## A Public Document

Agency Name			799; <u>2)</u> -10;10;10;10;10;10;10;10;10;10;10;10;10;1		Date Stamp		California	000
COUNTY OF ALAMEDA							Form	802
Division, Department, or Regio	on (if applicable)						For Official L	lse Only
BOARD OF SUPERVISORS								
Street Address								
1221 OAK STREET, SUITE S	536							
Designated Agency Contact (N					Amendment (A	Must provi	de explanation in	Part 3 I
Crystal Hishida Graff, Clerk, I	Board of Super	visors				,		,
Area Code/Phone Number	E-mail				Date of Original Fi	ling:	(month, day, year	)
(510) 272-3882	crystal.hishida	@acgov.	org					, ,
Function, Event, or Cerer	monial Role I	Informat	tion					
							• 95.00	
Title <u>GSW</u>				Face V	alue of Each Ad	Imissio	n \$ <u>-00.00</u>	
Description BASKETBALL				Dato(s	) <u>3 19 </u>	12	1	,
			**************************************	Date(S	)//			
Ticket(s)/Admission(s) prov Was the distribution to pers							urce	
Was the distribution to pers	ons identified	d below n	nade at th	e behest of			urce	
Was the distribution to pers Yes ☑ No ☑ If yea	sons identified	d below n Cott hagge Official's l	nade at the RTY, DISTRICT Name (Last, I	e behest of			urce	
Was the distribution to pers	sons identified s: <u>SUPERVISOR SC</u> s) and the ex Nu Adm Ti	d below n Cott hagge Official's l	nade at the RTY, DISTRICT Name (Last, I	e behest of 1 First) and Title Check the taxable in also prov If not inco	an agency offic	ial? mcy offici fficial per ic purpos	ial claims admiss formed a ceremo e, including	nial role,
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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.

July Augr	Lee Ann Fergerson	Ticket Administrator	2/2/12
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

# **A Public Document**

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1.	Agency Name		anning ann an ann an an ann an ann an ann an			1976, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 1977, 19	Date Stamp	California	802
	COUNTY OF ALAMEDA							Form	002
	Division, Department, or Region (if a	applica	able)					For Official L	Jse Only
	BOARD OF SUPERVISORS								
	Street Address								
	1221 OAK STREET, SUITE 536								
	Designated Agency Contact (Name, 7	Title)					Amendment (Must pro		Part 3)
	Crystal Hishida Graff, Clerk, Board	d of S	Supervisors					,	,
	Area Code/Phone Number E-mai					н т	Date of Original Filing: _	(month. dav. vea	-)
	(510) 272-3882 cryst	al.his	shida@acgov.	org				( ,, , , , , , , , , , , , , , , , ,	,
	Function, Event, or Ceremon								
	0.011/							05.00	
	Title GSW					Face \	/alue of Each Admiss	ion \$ _95.00	<u> </u>
							<b>s) <u>3</u> 28 12</b>	,	
	Description BASKETBALL				_	Date(s	5)//	/	/
	Ticket(s)/Admission(s) provided	by a	igency? Yes	☑ N	• 🗆	If no:	Name of S	Source	
	Was the distribution to persons	iden	tified below n	nade	at th	e behest of	f an agency official?		
	Yes 🕢 No 🔲 If yes: 🖳	PERVI	SOR SCOTT HAGGE	RTY, DIS	STRICT	1			
			Official's	Name (i	Last, I	First) and Title			
	The identity of recipient(s) an	nd th	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Description)		Number of Admission(s)/ Ticket(s)	Age Offi		taxable in also prov • If not inc	e income box if the agency off ncome. If the agency official p /ide a description. ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremo ose, including	onial role,
	Irvington High School		4	Yes No			A SCHOOL OR NON-PROFIT		Income
	41800 BLACOW ROAD			Yes			VTRIBUTIONS TO THE COMM	IUINI I Y	Income
	FREMONT CA 94538			No					
				Yes					Income
				No					
			· · · · · · · · · · · · · · · · · · ·	Yes					
				No					
				Yes					1042 miles
				No					Income

### 3. Verification

1

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

Kellin Jusers	Lee Ann Fergerson	Ticket Administrator	2/2/12
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
	Division, Department, or Region (if	applicable)				For Officia	I Use Only
	BOARD OF SUPERVISORS						
	Street Address						
	1221 OAK STREET, SUITE 536						
	Designated Agency Contact (Name,	Title)			Amendment (Must pi	rovide explanation i	n Part 3)
	Crystal Hishida Graff, Clerk, Boar	d of Supervisors				onde explanation i	nn an o.y
	Area Code/Phone Number E-ma	ail	· · · ·		Date of Original Filing: .	(month, day, ye	ar)
	(510) 272-3882 crys	stal.hishida@acgov.	org			(	/
2.	Function, Event, or Ceremon	and the second		a a a granna ga a ga ga ga ga ga			
	0.014					05.00	
	Title GSW			Face \	/alue of Each Admiss	sion \$	
					04 07 12		
	Description BASKETBALL			Date(s	) <u>04 / 07 / 12</u>		/
	Was the distribution to persons Yes ☑ No ❑ If yes: <u><sup>St</sup></u>			e behest of	an agency official?		
		UPERVISOR SCOTT HAGGE Official's		1 First) and Title			
	The identity of recipient(s) a						
				<ul> <li>Check th taxable ir also prov</li> <li>If not ince</li> </ul>	e income box if the agency of rcome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	performed a ceren pose, including	nonial role,
	The identity of recipient(s) an Name (Last, First) or Organization	nd the explanatio Number of Admission(s)/	on: Agency	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age	performed a ceren bose, including ency official, indiv	nonial role,
	The identity of recipient(s) al Name (Last, First) or Organization (Name, Address, Description)	nd the explanation Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age tion. A NON-PROFIT ORGANIZA	performed a ceren bose, including ency official, indiv	nonial role, idual, or Income
	The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) FREMONT EDUCATION FOUNDATION	nd the explanation Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖 No 🗹	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age tion. A NON-PROFIT ORGANIZA	performed a ceren bose, including ency official, indiv	idual, or Income
	The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) FREMONT EDUCATION FOUNDATION PO BOX 7764	nd the explanation Number of Admission(s)/ Ticket(s) 4	Agency Official Yes No Yes Yes	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age tion. A NON-PROFIT ORGANIZA	performed a ceren bose, including ency official, indiv	idual, or Income
	The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) FREMONT EDUCATION FOUNDATION PO BOX 7764 FREMONT CA 94537	nd the explanation Number of Admission(s)/ Ticket(s) 4	Agency Official Yes No Yes No Yes Yes Yes	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age tion. A NON-PROFIT ORGANIZA	performed a ceren bose, including ency official, indiv	idual, or Income Income Income Income
	The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) FREMONT EDUCATION FOUNDATION PO BOX 7764 FREMONT CA 94537	nd the explanation Number of Admission(s)/ Ticket(s) 4	Agency Official Yes □ No ☑ Yes □ No □ Yes □	Check the taxable in also prov     If not incoceremoniorganizat     TO REWARD	ncome. If the agency official ride a description. ome, describe the public purp ial roles, performed by an age tion. A NON-PROFIT ORGANIZA	performed a ceren bose, including ency official, indiv	idual, or Income 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.

felizin	_ Lee Ann Fergerson	Ticket Administrator	2/14/12
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

Televine	an the construction of the	our un statute and the state of the		contraction contraction of the second				
1.	Agency Name					Date Stamp	California	a 802
	COUNTY OF ALAMEDA						Form	002
	Division, Department, or Reg	ion (if applica	able)				For Officia	al Use Only
	BOARD OF SUPERVISOR	S						
	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				Shac explanation	in r un o.y
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, ye	ear)
	(510) 272-3882	crystal.his	shida@acgov.	org				,
2.	Function, Event, or Cere	emonial R	ole Information	tion				
	00144						05 00	
	Title GSW				Face \	/alue of Each Admiss	ion \$ _95.00	
	BASKETBALL				<b>D</b> ( )	<b>b)</b> <u>2</u> <u>2</u> <u>20</u> <u>12</u> <u>20</u> <u>20</u> <u>12</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> <u>2</u>	,	,
	Description BASKETBALL				Date(s	;)//	······	/
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes	✓ NO [	_ If no:	Name of S	Source	
	Was the distribution to per	rsons iden	tified below r	nade at th	ne behest of	an agency official?		
	Yes 🗹 No 🔲 Ify	es:	SOR SCOTT HAGGE	RTY, DISTRIC	First) and Title			
	The identity of recipient	(s) and th						
		(-)			Check th	e income box if the agency of	icial claims admi	ission as
	Name (Last, First)		Number of	Agency	taxable ir	ncome. If the agency official p		
	or Organization		Admission(s)/	Official		/ide a description. ome, describe the public purp	ose including	
	(Name, Address, Descrip	otion)	Ticket(s)			ial roles, performed by an age		idual, or
		n	<u>a an</u> da Barto Mila di	Yes 🗖				Income
	City of Fremont Senior Center		4	No 🗹		A NON-PROFIT ORGANIZAT	ION FOR ITS	
	P.O. Box 5006			Yes 🗖		ONS TO THE COMMUNITY		Income
	Fremont CA 94537			No 🔲				
				Yes 🗖				 Income
	Services and programs for senior resi	dents		No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖		······································		Income
				No 🗖				
			1		Language and the second se			

### 3. Verification

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

Luch Ky Lee	e Ann Fergerson	Ticket Administrator	2/21/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

Agency Name					Date Stamp	California	
COUNTY OF ALAMEDA						Form	002
Division, Department, or Reg	gion (if applica	ble)	······································			For Officia	al Use Only
BOARD OF SUPERVISOR	RS						
Street Address					-		
1221 OAK STREET, SUITE	E 536						
Designated Agency Contact	(Name, Title)				Amendment (Must pr	ovide explanation	in Part 3.)
Crystal Hishida Graff, Clerk	, Board of S	Supervisors					
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, y	ear)
(510) 272-3882		shida@acgov.o					
Function, Event, or Cer	emonial R	ole Informat	tion				
Title <u>GSW</u>				Face	Value of Each Admiss	sion \$ _ <sup>95</sup>	
Description basketball				Date(s	s) <u>03 / 30 / 12</u>	/_	/
Ticket(s)/Admission(s) provide the distribution to perform the distribution to perform the second se	ersons iden	tified below n	nade at the	e behest o	f an agency official?	Source	
Was the distribution to per Yes ☑ No □ If y	e <b>rsons iden</b> yes: <u>SUPERVIE</u>	tified below n SOR SCOTT HAGGE Official's I	nade at the RTY, DISTRICT Name (Last, F	e behest o	f an agency official?	Source	
Was the distribution to pe	ersons iden yes: <sup>SUPERVIE</sup> t(s) and th	tified below n SOR SCOTT HAGGE Official's I	nade at the RTY, DISTRICT Name (Last, F	<ul> <li>behest of</li> <li>first) and Title</li> <li>Check the taxable is also profile</li> <li>If not inconceremon</li> </ul>	name or f an agency official? he income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age	fficial claims adm performed a cere pose, including	monial role,
Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization	ersons iden yes: <sup>SUPERVIE</sup> t(s) and th	tified below n SOR SCOTT HAGGE Official's / e explanatio Number of Admission(s)/	nade at the RTY, DISTRICT Name (Last, F D <b>n:</b> Agency	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also proise.</li> <li>If not inconceremon organization.</li> <li>TO REWARE</li> </ul>	f an agency official? te income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age tion. A COMMUNITY VOLUNTEE	fficial claims adm performed a cere pose, including ency official, indi	monial role, vidual, or
Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <sup>SUPERVIE</sup> t(s) and th	tified below n SOR SCOTT HAGGE Official's I e explanatio e explanatio Admission(s)/ Ticket(s)	nade at the RTY, DISTRICT Name (Last, F on: Agency Official Yes No Yes	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also proise.</li> <li>If not inconceremon organization.</li> <li>TO REWARE</li> </ul>	f an agency official? te income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age tion.	fficial claims adm performed a cere pose, including ency official, indi	monial role, vidual, or Income Income
Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <sup>SUPERVIE</sup> t(s) and th	tified below n SOR SCOTT HAGGE Official's I e explanatio e explanatio Admission(s)/ Ticket(s)	nade at the RTY, DISTRICT Name (Last, F on: Agency Official Yes No Yes No No	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also proise.</li> <li>If not inconceremon organization.</li> <li>TO REWARE</li> </ul>	f an agency official? te income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age tion. A COMMUNITY VOLUNTEE	fficial claims adm performed a cere pose, including ency official, indi	monial role, vidual, or Income Income
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Was the distribution to per Yes ☑ No ☐ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons iden yes: <sup>SUPERVIE</sup> t(s) and th	tified below n SOR SCOTT HAGGE Official's I e explanatio e explanatio Admission(s)/ Ticket(s)	nade at the RTY, DISTRICT Name (Last, F on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also proise.</li> <li>If not inconceremon organization.</li> <li>TO REWARE</li> </ul>	f an agency official? te income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age tion. A COMMUNITY VOLUNTEE	fficial claims adm performed a cere pose, including ency official, indi	monial role, vidual, or Income Income Income

