				-	Date(s)/ 7 12//			/
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗗				1	If no: Golden State Warnors Name of Source			
			cial's N	•	ast, F	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)		Agen Offici		 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. 		onial role,		
		İ		Yes			e attendance at an ev	ent held at a	Income
	Kronenberg, Danielle	4				County fac	ility in order to maxim	ize potential	
				Yes No		County rev	venue from sales.		Income
				Yes					Income
				Yes				<u></u>	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.

dup	Alexandra Boskovich	Ticket Administrator	1/6/2012
Signature of Agency Aead or Designee	Print Name	Title	(month, day, year)
A Public Documen			

1. Agency Name Date Stamp Califor County of Alameda Division, Department, or Region (if applicable) For Of Board of Supervisors Street Address 1221 Oak Street, Suite 536 For Of Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Anna Gee, Operations Manager Date of Original Filing:	
Division, Department, or Region (if applicable) For Of Board of Supervisors 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail	
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail	icial Use Only
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail Date of Original Filing:	
1221 Oak Street, Suite 536 Image: Contact (Name, Title) Designated Agency Contact (Name, Title) Image: Contact (Must provide explanate of the second ex	
Designated Agency Contact (Name, Title) Image: Anna Gee, Operations Manager Area Code/Phone Number E-mail Date of Original Filing: (month, day)	
Anna Gee, Operations Manager Area Code/Phone Number E-mail Date of Original Filing:	
Anna Gee, Operations Manager Area Code/Phone Number E-mail Date of Original Filing:	on in Part 3)
(month, day	un un un
510-891-5585 anna.gee@acgov.org	, year)
	1.7.0.1021713
. Function, Event, or Ceremonial Role Information	
Title Warriors vs. Trailblazers Face Value of Each Admission \$.95.	20
Description Basketball game Date(s) 01 / 25 / 12	II
Ticket(s)/Admission(s) provided by agency? Yes 🔽 No 🔲 If no: Golden State Warriors	
Name of Source	
Wee the distribution to persons identified below mode at the behavit of an example official?	
Was the distribution to persons identified below made at the behest of an agency official?	
Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Miley, Nate, Alameda County Board of Supervisors, District 4 Official's Name (Last, First) and Title	
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Yes No If yes: Miley, Nate, Alameda County Board of Supervisors, District 4 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 a taxable income. If the agency official performed a cr also provide a description. United Seniors of Oakland & Alameda County Yes To promote attendance at an event held at a County facility in order maximize potential revenue from parking and concession sales. 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605 Provide support for seniors, enable community Yes Yes No I	dividual, or ^I ^{Ir to} Incom
Yes No If yes: Miley, Nate, Alameda County Board of Supervisors, District 4 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 a taxable income. If the agency official performed a ca also provide a description. United Seniors of Oakland & Alameda County Yes To promote attendance at an event held at a County facility in orde maximize potential revenue from parking and concession sales. 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605 Provide support for seniors, enable community participation and foster older adult leadership Yes Yes Imaximize potential revenue from parking and concession sales.	dividual, or r to Incom Incom Incom
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Yes No If yes: Miley, Nate, Alameda County Board of Supervisors, District 4 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Number of (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official claims a taxable income. If the agency official performed a cr also provide a description. United Seniors of Oakland & Alameda County Yes If not income, describe the public purpose, including ceremonial roles, performed by an agency official, in organization. 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605 Provide support for seniors, enable community participation and foster older adult leadership Dunlap, Kamika Yes To promote an event being held at a County facility in orde maximize potential County revenue from parking and No Fitzgerald, Amy 1 Yes To promote an event being held at a County facility in orde maximize potential County revenue from parking and	dividual, or dividual, or r to Incom Incom r to Incom r to Incom r to Incom

 Signature of Agency Head-or-Designee
 Anna Gee
 Operations Manager
 01/23/2012

 Frint Name
 Title
 (month, day, year)

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Α	Public	Document

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1.	Agency Name				Date Stamp	California	002
	County of Alameda					Form	802
	Division, Department, or Regio	n (if applicable)				For Official	Use Only
	Board of Supervisors						
	Street Address					1	
	1221 Oak Street, Suite 536						
	Designated Agency Contact (N	ame, Title)			Amendment (Must pro	uide ovelenation in	Dect 21
	Anna Gee, Operations Manag	aer				wae explanation in	Part 3.)
		E-mail			Date of Original Filing: _	(month, day, yea	r)
	510-891-5585	anna.gee@acgov.org				(monin, day, yea	<i>''</i>
2.	Function, Event, or Cerer		tion				
						1.22.52	
	Title Michael Jackson Tour			Face	Value of Each Admiss	ion \$ <u>207.35</u>	
	Circus du Calai	a arabatia abaw			s) 01 , 17 , 12		
	Description Cirque du Solei	acrobatic show		Date(s	s) <u> </u>	/	
				Colo	lon State Marriero		
	Ticket(s)/Admission(s) prov	ided by agency? Yes	No 🖸] If no:	Name of S	Source	
	Was the distribution to pers	ons identified below I	nade at th	e behest o	f an agency official?		
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	Yes 🗹 No 🔲 Ifye:	s: Alameda County Super	Name (Last	First) and Title			
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	(Last, First) or	Number of Admission(s)/	Agency Official	The second second second second	vide a description.	enonned a cerenn	omarrole,
<u>*</u>	Organization	Ticket(s)			come, describe the public purp nial roles, performed by an ager		lual or
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		1	No 🗖	percenta e como			
	Fitzgerald, Amy		Yes 🗖	To promote a	n event being held at a County	facility in order to	Income
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3	Verification						
	I have read and understand FPP	C Regulations 18944.1 ar	nd 18942. I I	nave verified	that the distribution of adn	nissions, set foi	rth above,
	is in accordance with the provisio					anadalannag Breidhilli	
	A XI						

HAND.	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name							Date Star	np	Califorr Form	nia 🕜	201
	County of Alameda								A			
	Division, Department, or Region (if applicable)								For Offi	cial Use	Only	
	Board of Supervisors											
	Street Address	Street Address]					
	1221 Oak Street, Suite 536											
	Designated Agency Contact (Name, Title)						🗆 Am	nendmen	t (Must pro	vide explanatio	on in Pai	rt 3.)
	Anna Gee, Operations Man	And and a second second second second second second second second second second second second second second se										
	Area Code/Phone Number	E-mail					Date o	f Origina	l Filing:	(month, day,	year)	
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•	Function, Event, or Cere	emonial Role Inf	formati	ion								
	Title Michael Jackson Tour					Face \	/alue o	f Each	Admissi	ion \$ _207	.35	
	Description Cirque du Sole	i acrobatic show			-	Date(s	s)	/ 18	<u>12</u>			
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	Ticket(s)/Admission(s) pro								Name of c	Source		
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AAP,	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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County of Alameda Division, Department, or Region (if a	pplicable)				-		1		Official Us	e Only
Board of Supervisors										
Street Address					1					
1221 Oak Street, Suite 536										
Designated Agency Contact (Name, 7	Title)				-		_	5 - 2	12 12 14	8 S
					Amend	ment (Mus	st provi	de explan	ation in Pa	art 3.)
Anna Gee, Operations Manager Area Code/Phone Number	1		_		Date of Ori	ainal Filina	a:			
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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.

