Α	Pub	lic	Document

	encervannission biser	INACIONE	<i>,</i>			<i>2</i> X		owninon
1.	Agency Name					Date Stamp	California	802
	COUNTY OF ALAMEDA		÷2				Form	002
	Division, Department, or Regi	on (if applica	ble)				For Official U	Jse Only
	BOARD OF SUPERVISORS	6						
	Street Address							
	1221 OAK STREET, SUITE	536						
	Designated Agency Contact (/	Vame, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				-	,
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	r)
	(510) 272-3882	crystal.his	shida@acgov.	org				
2.	Function, Event, or Cere	monial R	ole Informat	tion				
	Oakland A's dame				F 1		♠ 1 500	
	Title Oakland A's game				Face	/alue of Each Admissi	on \$	
	Description Baseball				Date/s	<u>, 05 / 27 / 12</u>	1	1
					Bucch	,,		
	Ticket(s)/Admission(s) prov	vided by a	aencv? Yes		lf no [.]			
		vided by d	igeney. res			Name of S	ource	
	Maa tha diatuihutian ta naw	oono Idon	Alfinal halaw w	anda at ti	a hahaat at	f an anonau affiaialO		
	Was the distribution to per-	sons iden	tified below h	nade at tr	ie penest of	r an agency official?		
	Yes 🕢 No 🔲 If ye	SUPERVIS	SOR SCOTT HAGGE	RTY, DISTRIC	Т 1			
			Official's	Name (Last,	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:				
	Name				 Check th 	e income box if the agency offi	cial claims admis	sion as
	(Last, First)		Number of	Agency		ncome. If the agency official pe		
	or Organization		Admission(s)/ Ticket(s)	Official		de a description. me, describe the public purpose, including		
	(Name, Address, Descrip					onial roles, performed by an agency official, individual, or		
				Yes 🗖		D A SCHOOL OR NONPRO	FIT	Income
	LAS POSITAS COLLEGE		20	No 🗹	ORGANIZA	TION FOR ITS CONTRIBUT	ONS TO THE	
				Yes 🗖	COMMUNIT	Y		Income
	3000 Campus Hill Drive Livermore	, CA		No 🗖				
	94551-7623			Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
	£			No 🗖				
	1.			Yes 🗖				Income
				No 🗖		5		

3. Verification

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

Juli a gus	Lee Ann Fergerson	Ticket Administrator	3/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

110											
1.	Agency Name					Date	Stamp		Calif	fornia	802
	COUNTY OF ALAMEDA								Fo	orm	002
	Division, Department, or Region (ïf applicable)							Fo	r Official	Use Only
	BOARD OF SUPERVISORS										
	Street Address										
	1221 OAK STREET, SUITE 536	3									
	Designated Agency Contact (Name	e, Title)				Amend	ment (M	ust prov	ide expla	nation in	Part 3)
	Crystal Hishida Graff, Clerk, Boa	ard of Supervisors							luo onpie	induoir in	i dit oly
	Area Code/Phone Number E-m	nail				Date of Ori	ginal Fili	ng:	(month,	day, yea	<i>r</i>)
	(510) 272-3882 cry	vstal.hishida@acgo	v.org								
2.	Function, Event, or Ceremo	nial Role Inform	ation								
	COM								. (105	
	Title GSW			-	Face V	/alue of Ea	ich Adn	nissi	on \$ _	¢90	
	Description BASKETBALL			-	Date(s	s) <u>04</u> <u>2</u>	4 _ 12	2		/	/
						15)					
	Ticket(s)/Admission(s) provided by agency? Yes 🗹 No 🔲 If no:										
	Ticket(s)/Admission(s) provide	ed by agency? Ye	s 🔽 No	o 🛛	lf no:		Nom	o of C			
	Ticket(s)/Admission(s) provide	ed by agency? Ye	es 🔽 No	•	lf no:		Nam	ne of So	ource		
									ource		
	Was the distribution to person	is identified below	made a	nt the	e behest of				ource		
	Was the distribution to person	IS Identified below	made a Gerty, dis ⁻	t the	behest of				ource		
	Was the distribution to person	IS Identified below	made a Gerty, dis ⁻	t the	e behest of				ource		
	Was the distribution to person	IS Identified below SUPERVISOR SCOTT HAG Officia	GERTY, DIS ³ S Name (L	t the	behest of				ource		
	Was the distribution to person Yes ☑ No 🔲 If yes: ـ	IS Identified below SUPERVISOR SCOTT HAG Officia	GERTY, DIS ³ S Name (L	t the	 behest of 1 iirst) and Title Check th 	an agenc	y officia	al?	sial clain		
	Was the distribution to person Yes ☑ No ロ If yes: - The identity of recipient(s) a Name (Last, First)	IS identified below SUPERVISOR SCOTT HAG Officia and the explanat Number of	y made a GERTY, DIS' 's Name (L ion: Ager	nt the TRICT .ast, F	 behest of 1 iirst) and Title Check th taxable ir 	an agenc e income box ncome. If the a	y officia	al?	sial clain		
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	supervisor scott HAG Officia and the explanat Number of Admission(s Ticket(s)	y made a GERTY, DIS' 's Name (L ion: Ager	nt the TRICT .ast, F	 behest of 1 First) and Title Check the taxable in also prov If not incomposition 	e income box ncome. If the a vide a descript ome, describe	y officia	al? ccy offic icial pe	cial clain rformed se, inclu	a cerem ding	onial role,
	Was the distribution to person Yes ☑ No ロ If yes: - The identity of recipient(s) a Name (Last, First) or	supervisor scott HAG Officia and the explanat Number of Admission(s Ticket(s)	y made a GERTY, DIS' 's Name (L ion: Ager	nt the TRICT .ast, F	 behest of iirst) and Title Check th taxable ir also prov If not ince ceremoni organization 	e income box ncome. If the a vide a descript ome, descript al roles, perfo tion.	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role,
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Number of Admission(s Ticket(s)	y made a GERTY, DIS' 's Name (L ion: Ager	nt the TRICT ast, F	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role,
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	supervisor scott HAG Officia and the explanat Number of Admission(s Ticket(s)	gerty, dis ^o Gerty, dis ^o 's Name (L ion:)/ Ager Offic	nt the TRICT Last, F	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, descript al roles, perfo tion.	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS ^T 's Name (L ion:)/ Ager)/ Offic	at the TRICT .ast, F	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS 's Name (L ion:)/ Ager Offic Yes No	t the TRICT ast, F	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	gerry, dis ^o Gerry, dis ^o 's Name (L ion:)/ Ager Offic Yes No Yes	the the training of the traini	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or Income Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS' 's Name (L ion:)/ Ager Offic Offic No Yes No	the the training of the traini	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or Income Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS ^T <i>is Name (L</i> ion: Ager Offic Yes No Yes No Yes No		 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	onial role, dual, or Income Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS' 's Name (L ion:)/ Ager Offic Yes No Yes No Yes No Yes	t the TRICT ast, F hey ial	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	anial role, dual, or Income Income
	Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description)	supervisor scott HAG Officia and the explanat Admission(s Ticket(s)	y made a GERTY, DIS ^T <i>is Name (L</i> <i>ion:</i> Ager Offic Yes No Yes No Yes No Yes No	the the tract the ast, F	 behest of irst) and Title Check th taxable in also prov If not inco- ceremonio organizat TO REWARI 	e income box ncome. If the a vide a descript ome, describe ial roles, perfo tion. D A COMMU	y officia if the agen agency offi ion. the public rmed by a	al? cy offic icial pe : purpos n agend	cial clain rformed se, inclu cy officia	a cerem ding al, indivie	idual, or Income Income Income Income