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North ACA !	_ee Ann Fergerson	Ticket Administrator	2/2712
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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------------------

		AND TAXABLE CONTRACTOR							1. A. B.
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applical	ole)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
		E-mail					Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882	crystal.his	hida@acgov.d	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Title Golden State Warriors				_	Face \	/alue of Each Admissi	ion \$ _95.00	
	Description Basketball Gam	ie			_	Date(s	) <u>02 07 12</u>	/	/
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		0 🗹	If no: Gold	en State Warriors		
		1	75/A (75.1				Name of S	Source	
	Was the distribution to per-	sons ident	ified below n	nade a	at the	behest of	f an agency official?		
	Yes 🗹 No 🔲 Ifye	es: Lockyer,	Nadia- Supervis	sor Dis	trict 2				
			Official's	Name (I	Last, F	irst) and Title			
	The identity of recipient(	s) and th	e explanatic	n:					
	Name						e income box if the agency off		
	(Last, First) or		Number of	Age			ncome. If the agency official p vide a description.	errormed a ceren	ionial role,
	Organization		Admission(s)/ Ticket(s)	Offi	cial	If not inc	ome, describe the public purp		dual an
	(Name, Address, Descrip	tion)				organiza	NAME AND ADDRESS OF ADDRE	TAL STATISTIC STRUCTURE AND AN OPEN	idual, or
	Briones, Mario			Yes			attendance at an event held	······	Income
			4	No	7	facility in ord	er to maximize potential reve	enue.	
				Yes		1			Income
				No					

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims adm taxable income. If the agency official performed a cere also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiv organization.</li> </ul>	monial role,
Briones, Mario	4	Yes 🗖 No 🗹	To promote attendance at an event held at a County facility in order to maximize potential 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.

I ALL	MICHELLE DIANDA	Ticket Administrator	02/07/12
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 the value of \$18

icket/Admission Distributi	0113					A PUBIIC D	
. Agency Name					Date Stamp	California	802
County of Alameda							
Division, Department, or Region (if a	pplicable)					For Officia	l Use Only
Board of Supervisors							
Street Address				i.			
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, T	itle)				Amendment (Mus	st provide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, Board	and the second se						
Area Code/Phone Number E-mai					Date of Original Filin	g:(month, day, ye	əar)
and the second	al.hishida@acgov.o	Automatica			C		
<ol> <li>Function, Event, or Ceremoni</li> </ol>	al Role Informat	ion					
Title Golden State Warriors				Eaco V	/alue of Each Adm	ission ¢ 95.00	
			-				
Description Basketball Game				Date(s	) 02 / 07 / 12	/	1
			-		,		
					en Otete Miensiene		
Ticket(s)/Admission(s) provided	by agency? Yes		D 🖸	If no: Gold	en State Warriors		
Ticket(s)/Admission(s) provided Was the distribution to persons						of Source	
Was the distribution to persons	identified below n ckyer, Nadia- Supervi Official's	nade a sor Distr Name (L	t <b>the</b> rict 2				ι.
Was the distribution to persons Yes ☑ No □ If yes: <u>Lo</u> The identity of recipient(s) an <sub>Name</sub>	identified below n ckyer, Nadia- Supervi Official's	nade a sor Distr Name (L	t <b>the</b> rict 2	behest of     irst) and Title     Check th	f an agency officia	I? y officíal claims adm	
Was the distribution to persons Yes ☑ No □ If yes: <u>Lo</u> The identity of recipient(s) an Name (Last, First)	identified below n ckyer, Nadia- Supervi Official's d the explanatic Number of	nade a sor Distr Name (L on: Agen	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable i</li> </ul>	f an agency officia	I? y officíal claims adm	
Was the distribution to persons Yes ☑ No □ If yes: <u>Lo</u> The identity of recipient(s) an <sub>Name</sub>	identified below n ckyer, Nadia- Supervi Official's d the explanatic	nade a sor Distr Name (L on:	t the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide on the second s</li></ul>	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	I? y official claims adm ial performed a cere purpose, including	monial role,
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanatic Number of Admission(s)/	nade a sor Distr Name (L on: Agen	nt the rict 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable i also pro-</li> <li>If not inco ceremon organiza</li> </ul>	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	I? y official claims adm cial performed a cere purpose, including agency official, indiv	monial role,
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization	identified below n ckyer, Nadia- Supervi Official's d the explanatic Number of Admission(s)/	nade a sor Distr Name (L on: Agen Offic	nt the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describte the public i lal roles, performed by an tion.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	monial role, vidual, or
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic	rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	monial role, vidual, or Income
Was the distribution to persons Yes ☑ No ☐ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L On: Agen Offic Yes No	rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	nonial role, vidual, or Income
Was the distribution to persons Yes ☑ No ☐ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	nonial role, vidual, or Income Income
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic Yes No Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	vidual, or Income
Was the distribution to persons Yes ☑ No ☐ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic Yes No Yes No Yes No Yes	t the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	vidual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic Yes No Yes No Yes No Yes No	t the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	vidual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: └o The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ckyer, Nadia- Supervi Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a sor Distr Name (L on: Agen Offic Yes No Yes No Yes No Yes No	t the rict 2 ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also provide organiza</li> <li>To promote a</li> </ul>	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.	y official claims adm ial performed a cere purpose, including agency official, indiv neld at a County	vidual, or Income Income Income Income

# is in accordance with the provisions.

	MICHELLE DIANDA	Ticket Administrator	02/07/12
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 the value of \$18

	A	Publ	lic	Document
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Ticket/Admission Distribution	13			~		cumen
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if applied	cable)				For Official U	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)	Y			Amendment (Must pro	, lida avalanation in	Dect 2)
Crystal Hishida Graff, Clerk, Board of	Supervisors				vide explanation in	ran 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	
(510) 272-3882 crystal.h	ishida@acgov.o	ora			(monal, day, yea	"
2. Function, Event, or Ceremonial						
Title Golden State Warriors			Face \	alue of Each Admissi	i <b>on \$</b>	
				02 07 12		
Description Basketball Game		Date(s) 02 07 12				
Ticket(s)/Admission(s) provided by	🗆 No 🗹	If no: Gold	en State Warriors Name of S	Source		
				Nume or c	iource	
Was the distribution to persons ide	ntified below n	nade at the	e behest of	an agency official?		
Yes 🗹 No 🔲 If yes: Locky	er, Nadia- Supervi	sor District 2				
	Official's	Name (Last, I	First) and Title			
The identity of recipient(s) and t	he explanatio	on:				
Name				e income box if the agency off		
(Last, First) or	Number of	Agency	2 V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ncome. If the agency official p /ide a description.	erformed a cerem	onial role,
Organization	Admission(s)/ Ticket(s)	Official	· If not inc	ome, describe the public purp		2012/10/2
(Name, Address, Description)			ceremon organiza	ial roles, performed by an agen tion.	icy official, individ	dual, or
Nicosia, Eileen		Yes 🗖	To promote a	attendance at an event held	at a County	Income
	4	No 🗹	facility in orde	er to maximize potential reve	enue.	
		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.

Yes 🗖

No 🗖

IND	MICHELLE DIANDA	Ticket Administrator	02/07/12
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 the value of \$18

Income

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

Ticket/Admission Distributions		A Public Documen
1. Agency Name	Date Stamp	California 802
County of Alameda		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

cument

	County of Alameda					Form	002
	Division, Department, or Regi	on (if applicable)				and the second se	I Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (/	Name,Title)			mendment (Must pro	vide explanation	in Part 3)
	Crystal Hishida Graff. Clerk.	Crystal Hishida Graff, Clerk, Board of Supervisors				- neo explanation	
		E-mail		Date	of Original Filing: _	(month, day, ye	ar)
	(510) 272-3882			(, day, ye			
2.	Function, Event, or Cere	crystal.hishida@acgov cmonial Role Informa			1		
			an - Prince Patricia Pr			11 March 14 Courses	
	Title Golden State Warriors			Face Value of	of Each Admiss	ion \$ _95.00	
	Description Basketball Gam	ne		Date(s)	0712		/
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Gold				e Warriors	0	
	nen en		o neman kinata dan		Name of S	Source	
	Was the distribution to per	sons identified below	made at th	e behest of an ac	ency official?		
					,		
e.	Yes 🗹 No 🔲 If ye	es: Lockyer, Nadia- Superv	isor District 2				
		Official's	s Name (Last,	First) and Title			
	The identity of recipient	(s) and the explanati	on:				
	Name (Last, First)	Number of	Agency	taxable income.	e box if the agency of If the agency official p		
	or	Admission(s)/		also provide a de	scription. scribe the public purp	ore including	
	Organization (Name, Address, Descrip	ption) Ticket(s)		ceremonial roles, organization.	, performed by an age	ency official, indiv	vidual, or
	Dianda, Dante		Yes 🗖	To promote attendan	ce at an event held	at a County	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  $\checkmark$ 

No 

No 

No 

Yes 🗖

Yes 🗖

No 🗖 Yes 🗖

Yes 🗖

MDD	MICHELLE DIANDA	Ticket Administrator	2/27/12
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 the value of \$18

4

facility in order to maximize potential revenue from sales.