ASAC	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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County of Alameda					1 01111	
Division, Department, or Region (if ap	oplicable)				For Official	Jse Only
Board of Supervisors			2			
Street Address			5			
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Ti	itle)			Amendment (Mus	st provide explanation in	Part 2)
Anna Gee, Operations Manager					st provide explanation m	Part 5.)
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, day, yea	r)
510-891-5585 anna.	.gee@acgov.org					
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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 -	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Board of Supervisors					2	
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				1 <u>1-</u> 19 19 10		
				Amendment (M	Aust provide explanation in	Part 3.)
Anna Gee, Operations Manager Area Code/Phone Number E-mail				Date of Original Fill	ina:	
TENT DE ACTOR D'APPENDEN	2			Date of original th	(month, day, yea	nr)
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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.

ARD	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Publi	ic Doc	ument

I. Agency Name	Agency Name				California	202
County of Alameda	County of Alameda					002
Division, Department, or Region (if application	ble)			-	For Official U	Jse Only
Board of Supervisors						
Street Address				-		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				2		
				Amendment (Mu	st provide explanation in	Part 3.)
Anna Gee, Operations Manager Area Code/Phone Number E-mail				Date of Original Filin	a.	
				but of ongina i init	(month, day, year)
	@acgov.org					
2. Function, Event, or Ceremonial Ro	ole Informat	tion				
Title Warriors vs. Pacers			-		95.00	
Title Wanters vs. Facers			Face	Value of Each Adm	ussion	
Basketball game			5.4.4	s) <u>01 , 20 , 12</u>	2	,
Description Basketball game			Date(s	5)//	/	
			Cal	laa Chaka Miaadaaa		
Ticket(s)/Admission(s) provided by a	gency? Yes	🗹 No	If no: 000	Name	a of Source	
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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.

Ad.	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	А	Pub	lic	Document
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Agency Name	Date Stamp	1	California	802			
County of Alameda						Form	002
Division, Department, or Region (if application	ble)	7				For Official U	lse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536				1			
Designated Agency Contact (Name, Title)				Amendment (Advet a revulat	e ovelonation in	Dard 21
Anna Gee, Operations Manager					wust provid	e explanation in	Part 3.)
Area Code/Phone Number E-mail				Date of Original Fi	iling:	month, day, year	1
510-891-5585 anna.gee(@acgov.org					monin, day, year	/
Function, Event, or Ceremonial Re	And the second se	tion					
Worriere ve Treilblazere						. 95.00	
Title Warriors vs. Trailblazers			- Fa	ce Value of Each Ad	imissior	n \$	
Description Basketball game			Da	te(s)/_27/_	12	/	
						18	
Ticket(s)/Admission(s) provided by a Was the distribution to persons ident	tified below n	nade at	t the behes	st of an agency offic	me of Sou ial?	irce	
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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.

DRH.	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A	Pub	lic	Document
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1.	Agency Name					Date Sta	amp	California	000	
	County of Alameda					100000 - 100 ⁻¹ 00		Form	002	
	Division, Department, or Region (if applicable)							For Official	Jse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (A	Name, Title)						nt (Mustor	vide explanation in	Part 3)
	Anna Gee, Operations Mana	iger						ine (musepro	was explanation in	ran s.j
	Area Code/Phone Number	E-mail					Date of Origin	al Filing: _	(month, day, yea	r)
	(510) 272-6694	anna.gee(@acgov.org							<i>.</i> ,
2.	Function, Event, or Cere			tion		1				
	0								450.00	
	Title Supercross				_	Face \	alue of Each	Admiss	ion \$ <u>156.00</u>	LE
	Description Motorcycle Sho	w			_	Date(s	a) <u>01</u> <u>28</u>	_/_12	/	
	Ticket(s)/Admission(s) prov									
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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.

AAA	Anna Gee	Operations Manager	01/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	Α	Pub	lic	Document
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Retradmission Distribut						
Agency Name				Date Stamp	California	00
County of Alameda					Form	[•] 802
Division, Department, or Region (if	applicable)				For Officia	I Use Only
Board of Supervisors						
Street Address	X					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)			Amendment (Mus	st provide explanation	in Part 3)
Anna Gee, Operations Manager					si provido explanation :	in an oly
Area Code/Phone Number E-ma	11			Date of Original Filin	g:(month, day, ye	ar)
(510) 272-6694 anna	a.gee@acgov.org					
Function, Event, or Ceremon	ial Role Informat	tion				
Menter Inc.					50.00	
Title Monster Jam				alue of Each Adm		
Description Big Truck Show			5.44	02 , 25 , 12	,	
Description big ridek onow			Date(s)			
Ticket(s)/Admission(s) provided				Wante	of Source	
Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No ロ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization	identified below n iley, Nate, Alameda Co <i>Official's i</i>	nade at the bunty Board of Name (Last, Fil	behest of a f Supervisors, rst) and Title • Check the taxable inc also provid • If not incor	Income box if the agency orme. If the agency offic a description. me, describe the public p	l? y official claims adm ial performed a cerei purpose, including	nonial role
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That the	Anna Gee	Operations Manager	01/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A	Pub	lic	Doc	um	ent

nertear taimeeren bist	INGUIOTIO							
I. Agency Name					Date	e Stamp	California	802
County of Alameda						Form	002	
	ivision, Department, or Region (if applicable)						For Official	Use Only
Board of Supervisors							15	
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact ((Name, Title)							
Anna Gee, Operations Mana	ager				Amend	iment (Must pi	ovide explanation in	n Part 3.)
Area Code/Phone Number	E-mail				Date of Ori	iginal Filing: .		
510-891-5585						1070-02200-00000 00 000	(month, day, yea	ar)
2. Function, Event, or Cere	anna.gee@acgov.org	tion						
Function, Event, or Cere	emomai Role informa	uon						
Title Raiders vs Lions				Face V	alue of Ea	ach Admiss	ion \$ _61.00	
Description Football Game				Date(s	12 / 1	18 / 11	/	
Ticket(s)/Admission(s) pro	ovided by agency? Yes					ivanie or	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.