teli tin	Lee Ann Fergerson	Ticket Administrator	3/13/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ti	cket/Admission Distributions	S			А	Public Do	cument
1.	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applica</i> BOARD OF SUPERVISORS	able)			Date Stamp	California Form For Official	802 Use Only
	Street Address 1221 OAK STREET, SUITE 536 Designated Agency Contact (Name, Title)						
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors	org		☐ Amendment (Must pro		
2.	Function, Event, or Ceremonial R Title DISNEY ON ICE	the second se	and the second se	Face \	/alue of Each Admiss	ion \$ <u>32.10</u>	
	Description <u>GSW</u>			Date(s	s) <u>03 / 04 / 12</u>	/	/
	Ticket(s)/Admission(s) provided by a			_	Name of S	Source	
	Was the distribution to persons iden Yes ☑ No □ If yes: SUPERVI The identity of recipient(s) and the	SOR SCOTT HAGGE Official's	RTY, DISTRIC				
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agen tion.	erformed a cerem	onial role,
	PAUL LUNA	4	Yes □ No ☑	OR HER SE	D A COMMUNITY VOLUNT	EER FOR HIS	Income
			Yes □ No □				Income

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admis taxable income. If the agency official performed a cerem also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individorganization. 	onial role,
PAUL LUNA	4	Yes □ No ☑	TO REWARD A COMMUNITY VOLUNTEER FOR HIS	Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes □ No □		Income

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 1 4

Jellin Mars	Lee Ann Fergerson	Ticket Administrator	03-05-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document	Α	Public	Document
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1. Agency Name				Date Stamp	California	802	
COUNTY OF ALAMEDA					Form	002	
Division, Department, or Region (if a	Division, Department, or Region (if applicable)				For Official U	Jse Only	
BOARD OF SUPERVISORS				3			
Street Address							
1221 OAK STREET, SUITE 536							
Designated Agency Contact (Name, 7	Title)			Amendment (Must pro	ovide explanation in	Part 3.)	
Crystal Hishida Graff, Clerk, Board					,	,	
Area Code/Phone Number E-mai	il			Date of Original Filing: _	(month, day, yea	r)	
(510) 272-3882 cryst	al.hishida@acgov.	org					
2. Function, Event, or Ceremon	ial Role Informat	tion					
Title DISNEY ON ICE			Face \	/alue of Each Admiss	ion \$ <u>32.10</u>		
Description <u>GSW</u>			Date(s	;) <u>03 / 03 / 12</u>	/	/	
Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No ☑ If yes: ^{SU} The identity of recipient(s) an	identified below r PERVISOR SCOTT HAGGE Official's	nade at the RTY, DISTRICT Name (Last, F	e behest of	Name of S	Source		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc	the income box if the agency official claims admission a le income. If the agency official performed a ceremonial rovide a description. income, describe the public purpose, including ionial roles, performed by an agency official, individual, o ization.			
DEDE DAVIS	4	Yes □ No ☑			EER FOR HIS	Income	
		Yes □ No □		RVICE TO THE PUBLIC		Income	
		Yes 🗖 No 🗖				Income	
		Yes □ No □				Income	
		Yes □ No □				Income	
3 Verification							

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. $(1) \cap$

Jelustron Le	e Ann Fergerson	Ticket Administrator	03-05-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and T