Income

Income

Income

Income

Α	Pu	blic	Documen	ŧ
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1. Agency Name							
<b>O</b>					Date Stamp	California	000
County of Alameda						Form	802
Division, Department,	, or Region (if appl	icable)				For Officia	l Use Only
Board of Supervisors	5						
Street Address							
1221 Oak Street, Sui	ite 536						
Designated Agency C	ontact (Name, Title)	)					
Crystal Hishida Graff	f, Clerk, Board of	Supervisors	1		Amendment (Must		
Area Code/Phone Nun				<del></del>	Date of Original Filing		
(510) 272-3882	crvstal.h	nishida@acgov.	.ora			(month, day, ye	ar)
2. Function, Event, o							
Title Description					Value of Each Admis		
				0.11			
Ticket(s)/Admission	i(s) provided by	agency? Yes	5 🗌 No 🖸	If no: Gold	Name of Na	of Source	x
					ivanie u	in Source	
Was the distribution	n to persons ide	ntified below r	made at th	e behest of	an agency official?	•	
Yes 🔽 No 🗋	If yes: <u>Super</u>	visor Wilma Chan	Name /Last	First) and Title			
				r inst) and ritte			
1 00 1000000 00 0000							
The identity of rec	ipient(s) and t	he explanatio	on:				
Nam	e	he explanatio	on:	<ul> <li>Check the</li> </ul>	e income box if the agency	official claims admis	ssion as
	e	Number of	Agency	taxable ir	e income box if the agency o ncome. If the agency official ride a description.	official claims admis I performed a cerem	ssion as Ionial role,
Nam (Last, F or Organiza	e irst) ation	-		taxable ir also prov ● If not inco	ncome. If the agency official ride a description. ome, describe the public pur	l performed a cerem	ionial role,
Nam (Last, F or	e irst) ation	Number of Admission(s)/	Agency	taxable ir also prov ● If not inco ceremoni organizat	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion.	l performed a cerem rpose, including gency official, indivi	ionial role,
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	taxable ir also prov If not inco ceremoni organizat	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev	I performed a cerem rpose, including gency official, indivi  /ent held at a	ionial role,
Nam (Last, F or Organiza	e irst) ation	Number of Admission(s)/	Agency Official Yes ⊡ No ☑	taxable ir also prov If not inco ceremoni organizat	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion.	I performed a cerem rpose, including gency official, indivi  /ent held at a	ionial role, dual, or
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes ☐ No ☑ Yes ☐ No ☐	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🛄 No 🗹 Yes 🛄	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income Income Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes □ Yes □ No □ Yes □ Yes □ No □	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income Income Income Income Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes Yes Yes Yes Yes Yes No Yes No Yes No	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income Income Income Income Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes Yes Yes Yes Yes	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income Income Income Income Income Income
Nam (Last, F or Organiza (Name, Address, Martins, Kathy	e irst) ation	Number of Admission(s)/ Ticket(s)	Agency Official         Yes         No         Yes	taxable ir also prov If not inco ceremoni organizat To promote County fac	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim	I performed a cerem rpose, including gency official, indivi  /ent held at a	dual, or Income Income Income Income Income
Nam (Last, F or Organiza (Name, Address,	e irst) ation , Description)	Number of Admission(s)/ Ticket(s) 4	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	taxable ir also prov If not inco ceremoni organizat To promote County fac County rev	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim /enue from sales.	I performed a cerem rpose, including jency official, indivi vent held at a nize potential	dual, or Income Income Income Income Income Income
Nam (Last, F) or Organiza (Name, Address, Martins, Kathy Martins, Kathy	e iirst) ation , Description) and FPPC Regula e provisions.	Number of Admission(s)/ Ticket(s) 4	Agency Official Yes ☐ No ☑ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	taxable ir also prov If not inco ceremoni organizat To promote County fac County rev County rev	ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag tion. e attendance at an ev illity in order to maxim /enue from sales.	I performed a cerem rpose, including jency official, indivi vent held at a nize potential	Income Income Income Income Income Income

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TICKEUAUMISSION DISTINUT	115		A PUDIIC L	
1. Agency Name			Date Stamp Californ Form	a 000
County of Alameda				
Division, Department, or Region (if ap	plicable)	864 manyara mara arawa arawa	For Offic	ial Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Ti	le)	644	Amendment (Must provide explanation	
Crystal Hishida Graff, Clerk, Board	of Supervisors			і In Рап 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	(n = 1
(510) 272-3882 crysta	I.hishida@acgov.	ora	(month, day, _	/ear)
2. Function, Event, or Ceremonia				
,, _,, _				
Title			Face Value of Each Admission \$ _ <del>\$56</del>	
			0 25 12	
Description Monster Jame			Date(s)/_2512/	/
Ticket(s)/Admission(s) provided	an a		Golden State Warriors	
neket(s)/Admission(s) provided	by agency res		Name of Source	
Was the distribution to persons i	dentified below r	nade at th	e behest of an agency official?	
Yes 🕢 No 🔲 If yes: Sup	ervisor Wilma Chan			
	Official's	Name (Last,	First) and Title	
The identity of recipient(s) and	the explanation	<b></b>		
		)  . 		
Name (Last, First)	Number of	Agency	<ul> <li>Check the income box if the agency official claims adr taxable income. If the agency official performed a cert</li> </ul>	
or	Admission(s)/	Official	also provide a description.	
Organization (Name, Address, Description)	Ticket(s)		<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, ind</li> </ul>	vidual, or
			organization.	
Martin, Dan	2	Yes	To promote attendance at an event held at a County facility in order to maximize potential	
	<sup>2</sup>	No 🗹	county radinty in order to maximize potential	
		Yes 🗖	County revenue from sales.	Income
		No 🗖		
		Yes 🗖		Income

3.	Ve	rifi	cation	

e

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

No 🔲

Yes 🗖

No 🔲

Yes 🗖

No 🔲

	Alexandra Boskovich	Ticket Administrator	02/24/2012
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

Income

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

Α	Pυ	ıbli	c	Dod	cum	ent
<i>a</i> x					Jain	<b>CIIC</b>

licket/Admission Distribution	ns			A Public Documer
1. Agency Name			Date Stamp	California 000
County of Alameda				Form OUZ
Division, Department, or Region (if app	licable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Title	)			t provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board o	f 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 Ceremonial	Role Informa	tion		
Title			Face Value of Each Admi	ssion \$ _\$95 + \$18-park
Description Warriors vs. Bucks			Date(s) <u>3</u> <u>16</u> <u>12</u>	//////
Ticket(s)/Admission(s) provided by	y agency? Yes	No 🖸	If no: Golden State Warriors	of Source
Was the distribution to persons ide Yes ☑ No □ If yes: <sup>Supe</sup>	entified below r		e behest of an agency official	?
	Official's	Name (Last, I	First) and Title	
The identity of recipient(s) and	the explanation	on:		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency taxable income. If the agency offici also provide a description.</li> <li>If not income, describe the public p ceremonial roles, performed by an a organization.</li> </ul>	al performed a ceremonial role, urpose, including
		Yes 🗖	To promote attendance at an e	
Prola, Robert	4 tickets + 1	No 🗹	County facility in order to maxi	mize potential
	parking pas	Yes 🔲 No 🔲	County revenue from sales.	Income
		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 🗖

m	Alexandra Boskovich	Ticket Administrator	2/24/2012
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

Increarantingston Distri	indutions	2						P		Docume
1. Agency Name							Date Sta	mp	Califo	m <b>80</b> 2
County of Alameda									For	m OU.
Division, Department, or Regi	on (if applica	ible)							For (	Official Use Only
Board of Supervisors										
Street Address										
1221 Oak Street, Suite 536										
Designated Agency Contact (/	Vame, Title)						andma	t (Musta	ravida ovalan	ation in Part 3.)
Crystal Hishida Graff, Clerk,	Board of S	Supervisors					lenume	n (wast pi	ovide explan	auon in Part 3.)
	E-mail			ice-president si		Date o	f Origina	al Filing: .	(month, d	lav vear)
(510) 272-3882	crystal.his	shida@acgov.	org						(monar, u	ay, year
2. Function, Event, or Cere			Contraction of the local division of the loc							
									<b>•</b>	_
Title					Face V	/alue o	f Each	Admiss	sion \$ _ <del>\$</del> 9	95
- Warriers ve Cli	nnore					2	20	12		
Description Warriors vs. Cli	ppers				Date(s	i) <u> </u>			•	_//
					Cald	on State	Morrior	~		
Ticket(s)/Admission(s) prov	vided by a	igency? Yes		o ⊘	If no:	en State	vvarrior	s Name of	Source	
The identity of recipient(	s) and th			.asi, r						admission as
(Last, First) or Organization (Name, Address, Descript	tion)	Number of Admission(s)/ Ticket(s)	Ager Offic		also prov If not inco	ide a des ome, desc ial roles, p	cription. ribe the	oublic purp	oose, includi	ceremonial role, ng individual, or
Wydler, Diane		2	Yes No		To promote County fac	e attend				
			Yes No		County rev	/enue f	rom sa	es.		Incom
			Yes							Incom
			No							
			Yes							Incom
			No							
			Yes							 Incom
			No							
<b>3. Verification</b> I have read and understand FPF is in accordance with the provision		ons 18944.1 an	d 1894:	2. I h	ave verified ti	hat the c	distributi	ion of adı	missions, s	

	Alexandra Boskovich	Ticket Administrator	2/16/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Α	Pu	blic	Docum	ent
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	cket/Admission Dist									
1.	Agency Name	anna an ann an ann an ann an ann an ann an a			•		Date Stam	р	California Form	000
	County of Alameda									
	Division, Department, or Reg	ion (if applica	ible)				]		For Officia	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536							-		
	Designated Agency Contact	(Name, Title)					Amendment	(Must prov	/ide explanation i	n Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors						·	
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day, ye	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org						
2.	Function, Event, or Cere	emonial R	ole Information	tion						
	Title									¢10 porto
	l itle					Face V	/alue of Each A	dmissi	on \$ _ <del>\$95 +</del>	фто-ратк
	Description Warriors vs. Tr	railblazers				Data/a	a) <u>2 15</u>	, 12	,	· ,
			1			Date(S	•)		/	
	Tickot(c)/Admission(c) pro	widod by a	Vac	P=== 1 & I		If no. Gold	en State Warriors			
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		0 🗸	If no: <u>Gold</u>	en State Warriors N	lame of S	ource	
							N	lame of S	ource	<b>2</b>
	Ticket(s)/Admission(s) pro						N	lame of S	ource	
	Was the distribution to pe	rsons iden	tified below n	nade	at the	e behest of	∾ an agency offi	lame of S	ource	
	Was the distribution to pe	rsons iden		nade	at the	e behest of	∾ an agency offi	lame of S	ource	
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden res: <u>Supervis</u>	<b>tified below</b> n sor Wilma Chan Official's	nade : Name (	at the	e behest of	∾ an agency offi	lame of S	ource	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient	rsons iden res: <u>Supervis</u>	<b>tified below</b> n sor Wilma Chan Official's	nade : Name (	at the	e behest of First) and Title	∾ an agency offi	lame of S		
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden res: <u>Supervis</u>	tified below n sor Wilma Chan Official's e explanatic	nade Name ( on:	at the	e behest of First) and Title	∾ an agency offi	lame of S icial? gency offic	cial claims admi	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient <sup>Name</sup> (Last, First) or	rsons iden res: <u>Supervis</u>	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade : Name (	at the Last, F	e behest of First) and Title ● Check the taxable in also prov	An agency offi an agency offi e income box if the agency ride a description.	lame of S icial? gency offic official pe	cial claims admi rformed a ceren	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons iden res: <u>Supervis</u> :(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of	nade Name ( on: Age	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not incomposition</li> </ul>	e income box if the ag ncome. If the agency ide a description. ome, describe the pui ial roles, performed b	dame of S icial? gency offic official pe blic purpos	cial claims admi rformed a ceren se, including	ionial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade ( Name ( on: Age Offi	at the Last, F ncy cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremention organization</li> <li>To promote</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at	gency offic official pe blic purpo y an agend an ever	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	ionial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden res: <u>Supervis</u> :(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade ( Name ( on: Age Offi	at the Last, F ncy cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremention organization</li> <li>To promote</li> </ul>	A an agency offi e income box if the ag ccome. If the agency ride a description. ome, describe the pul ial roles, performed b tion.	gency offic official pe blic purpo y an agend an ever	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	ionial role, idual, or
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes	at the Last, f ncy cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	idual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade Name ( on: Age Offi Yes No Yes	at the Last, F ncy cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	idual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	Idual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	idual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes No Yes No Yes	Last, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	idual, or Income Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes No	Last, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	idual, or Income Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervis</u> :(s) and th	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s) 4 tickets + 1	nade Name ( on: Age Offi Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremoni organizat</li> <li>To promote County face</li> </ul>	A an agency offi e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b tion. e attendance at cillity in order to n	gency offic official pe blic purpos y an agend an ever naximiz	cial claims admi rformed a ceren se, including cy official, indivi nt held at a	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.