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

A Public	Document
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icket/Aumssion Distributi	0113					-	Fublic D	
Agency Name					Date	e Stamp	California Form	802
County of Alameda							the second second second second second second second second second second second second second second second s	and the second se
Division, Department, or Region (if a	pplicable)				1		For Official	Use Only
Board of Supervisors								
Street Address					1			
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, T	itle)				Amena	iment (Must p	rovide explanation ir	Part 3.)
Anna Gee, Operations Manager								6
Area Code/Phone Number E-mai					Date of Or	iginal Filing: .	(month, day, yea	ar)
510-891-5585 anna	.gee@acgov.org							
Function, Event, or Ceremoni	al Role Informat	tion						
Title Warriors vs. Utah Jazz				-			····	
			-				sion \$ _95.00	
Description Basketball game				Date	s) 01 , (07,12	/	1
Description	40			Butol			5	
Ticket(s)/Admission(s) provided Was the distribution to persons i						Nume of	Source	
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TELLE	Anna Gee	Operations Manager	01/10/2012
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

1. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if applical	ble)			1	For Official Use Only
Board of Supervisors					
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 So Area Code/Phone Number E-mail	upervisors			Date of Original Filing:	
				Date of Original Filling	(month, day, year)
	hida@acgov.	-			
2. Function, Event, or Ceremonial Ro		tion			
Title	Suns		Face	/alue of Each Admissi	ion \$_ ^{95.00}
Basketball game Description			Date(s	s) <u>2</u> <u>13</u> <u>12</u>	///
				den State Warriors	
Ticket(s)/Admission(s) provided by a	gency? Yes	🗆 No 🗹	I lf no:	Name of S	Sec
				Name or e	Source
Was the distribution to persons ident	ified below n	nade at th	e behest of	an agency official?	
Miley N	late - Alamed	a County S	Supervisor	District 4	
Yes 🗹 No 🔲 If yes: <u>Miley, N</u>	Official's	Name (Last	First) and Title		
			r not and rule		
The identity of recipient(s) and the	explanatio	on:			
Name (Last, First)			E Sheet Sheet	e income box if the agency offi ncome. If the agency official pe	
or	Number of Admission(s)/	Agency Official	also prov	/ide a description.	
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.	
Alameda County Family Justice Center		Yes 🗖		-profit organization for its contribution	ons to the Income
470 27th Street, Oakland, CA 94612	4	No 🗹	community		
Broad range of services for domestic violence victims and		Yes 🗖			Income
their families		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			

3. Verification

C

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 🗖

Del.	Anna Gee	Ticket Administrator	1/9/12
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

Agency Report of: Ceremonial Role Events and Ti

Ti	cket/Admission Dist	ributions			A	Public Do	cumen	
1.	Agency Name				Date Stamp	California	802	
	County of Alameda					Form	002	
	Division, Department, or Reg	jion (if applicable)			-	For Official	Use Only	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact						D-12)	
	Anna Gee, Operations Man	ager			Amendment (Must pro	ovide explanation in	Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing: _	(month, day, yea		
	510-891-5585	anna.gee@acgov.org			Nei 200	(month, day, yea	(7)	
_								
4.	Function, Event, or Cer	emonial Role informat						
	Title Warriors vs. Grizzlies			Face	ace Value of Each Admission \$ _95.00 Date(s) _01 _/_23 _/_12//////			
	Description Basketball ga	ne						
	Ticket(s)/Admission(s) pr	ovided by agency? Yes	No D	If no: Gold	den State Warriors			
		, , , ,			Name of S	Source		
	Man the distribution to pe	rease identified below p	nada at th	- hohoot o	f an agonov official?			
	Was the distribution to pe	rsons identified below i	naue at th	e penest o	ran agency official?			
	Yes 🗹 No 🔲 If	yes: Miley, Nate, Alameda Co	ounty Board	of Superviso	rs, District 4			
		Official's	Name (Last, I	First) and Title				
	The identity of recipien	t(s) and the explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Descr	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro	he income box if the agency of income. If the agency official p wide a description. come, describe the public purp nial roles, performed by an age	performed a cerem	onial role,	

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 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, individe organization. 	nial role,
United Seniors of Oakland & Alameda County	4	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.	Income
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes 🗖 No 🗖		Income
Provide support for seniors, enable community participation and foster older adult leadership		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.

afr.	Anna Gee	Operations Manager	01/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	. Agency Name				Date Stamp	California 802	
	County of Alameda	ounty 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	(Name, Title)					rovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk	, Board of S	Supervisors				
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.his	shida@acgov.c	org			
2.	Function, Event, or Cer	emonial R	ole Informat	ion			
	Title Golden State Warriors	v. Phoenix	Suns		Face	Value of Each Admis	sion \$ _95.00
	Basketball gar	ne			Date(s)/ 1312//		
	Ticket(s)/Admission(s) provided by agency? Yes I No I If no:						
	Was the distribution to pe						
	Yes 🔽 No 🔲 If yes: <u>Carson, Keith - Alameda County Superviso</u> Official's Name (Last, First) and Title					or, District 5	
	Official's Name (Last, First) and Title						
	The identity of recipient	t(s) and th	e explanatio	n:			
	Name (Last, First) or Organization (Name, Address, Descri	ption)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	e income box if the agency o ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including

(Name, Address, Description)		1.12.60	ceremonial roles, performed by an agency official, individual, or organization.		
Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612	4	Yes □ No ☑	To reward a non-profit organization for its contributions to the community	Income	
Broad range of services for domestic violence victims and their families		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.

(SMago)	Amy Shrago	Ticket Administrator	1/11/12	
Signature of Agency Flead or Designee	Print Name	Title	(month, day, year)	