A Public Document

Ti	cket/Admission Distri	butions		24				A Public Do	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda								
	Division, Department, or Region (if applicable)						For Official U	Jse Only	
	Board of Supervisors					3			
	Street Address	*						· · ·	
	1221 Oak Street, Suite 536 Designated Agency Contact (/	Iomo Titlo)							
	0 0 0		•				Amendment (Must provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of S	upervisors				Date of Original Filing:		
			hida@acgov.c	ara				(month, day, yea)
2	(510) 272-3882 Function, Event, or Cere			the second se					
<i>6</i>									
	Title Disney on Ice				-	Face \	Value of Each Admis	ssion \$ _20.35	
	Description Kids Event				_	Date(s	5) <u>02</u> <u>29</u> <u>12</u>	//	/
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		0 🗹	If no: <u>Gold</u>	Ien State Warriors	of Source	
							Number	, course ,	
	Was the distribution to per-	sons iden	tified below n	nade a	at the	e behest of	f an agency official?	?	
	Yes 🗹 No 🔲 If yes: Lockyer, Nadia- Supervisor District 2 Official's Name (Last, First) and Title					-irst) and Title			
	The identity of recipient(s) and the explanation:								
	Name tava						k the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role,		
	(Last, First) or		Number of Admission(s)/	Age Offic		also prov	vide a description.		
	Organization (Name, Address, Descrip	tion)	Ticket(s)			 If not income, describe the public purpose, including ceremonal roles, performed by an agency official, individual, or 			
				Yes	П	organiza	ation. attendance at an event he	ld at a County	Income
	Apodaca, Ana		2	No		1 .	er to maximize potential re		
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
-				No					
3.	Verification								
	I have read and understand FPI is in accordance with the provision		ons 18944.1 an	d 1894	2. I h	ave verified	that the distribution of a	admissions, set fo	th above,
			2						nalin
	VUAD	MIC	HELLE DIANI	DA		Ticke	et Administrator	21	19/12
	Signature of Agency Head or Designed	e	Print Na	me			Title	(mont	h, day year)

Α	Public	Document
<i>II</i> - u		Boowinging

11	cket/Admission Distric	outions				A			
1.	Agency Name					Date Stamp	California Form	802	
	County of Alameda								
	Division, Department, or Region	(if applical	ole)				For Official	Use Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	me, Title)				Amendment (Must pro	vide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, B	oard of S	upervisors						
	Area Code/Phone Number E	-mail				Date of Original Filing: _	(month, day, yea	r)	
	(510) 272-3882	rystal.his	hida@acgov.o	org			- 192 (Eddar etc.)		
2.	Function, Event, or Cerem	onial R	ole Informat	ion		•			
							22.40		
	Title Disney on Ice				Face \	/alue of Each Admiss	ion \$ _32.10		
	- Kids Event				D (/	b) <u>03</u> <u>01</u> <u>12</u>	,	,	
	Description Kids Event				Date(s	5)//	/	/	
Goldan State Warriors									
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden State Warriors						Source			
Was the distribution to persons identified below made at the behest of an agency official?									
Yes 🗹 No 🔲 If yes: Lockyer, Nadia- Supervisor District 2									
	Yes 🗹 No 🔲 If yes		Official's	Name (Last.	- First) and Title				
					,	,			
	The identity of recipient(s) and the	e explanatio	on:					
	Name				1. 1893 Control 1010	ne income box if the agency off ncome. If the agency official p			
	(Last, First) or		Number of Admission(s)/	Agency Official	also pro	lso provide a description.			
	Organization (Name, Address, Descriptio	20)	Ticket(s)		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, o 				
	(Name, Address, Description	лі <i>ј</i>			organiza	tion.			
	Johnstone, Andrew		4	Yes 🗖	1	community volunteer for his	service to the	Income	
			4	No 🗹	public.				
				Yes 🔲				Income	
				No 🗖					
				Yes 🗖				Income	
				No 🗖					
				Yes 🗖				Income	
				No 🗖					
				Yes 🗖				Income	
				No 🗖					
3.	Verification								

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

\cup	NE		1
 Signatu	e of Agency	Head or De	signee

MICHELLE DIANDA Print Name

Ticket Administrator Title

(month, day, year)

Α	Public	Document
- TC - TC		

11	CREVAUIIISSION DISUIN	Juliona)				~			
1.	Agency Name				-		Date Stamp	California Form	802	
County of Alameda										
	Division, Department, or Region (if applicable)							For Official	Jse Only	
	Board of Supervisors						8			
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	ame, Title)					Amendment (Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, E		upervisors							
	Area Code/Phone Number E	E-mail					Date of Original Filing:	(month, day, yea	r)	
_			hida@acgov.o							
2.	Function, Event, or Ceren	nonial R	ole Informat	ion						
	Title Disney on Ice					Ease \	/alue of Each Admissi	on ¢ 32.10		
	Description Kids Event					Date(s	a) <u>03</u> <u>02</u> <u>12</u>	/	/	
	Boonpach						/			
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: 🕒					If no: Gold	en State Warriors			
							Name of S	Source		
	Wee the distribution to persons identified below made at the behas					a hehest of	an agency official?			
	Was the distribution to persons identified below made at the behest					e benesi ol	an agency official?			
	Yes 🗹 No 🔲 If yes	s: Lockyer,	, Nadia- Supervi	sor Dist	rict 2					
			Official's	Name (L	.ast, F	First) and Title				
	The identity of recipient(s	s) and the	e explanatio	n:						
	Name						Check the income box if the agency official claims admission as			
	(Last, First) or		Number of	Agency			ble income. If the agency official performed a ceremonial role, p provide a description.			
	Organization		Admission(s)/ Ticket(s)	● If not i cerem		If not inc	 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			
	(Name, Address, Descripti	on)				organiza				
	Watanabe, Makiko			Yes			community volunteer for her	service to the	Income	
			4		Pound	public.				
				Yes					Income	
				No						
				Yes					Income	
							1 			
				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.