U	Alexandra Boskovich	Ticket Administrator	2/14/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: **Ceremonial Role Events and** lead A du T

licket/Admission Distri	butions		A	Public Docume
. Agency Name			Date Stamp	
County of Alameda				California Form 802
Division, Department, or Regio	on (if applicable)			For Official Use Only
Board of Supervisors				
Street Address		586 min		
1221 Oak Street, Suite 536				
Designated Agency Contact (A	lame, Title)			
Crystal Hishida Graff, Clerk, I	Board of Supervisors		Amendment (Must prov	ide explanation in Part 3.)
Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.	org		(month, day, year)
Function, Event, or Cerer		Sufficient and an		
Title			Face Value of Each Admission	on \$ <u>\$95 +</u> \$18 park
Description Warriors vs. Roo	skets		Date(s) 1212	
Description <u>Hamele Vernee</u>	ckets		Date(s)//	//
<b>— .</b>			Goldon State Warriers	
Ticket(s)/Admission(s) prov	ided by agency? Yes	No 🖸	If no: <u>Solden State Warnors</u> Name of So	DUICE
	S. Supervisor Wilma Chan Official's		First) and Title	
The identity of recipient(s	s) and the explanatio	on:	Check the income box if the agency offic	ial claims admission as
(Last, First)	Number of	Agency	taxable income. If the agency official per	
or Organization (Name, Address, Descripti 	Admission(s)/ Ticket(s)	Official	<ul> <li>also provide a description.</li> <li>If not income, describe the public purpos ceremonial roles, performed by an agenc organization.</li> </ul>	
		Yes 🗖	To reward a community volunteer	
Brekke-Meisner, Lukas	2 tickets+ 1	No 🔽	service to Alameda public schools.	
		Yes 🗖		Incom
	parking pas	No 🗖		
		Yes 🗖		Incom
		No 🗖		
		Yes 🗖		Incom
•		No 🗖		
		Yes 🗖		Incom
		No 🗖		
Verification				
I have read and understand FPP	C Regulations 18944.1 and	d 18942. I h	ave verified that the distribution of admi	ssions. set forth above
is in accordance with the provisio	ns.			,, aver (
/M	- Artover I D I	3		
	Alexandra Boskov	rich	Ticket Administrator	2/9/2012

Print Name

Signature of Agency Head or Designer

(month, day, year)

Title

Α	Pub	lic	Document
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	induction.	3				A	Fublic D	
1. Agency Name						Date Stamp	California Form	
County of Alameda							Form	002
Division, Department, or Reg	ion (if applic	able)		*******			For Officia	al Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (	Name, Title)					Amendment (Must pro		
Crystal Hishida Graff, Clerk,	Board of S	Supervisors					ovide explanation l	in Part 3.)
Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, ye	arl
(510) 272-3882	crystal.hi	shida@acgov.	org				(monui, uay, ye	
. Function, Event, or Cere								
Title		1071.1.	74-000 control		Face V	alue of Each Admiss	ion \$ _ <u>\$95</u>	
Narriors vs. Ro	ockots					2 12 12		
Description Warriors vs. Ro					Date(s	) 12 12	/	/
<b></b>					Cald	on State Marian		
Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🖸	If no: Gold	Name of State	Source	
Was the distribution to per	sons iden	itified below i	nade a	at th	e behest of	an agency official?		
	Supervi	sor Wilma Chan						
Yes 🖸 No 🔲 Ifye	əs	Official's	Name (I	Last, I	First) and Title			
The identity of regiminant	(a) and th							
The identity of recipient	s) and th	ie explanatio	on:	404.01-0	T <sup></sup>			
Name (Last, First)						income box if the agency off come. If the agency official p		
or		Number of Admission(s)/	Age Offic		also provi	ide a description.		nomai role,
Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public purpo al roles, performed by an ager		idual. or
,,,,,					organizati	ion.	-	
Amgott-Kwan, Jared			Yes			e attendance at an eve ility in order to maximiz		Income
		2	No					П
			Yes		County rev	enue from sales.		Income
			No				N.56000000000000000000000000000000000000	
			Yes					Income
			No					
			Yes					Income
			No				10000000000000000000000000000000000000	
			Yes					Income
			No					
Verification								
I have read and understand FPF	PC Regulati	ons 18944.1 an	d 1894.	2. I h	ave verified th	at the distribution of adm	nissions, set fo	orth above,
is in accordance with the provisi	ons.							
////		andra Boskov	vich		Ticket	Administrator	010100	40
U - /	Alex				HUKEL	nummisualui	2/9/20	11Z

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

								Aru		
1.	Agency Name						Date Stamp	6	alifornia	802
	County of Alameda								Form	
	Division, Department, or Regio	<b>)n</b> (if applicable)							For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536						а. С			
	Designated Agency Contact (N	lame, Title)			*********	S	Amendment (A	Aust provide i	evolanation in	Dorf 2)
	Crystal Hishida Graff, Clerk, E	3oard of Supe	ervisors					nusi provide (	explanation ii	rran 5.)
	Area Code/Phone Number	E-mail					Date of Original Fi	ling:	onth, day, ye	arl
	(510) 272-3882	crystal.hishida	a@acgov.	org				(	onin, aay, yo	,
).	Function, Event, or Ceren	nonial Role	Information	tion						
	Title					Face \	/alue of Each Ad	mission	<u>\$ _\$95 +</u>	\$18-park
	- Warriors vs. Roc	ekote					2 12 1	12		
	Description Warriors vs. Roc	<u>, , , , , , , , , , , , , , , , , , , </u>			ADDER	Date(s	) 12	······································	/	/
						0.11				
		dad bu anar	1012 Va-	IT N	0 🖸	If no: Gold	en State Warriors		~	
	Ticket(s)/Admission(s) prov	nded by agen	icy? res				Nar	ne of Sourc	e	
	Was the distribution to pers	ons identifie	e <b>d below n</b> Vilma Chan	nade a		e behest of			. <b></b>	
ı	Was the distribution to pers Yes ☑ No 🔲 If yes	sons identifie s: Supervisor W	ed below n Vilma Chan Official's i	nade a						,
ł	Was the distribution to pers Yes ☑ No 🔲 If yes The identity of recipient(s	sons identifie s: Supervisor W	ed below n Vilma Chan Official's i	nade a		e behest of First) and Title	an agency offici	ial?		sion as
ı	Was the distribution to pers Yes ☑ No 🛄 If yes The identity of recipient(s Name (Last, First)	sons identifie s: <u>Supervisor W</u> s) and the ex	d below n Vilma Chan Official's xplanatic umber of	nade a	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in</li> </ul>	an agency officients of the agency of the agency of the agency of	ial?	laims admis	
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# 3.

is in accordance with the provisions.

	Alexandra Boskovich	Ticket Administrator	2/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

<b>Ticket/Admission Distributi</b>	ons			Α	Public Do	ocument
1. Agency Name				Date Stamp	California	000
County of Alameda					Form	002
Division, Department, or Region (if ap	oplicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Ti	tle)			Amendment (Must prov	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board						,
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, yea	nr)
	I.hishida@acgov.					
2. Function, Event, or Ceremonia	al Role Informa	tion				
Title	97.5400-540 Feb 2010-540 Feb 201		Face Va	alue of Each Admissi	on \$ <u>\$95 + </u>	\$18-park
Description Warriors vs. Rockets			Date(s)	2 , 12 , 12	/	1
•			(-)			
Ticket(s)/Admission(s) provided	by agency? Yes		I If no: Golde	n State Warriors		
		Eccard Eccard		Name of S	ource	
Was the distribution to persons i	dentified below r	nada at th	a babast of	an agonov official?		
was the distribution to persons i		naue al in	e benest of	an agency official?		
Yes 🖸 No 🔲 If yes: Sup	ervisor Wilma Chan Official's	4				
	Official's	Name (Last, i	First) and Title			
The identity of recipient(s) and	the explanation	on:				
Name			Check the	income box if the agency offic	cial claims admis	sion as
(Last, First) or	Number of	Agency		come. If the agency official pe de a description.	rformed a cerem	onial role,
Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	If not inco	me, describe the public purpo Il roles, performed by an agen		lual, or
		Yes 🗖		attendance at an ever		Income
Chan, Zoe	3 tickets + 1	No 🗹	County faci	lity in order to maximiz	e potential	
		Yes 🗖	County reve	enue from sales.		Income
	parking pas	No 🗖				
		Yes 🗖				Income
		No 🔲				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				

#### 3. Verification

2.

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	2/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

1.	Agency Name						Date Stamp		Califo	rnia on
	County of Alameda								For	m OU,
	Division, Department, or Region	(if applicable	)						For C	Official Use Only
	Board of Supervisors									
	Street Address	6000 TALL	00000000000000000000000000000000000000							
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Nan	me, Title)					<b>F</b>			
	Crystal Hishida Graff, Clerk, Bo	pard of Sup	pervisors			4	Amendment (//	Must prov	ide explana	ition in Part 3.)
		mail					Date of Original Fi	ling:	(month, d	
	(510) 272-3882 cr	rystal.hishid	da@acgov.	ora					(month, a	ay, year)
).	Function, Event, or Cerem	Contraction of the second s		and the second second						
	Title					Face V	/alue of Each Ad	missio	on \$ _ <u>\$9</u>	5
	Marriere ve. Beek	oto					0 10	10		
	Description Warriors vs. Rock	ets				Date(s	) 12			_//
	Ticket(s)/Admission(s) provid	ded by age	ency? Yes		0 🗹	If no: Gold	en State Warriors			
	Ticket(s)/Admission(s) provid	led by age	ency? Yes		0 🖸	If no: <u>Gold</u>	en State Warriors Nar	me of Sc	ource	
							Nai		ource	1
	Was the distribution to perso	ns identifi	ed below r	nade a	at the	behest of	Nai		ource	
	Was the distribution to perso	ns identifi	ed below r	nade a	at the	behest of	Nai		ource	
	Was the distribution to perso	ns identifi		nade a	at the	behest of	Nai		ource	
	Was the distribution to person Yes ☑ No 🛄 If yes:	ns identifi Supervisor	<b>ed below r</b> Wilma Chan Official's	nade a	at the	behest of	Nai		burce	
	Was the distribution to person Yes I No I If yes: The identity of recipient(s)	ns identifi Supervisor	<b>ed below r</b> Wilma Chan Official's	nade a	at the	behest of	Nar an agency offic	ial?		admission as
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	Was the distribution to person Yes ☑ No ☑ If yes: The identity of recipient(s) Name (Last, First)	ns identifi Supervisor and the e	ed below n Wilma Chan Official's explanatic Number of	nade a Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not incc ceremonic</li> </ul>	Nar an agency offic e income box if the age come. If the agency of ide a description. ome, describe the publi al roles, performed by a	ial?	ial claims a formed a c	eremonial role, q
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	Was the distribution to person Yes I No I If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	ns identifi Supervisor and the e	ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provi</li> <li>If not incc ceremonic organizati</li> <li>To reward</li> </ul>	Nar an agency offic e income box if the age iccome. If the agency of ide a description. ome, describe the publi al roles, performed by a ion. a community volu	ial? ncy offic fficial per c purpos an agenc inteer f	ial claims formed a c e, includir y official, i for his	g ndividual, or Incom Incom
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is in accordance with the provisions.