A Public	: Document
----------	------------

1.	Agency Name			Y		Date Stamp	California	802		
	County of Alameda			Form						
	Division, Department, or Region (if	applicab	le)		1		For Official Us	e Only		
	Board of Supervisors						1			
	Street Address									
	1221 Oak Street, Suite 536	221 Oak Street, Suite 536								
	Designated Agency Contact (Name	Amendment (Must pro	ovide explanation in Pa	art 3.)						
	Crystal Hishida Graff, Clerk, Boa	rd of Su	pervisors			Date of Original Filing:				
	Area Code/Phone Number E-m									
	(510) 272-3882 crys	stal.hish	nida@acgov.o	org						
2.	Function, Event, or Ceremon	nial Ro	le Informati	ion						
							• 95.00			
	Title Golden State Warriors vs. C	Drlan#			Face	Value of Each Admiss	sion \$			
	Description Basketball Game				Date(s	s) <u>01 / 12 / 12</u>	/	_/		
	Ticket(s)/Admission(s) provide	d by a	nencv? Yes		If no: Gold	den State Warriors				
	Ticket(a)/Admission(a) provide		,, · · · · ·			Name of	Source			
			the distance of	ada at the	hohost o	f an agoncy official?				
	Was the distribution to person	s ident	ified below if	hade at the	e penest o	ran agency official?				
	Yes 🗹 No 🗖 Ifyes:	Carson,	Keith Superviso	r Fifth Distric	Yes 🔽 No 🔲 If yes: <u>Carson, Keith Supervisor Fifth District</u> Official's Name (Last, First) and Title					
			Official's l		~					
	The identity of recipient(s) a			Vame (Last, F	irst) and Title	,				
		and the			irst) and Title	2				
		and the			 Check t 	he income box if the agency of	fficial claims admissi	ion as		
	Name (Last, First)	and the			 Check to taxable 	he income box if the agency of income. If the agency official	fficial claims admissi performed a ceremo	ion as nial role,		
	(Last, First) or	and the	e explanatio Number of Admission(s)/	en:	 Check ti taxable also pro If not in 	he income box if the agency of income. If the agency official ovide a description. come. describe the public puri	performed a ceremo	nial role,		
	(Last, First) or Organization		e explanatio	Agency	 Check ti taxable also pro If not in- ceremoti 	he income box if the agency of income. If the agency official vide a description. come, describe the public purp nial roles, performed by an age	performed a ceremo	nial role,		
	(Last, First) or		e explanatio Number of Admission(s)/	Agency Official	 Check ti taxable also pro If not in ceremoi organiz. 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu	nial role, Jal, or		
	(Last, First) or Organization (Name, Address, Description)		e explanatio Number of Admission(s)/ Ticket(s)	Agency	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official vide a description. come, describe the public purp nial roles, performed by an age	performed a ceremon pose, including ency official, individu organization for	nial role, Jal, or		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3		e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖 No 🗹	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	nial role, ual, or Income		
	(Last, First) or Organization (Name, Address, Description)		e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	nial role, ual, or Income		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3 360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources,	60 Gra	e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	nial role, Jal, or Income Income		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3 360 Grand Avenue #57, Oakland, CA 94610	60 Gra	e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes 🔲 No 🗹 Yes 🔲	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	nial role, Jal, or Income		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3 360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources, technical assistance, and facilitates networki	60 Gra	e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes Yes	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	ial, or Income Income Income		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3 360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources, technical assistance, and facilitates networki	60 Gra	e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes No	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	Income		
	(Last, First) or Organization (Name, Address, Description) Socially Responsible Network 3 360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources, technical assistance, and facilitates networki	60 Gra	e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes Yes Yes	 Check ti taxable also pro If not in ceremo organiz To reward 	he income box if the agency of income. If the agency official ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a ceremon pose, including ency official, individu organization for	ial, 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.

6 Small	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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

hission Dis	tributions		A	Public Do	cument
ame			Date Stamp	California	802
lameda					1
	gion (if applicable)			For Official	Use Only
pervisors					
955					
Street, Suite 53	6	C			
Agency Contac	t (Name, Title)		Amendment (Must p	rovide explanation in	Part 3.)
nida Graff, Cler	k, Board of Supervisors		-		
	E-mail		Date of Original Filing:	(month, day, yea	r)
3882	crystal.hishida@acgov.org				
Event, or Ce	remonial Role Information				
el Jackson the	Immortal WM	Face	Jalua of Each Admis	sion \$ 207.35	
er backsoft the		Face	alue of Lacit Admis	510H #	
n Event		Date(s	01 , 17 , 12	/	
	ame Jameda partment, or Re upervisors ess Street, Suite 53 Agency Contac hida Graff, Cler Phone Number 3882 Event, or Ce	Ilameda partment, or Region (if applicable) upervisors ess Street, Suite 536 Agency Contact (Name, Title) nida Graff, Clerk, Board of Supervisors Phone Number E-mail B882 Crystal.hishida@acgov.org Event, or Ceremonial Role Information el Jackson the Immortal V	ame lameda partment, or Region (if applicable) upervisors ess Street, Suite 536 Agency Contact (Name, Title) nida Graff, Clerk, Board of Supervisors Phone Number E-mail 8882 crystal.hishida@acgov.org Event, or Ceremonial Role Information el Jackson the Immortal Viti Face V	ame Date Stamp alameda partment, or Region (if applicable) apervisors ass ass Street, Suite 536 Agency Contact (Name, Tille) nida Graff, Clerk, Board of Supervisors Phone Number E-mail ass2 crystal.hishida@acgov.org Event, or Ceremonial Role Information el Jackson the Immortal Vin Face Value of Each Admis	ame Date Stamp California partment, or Region (if applicable) For Official U apervisors For Official U ass Street, Suite 536 Agency Contact (Name, Title) Amendment (Must provide explanation in Date of Original Filing:(month, day, yea) Phone Number E-mail Ba882 crystal.hishida@acgov.org Event, or Ceremonial Role Information el Jackson the Immortal Vin Face Value of Each Admission \$207.35

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

Name of Source

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

Yes 🔲 No 🗹

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

If yes: _

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official				
Carson, Keith	4	Yes ☑ No □	To promote attendance at a County facility in order to maximize potential County revenue	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. 1

Ashaan	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Tic	ket/Admission Dist	ributions		A	Public Do	
1.	Agency Name		Date S	amp.	California Form	802
	County of Alameda				For Official	
	Division, Department, or Reg	jion (if applicable)				
	Board of Supervisors					
	Street Address				Χ	
	1221 Oak Street, Suite 536					
	Designated Agency Contact	(Name, Title)	Amendm	ent (Must pro	ovide explanation ir	Part 3.)
	Crystal Hishida Graff, Clerk	. Board of Supervisors				
	Area Code/Phone Number	E-mail	Date of Origi	nal Filing: _	(month, day, yea	ar)
	(510) 272-3882	crystal.hishida@acgov.org		2		
2.	Function, Event, or Cer	emonial Role Information				
	Title Michael Jackson the I	mmortal V	Face Value of Eac	h Admiss	sion \$_207.3	5
	Description Event		Date(s)/ 18	12	/	/
			Golden State Warr	iors		
	Ticket(s)/Admission(s) pr	ovided by agency? Yes 🔲 No 🗹	If no:	Name of	Source	
	3					
	Was the distribution to pe	ersons identified below made at th	e behest of an agency	official?		
	Yes 🖸 No 🔲 If	yes: Carson, Keith Supervisor Fifth Distri Official's Name (Last, I	CL	-		
		Official's Name (Last, I	-irst) and Title			
	The identity of recipien	t(s) and the explanation:				

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Admission(s)/ Official also provide a description.		aremonial role,
Brown, Aisha	4	Yes ☑ No □	To reward a County employee for her exemplary service to the public.	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.