	NAD	MICHELLE DIANDA	Ticket Administrator	3/11/2
Ţ	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document	A	Public	Document
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	cket/Admission Distrib	utions				A		cument	
1. Agency Name					Date Stamp	California	802		
	County of Alameda						Form	002	
	Division, Department, or Region (if applicable)						For Official U	Jse Only	
	Board of Supervisors							a.	
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, Board of Supervisors					Date of Original Filing: (month, day, year)			
	Area Code/Phone Number E-	mail				Date of Original Filing:	(month, day, yea	r)	
	and the second s	and in case of the local division of the loc	nida@acgov.c						
2.	Function, Event, or Cerem	onial Ro	ole Informat	ion					
	Title Disney on Ice				Face \	/alue of Each Admiss	on \$_32.10		
	Description Kids Event Data Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: If no:				Date(s) <u>03 / 03 / 12</u>	/	/	
					If no: Gold	en State Warriors Name of S	Source		
	Was the distribution to persons identified below made at the behest					an agency official?			
	Yes 🔽 No 🔲 If yes:	. Lockyer,	Nadia- Supervis	sor District 2					
			Official's l	Name (Last, F	First) and Title				
	The identity of recipient(s)) and the	e explanatio	on:					
	Name (Last, First) or		Number of Admission(s)/	Agency Official	taxable i	e income box if the agency off ncome. If the agency official p vide a description.			
	Organization (Name, Address, Descriptio	on)	Ticket(s)	ometar	 If not inc ceremon organiza 	ome, describe the public purpo ial roles, performed by an agen tion.	ose, including ncy official, individ	dual, or	
	Capili, Reggie			Yes 🗖	To reward a	community volunteer for his	service to the	Income	
			4	No 🗹	public.				
				Yes 🗖				Income	
				No 🗖					
			-	Yes 🗖				Income	
				No 🗖					
	τ,			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 🔲

	1 A DA	MICHELLE DIANDA	Ticket Administrator	3/1/12
ţ	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//

	cket/Admission Distr		i.			А	Public Do	cument
1.	Agency Name County of Alameda Division, Department, or Regi Board of Supervisors Street Address 1221 Oak Street, Suite 536	ble)			Date Stamp	California Form For Official (802 Jse Only	
	Designated Agency Contact (<i>I</i> Crystal Hishida Graff, Clerk, Area Code/Phone Number (510) 272-3882	upervisors hida@acgov.o	org		Date of Original Filing:(month, day, year)			
2.	Function, Event, or Cere	monial R	ole Informat	tion		/alue of Each Admissi		
	Description <u>Kids Event</u> Ticket(s)/Admission(s) pro Was the distribution to per	Name of Source						
	Yes ☑ No □ If ye	First) and Title						
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency offin ncome. If the agency official pr vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a cerem	onial role,	
	Nevarez, Guillermo		4	Yes □ No ☑	To reward a public.	community volunteer for his	service to the	Income
				Yes 🔲 No 🗋 Yes 🔲				Income Income
				No 🗖 Yes 🗖				

3. Verification

1		egulations 18944.1 and 18942. I	have verified that the distribution of adm	nissions, set forth above,
is in accorda	nce with the provisions.			
In	62	MICHELLE DIANDA	Ticket Administrator	3/1/12
Signature of	Agency Head or Designee	Print Name	Title	(month, day, year)
Signature of	Agency Head or Designee			(month, day, year

No 🔲

Yes 🗖

No 🗖

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

Income

Income

Ti	cket/Admission Distril	outions)				A	Public Do	cument	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda	κ						Form		
	Division, Department, or Regio	n (if applica	ble)					For Official U	Jse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na						Amendment (Must pr	ovide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, E Area Code/Phone Number	Board of S E-mail	upervisors				Date of Original Filing: .			
							Date of original rining.	(month, day, yea	r)	
			hida@acgov.							
2.	Function, Event, or Ceren	nonial R	ole Informat	lion						
	Title Golden State Warriors				_	Face V	Value of Each Admiss	ion \$		
	Description Basketball Game	Э			_	Date(s	5) <u>03</u> <u>10</u> <u>12</u>	/	/	
	Ticket(s)/Admission(s) prov	ided by a	gency? Yes	ΠN	o	If no: <u>Gold</u>	Ien State Warriors Name of	Source		
							Name of	Source		
	Was the distribution to pers	ons iden	tified below n	nade a	at the	e behest of	f an agency official?			
Yes ☑ No □ If yes: Lockyer, Nadia- Supervisor, District 2 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation:										
	taxahi						the income box if the agency official claims admission as e income. If the agency official performed a ceremonial role, rovide a description. income, describe the public purpose, including onial roles, performed by an agency official, individual, or			
	or Admission(s)/ Official also p Organization Ticket(s) If not			also pro						
				ceremon						
	LB-Levy No1			Yes		organiza	ation. attendance at an event held	at a County	Income	
	Hickey, Neal		4	No			er to maximize potential rev			
				Yes				1	Income	
				No						
				Yes					Income	
				No						
	·			Yes					Income	
				No						
				Yes					Income	
				No						
3.	Verification									
	I have read and understand FPP		ons 18944.1 an	d 1894	2. I h	ave verified	that the distribution of ad	missions, set for	th above,	
	is in accordance with the provisio	Ins.								
		🔪 міс	HELLE DIÀNI	DA		Ticke	et Administrator	21	1117	

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

11	cket/Admission Distric	Jutions	5					AI	Public Do		
1.	Agency Name				10		Date Stamp		California Form	802	
	County of Alameda										
	Division, Department, or Region	ı (if applica	ble)						For Official U	se Only	
	Board of Supervisors							ľ			
	Street Address		-								
	1221 Oak Street, Suite 536							1			
	Designated Agency Contact (Na						Amendment (M	ust prov	vide explanation in l	Part 3.)	
	Crystal Hishida Graff, Clerk, B		Supervisors				Date of Original Fil	Inau			
		-mail					Date of Original Fil	ng	(month, day, year,)	
_	the second se		shida@acgov.								
2.	Function, Event, or Cerem	ionial R	ole Informat	lion							
	Title Golden State Warriors				_	Face \	/alue of Each Ad	nissi	on \$ _95.00		
	Description Basketball Game				-	Date(s	s) <u>03 10 1</u>	2	/	/	
	Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golde Was the distribution to persons identified below made at the behest of a Yes I No I If yes: Lockyer, Nadia- Supervisor, District 2 Official's Name (Last, First) and Title										
						If no: Golden State Warriors Name of Source					
							, ((1))	10 01 0	00100		
						e behest of	f an agency offici	al?			
						0					
						≤ First) and Title					
	The identity of recipient(s) and the explanation:										
	Name (Last, First)		Number of	Agei			e income box if the age ncome. If the agency of				
	or		Admission(s)/	Offic			vide a description.		an including		
	Organization (Name, Address, Descriptio	on)	Ticket(s)			ceremon organiza				ual, or	
	Colbruno, Michael			Yes		2	attendance at an even			Income	
			4	No	✓	facility in orde	er to maximize potenti	al reve	nue from sales.		
				Yes						Income	
				No							
				Yes						Income	
	· · · · · · · · · · · · · · · · · · ·			No							
				Yes						Income	
				No							
	,			Yes						Income	
				No							
3.	Verification		100111		~						
	I have read and understand FPPC is in accordance with the provision	> Regulati ns.	ons 18944.1 an	u 1894	2. I h	ave vermed i	inal the distribution (ภ aam	iissions, set for	in above,	