an	Alexandra Boskovich	Ticket Administrator	2/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name						Date S	Stamp	Californi Form	aon
	County of Alameda								Form	OU/
	Division, Department, or Regi	ion (if applical	ble)						For Offici	al Use Only
	Board of Supervisors									
	Street Address		1979-1972-1979-1979-1979-1979-1979-1979-							
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	Name, Title)	10-202-00-00-00-00-00-00-00-00-00-00-00-0						·	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						ovide explanation	,
	Area Code/Phone Number	E-mail	1000CC0-				Date of Origi	inal Filing: _	(month, day, y	0.0.0
	(510) 272-3882	crystal.his	hida@acgov.	org					(montin, day, y	ear)
2.	Function, Event, or Cere	and the second se								
	Title	www.col			Fa	ace Va	lue of Eac	h Admiss	sion \$ <u>\$95</u>	
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	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🔲 No	If no:	Golden	i State Warri	Name of	Sourco	
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	Was the distribution to per	sons ident	ified below r	nade at t	he behe	est of a	n agency		000100	
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			or Wilma Chan				n agency			
	Yes 🖸 No 🔲 Ifye	es: Supervise	or Wilma Chan Official's	Name (Las			in agency			
		es: Supervise	or Wilma Chan Official's	Name (Las			n agency			
	Yes ☑ No ロ If ye The identity of recipient( Name	es: Supervise	or Wilma Chan Official's	Name (Las	t, First) and	d Title	-	official? -	ficial claims adm	ission as
	Yes ☑ No ❑ If ye The identity of recipient( Name (Last, First)	es: <u>Supervise</u> (s) and the	or Wilma Chan Official's e explanatic Number of	Name (Las on: Agency	t, First) and Ch tax	d <i>Title</i> leck the ir kable inco	ncome box if t ome. If the age	official? 		
	Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization	es: <u>Supervise</u> (s) and the	or Wilma Chan Official's e explanatic	Name (Las on:	t, First) and • Ch tax als • If n	d <i>Title</i> leck the in cable inco so provide not incom	ncome box if t ome. If the age e a description he, describe th	official? 	ficial claims adm berformed a cerer ose, includinα	nonial role,
	Yes ☑ No ❑ If ye The identity of recipient( Name (Last, First) or	es: <u>Supervise</u> (s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/	Name (Las on: Agency	t, First) and • Ch tax als • If n cer	d <i>Title</i> leck the in cable inco so provide not incom	ncome box if t ome. If the age e a descriptior he, describe th roles, perform	official? 	ficial claims adm serformed a cerer	nonial role,
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	Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization	es: <u>Supervise</u> (s) and the tion)	or Wilma Chan Official's e explanatic Number of Admission(s)/	Name (Las. Dn: Agency Official	t, First) and • Ch tax als • If n cer org   To pro	d Title neck the in cable incos o provide not incom remonial ganization DMOte a	ncome box if t ome. If the age e a descriptior ne, describe th roles, perform n. attendance	official? the agency official p n. e public purp ned by an age e at an eve	ficial claims adm performed a cerer ose, including ncy official, indiv	nonial role, idual, or
	Yes 🔽 No 🔲 If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript)	es: <u>Supervise</u> (s) and the tion)	or Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Official Yes	e Ch tax e If n cer org To pro Count	d Title neck the in cable incos o provide not incom remonial ganization Omote a ty facilit	ncome box if t ome. If the age e a description le, describe th roles, perform n. attendance ty in order	official? the agency off ency official p official p e public purp red by an age e at an eve to maximiz	ficial claims adm performed a cerer ose, including ncy official, indiv ent held at a	nonial role, idual, or Income
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	Yes 🔽 No 🔲 If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript)	es: <u>Supervise</u> (s) and the tion)	or Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Las. Dn: Agency Official Yes No Yes No Yes No Yes No	e Ch tax als If n cer org Count Count	d Title neck the in cable incos o provide not incom remonial ganization Omote a ty facilit	ncome box if t ome. If the age e a description le, describe th roles, perform n. attendance ty in order	official? the agency off ency official p official p e public purp red by an age e at an eve to maximiz	ficial claims adm performed a cerer ose, including ncy official, indiv ent held at a	nonial role, idual, or Income Income Income
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Signature of Agency Head or Designee Print N	Name	Title	(month, day, year)

IckeuAumission Distin	Julions				A PUDIIC D	
. Agency Name				Date Stamp	California	
County of Alameda					Form	802
Division, Department, or Regior	-	For Officia	l Use Only			
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536					· · ·	
Designated Agency Contact (Na	ame, Title)			ранад _		
Crystal Hishida Graff, Clerk, B	loard of Supervisors			Amendment (Mu	st provide explanation i	n Part 3.)
	-mail	NO		Date of Original Filin	ia:	
(510) 272-3882	crystal.hishida@acgov.	ora			(month, day, ye	ar)
Function, Event, or Cerem						
		uon				
Title			Face \	/alue of Each Adm	ussion \$ \$95 +	\$18-park
Description Warriors vs. Rock	kets		Date(s	$\frac{2}{12}$ $\frac{12}{12}$ $\frac{12}{12}$	· /	1
				,		
Ticket(s)/Admission(s) provi	ded by agency2. Ves		I If no. Gold	en State Warriors		
	aca by agency : 163			Name	of Source	
Was the distribution to perso	ons identified below r	nado at th	a hahast of	an agonov official	10	
		nuuc at th	e penesi oi	an agency officia	11	
Yes 🔽 No 🗔 Ifves	. Supervisor Wilma Chan					
Yes 🖸 No 🔲 If yes	Supervisor Wilma Chan Official's	Name (Last,	First) and Title	status na su		
	Official's	Name (Last,	First) and Title			
The identity of recipient(s	Official's	Name (Last,				
The identity of recipient(s)	Official's ) and the explanatic	Name (Last, . on:	Check the	e income box if the agenc come. If the agency offic	-	
The identity of recipient(s) Name (Last, First) or	Official's	Name (Last,	<ul> <li>Check the taxable in also prov</li> </ul>	ncome. If the agency offic ide a description.	ial performed a cerem	
The identity of recipient(s) Name (Last, First) or Organization	Official's ) and the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, . on: Agency	<ul> <li>Check the taxable in also prov</li> <li>If not incomendation</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p	ial performed a cerem	ionial role,
The identity of recipient(s) Name (Last, First) or	Official's ) and the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, . On: Agency Official	<ul> <li>Check the taxable in also prov</li> <li>If not incc ceremoni organizat</li> </ul>	ncome. If the agency offic ide a description. come, describe the public p al roles, performed by an ion.	ial performed a cerem purpose, including agency official, indivi	ionial role,
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The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, . Dn: Agency Official Yes No Yes Yes	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, ) Dn: Agency Official Yes No Yes No No	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Incom Incom
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, ) Dn: Agency Official Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, ) DT: Agency Official Yes No Yes No Yes No Yes No Yes No Official	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, )	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, )	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Income Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Chan, Daren	Official's ) and the explanatic Number of Admission(s)/ Ticket(s) 5 tickets + 1	Name (Last, )	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote County fac</li> </ul>	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an ility in order to maxi	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or Incom Incom Incom Incom Incom
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Chan, Daren	Official's ) and the explanation Number of Admission(s)/ Ticket(s) 5 tickets + 1 1 parking tix	Name (Last, )	Check the taxable in also prov     If not incc ceremoni organizat     To promote County fac     County rev	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an o illity in order to maxi- venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	dual, or Income Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Chan, Daren Verification I have read and understand FPPC	Official's ) and the explanation Number of Admission(s)/ Ticket(s) 5 tickets + 1 1 parking tix C Regulations 18944.1 and	Name (Last, )	Check the taxable in also prov     If not incc ceremoni organizat     To promote County fac     County rev	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an o illity in order to maxi- venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	dual, or Income Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Chan, Daren	Official's ) and the explanation Number of Admission(s)/ Ticket(s) 5 tickets + 1 1 parking tix C Regulations 18944.1 and	Name (Last, )	Check the taxable in also prov     If not incc ceremoni organizat     To promote County fac     County rev	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an o illity in order to maxi- venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	Income Income Income Income Income Income
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Chan, Daren Verification I have read and understand FPPC	Official's ) and the explanation Number of Admission(s)/ Ticket(s) 5 tickets + 1 1 parking tix C Regulations 18944.1 and	Name (Last, Dr: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No 19942. I h	Check the taxable ir also prov     If not inco ceremoni organizat To promote County fac County rev	ncome. If the agency offic ide a description. ome, describe the public p al roles, performed by an ion. e attendance at an o illity in order to maxi- venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	dual, or Income Income Income Income Income

### Agency Report of: Ceremonial Role Events and D:- 4--: la

Ticket/Admission Distric	outions						A Public DC	
1. Agency Name	Agency Name			Date Stamp	California Form	202		
	County of Alameda							
Division, Department, or Region	Division, Department, or Region (if applicable)					For Official	Use Only	
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Na	ame, Title)					Amendment (Musi	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, B	loard of Su	upervisors						
Area Code/Phone Number E	-mail					Date of Original Filing	(month, day, yea	ar)
(510) 272-3882	crystal.hisl	hida@acgov.c	org	*************************	•			
2. Function, Event, or Ceren	nonial Ro	ole Informat	ion					
							\$95	
Title					Face V	/alue of Each Admi	ssion $\Rightarrow$	A
Description <u>Warriors vs.Timb</u>	perwolves				Date/s	a) <u>3 19 12</u>	1	1
Description					Date(3			
Ticket(s)/Admission(s) prov	ided by a	aanev? Vac		~ [7]	If no. Gold	en State Warriors		
licket(s)/Admission(s) prov	ided by a	gency: res		Ч	II 110	Name	of Source	
Yes I No I If yes				.ast, F		e income box if the agency	y official claims admi	ssion as
Name (Last, First) or Organization		Number of Admission(s)/ Ticket(s)	Age Offic	-	taxable i also prov e lf not inc	ncome. If the agency offic vide a description. come, describe the public p	al performed a cerem	nonial role,
(Name, Address, Descripti	ion)	Tickel(a)			ceremon organiza	ial roles, performed by an tion.	agency official, indivi	dual, or
	1990		Yes			e attendance at an e		Income
Brehm, Jeff		2	No	1	County fac	cility in order to maxi	mize potential	
·			Yes No		County re	venue from sales.		Income
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
			No	П				
3. Verification I have read and understand FPP is in accordance with the provisio	ons.			12. I h				
V/	Alex	andra Boskov	/ich		Tick	et Administrator	2/6/20	)12