Admas	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency read or Designee	Print Name	Title	(month, day, year)

A Public I	Document
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Agency Name Date Stamp	California
agency Name	Form 802
County of Alameda Division, Department, or Region (<i>if applicable</i>)	For Official Use Only
Board of Supervisors	
Street Address	
1221 Oak Street, Suite 536	
	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors	orde explanation in Cart ey
Area Code/Phone Number E-mail Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hishida@acgov.org	A CONTRACTOR AND A CONTRACTOR
Function, Event, or Ceremonial Role Information	
	co 00
Title WWE: Raw World Tour Face Value of Each Admis	sion \$ _62.00
Description Wrestling Date(s) 01 / 15 / 12	///
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden State Warriors	
Name o	f Source
Was the distribution to persons identified below made at the behest of an agency official?	
Yes 🔽 No 🔲 If yes: <u>Carson, Keith Supervisor Fifth District</u> Official's Name (Last, First) and Title	
Yes No I If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation:	
Yes ☑ No ☐ If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) ● Check the income box if the agency of taxable income. If the agency of taxable income. If the agency of taxable income. If the agency of taxable income.	official claims admission as
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Official's Name (Last, First) and Title Name (Last, First) or Number of Admission(s)/ Agency Official • Check the income box if the agency of taxable income. If the agency official also provide a description.	official claims admission as I performed a ceremonial role,
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name (Last, First) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency official also provide a description. If not income, describe the public publi	official claims admission as I performed a ceremonial role, rpose, including
Yes Image: No Image: No Image: No Image: Name	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Official's Name (Last, First) and Title Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency official also provide a description.	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income
Yes No If yes: Carson, Keith Supervisor Fifth District 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 also provide a description. Ves If not income, describe the public publi	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Agency Check the income box if the agency official also provide a description. Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency official also provide a description. Williams, Sharifa 4 Yes To promote attendance held at in order to maximize potential Company	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Agency Check the income box if the agency official also provide a description. Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency official also provide a description. Williams, Sharifa 4 Yes To promote attendance held at in order to maximize potential Context	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes No If yes: Carson, Keith Supervisor Fifth District 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 also provide a description. Williams, Sharifa 4 Yes To promote attendance held at in order to maximize potential C	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes ☑ No ☐ If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: If yes: Official's Name (Last, First) and Title Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official also provide a description. Williams, Sharifa 4 Yes ☐ No To promote attendance held at in order to maximize potential Official Yes ☐ No Yes ☐ In order to maximize potential Official	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes No If yes: Carson, Keith Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Agency • Check the income box if the agency official also provide a description. Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official also provide a description. Williams, Sharifa 4 Yes To promote attendance held at in order to maximize potential C Yes No Yes No In order to maximize potential C	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.
Yes No If yes: Carson, Keith Supervisor Fifth District 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 also provide a description. Williams, Sharifa 4 Yes To promote attendance held at in order to maximize potential Official Yes No Yes No In order to maximize potential Official	official claims admission as I performed a ceremonial role, rpose, including gency official, individual, or a County facility Income County revenue.

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.

12 moon	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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

Ticket/Admission Distributions		A Public Document		
1. Agency Name	Date Stamp	California Form 802		
County of Alameda		For Official Use Only		
Division, Department, or Region (if applicable)		, or oniour occ 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 Supervisors Date of Original Filing: _ Area Code/Phone Number E-mail (month, day, year)

crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Sacran	

Description Basketball Game

(510) 272-3882

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

Date(s) 01 / 31

Name of Source

Face Value of Each Admission \$ _95.00

12

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

If yes: Carson, Keith Supervisor Fifth District No 🗆 Yes 🔽

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	 also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Shrago, Amy	4	Yes 🗹 No 🗖	To promote attendance at a County facility in order to maximize potential County revenue	Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖	vi.	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.

And In and	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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

Ticket/Admission Distributions				A Public Do	cument	
. Agency Name County of Alameda			Date Stamp	California Form 802		
Division, Department, or Region (if applicable) Board of Supervisors				For Official Use Only		
Street Address	36					
Designated Agency Contact (Name, Tille) Crystal Hishida Graff, Clerk, Board of Supervisors			Amendment (Must provide explana			
Area Code/Phone Numbe (510) 272-3882	r E-mail crystal.hishida@acgov.org		Date of Original Filing	: (month, day, yea	ar)	
2. Function, Event, or C Title Golden State Warr	eremonial Role Information	Face V	alue of Each Admi	ssion \$ _95.00		
Description Basketball Game) 03 / 19 / 12		/	
Ticket(s)/Admission(s)	provided by agency? Yes 🔲 No	If no: Gold	en State Warriors	of Source		

Name of Source

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

If yes: Carson, Keith Supervisor Fifth District 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.
Socially Responsible Network 360 Gra	4	Yes □ No ☑	To reward a school or nonprofit organization for Income its contributions to the community.
360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources,		Yes 🗖 No 🗖	Income
technical assistance, and facilitates networking, communication among community organizations		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.

Achina	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and

Ticket/Admission Distribut	tions		A Public Document
Ticket/Admission Distribut 1. Agency Name County of Alameda Division, Department, or Region (if Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name Crystal Hishida Graff, Clerk, Boa Area Code/Phone Number	applicable) ,Title) rd of Supervisors		Date Stamp California 802 For Official Use Only For Official Use Only
	stal.hishida@acgov.c	and a	(month, day, year)
Title <u>Golden State Warriors vs. F</u> Description <u>Basketball Game</u> Ticket(s)/Admission(s) provide Was the distribution to person Yes ☑ No □ If yes: □	od by agency? Yes s identified below n Carson, Keith Superviso	nade at the	behest of an agency official?
The identity of recipient(s) a	Official's I	Name (Last, r	
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.
Greene, Hannah	2	Yes ☑ No □	To promote attendance at a County facility in Income order to maximize potential County revenue
		Yes D	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.