VLad	MICHELLE DIANDA	Ticket Administrator	3/1/	12
Signature of Agency Head or Designee	Print Name	Title	(month, day,	year)

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

Agency Report of: Ceremonial Role Events and Т

A Public Document

licket/Admission Distribut	ions				A	Public Do			
1. Agency Name					Date Stamp	California Form	802		
County of Alameda									
Division, Department, or Region (if	applicable)					For Official U	Ise Only		
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536	7:41-1								
Designated Agency Contact (Name,					Amendment (Must pro	vide explanation in	Part 3.)		
Crystal Hishida Graff, Clerk, Boar Area Code/Phone Number E-ma					Date of Original Filing:				
					Date et enginal timigt _	(month, day, year)		
(510) 272-3882 crys 2. Function, Event, or Ceremon	tal.hishida@acgov.				-				
2. Function, Event, or Ceremon		lion							
Title Golden State Warriors			_	Face \	alue of Each Admiss	on \$ _95.00			
Description Basketball Game				Date(s) 03 / 10 / 12	/	/		
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no:					Iden State Warriors Name of Source				
Was the distribution to persons	an agency official?								
	2								
Yes No I If yes: <u>Lockyer, Nadia- Supervisor, District 2</u> Official's Name (Last, First) and The identity of recipient(s) and the explanation:									
tava				11 19 19 19	the income box if the agency official claims admission as e income. If the agency official performed a ceremonial role,				
(Last, First) or	Number of Admission(s)/	Agei Offic		also prov	vide a description.		ina roic,		
Organization (Name, Address, Description)	Ticket(s)		3	ceremon organiza		ncy official, individ	ual, or		
Torres, John		Yes			County employee for his exe	emplary service	Income		
	8	No	\checkmark	to the public.					
		Yes					Income		
		No		· · · · · ·					
		Yes					Income		
·		No							
		Yes No			-		Income		
		Yes No					Income		
3. Verification				J					
I have read and understand FPPC Re is in accordance with the provisions.	egulations 18944.1 an	d 1894	2. I h	ave verified i	that the distribution of adn	nissions, set for	th above,		

MICHELLE DIANDA **Ticket Administrator** Title Print Name Signature of Agency Head or Designee (month, day, year

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

A Public Documen	Α	P	ubli	ic	Document
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Incretradmission Dis	sinouuona	5				A	Public Do		
1. Agency Name						Date Stamp	California Form	802	
County of Alameda									
Division, Department, or R	egion (if applica	able)					For Official U	Jse Only	
Board of Supervisors			<i>n</i> – <i>n</i>			5.			
Street Address									
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)									
						Amendment (Must pro	vide explanation in	Part 3.)	
Crystal Hishida Graff, Cle Area Code/Phone Number		Supervisors				Date of Original Filing:			
		shida@aagay	ora				(month, day, year	0	
(510) 272-3882 2. Function, Event, or C	and the second se	shida@acgov.							
Title Golden State Warrie	ors		5	-	Face V	/alue of Each Admiss	ion \$ _95.00		
- Basketball (ame) 03 / 10 / 12			
Description Basketball C	Jame			-	Date(s	s)	/	/	
Ticket(c)/Admission(c)	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gold								
ncket(s)/Admission(s)		agency res		0 1	II 110	Name of S	Source		
Waa tha distribution to									
Was the distribution to persons identified below made at the behest of an agency official?									
Yes 🗹 No 🔲 If yes: Lockyer, Nadia- Supervisor, District 2									
Official's Name (Last, First) and Title									
The identity of recipient(s) and the explanation:									
Name Check the income box if the agency official claims admissi									
(Last, First) or	(Laber of Agency					e income. If the agency official performed a ceremonial role, rovide a description.			
Organization Ticket(s (Name, Address, Description)					 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or 				
			Vaa		organizat	tion. Ittendance at an event held a	at a County	Incomo	
Briones, Mario		4	Yes No			er to maximize potential reve		Income	
			Yes					Income	
			No						
			Yes					Income	
			No						
			Yes					Income	
			No						
								Income	
			· No						
3. Verification		iono 190111	11004	<u>.</u>		bot the distribution of			
have read and understand is in accordance with the pro	rrrc Regulati visions.	ons 18944.1 an	u 1894.	2. I N	ave verified t	rial line distribution of adm	iissions, set for	in adove,	
)						2	5/17	