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

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Ti	cket/Admission Distr	ibutions	;			Α	Public Document
1.	Agency Name					Date Stamp	California 802
	County of Alameda						Form UUZ
	Division, Department, or Reg	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	ovide 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	emonial R	ole Informat	tion			
	Title Monster Energy AMA	Supercross			Face	/alue of Each Admiss	ion \$
	Description Motorcycle Ra			: 			·//
	Ticket(s)/Admission(s) pro					Name or a	Source
	Was the distribution to per         Yes       ✓         No       □         If y		tified below n Keith Alameda ( Official's				
	The identity of recipient	(s) and th	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Descrij	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	e income box if the agency of ncome. If the agency official p vide a description. some, describe the public purp ial roles, performed by an age tion.	erformed a ceremonial role, ose, including
	Leung, Chris		4	Yes □ No ☑	To promote atte	ndance at a County facility in order revenue from parking and conces	
	<u> </u>			Yes □ No □			Income
	, .			Yes 🗖			Income
				No 🗖		• • • • • • • • • • • • • • • • • • • •	
				Yes □ No □			Income
		LINEDOLLIN KONKONOMINI KONMINI MITTA		Yes 🗖		······································	Income

#### 3. Verification

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

No 🗖

Smago	Amy Shrago	Ticket Administrator	02/29/2012
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

<b>Ticket/Admission Distri</b>	butions			A	Public Document
1. Agency Name	kunan yuun anaa akkan adalala di kalen adalah kalenda di Kalendari da kalendari kalendari kalendari kalendari k			Date Stamp	California 802
County of Alameda					
Division, Department, or Regio	on (if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (A	·			Amendment (Must pro	ovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, I				Dete of Original Filings	
	E-mail			Date of Original Filing: _	(month, day, year)
	crystal.hishida@acgov.				
2. Function, Event, or Cerei	monial Role Informa	ition			
Title Monster Jam			Face	Value of Each Admiss	ion \$ _56.00
Description Motorsports			Date(s	<u>, 02 , 25 , 12</u>	
••••			· ·	,	
Ticket(s)/Admission(s) prov	vided by agency? Yes	: <b>□</b> No 17	I If no: <sup>Gold</sup>	len State Warriors	
	·····		•	Name of a	Source
Was the distribution to pers Yes ☑ No ロ If ye The identity of recipient(	S: <u>Carson, Keith Alameda</u> Official's	County Supe Name (Last,			
Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable i	ne income box if the agency of income. If the agency official p vide a description.	
Organization (Name, Address, Descript	Ticket(s)		ceremor organiza		ncy official, individual, or
Leung, Chris		Yes 🗖		ndance at a County facility in order revenue from parking and conces	IICOME
	2	No 🗹		revenue nom parking and conces	
		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.

15 maga	Amy Shrago	Ticket Administrator	02/28/12
Signature of Agency Helder-Designee	Print Name	Title	(month, day, year)

Ticket/Admission Dis	tributions				A Public Document
1. Agency Name		n y pagaman na manana kanana kanan		Date Stamp	California Form 802
County of Alameda					
Division, Department, or Re	gion (if applica	ble)			For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 53	6				
Designated Agency Contac	t (Name, Title)			Amendment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Cle	k, Board of S	upervisors	-		
Area Code/Phone Number	E-mail	•	Dat	te of Original Filing	(month, day, year)
(510) 272-3882	crystal.his	hida@acgov.org			
2. Function, Event, or Ce	remonial R	ole Information			,
Title Disney on Ice			Face Value	e of Each Admis	ssion \$ _20.35
Description Event			Date(s)	2 , 29 , 12	//////
Ticket(s)/Admission(s) p	rovided by a	aanov2 Vas 🗖 Na 🖸	I If no. Golden Si	tate Warriors	
ncket(s)/Admission(s) p			<u> </u>	Name o	of Source
Was the distribution to p	ersons iden	ified below made at th	e behest of an	agency official?	2
Yes 🖸 No 🔲 🛛	yes: <u>Carson,</u>	Keith Alameda County Supe	ervisor		
	-	Official's Name (Last,	First) and Title		
The identity of recipie	nt(s) and th	e explanation:			
Name					official claims admission as

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box is the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>		
Hutchins, Michael	4	Yes <b>□</b> No <b>☑</b>	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.		
		Yes □ No □	Income		
		Yes □ No □			
		Yes □ No □	Income		
		Yes □ 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.

1 America	Amy Shrago	Ticket Administrator	02/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Dist	ributions		Д	Public Document
1.	Agency Name			Date Stamp	California Form 802
	County of Alameda				
	Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536				
	Designated Agency Contact	(Name, Title)	10	Amendment (Must pi	rovide evolution 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	- -		
	Title Disney on Ice		Face '	Value of Each Admiss	sion \$ _20.35
	Description Event		Date(	s) 03 / 03 / 12	//
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🗹	If no: Gold	den State Warriors Name of	- Courses
				Name of	Source
	Was the distribution to pe	rsons identified below made at the	behest o	f an agency official?	
		Carson, Keith Alameda County Super	visor		
	Yes 🗹 No 🔲 Ify	res: <u>Carson, Keith Alameda County Super</u> Official's Name (Last, Fr	irst) and Title	•	
	The identity of recipient	(s) and the explanation:			
			<u> </u>		(C-1-1-1-1

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Williams, Sharifa	4	Yes <b>□</b> No ☑	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.
		Yes □ No □	
		Yes □ No □	
		Yes □ No □	
		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.

In Shage	Amy Shrago	Ticket Administrator	02/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A						reaction of the second se I			
Ι.	Agency Name						Date Stamp	California Form	802
	County of Alameda								Use Only
	Division, Department, or Regi	ion (it applica	DIE)						,
	Board of Supervisors								
	Street Address					-			
	1221 Oak Street, Suite 536	· · · · · · · · · · · · · · · · · · ·							
	Designated Agency Contact (						Amendment (Must pro	ovide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors				Data of Original Filling		
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, ye	ear)
_	(510) 272-3882		shida@acgov.c						
2.	Function, Event, or Cere	emonial R	ole Informat	tion			. é		
	Title Disney on Ice					Face V	/alue of Each Admiss	ion \$ _20.35	1
	Description Event					Date(s	) 03 / 04 / 12	/	
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		ס ₪	If no:	Name of State	Source	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient	es: <u>Carson,</u>	Keith Alameda ( Official's l	County : Name (L	Supe				
	Name					1	e income box if the agency off		
	(Last, First) or		Number of	Ager Offic		1	ncome. If the agency official p ride a description.	errormed a cerei	moniai role,
	Organization (Name, Address, Descrip	otion)	Admission(s)/ Ticket(s)			If not inco	ome, describe the public purp ial roles, performed by an age		vidual, or
	Carson, Maria			Yes		To promote atter	ndance at a County facility in order		Income
			4	No	$\overline{\mathcal{A}}$	potential County	revenue from parking and conces	SIUTI SALES.	
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No		<u></u>	and the second	- <u>,</u>	
				Yes					Income
-				No					
3.	Verification								

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

Asman	Amy Shrago	Ticket Administrator	02/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	t
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ickedAdimssion Distributions						
. Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if application	ble)				For Official	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Mu	ist provide explanation in	Part 3.)
Anna Gee, Operations Manager				Data of Oxfolgen I Fills		
Area Code/Phone Number E-mail	2			Date of Original Filir	(month, day, yea	1)
	@acgov.org					
. Function, Event, or Ceremonial Re	ole Informat	lion				
Title Warriors vs. Trailblazers			Face	Value of Each Adm	nission \$_95.00	
Description Basketball game			Date(	s) <u>02 / 15 / 1</u> 2	<u> </u>	
			Gold	den State Warriors		
Ticket(s)/Admission(s) provided by a	gency? Yes	🗹 No	ii no	Nam	e of Source	
Ticket(s)/Admission(s) provided by a Was the distribution to persons ident Yes ☑ No 🔲 If yes: <u>Miley, Na</u>	t <b>ified below n</b> ate, Alameda Co	n <b>ade at t</b> bunty Boar	he behest o	f an agency officia	e of Source	
Was the distribution to persons ident Yes ☑ No ☐ If yes: <sup>Miley, Na</sup> The identity of recipient(s) and the Name (Last, First) or Organization	t <b>ified below n</b> ate, Alameda Co <i>Official's l</i>	nade at t ounty Boar Name (Lasi	he behest o d of Superviso , First) and Title (* Check ti taxable also pro * If not in:	f an agency officia	II? cy official claims admis cial performed a cerem purpose, including	onial role,
Was the distribution to persons ident Yes ☑ No □ If yes: <u>Miley, Na</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	tified below n ate, Alameda Co Official's ( e explanatio Number of Admission(s)/	nade at t bunty Boar Name (Lasi on: Agency Official	he behest o d of Superviso , First) and Title e Check th taxable also pro e If not in- ceremon organizz	f an agency officia rs, District 4 he Income box if the agent income. If the agency offi- ivide a description. come, describe the public nial roles, performed by ar ation.	N? cy official claims admis cial performed a cerem purpose, including n agency official, individ	onial role, Iual, or
Was the distribution to persons ident Yes ☑ No ☐ If yes: <sup>Miley, Na</sup> The identity of recipient(s) and the Name (Last, First) or Organization	tified below n ate, Alameda Co Official's ( e explanatio Number of Admission(s)/	nade at t bunty Boar Name (Last on: Agency	he behest o d of Superviso , First) and Title e Check ti taxable also pro e If not in ceremon organizz To promote atte maximize poter	f an agency officia rs, District 4 he income box if the agency income. If the agency offi- ivide a description. come, describe the public nial roles, performed by ar	II? cy official claims admis cial performed a cereme purpose, including n agency official, individ County facility in order to	onial role,
Was the distribution to persons ident Yes ☑ No ☐ If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Stewart, Darryl Felicia Shaw	tified below n ate, Alameda Co Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade at t ounty Boar Name (Lasi on: Agency Official Yes I No I Yes I	he behest o d of Superviso , First) and Title • Check ti taxable also pro • If not in ceremon organize To promote atte maximize poter	f an agency officia rs, District 4 he income box if the agency income. If the agency offi- wide a description. come, describe the public nial roles, performed by ar ation. endance at an event held at a tital revenue from parking and	cy official claims admis cial performed a cerem- purpose, including a agency official, individ County facility in order to concession sales.	Iual, or Incom Incom
Was the distribution to persons ident Yes ☑ No □ If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Stewart, Darryl	tified below n ate, Alameda Co Official's l e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes I No I No I	he behest o d of Superviso , First) and Title e Check th taxable also pro e If not in ceremon organiza To promote atte maximize poter To promote a maximize po	f an agency officia rs, District 4 he Income box if the agent Income. If the agency offi- wide a description. come, description. come, description. fail roles, performed by ar ation. endance at an event held at a ntial revenue from parking and an event being held at a Co tential County revenue from	cy official claims admis cial performed a cerem purpose, including n agency official, individ County facility in order to I concession sales.	Iual, or Incom Incom Incom
Was the distribution to persons ident Yes ☑ No ☐ If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Stewart, Darryl Felicia Shaw	tified below n ate, Alameda Co Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade at t ounty Boar Name (Last on: Agency Official Yes 2 No 2 Yes 2 Yes 2	he behest o d of Superviso , First) and Title e Check ti taxable atso pro e If not ini- ceremol organizz To promote atte maximize poter To promote at maximize poter	f an agency officia rs, District 4 he Income box if the agent Income. If the agency offi- wide a description. come, description. come, description. fail roles, performed by ar ation. endance at an event held at a ntial revenue from parking and an event being held at a Co tential County revenue from	cy official claims admis cial performed a cerem purpose, including n agency official, individ County facility in order to I concession sales.	iual, or Income Income Income
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1241-	Anna Gee	Operations Manager	02/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pul	blic	Do	cur	ne	nt