Yes 🗖

No 🗖

Yes 🗖

No 🗖

Yes 🗖 No

Yes

No

1.41000	Amy Shrago	Ticket Administrator	01/11/12
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

Income

A Public D	ocument
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Ticket/Admission Distribut				Date Stamp	California	000
1. Agency Name				Date Stamp	Form	802
County of Alameda	(applicable)			3	For Official U	lse Only
Division, Department, or Region (if	applicable)					
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	Title)					0
Designated Agency Contact (Name		Amendment (Must pro	ovide explanation in	Part 3.)		
Crystal Hishida Graff, Clerk, Boa	rd of Supervisors			Date of Original Filing: _	lacath dawne	r)
Alea obden holle Hallisel					(month, day, yea	/
	stal.hishida@acgov.o					
2. Function, Event, or Ceremo	nial Role Informati	ion				
Title Golden State Warriors vs. L	AC		Face Va	alue of Each Admiss	ion \$ <u>95.00</u>	_
				02 , 20 , 12		,
Description Basketball Game			Date(s)		/	
			0.11	n State Warriera		
Ticket(s)/Admission(s) provide	d by agency? Yes	🗖 No 🗹	If no: Golde	n State warnors Name of	Source	
Was the distribution to person	s identified below m	hade at the	e behest of	an agency official?		
Yes 🗹 No 🔲 If yes: _	Carson, Keith Superviso	r Fifth Distric	ct First) and Title			
	Officials	vanie (Lasi, r	nay and mile			
The identity of recipient(s)	and the explanatio	on:				
Name			Check the tayable in	income box if the agency of come. If the agency official	fficial claims admis performed a cerem	ssion as ionial role.
(Last, First) or	Number of Admission(s)/	Agency Official	also provi	ide a description.		
Organization	Ticket(s)	Onicia	 If not inco ceremonia 	ome, describe the public pur al roles, performed by an age	pose, including ency official, indivi	idual, or
(Name, Address, Description)		· organizati	ion.		
		Yes 🔽	To promote	e attendance at a Cou aximize potential Cou	nty revenue	Income
Brooks, Rodney	2	No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🛛 No 🗖				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.

1 Smparo	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

A Public Do	ocument
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licket/Admission Distribution	15		71 461	
1. Agency Name				fornia 802
County of Alameda				orm OUZ
Division, Department, or Region (if applicable)				official Ose Only
Board of Supervisors			7	
Street Address				
1221 Oak Street, Suite 536				L. C. States
Designated Agency Contact (Name, Title)		Amendment (Must provide expla	anatlon in Part 3.)
Crystal Hishida Graff, Clerk, Board of	f Supervisors		Bata of Oxfolia I Filling	1
Area Code/Phone Number E-mail			Date of Original Filing:(month	n, day, year)
	hishida@acgov.o	and the second se		
2. Function, Event, or Ceremonial	Role Informati	ion		
Title Golden State Warriors vs. Mem			Face Value of Each Admission \$ _	95.00
			02 07 12	
Description Basketball Game			Date(s) 02 / 07 / 12	//
Ticket(s)/Admission(s) provided by Was the distribution to persons id	entified below m	ade at the	behest of an agency official?	
Yes 🖸 No 🔲 If yes: Cars	on, Keith Superviso Official's N	Vame (Last. F	First) and Title	
The identity of recipient(s) and	the explanatio	n:	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ine administra as
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official clai taxable income. If the agency official performe also provide a description. If not income, describe the public purpose, incl ceremonial roles, performed by an agency offic organization. 	d a ceremonial role, Iuding
		Yes 🔽	To reward a County employee for her	Income
Brown, Aisha	4	No 🗖	exemplary service to the public.	
		Yes 🗖		Income
		No 🗖		
	×	Yes 🗖		Income
		No 🔲		
16 - C	~			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.

Yes 🗖

No 🗖

1 Amargan)	Amy Shrago	Ticket Administrator	01/11/12
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

Agency Report of: Ceremonial Role Events and

A Public D)ocument
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Ticket/Admission Dist	ributions			APUD	ne Document
1. Agency Name			Date	C PERSONAL STATES AND A PROPERTY AND	lifornia 802
County of Alameda					Form OUZ
Division, Department, or Reg	jion (if applicable)				For Onicial Ose Only
Board of Supervisors					
Street Address	2				
1221 Oak Street, Suite 536					
Designated Agency Contact	(Name, Title)		Amend	lment (Must provide ex	planation in Part 3.)
Crystal Hishida Graff, Clerk	, Board of Supervisors			interal Fillings	
Area Code/Phone Number	E-mail		Date of Ori	iginal Filing:(mor	nth, day, year)
(510) 272-3882	crystal.hishida@acgov.c	org			
2. Function, Event, or Cer	emonial Role Informat	ion			
Colden State Warrior	a vo Milwan		Face Value of Ea	ach Admission \$	95.00
Title Golden State Warriors	S VS. WIIIWatt				
Description Basketball Ga	ime		Date(s) 02 / 1	16 , 12	//
Description Description			Date(3)		
			Golden State Wa	arriors	
Ticket(s)/Admission(s) pr	ovided by agency? Yes		If no:	Name of Source)
Was the distribution to po Yes ☑ No 🔲 If	yes: <u>Carson, Keith Supervisc</u> Official's				
The identity of recipien	t(s) and the explanatio	on:			
Name (Last, First) or Organization (Name, Address, Desc	Number of Admission(s)/ Ticket(s)	Agency Official	taxable income. If the also provide a descrip	if the agency official c agency official perform tion. e the public purpose, in ormed by an agency of	ned a ceremonial role, Including
in a second second second second second second second second second second second second second second second s		Yes 🔽	To reward a County	employee for her	
Sanchez, Mina	4	No 🗖	exemplary service to	the public.	
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No П			

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. 1.

Allazza	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ticket/Admission D	cket/Admission Distributions A Public Docum				
1. Agency Name		Date Stamp	California Form	802	
County of Alameda			For Official	Use Only	
Division, Department, or	Region (if applicable)				
Board of Supervisors					
Street Address					
1221 Oak Street, Suite	536				
Designated Agency Con	tact (Name, Tille)	Amendment (Must provide explanation in Part 3.)			
Crystal Hishida Graff, C	lerk, Board of Supervisors				
Area Code/Phone Numb	er E-mail	Date of Original Filing:	(month, day, yea	ir)	
(510) 272-3882	crystal.hishida@acgov.org				
2. Function, Event, or	Ceremonial Role Information				

Title Golden State Warriors vs. Mem	Face Value of Each Admission \$ _95.00		
Title			
Description Basketball Game	Date(s) 01 / 23 / 12/		

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

Name of Source

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

If yes: Carson, Keith Supervisor Fifth District No 🗆 Yes 🔽

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			
Socially Responsible Network 360 Gra	4	Yes □ No ☑	To reward a school or nonprofit organization for Income its contributions to the community.		
360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources,		Yes 🗖 No 🗖			
technical assistance, and facilitates networking, communication among community organizations		Yes 🗖 No 🗖	Income		
		Yes 🗖 No 🗖	Income		
-		Yes 🗖 No 🗖	Income		