/ a >	MICHELLE DIANDA	Ticket Administrator	3/5/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ti	cket/Admission Distr	ributions	6					A Public Do	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Reg	ion (if applica	nble)			e)		For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact	(Nomo Titlo)							
							Amendment (Mus	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of S	supervisors				Date of Original Filing	ı:	
			shida@acgov.	ora				(month, day, yea	r)
2	(510) 272-3882 Function, Event, or Cere		and the second se	-					
۷.	r unction, Event, or cere								
	Title Golden State Warriors				_	Face \	/alue of Each Admi	ssion \$ _95.00	
							03 19 12		
	Description Basketball Gar	ne			_	Date(s) <u>03</u> <u>19</u> <u>12</u>	////////	/
						Gold	on State Warriors		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗸	If no:	Name	of Source	
	Was the distribution to pe	rsons iden	tified below r	nade	at th	e behest of	f an agency official	?	
	Yes 🔽 No 🔲 Ify	Lockyer	, Nadia- Supervi	sor, Dis	strict 2	2			
		cs	, Nadia- Supervi <i>Official's</i>	Name (Last, I	First) and Title			
The identity of recipient(s) and the explanation:									
Name Check the income box if the agency official claims a					v official claims admis	sion as			
	(Last, First)		Number of	Age			ncome. If the agency offici vide a description.	al performed a cerem	onial role,
	or Organization		Admission(s)/ Ticket(s)	Offi	cial	If not inc	ome, describe the public p		
	(Name, Address, Descri	ption)				ceremonial roles, performed by an agency official, indivi organization.			lual, or
	Dunckel, Jon			Yes			attendance at an event h	•	Income
			4	No	\checkmark	facility in ord	er to maximize potential	revenue from sales.	
				Yes					Income
				No					
				Yes					Income
	-			No					
				Yes	_				Income
				No					
				Yes No					Income
_				NO					
3.	Verification I have read and understand FP	DC Degulati	iono 19011 1 on	2 1 0 0 1	10 16	ave verified	that the distribution of	admissions, sat fo	th above
	is in accordance with the provis		0115 10944.1 all	u 1094	2.111	ave vermeu	that the distribution of	aumissions, set ioi	ui above,
	INT							20	2/12
		MIC	HELLE DIANI	DA		Ticke	et Administrator	5/1	3/12

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

Print Name

Signature of Agency Head or Designee

Title

(month day, year)

	CREWAUIII33IOII DISTINUTION	,				
1.	Agency Name		Date Stamp	California 802		
	County of Alameda					Form OUZ For Official Use Only
	Division, Department, or Region (if application	ble)				For Onicial Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	Supervisors			Data of Original Eilings	
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
_		shida@acgov.o	the second se			
2.	Function, Event, or Ceremonial R	ole Informat	ion			
	Title Golden State Warriors Face				Value of Each Admiss	ion \$ _95.00
					s) <u>03</u> <u>16</u> <u>12</u>	/
	Ticket(s)/Admission(s) provided by a	agency? Yes	🗌 No 🗹	lf no: Gold	den State Warriors Name of S	Source
	Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Lockyer, Nadia- Supervisor District 2 Official's Name (Last, First) and Title					
	The identity of recipient(s) and the explanation:					
	Name (Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro ● If not inc	he income box if the agency off income. If the agency official p vide a description. come, describe the public purp	erformed a ceremonial role, ose, including
	(Name, Address, Description)			organiza		• • • • • • • • • • • • • • • • • • •
	Liang, John		Yes 🗖	1	student for outstanding scho	lastic Income
		4	No 🗹	achievemen	t	
	* ,		Yes 🗖			Income

3. Verification

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

No

No Yes 🗖

No 🗖 Yes 🗖

Yes 🗖

No

MAL	MICHELLE DIANDA	Ticket Administrator	3/16/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

Income

Income

	CREUAUIIISSIOII DISUIDU				<i>I</i> X		001110116
1.	Agency Name				Date Stamp	California	802
	County of Alameda	¥				Form	
	Division, Department, or Region ((if applicable)				For Official U	se Only
	Board of Supervisors						
	Street Address	_					
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Nam			2	Amendment (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, Boa				Data of Oniginal Filling		
		nail			Date of Original Filing:	(month, day, year,)
E		ystal.hishida@acgov.c					
2.	Function, Event, or Ceremo	onial Role Informat	ion				
	Title Golden State Warriors			Face V	/alue of Each Admiss	ion \$ _95.00	
	Description Basketball Game			Date(s) <u>03</u> <u>30</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) provid	🗆 No 🗹	If no: Gold	en State Warriors Name of S	Source		
	Was the distribution to person				an agency official?		
	Yes 🗹 No 🔲 If yes:	Lockyer, Nadia- Supervis	sor District 2				
		Official's l	Name (Last, F	irst) and Title			
	The identity of recipient(s)	and the explanatio	n:		4		
	Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable in also prov	e income box if the agency off ncome. If the agency official p vide a description.	erformed a ceremo	
	Organization (Name, Address, Description	Ticket(s)			ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or zation.		ual, or
	Little, Lisa		Yes 🔲	To promote a	attendance at an event held	-	Income
		4	No 🗹	facility in orde	er to maximize potential reve	enue from sales.	
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
	±1		No 🗖				
	м.		Yes				Income
				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.

Yes 🗖

No 🗖

	h	MICHELLE DIANDA	Ticket Administrator	3/22/12
0	Signature of Agency Head	l or Designee Print Name	Title	(month, day, year)

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

Income

	cket/Admission Distributio	115			A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					For Official Use Only
	Division, Department, or Region (if app	olicable)				For Official Use Officy
•	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Titl				Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of	of Supervisors			Data of Original Filings	
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
		.hishida@acgov.o	the second se			
2.	Function, Event, or Ceremonia	I Role Informat	ion			
	Title Golden State Warriors	-		Face	/alue of Each Admiss	ion \$ _ ^{95.00}
	Description Basketball Game			Date(s	6) 04 07 12	//
	Ticket(s)/Admission(s) provided by agency? Yes □ No				len State Warriors	
		, , ,			Name of S	Source
Was the distribution to persons identified below made at the behest of an agency official?						
	Yes 🗹 No 🔲 If yes: Loci	kyer, Nadia- Supervi Official's	sor District 2			
		Official's	Name (Last, F	irst) and Title		
	The identity of recipient(s) and	the explanation	on:			
	Name (Last, First)	Number of	Agency		ne income box if the agency of income. If the agency official p	
	or	Admission(s)/	Official		vide a description. come, describe the public purp	oso including
	Organization (Name, Address, Description)	Ticket(s)	cere		nial roles, performed by an age tion.	
	Kiwanis Club of Hayward		Yes 🗖		nonprofit organization for its	contributions to Income
		4	No 🗹	the commun	ity.	
	24052 Mission Blvd., Hayward CA 94544		Yes 🗖			Income
			No 🗖			
	To improve the community by assisting the agin	g,	Yes 🗖			Income
			No 🗖			
	needy and youth.		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	MICHELLE DIANDA	Ticket Administrator	3/22/2
ť	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