	near taimeeren bretneattene							
1	Agency Name				Date Stamp	Calif	fornia	802
	County of Alameda						orm	002
	Division, Department, or Region (if application)	ble)				Fo	r Official Us	se Only
1.12	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (M	lust provide expla	anation in F	Part 3.)
	Anna Gee, Operations Manager							
	Area Code/Phone Number E-mail				Date of Original Fili	ng:(month,	day, year)	
	new state of the second state of the	@acgov.org						
•	Function, Event, or Ceremonial Re	ole Informat	tion					
	Title Warriors vs. Clippers			Eaco V	alue of Each Adr	niccion ¢	95.00	
	Description Basketball game			Date(s)	02 , 20 , 1	2		1
	Ticket(s)/Admission(s) provided by a	gency? Yes		J If no. Golde	en State Warriors			
- 33	nenet(e), nanneenen(e) provided by a	goney. 100	E 110 1		Man	ne of Source		
	Was the distribution to persons ident	tified below n	nade at t	he behest of	an agency officia			
1	Was the distribution to persons ident Yes ☑ No □ If yes: <sup>Miley, Na</sup> The identity of recipient(s) and the Name (Last, First)	tified below n ate, Alameda Co Official's I e explanatio Number of	nade at ti bunty Board Name (Last <b>on:</b> Agency	he behest of d of Supervisors , First) and Title Check the taxable in	an agency officia , District 4 - Income box If the ager come. If the agency off	al?		
1	Was the distribution to persons ident Yes ☑ No □ If yes: <sup>_Miley, Na</sup> The identity of recipient(s) and the Name	tified below n ate, Alameda Co Official's I e explanatio	nade at ti bunty Board Name (Last	he behest of d of Supervisors , First) and Title Check the taxable in also provi If not incc ceremonia	an agency officia , District 4 income box if the ager come. If the agency off de a description. me, describe the public al roles, performed by a	al? ncy official claim ficial performed c purpose, inclu	a ceremoi ding	nial role,
	Was the distribution to persons ident Yes ☑ No □ If yes: <u>Miley, Ni</u> The identity of recipient(s) and the (Last, First) or Organization	tified below n ate, Alameda Co Official's I e explanatio Number of Admission(s)/	nade at ti bunty Board Name (Last <b>on:</b> Agency	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not inco ceremonia organizati To promote atten maximize potenti	an agency officia , District 4 income box if the ager come. If the agency off de a description. me, describe the public al roles, performed by a	al? ncy official claim ficial performed c purpose, inclu in agency officia a County facility in	a ceremon ding al, individu order to	nial role,
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade at the punty Board Name (Last on: Agency Official Yes I	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not inco ceremoni- organizati To promote atten maximize potentia	an agency officia b income box if the ager come. If the agency offician ide a description. bome, describe the public al roles, performed by a come. dance at an event held in a al County revenue from par-	al? hcy official claim ficial performed c purpose, inclu in agency officia a County facility in rking and concess ald in a County fa	a ceremon ding al, individu order to sion sales acility in	nial role, al, or Income
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika	tified below n ate, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at the bunty Board Name (Last Official Yes I Yes I	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not incc ceremonia organizati To promote atten maximize potentia To promote atten	an agency officia b. District 4 come box if the agency officiant income box if the agency officiant come. If the agency officiant ide a description. me, describe the public al roles, performed by a ion. dance at an event held in a al County revenue from particular tendance at an event hele here a county revenue from particular tendance at an event hele ize potential County revenue from particular tendance at an event hele ize potential County revenue from particular tendance at an event hele tendance at an even	al? hey official claim ficial performed c purpose, inclu in agency officia a County facility in rking and concess eld in a County fa venue from park	a ceremon ding al, individu order to sion sales acility in ing and	ial, or Income Income Income
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade at the punty Board Name (Last On: Agency Official Yes I No I Yes I	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not incc ceremonia organizati To promote atten maximize potentia To promote atten roder to maxim	an agency officia b District 4 come box if the agency officiant come. If the agency officiant de a description. me, describe the public al roles, performed by a ion. dance at an event held in a al County revenue from particular tendance at an event held history revenue from particular tendance at an event held history revenue from particular tendance at an evenue from particular tendance at an evenue from particular tendance at an	al? ncy official claim ficial performed c purpose, inclu in agency officia a County facility in rking and concess eld in a County fa venue from park eld in a County fa	a ceremon ding al, individu order to sion sales acility in acility in acility in	ial, or Income Income Income
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy	tified below n ate, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at the punty Board Name (Last On: Agency Official Yes I No I Yes I No I Yes I No I	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not inco ceremonia organizati To promote atten maximize potentia To promote atten order to maxim To promote att	an agency officia b. District 4 come box if the agency officiant income box if the agency officiant come. If the agency officiant ide a description. me, describe the public al roles, performed by a ion. dance at an event held in a al County revenue from particular tendance at an event hele here a county revenue from particular tendance at an event hele ize potential County revenue from particular tendance at an event hele ize potential County revenue from particular tendance at an event hele tendance at an even	al? http://www.align.com/ ficial performed c purpose, inclu in agency official a County facility in rking and concess ald in a County fa venue from park wenue from park	a ceremon ding al, individu order to sion sales acility in acility in acility in ing and	Income
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy Basoco-Vilarreal, Anissa	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s) 1	nade at ti bunty Board Name (Last Official Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not incc ceremonia organizati To promote atten maximize potentia To promote atten order to maxim To promote atten order to maxim	an agency officia an agency officia bincome box if the agency come. If the agency offician ide a description. bine, describe the public al coles, performed by a ion. dance at an event held in a al County revenue from particular tendance at an event held hize potential County rev lendance at an event he hize potential County rev	al? ney official claim ficial performed c purpose, inclu in agency officia a County facility in rking and concess eld in a County fa venue from park venue from park venue from park	a ceremon ding al, individu order to sion sales acility in ing and ing and acility in ing and acility in	Income Income Income Income Income Income
	Was the distribution to persons ident Yes I No I If yes: Miley, Na The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy Basoco-Vilarreal, Anissa	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s) 1	nade at the punty Board Name (Last On: Agency Official Yes I No I Yes I No I Yes I No I	he behest of d of Supervisors , First) and Title • Check the taxable in also provi • If not inco ceremoni- organizati To promote atten maximize potentia To promote atten order to maxim To promote att order to maxim	an agency officia b. District 4 b. Income box if the agency officia come. If the agency official de a description. me, describe the public al roles, performed by a ion. dance at an event held in a al County revenue from particular tendance at an event helen hize potential County revenue tendance at an event helen hize potential County revenue hize potentia	al? ney official claim ficial performed c purpose, inclu in agency officia a County facility in rking and concess eld in a County fa venue from park venue from park venue from park	a ceremon ding al, individu order to sion sales acility in ing and ing and acility in ing and acility in	Income Income Income Income Income

A Date	Anna Gee	<b>Operations Manager</b>	02/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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I. Agency Name						Date Stamp		Califo	
County of Alameda			ADVA ENANAMA SADAR NED DOMONA		For	m 80			
Division, Department, or Region (if applicable)							For	Official Use Only	
Board of Supervisors					2				
Street Address									
	Cuilla E20								
1221 Oak Street,	y Contact (Name, Title)			_			-		
	e antenneter belandende					Amendment (	Must prov	vide explan	ation in Part 3.)
Anna Gee, Opera						Data of Oxidated E			
Area Code/Phone	Number E-mail					Date of Original F	ning:	(month, c	lay, year)
510-891-5585	anna.gee(	@acgov.org						6942 - C.274	2005277 - 246
. Function, Even	t, or Ceremonial Re	ole Informat	ion						
	o								- 00
Title Warriors vs.	Grizzlies			-	Face V	/alue of Each Ac	Imissi	on \$ _9	5.00
Deel						03 07	12		
Description Bask	ketball game			-	Date(s	s) <u>03 / 07 /</u>		-	_//
Was the distribut	ion(s) provided by a tion to persons ident	tified below n	nade a	at the	behest of	f an agency offic	me of S cial?	ource	· · · · ·
Was the distribut Yes ☑ No	tion to persons ident	<b>tified below n</b> ate, Alameda Co <i>Official's l</i>	nade a ounty Be Name (L	at the	behest of	f an agency offic		ource	C
Was the distribut Yes ☑ No The identity of (La Org.	tion to persons ident	<b>tified below n</b> ate, Alameda Co <i>Official's l</i>	nade a ounty Be Name (L	oard o Last, F	<ul> <li>behest of of Supervisor</li> <li><i>iirst) and Title</i></li> <li>Check the taxable in also prov</li> <li>If not inc ceremon</li> </ul>	f an agency offic s, District 4 he income box if the ag ncome. If the agency c vide a description. ome, describe the pub ial roles, performed by	ency offi fficial po	cial claims rformed a se, includ	ceremonial role
Was the distribut Yes ☑ No The identity of (La Org. (Name, Addr	tion to persons ident If yes: <u>Miley, Na</u> recipient(s) and the Name st, First) or anization ress, Description)	tified below n ate, Alameda Co Official's I e explanatio Number of Admission(s)/	nade a ounty Bo Name (L on: Agen Offic	oard o Last, F ncy cial	behest of of Supervisor irst) and Title     Check th taxable in also prov If not inc ceremon organizar To reward a non	f an agency offic s, District 4 he income box if the ag ncome. If the agency c vide a description. ome, describe the pub ial roles, performed by	ency offi fficial po lic purpo an agen	cial claims rformed a se, includ cy official	ceremonial role
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Was the distribut Yes ☑ No The identity of (La Org. (Name, Addr Castro Valley High	tion to persons ident If yes: <u>Miley, Na</u> recipient(s) and the Name st, First) or anization ress, Description) School Athletics a, Castro Valley 94546	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade a bunty Bo Name (L on: Agen Offic Yes No Yes	oard o Last, F ncy ctal	behest of of Supervisor irst) and Title     Check th taxable in also prov If not inc ceremon organizar To reward a non	f an agency offic s, District 4 he Income box If the agency ovide a description. ome, description. ome, descripte the pub ial roles, performed by tion.	ency offi fficial po lic purpo an agen	cial claims rformed a se, includ cy official	ceremonial role ing Individual, or Incor
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Was the distribut Yes I No The identity of (La Org (Name, Addr Castro Valley High Boosters 19400 Santa Maria Ave	tion to persons ident If yes: <u>Miley, Na</u> recipient(s) and the st, First) or anization ress, Description) School Athletics a, Castro Valley 94546	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade a bunty Bo Vame (L on: Agen Offic Yes No Yes No Yes No Yes	at the oard o Last, F Cial	behest of of Supervisor irst) and Title     Check th taxable in also prov If not inc ceremon organizar To reward a non	f an agency offic s, District 4 he Income box If the agency ovide a description. ome, description. ome, descripte the pub ial roles, performed by tion.	ency offi fficial po lic purpo an agen	cial claims rformed a se, includ cy official	ceremonial role ing individual, or Incor Incor Incor Incor Incor Incor
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Was the distribut Yes ☑ No The identity of (La Org (Name, Addr Castro Valley High Boosters 19400 Santa Maria Ave	tion to persons ident If yes: <u>Miley, Na</u> recipient(s) and the st, First) or anization ress, Description) School Athletics a, Castro Valley 94546	tified below n ate, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	nade a bunty Bo Vame (L on: Agen Offic Yes No Yes No Yes No Yes	at the oard d Last, F Clai	behest of of Supervisor irst) and Title     Check th taxable in also prov If not inc ceremon organizar To reward a non	f an agency offic s, District 4 he Income box If the agency ovide a description. ome, description. ome, descripte the pub ial roles, performed by tion.	ency offi fficial po lic purpo an agen	cial claims rformed a se, includ cy official	ceremonial role ing individual, or Incor Incor Incor Incor Incor Incor

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.