3. Verification

1 1.4

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 Shaap	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
0	2 8 8			

cket/Admission Distribut	tions						cumer
Agency Name				Date Sta	mp	California Form	802
County of Alameda							
Division, Department, or Region (if	f applicable)					For Official U	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				Amendmen	nt (Must prov	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors					- I Cillin av		
Area Code/Phone Number E-m	ail			Date of Origina	al Filing:	(month, day, yea	r)
The second second second second second second second second second second second second second second second se	stal.hishida@acgov.c	and the second design of the s					
Function, Event, or Ceremon	nial Role Informat	ion					
Colden State Warriers ve	Coran		Free A	/alue of Each	Adminai	on ¢ 95.00	
Title Golden State Warriors vs. S							
Description Basketball Game			Date/s	s) <u>03</u> <u>24</u>	, 12		1
Description			Batoli	/			
			Cole	lon State Marrie	re		
Tisket(s)(Admission(s) provide	d by agoney2 Vec		If no. Gold	en State Warno	15		
Ticket(s)/Admission(s) provide Was the distribution to person						ource	
Was the distribution to person Yes □ No ☑ If yes: _	s identified below n Official's l	nade at the Name (Last, F		f an agency o		ource	
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a	s identified below n Official's l	nade at the Name (Last, F	e behest o ≓irst) and Title	f an agency o	official?		sion as
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name	s identified below n Official's l and the explanatio	nade at the Name (Last, F on:	e behest o	f an agency o ne income box if th income. If the agen	official? e agency offi ncy official p	icial claims admis	sion as onial role,
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or	s identified below n Official's l and the explanatio Number of Admission(s)/	nade at the Name (Last, F	e behest o First) and Title • Check th taxable also pro	f an agency o ne income box if th income. If the ager vide a description.	e agency off ncy official p	icial claims admis erformed a cerem	ision as onial role,
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First)	s identified below n Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at the Name (Last, F on: Agency	 behest o First) and Title Check the taxable also pro If not increased 	f an agency o ne income box if th income. If the ager vide a description. come, describe the nial roles, performe	e agency offi ncy official p public purpo	icial claims admis erformed a cerem ose, including	onial role,
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	s identified below n Official's / and the explanatio Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official	 behest o First) and Title Check tl taxable also pro If not inic ceremon organiza 	f an agency o ne income box if th income. If the agen vide a description. come, describe the nial roles, performe ation.	e agency offi ncy 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 person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	s identified below n Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at the Name (Last, F on: Agency	 behest o First) and Title Check the taxable also pro If not increment organization To promo 	f an agency o ne income box if th income. If the ager vide a description. come, describe the nial roles, performe	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	onial role, dual, or
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes I	 behest o First) and Title Check the taxable also pro If not increment organization To promo 	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	dual, or Incom
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes I	 behest o First) and Title Check the taxable also pro If not increment organization To promo 	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	dual, or Incom
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes I No I Yes I No I	 behest o First) and Title Check the taxable also pro If not increment organization To promo 	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	dual, or Income Income
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes I No I	 behest o First) and Title Check the taxable also procession or the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of t	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	onial role, dual, or Incom Incom
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes I No I Yes I Yes I	 behest o First) and Title Check the taxable also procession or the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of t	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	dual, or Income Income Income Income
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes No	 behest o First) and Title Check the taxable also procession or the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of t	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	Income Income Income Income
Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Official's (and the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes [] No [] Yes [] No [] Yes [] No [] Yes []	 behest o First) and Title Check the taxable also procession or the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of the taxable of t	f an agency of ne income box if th income. If the agen vide a description. come, describe the hial roles, performe ation. te attendance	e agency offi ncy official p public purp d by an agen at a Cour	icial claims admis erformed a cerem ose, including ncy official, indivi nty facility in	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.

Amon	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

A Public Docume	ent
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I. Agency Name				Date Stamp	California 80	2
County of Alameda				88) 	Form OU	4
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, Til	le)			Amendment (Must pro	vide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board	of Supervisors			And a state of the second second second second second second second second second second second second second s		2
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	
(510) 272-3882 crysta	l.hishida@acgov.c	org				
2. Function, Event, or Ceremonia	I Role Informat	ion				
Title Golden State Warriors vs. LA			Face	/alue of Each Admiss	ion \$	
Description Basketball Game			Date/s	s) <u>03 , 27 , 12</u>	1 1	
Description			Date(a	»)		
Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No 🗹	lf no: <u>Golo</u>	len State Warriors Name of S	Source	
				Name of C	500708	
Was the distribution to persons i	dentified below n	hade at the	e behest o	f an agency official?		
24.						
Yes 🗹 No 🔲 If yes: Car	son, Keith Superviso Official's I	r Fifth Distric	Ct First) and Title			
			nst) and mie			
The identity of recipient(s) and	d the explanatio	n:				
Name				ne income box if the agency off income. If the agency official p		e.
(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.		.,
Organization	Ticket(s)		 If not inc ceremor 	come, describe the public purp nial roles, performed by an age	ose, including ncy official, individual, or	
(Name, Address, Description)			organiza	ation.		and the second
Duran Alaha	4	Yes 🔽		I a County employee fo y service to the public.	rher Inco	
Brown, Aisha	4	No 🗖	exemplar	service to the public.		_
Creens Henneh	6	Yes 🔽		d a County employee fo	or her Inco	
Greene, Hannah	6	No 🗖	exemplar	y service to the public.	C	_
		Yes 🗖			Inco	
		No 🗖				
		Yes 🗖			Inco	
		No 🗖				
		Yes 🗖			Inco	
		No 🗖				1

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.

Altrago	Amy Shrago	Ticket Administrator	01/11/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

A Public	Document
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	Agency Name					Date Stamp	California	002
	County of Alameda					S.	Form	802
		Division, Department, or Region (if applicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Vame, Title)				Amendment (Must prov	vide explanation i	n Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
		E-mail				Date of Original Filing:	(month, day, ye	ar)
	(510) 272-3882	crystal.his	hida@acgov.o	rg				
2.	Function, Event, or Cere	and the second se	and the second second second second second second second second second second second second second second second	and the second se				
							05.00	
	Title Golden State Warriors	vs.New 📩			Face \	/alue of Each Admissi	on \$	
	Description Basketball Gan	ne			Date/s) <u>03 , 30 , 12</u>	1	1
	Description Dasketbur Can				Date(s	s)/		
		sons iden es: <u>Carson</u> ,	tified below m Keith Superviso Official's f	nade at the r Fifth Distri Name (Last, I	e behest o	f an agency official?		
	The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro	te income box if the agency off ncome. If the agency official p vide a description. come, describe the public purpu ial roles, performed by an agen tion.	erformed a cerer ose, including	monial role,
				Yes 🔽	To reward	a County employee for	r her	Income
	Sanchez, Mina		4	No 🗖	exemplary	service to the public.		
				Yes 🗖				Income
				No 🗖		14		
			·	Yes 🗖				Income
			2	No 🗖				
				Yes 🗖				Income
			2	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.