11	CREUAUMISSION DIST	Dutiona					А		Santoni
1.	Agency Name						Date Stamp	California	802
	County of Alameda						Form	002	
	Division, Department, or Regio	on (if applical	ble)					For Official U	Jse Only
	Board of Supervisors								
	Street Address		r.						
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors						5. 73-61737 alex
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year	7
	(510) 272-3882	crystal.his	hida@acgov.c	org				and a constant	
2.	Function, Event, or Cerei	monial R	ole Informat	ion					
	Ostiland Ala Carras		,					▲ 1568.0	0
	Title Oakland A's Game				-	Face \	/alue of Each Admissi	ion \$	0
	Description Baseball Game					Detala) <u>05</u> <u>11</u> <u>12</u>	1	1
	Description <u>Busedan earne</u>				-	Date(s	5)//	/	
	TT 1 (/)/A lost-stars(a) and	ما ام ا	warang Maa			lf no. Oakl	and A's		
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oaki				Name of S	Source			
Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Lockyer, Nadia- Supervisor District 2									
	Yes 🗹 No 🔲 If ye	s	Official's l	Name (L	.ast, F	First) and Title			
	The identity of recipient(e) and th	e evolanatio	m.					
		5) ани ин		· · ·		e Chook th	e income box if the agency off	icial claime admie	sion as
	Name (Last, First)		Number of	Age	ıcv		ncome. If the agency official p		
	or		Admission(s)/	Unicial			provide a description.		
	Organization (Name, Address, Descript	tion)	Ticket(s)			ceremon	ot income, describe the public purpose, including emonial roles, performed by an agency official, individual, or		
	······································			Yes	Π	organiza To reward a	community volunteer for her	service to the	Income
	Lycett, Jeanne		20	No		public.			
				Yes					Income
				No					
				Yes					Income
			-	No					
		9		Yes					Income
				No					
				Yes					Income
				No					
2	Varification								

3. Verification

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

	M	MICHELLE DIANDA	Ticket Administrator	3/29/12
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

А	Public	Document
		Dogament

110	CREUAUIIISSIOII DISUII	DATIONS						
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regio	n (if applicab	ole)				For Official U	ise Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	ame, Title)				Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, E		upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year	7)
	(510) 272-3882	crystal.hisl	hida@acgov.c	org				
2.	Function, Event, or Cerer	nonial Ro	ole Informat	ion				
	Title Oakland A's Game				Face \	/alue of Each Admissi	on \$ _1568.0	0
Description Baseball Game						6) <u>08</u> <u>05</u> <u>12</u>		
Ticket(s)/Admission(s) provided by agency? Yes 🔲 N			🗆 No 🗹					
	Was the distribution to persons identified below made a				e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ifye	5	Official's l	Name (Last, F	irst) and Title			
	The identity of recipient(s) and the	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descript	ion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	ne income box if the agency off income. If the agency official p vide a description. come, describe the public purpo nial roles, performed by an agen ation.	erformed a cerem ose, including	onial role,
	Russell, Bridget			Yes 🗖	To reward a	community volunteer for her	service to the	Income
	,		20	No 🗹	public.			
				Yes 🗖				Income
				No 🗖		4		
		1		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 🗖

MAD	MICHELLE DIANDA	Ticket Administrator	3/29.112
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

Α	Pub	lic	Document
			Docament

	CREWAUIIISSION DISTINUTION					A		samen
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if application	able)					For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors				Date of Original Filing:		
							(month, day, year,)
		shida@acgov.						Ъ.
2.	Function, Event, or Ceremonial F	cole information	lion					
	Title POP2012			_	Face \	/alue of Each Admissi	ion \$ _91.00	
	Description Concert				Date(s	3) 03 / 31 / 12	/	/
					0.11			
	Ticket(s)/Admission(s) provided by	agency? Yes		0 ☑	If no: Gold	len State Warriors Name of S	Source	
			аř.					
	Was the distribution to persons iden	ntified below r	nade a	at the	e behest of	f an agency official?		
		r Nadia- Supervi	sor Dis	trict 2				
	Yes 🔽 No 🔲 If yes: Lockye	r, Nadia- Supervi Official's	Name (i	Last, I	-irst) and Title			
	The identity of regiment(a) and the							
	The identity of recipient(s) and the		л. Г		Chook th	e income box if the agency off	icial alaima admica	lon as
	Name (Last, First)	Number of	Age	ncv	taxable i	ncome. If the agency official p		
	or Organization	Admission(s)/	Offi			vide a description. come, describe the public purp	ose. includina	
	(Name, Address, Description)	Ticket(s)				ial roles, performed by an agei		ual, or
	Briones, Miguel		Yes		and the second se	attendance at an event held	at a County	Income
		4	No	7	facility in orde	er to maximize potential reve	enue from sales.	
			Yes					Income
	4. 		No					
			Yes					Income
			No					
			Yes					Income
			No					
			Yes	_				Income
-			No					
3.	Verification							
	I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	nd 1894	2. I h	ave verified	that the distribution of adr	nissions, set for	th above,