· John	Anna Gee	<b>Operations Manager</b>	02/29/2012	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

cket/Admission Distributions						A	Public Do	cumer
1. Agency Name	Agency Name					Date Stamp	California	802
County of Alameda	y of Alameda					A STOLEN AND AND AND AND AND AND AND AND AND AN	Form	002
Division, Department, or Regio	n (if applicable)	)				10 A	For Official	Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (N	lame, Title)			-				
Anna Gee, Operations Manag	her					Amendment (Must pro	ovide explanation in	Part 3.)
and the second	E-mail					Date of Original Filing: _		
510-891-5585	anna.gee@a	eccov ora					(month, day, yea	7)
. Function, Event, or Ceren	and the second se	A DESCRIPTION OF TAXABLE PARTY.	lon	-				
. Function, Event, or Ceren	nonial reole	e informat	ion					
Title Warriors vs. Bucks					Face \	alue of Each Admiss/	ion \$ 95.00	
1100								
Description Basketball game	Э				Date(s	) 03 / 16 / 12	/	
Ticket(c)(Admission(c) prov	idad bu ana	now? Vee	PT NL		Gold	en State Warriors		
Ticket(s)/Admission(s) prov	nded by age	ncy? res	N NO		II no:	Name of	Source	
Was the distribution to pers	ons identifi	ed below n	nade a	t th	e behest of	an agency official?		
					1.2			
Yes 🗹 No 🔲 Ifyes	s: Miley, Nate	, Alameda Co	ounty Bo	oard	of Supervisor	s, District 4		
		Official's I	vame (L	.ast, I	-irst) and Title			
The identity of recipient(s	s) and the e	explanatio	n:					
Name					· Check th	e income box if the agency of	ficial claims admis	sion as
(Last, First)		Number of	Ager	ncy		ncome. If the agency official p	performed a cerem	onial role,
or Organization	A	dmission(s)/	Offic	cial	Contraction of the second states and the	vide a description. ome, describe the public purp	ose, including	
(Name, Address, Descripti	ion)	Ticket(s)			ceremon	ial roles, performed by an age		iual, or
			Vac		organiza To reward a non	profit organization for its contribut	ions to the	Income
United Seniors of Oakland and A County	Alameda 4		Yes No		community			
	7							20000.00000
7200 Bancroft Ave, Ste 251-Oakland, C	CA 94605		Yes					Income
	•		No	10.000				
senior advocacy			Yes					Incom
			and the second se					
			Yes					Incom
			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.

That	Anna Gee	Operations Manager	02/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume
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	THE ATTRACT OF A COLOR				N20 75	[7] M. A. A. M. Start, R. S. M. S. M. S. M. M. M. S. M. S
. Agency Name					Date Stamp	California 802
County of Alameda					Form 002	
Division, Department, or Region	Division, Department, or Region (if applicable)					For Official Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan	me, Title)				Amendment (Must pro	vide explanation in Part 3.)
Anna Gee, Operations Manage					Date of Original Filling	2
	mail				Date of Original Filing:	(month, day, year)
	nna.gee@a	-				
2. Function, Event, or Ceremo	onial Role	Informat	ion			
Title Warriors vs. Timberwolves	s			Face \	/alue of Each Admissi	ion \$ 95.00
Description Basketball game				Date(s	s) <u>03</u> <u>19</u> <u>12</u>	//
				12578		
Ticket(s)/Admission(s) provid	ded by ager	ncy? Yes	🗹 No 🗖	If no: Gold	len State Warriors Name of S	Source
					riano or e	Jouroo
Was the distribution to perso	ons identifie	d below m	nade at th	e behest of	f an agency official?	
	Milou Noto	Alemada Co	untu Boord	of Supopulsor	n District 4	
Yes 🗹 No 🔲 Ifyes:	Miley, Nate,	Official's N	Vame (Last.)	First) and Title	s, District 4	
The identity of recipient(s)	and the e	xplanatio	n:	1		
Name (Last, First)		humber of	Agonov		e income box if the agency off ncome. If the agency official p	
or		lumber of mission(s)/	Agency Official	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	vide a description.	testudias
Organization (Name, Address, Description	n)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.	
United Seniors of Oakland and Ala	ameda		Yes 🗖	To reward a nor	profit organization for its contributi	ons to the Income
County	4		No 🗹	community		
7200 Bancroft Ave, Ste 251-Oakland, CA	94605		Yes 🗖			Income
1200 Bandrott Arto, oto 201 Bandrata, ort	±		No 🗖			
senior advocacy			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			

### 3. Verification

1

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

Yes 🗖

No 🗖

1 ARAC	Anna Gee	Operations Manager	02/29/2012
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

### Agency Report of: Ceremonial Role Events and Ticket/A

Ticket/Admission Distributions	3	A Public Document
1. Agency Name	Date Stamp	California 802
County of Alameda		Form OUZ
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.)
Anna Gee, Operations Manager		
Area Code/Phone Number E-mail	Date of Original Filing	(month day year)

#### 510-891-5585 anna.gee@acgov.org 2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Timberwolves

Description Basketball game

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

Name of Source

Face Value of Each Admission \$ \_95.00

Date(s) 03 / 24 / 12

(month, day, year)

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

If yes: Miley, Nate, Alameda County Board of Supervisors, District 4 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		
United Seniors of Oakland and Alameda County	4	Yes □ No ☑	To reward a non profit organization for its contributions to the community	Income
7200 Bancroft Ave, Ste 251-Oakland, CA 94605		Yes 🗖 No 🗖		Income
senior advocacy	1	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.

Ast.	Anna Gee	<b>Operations Manager</b>	02/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AT UNITE DOGUTIETT	Α	Public	: Document
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3.5		79					
1.	Agency Name				Date Stamp	California 802	
	County of Alameda					Form OUZ	
	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)				<b>—</b>		
	Anna Gee, Operations Manager				Amendment (Must provide explanation in Part 3.)	ovide explanation in Part 3.)	
	Area Code/Phone Number E-mail				Date of Original Filing: _		
_		0				(month, day, year)	
		10-891-5585 anna.gee@acgov.org			-		
2.	Function, Event, or Ceremonial F	tole Informat	ion				
	Title Warriors vs. Hornets			Eaco V	/alue of Each Admiss	sion ¢ 95.00	
	Description Basketball game			Dete/c	03 , 28 , 12	/	
	Description			Date(s	•)//	//	
				Gold	on State Warriors		
	Ticket(s)/Admission(s) provided by	agency? Yes	No [	I If no: doid	Name of	Source	
	Was the distribution to persons ider	tified below n	ade at th	a habest of	an agency official?		
	was the distribution to persons iden	idiled below ii	lade at th	e benear o	an agency official:		
	Yes 🔽 No 🔲 If yes: Miley, N	late, Alameda Co	ounty Board	of Supervisor	s, District 4		
	Yes 🔽 No 🔲 If yes: <u>Miley, Nate, Alameda County Board of Supervisors, District 4</u> Official's Name (Last, First) and Title						
	The identity of recipient(s) and the	ne explanatio	n:				
	the second s		14-15-14-19-1	e Check th	e income box if the agency of	fficial claims admission as	
	Name (Last, First)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable income. If the agency official performed a ceremonial role,			
	or			La sette control eta perso si teta cue	also provide a description.		
	Organization				come, describe the public purpose, including nial roles, performed by an agency official, individual, or		
	(Name, Address, Description)			organiza	tion.	tions to the	
	Alisal Elementary School PTA		Yes 🗖	community	eprofit organization for its contribu	meonie	
	12 No-	4	No 🗹	community			
	1454 Santa Rita Rd, Pleasanton, CA 94566		Yes 🗖			Income	
	1404 Ganta Mila Mila Tibasanon, GA 54000		No 🗖				
	support for Alisal Elementary School		Yes 🗖			Income	
	support for Alisal Elementary School		No 🗖				
	1		Yes 🗖			(A.S.)	
			No 🗖			Income	
			Yes 🗖			Income	
		-	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.

Adr	Anna Gee	Operations Manager	02/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

. Agency Name				
			Date Stamp California	202
County of Alameda			Form	
Division, Department, or Region (if ap	oplicable)		For Official Use	Only
Board of Supervisors			с.	
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Til	tle)		Amendment (Must provide explanation in Par	t 3.)
Crystal Hishida Graff, Clerk, Board			Data of Opicinal Filling	
Area Code/Phone Number E-mail			Date of Original Filing:(month, day, year)	
(510) 272-3882 crysta	I.hishida@acgov.o			
Description Disney On Ice			Date(s) <u>3 / 3 / 12</u> /	
Ticket(s)/Admission(s) provided Was the distribution to persons i Yes ☑ No ☐ If yes: Sur The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	<b>dentified below n</b> pervisor Wilma Chan Official's i	n <b>ade at th</b> Name (Last, i	If no: Golden State Warriors Name of Source e behest of an agency official? First) and Title Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremoni- also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual	al role,
Was the distribution to persons i Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below n pervisor Wilma Chan Official's / d the explanatio Number of Admission(s)/	nade at th Name (Last, ) on: Agency	If no: Golden State Warriors Name of Source e behest of an agency official? First) and Title Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.	n role, , or
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 n pervisor Wilma Chan Official's i d the explanatio Number of Admission(s)/ Ticket(s)	nade at th Name (Last, i on: Agency Official Yes 🗖	If no:       Golden State Warriors         Name of Source         e behest of an agency official?         First) and Title         • Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremonialso provide a description.         • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.         To promote attendance at an event held at a County facility in order to maximize potential	n role, , or ncom
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 n pervisor Wilma Chan Official's i d the explanatio Number of Admission(s)/ Ticket(s)	Name (Last, i on: Agency Official Yes Yes Yes Yes	If no:       Golden State Warriors         Name of Source         e behest of an agency official?         First) and Title         • Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremonia also provide a description.         • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.         To promote attendance at an event held at a County facility in order to maximize potential         County revenue from sales.	, or ncom ncom
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 n pervisor Wilma Chan Official's i d the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No No	If no:       Golden State Warriors         Name of Source         e behest of an agency official?         First) and Title         • Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremonia also provide a description.         • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.         To promote attendance at an event held at a County facility in order to maximize potential         County revenue from sales.	, or ncom ncom
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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 n pervisor Wilma Chan Official's i d the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	If no:       Golden State Warriors         Name of Source         e behest of an agency official?         First) and Title         • Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremonia also provide a description.         • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.         To promote attendance at an event held at a County facility in order to maximize potential         County revenue from sales.	

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

Print Name

Signature of Agency Head or Designee

Title

(month, day, year)