4 Smaad	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
.0 0			

IIC	cket/Admission Distributions					A Public Do		
1. /	Agency Name					Date Stamp	California Form	802
	County of Alameda						Form For Official U	
Ē	Division, Department, or Regior	n (if applicable)					i or onidar e	
	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 Supervisors Area Code/Phone Number E-mail				Date of Original Filing	:		
	1.		ara				(month, day, yea	0
	(510) 272-3882	rystal.hishida@acgov.o nonial Role Informat						
							05.00	
٦	Fitle Golden State Warriors ve	s. Denve		-	Face	Value of Each Admi	ssion \$ _95.00	
1	Description Basketball Game			_	Date(s	s) <u>04 / 07 / 12</u>	/	/
	Mag the distribution to pore	one identified below n	e oben	at the	hehest o	f an agency official	?	
	The identity of recipient(s Name (Last, First) or Organization) and the explanation Number of Admission(s)/ Ticket(s)	Name (L	Last, F	Check til taxable also pro I finot in	he income box if the agency income. If the agency offici vide a description. come. describe the public p	v official claims admis al performed a cerem urpose, including	onial role,
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) or) and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Agen Offic	Last, F ncy cial	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or the taxable or the taxable also proceed or taxable or	he income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation.	y official claims admis al performed a cerem urpose, including agency official, indivi	onial role, dual, or
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) or Organization) and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Agen	Last, F ncy cial	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici vide a description. come, describe the public p hial roles, performed by an	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	onial role,
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) Organization (Name, Address, Descripti	on) Official's Official's Official's Official's Official's Official's Official's Number of Admission(s)/ Ticket(s)	Name (L on: Age Offic Yes	Last, F ncy cial	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici- vide a description. come, describe the public p nial roles, performed by an ation. te attendance at a C	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	dual, or Income
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) Organization (Name, Address, Descripti	on) Official's Official's Official's Official's Official's Official's Official's Number of Admission(s)/ Ticket(s)	Name (L on: Agen Offic Yes No	Last, F ncy cial	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici- vide a description. come, describe the public p nial roles, performed by an ation. te attendance at a C	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	onial role, dual, or Income
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) Organization (Name, Address, Descripti	on) Official's Official's Official's Official's Official's Official's Official's Number of Admission(s)/ Ticket(s)	Name (L Agen Office Yes No Yes No	Last, F	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici- vide a description. come, describe the public p nial roles, performed by an ation. te attendance at a C	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	ionial role, dual, or Income Income Income
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) Organization (Name, Address, Descripti	on) Official's Official's Official's Official's Official's Official's Official's Number of Admission(s)/ Ticket(s)	Name (L on: Agei Offic Yes No Yes No Yes No	Last, F	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici- vide a description. come, describe the public p nial roles, performed by an ation. te attendance at a C	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	ionial role, dual, or Income Income
	Yes ☐ No ☑ If yes The identity of recipient(s Name (Last, First) Organization (Name, Address, Descripti	on) Official's Official's Official's Official's Official's Official's Official's Number of Admission(s)/ Ticket(s)	Name (L Agen Office Yes No Yes No	Last, F	 Check the taxable also proceed or the taxable also proceed or the taxable of the taxable also proceed or the taxable or taxable taxable also proceed or taxable t	he income box if the agency income. If the agency offici- vide a description. come, describe the public p nial roles, performed by an ation. te attendance at a C	y official claims admis al performed a cerem urpose, including agency official, indivi ounty facility in	ionial role, dual, or Income Income Income

Insman	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
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П	cket/Admission Dist	induolis								
1.	Agency Name					Date Stamp	California	802		
	County of Alameda						Form			
	Division, Department, or Regi	on (if applicab	ole)				For Official U	use Only		
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)				Amendment (Must pro	Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk,	Board of Su	upervisors							
		E-mail				Date of Original Filing: _	(month, day, yea	1)		
	(510) 272-3882	crystal.hisl	hida@acgov.o	rg			Decise Acad Chever Academic			
2.	Function, Event, or Cere	monial Ro	ole Informati	ion						
							05.00			
	Title Golden State Warriors	vs. India			Face	Value of Each Admiss	ion \$			
	Description Basketball Gar	ne			Date(s	s) <u>01 , 20 , 12</u>	/	/		
	Ticket(s)/Admission(s) pro Was the distribution to per Yes □ No ☑ If y The identity of recipient	rsons ident	tified below m	nade at the Name (Last, F	e behest o	f an agency official?				
	Name (Last, First) or Organization (Name, Address, Descrij	ption)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro s If not inc	he income box if the agency of income. If the agency official wide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerem	onial role,		
				Yes 🔽	To promo	te attendance at a Cou	nty facility in	Income		
	Carson, Keith		4	No 🗖	order to n	naximize potential Cour	nty revenue			
				Yes 🗖 No 🗖				Income		
				Yes 🗖				Income		
				No 🗖						
				Yes 🗖				Income		
				No 🗖						
				Yes 🗖				Income		
				No 🗖						
							the second second second second second second second second second second second second second second 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.

& Smarson	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AP	ublic	Document

ICKet/Admission Distribution	15		A Fublic D	ocument
. Agency Name			Date Stamp California	802
County of Alameda		÷	Form	Concerning Street of Concerning
Division, Department, or Region (if appli-	cable)		For Officia	il 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	Supervisors			
Area Code/Phone Number E-mail			Date of Original Filing: (month, day, y	ear)
(510) 272-3882 crystal.h	iishida@acgov.c	org		
. Function, Event, or Ceremonial	Role Informat	ion		
Title Golden State Warriors vs. Utah	di		Face Value of Each Admission \$_95.00)
Description Basketball Game			Date(s)/_0712/_	
Was the distribution to persons ide Yes □ No ☑ If yes: The identity of recipient(s) and t	Official's l	Name (Last, F	e behest of an agency official?	
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 adn taxable income. If the agency official performed a cere also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indi organization. 	monial role,
		Yes 🔽	To promote attendance at a County facility in	
Carson, Keith	4	No 🗖	order to maximize potential County revenue	
		Yes 🗖		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.

(A Mago)	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

APU	blic	Document	t

1. /	Agency Name			Date Stamp	California 802
	County of Alameda				101111
1	Division, Department, or Reg	ion (if applicable)]	For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536	,			
1	Designated Agency Contact	(Name, Title)		Amendment (Must p	rovide explanation in Part 3.)
8	Crystal Hishida Graff, Clerk,	, Board of Supervisors			
	Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.org			
2.	Function, Event, or Cere	emonial Role Information			
1	Title Golden State Warriors	s vs.	Face	Value of Each Admis	sion \$ _95.00
ą	Description Basketball Ga	me	Date(s) <u>12 , 25 , 11</u>	
2	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🖸	I If no: Gold	den State Warriors	(Sauroo
		rsons identified below made at th			

Yes 🔽 No 🔲 If yes: Carson, Keith Supervisor Fifth District

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 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. 	eremonial role, g
Brown, Aisha	4	Yes ☑ No □	To reward a County employee for her exemplary service to the public.	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 Amaan	Amy Shrago	Ticket Administrator	01/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)