	1 Doch	MICHELLE DIANDA	Ticket Administrator	3/2/12
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A FUNIL DOCUMENT	A	Pub	lic	Document
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110	ckeuAumission Dist	inariona)				A		
1.	Agency Name						Date Stamp	California	802
	County of Alameda						×	Form	002
	Division, Department, or Regi	on (if applical	ble)					For Official L	ise Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pr	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors				D. (. (.) .)		
	Area Code/Phone Number	E-mail					Date of Original Filing: .	(month, day, year	7)
	(510) 272-3882	the second se	hida@acgov.o	_					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Title Oakland A's Game Face Value of Each Admission \$ _75.00								
Description Baseball Game Date(s) 07 / 03 / 12				/					
Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland A's						A			
Name of Source									
Was the distribution to persons identified below made at the behest of an agency official?									
	Yes 🖸 No 🔲 If yes: Lockyer, Nadia- Supervisor District 2								
Official's Name (Last, First) and Title									
	The identity of recipient	(s) and th	e explanatio	on:					
	Name						ne income box if the agency o		
	(Last, First) or		Number of Admission(s)/	Age Offic			le income. If the agency official performed a ceremonial ro provide a description. : income, describe the public purpose, including nonial roles, performed by an agency official, individual, or		omai role,
	Organization		Ticket(s)		ciai				lual. or
	(Name, Address, Descrip	otion)				organiza	tion.		
	Miura, Jesselle		4	Yes			community volunteer for he	er service to the	Income
			4	No	Permit	public			
				Yes					Income
				No					
				Yes					Income
				No					
				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.

-		2	
	L	- 14	/
		Signature of Agency	Head or Designee

MICHELLE DIANDA

Ticket Administrator

Title

Print Name

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes one parking pass at the value of \$17

A FUDIC DOCUMENT	A	Public	Document
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Income

Income

Income

Income

1. Agency Name						Date Stamp	California 802
	County of Alameda						Form OUZ
	Division, Department, or Reg	ion (if applicab	ole)			-	For Official Use Only
	Board of Supervisors						
	Street Address	dress					
	1221 Oak Street, Suite 536					4	
	Designated Agency Contact (Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	, Board of Supervisors					
	Area Code/Phone Number					Date of Original Filing:	(month, day, year)
	(510) 272-3882	3882 crystal.hishida@acgov.org					
2. Function, Event, or Ceremonial Role Information							
	Oslden State Maniero						95.00
Title Golden State Warriors Face Value of Each Admission \$ _95.00					on \$		
Description Basketball Game Date(6) <u>04</u> <u>12</u> <u>12</u>			
					len State Warriors		
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gold				Name of S	Source		
	Was the distribution to persons identified below made at the behest of an agency official?						
	Yes 🔽 No 🔲 If yes: Lockyer, Nadia, Supervisor - District Two Official's Name (Last, First) and Title						
	The identity of recipient	t(s) and the	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Descri	ption)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro ● If not inc ceremon organiza	ne income box if the agency off income. If the agency official p vide a description. come, describe the public purpo nial roles, performed by an agen tion.	erformed a ceremonial role, ose, including ncy official, individual, or
	Villarreal David			Yes 🗖	To provide atter	ndance at an event held at a County	facility in order to Income

3. Verification

Villarreal, David

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 Yes 🗖

No

No Yes 🔲

No

No

Yes 🔲

Yes 🗖

(hh)	Michelle Dianda	Ticket Administrator	3/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

maximize potential revenue from sales.

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

A I UNITE DOCUMENT	Α	Public	Document
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	CREUAUIIISSIOII DISU	INAGOID							
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form For Official U	se Only
	Division, Department, or Regi	on (if applicab	le)				0	FOI Official O	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Name, Title)					Amendment (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk,	the second se	upervisors				Pote of Original Filings		
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year,)
_	(510) 272-3882		nida@acgov.c						
2.	Function, Event, or Cere	emonial Ro	ole Informat	ion					
	Title Golden State Warriors				-	Face \	/alue of Each Admiss	ion \$ _95.00	
	Description Basketball Game Date				Date(s	b) 04 <u>26</u> <u>12</u>	/	/	
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		o 🗹	If no: Gold	len State Warriors Name of S	Source	
	Was the distribution to persons identified below made at the behest Yes No If yes: Lockyer, Nadia- Supervisor District 2 Official's Name (Last, First) and T								
	The identity of recipient(s) and the explanation:							lan as	
	(Last, First) Number of Agency taxab or Admission(s)/ Official If not Organization Ticket(s) If not cerer					taxable i also pro ● If not inc	ne income box if the agency off ncome. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age nition.	erformed a ceremo	onial role,
	Hutchins, Henry		4	Yes No			attendance at an event held er to maximize potential rev		Income
	4 No ☑ facility in or Yes □								Income

or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Offic	ial	 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization. 	ual, or
Hutchins, Henry		Yes		To promote attendance at an event held at a County	Income
a annual a constant à la constant	4	No	\checkmark	facility in order to maximize potential revenue from sales.	
		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.

|--|

MICI	HELLI	E DIA	NDA

Ticket Administrator

Signature of Agency Head or Designee

Print Name

- Title

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

•

Icket/Admission Distributi	ons				A Public D	ocum	
Agency Name				Date Stamp	Californi		
County of Alameda					Form	^a 80	
Division, Department, or Region (if a	pplicable)		MANALAN		For Officia	al Use Only	
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Ti	itle)						
Crystal Hishida Graff, Clerk, Board	of Supervisors			Amendment (M	lust provide explanation	in Part 3.)	
Area Code/Phone Number E-mail	Contraction of the Contraction o			Date of Original Fili	ing:(month, day, ye		
(510) 272-3882 crysta	al.hishida@acgov	.org			(monin, day, ye	ar)	
Function, Event, or Ceremonia							
Title			Face V	/alue of Each Adr	nission \$ _ ^{\$95}		
Description Warriors vs. Hornets				3 28 1	2		
Description			Date(s) <u>3 / 28 / 1</u>	/	/	
	Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Gold						
Was the distribution to persons i	dentified below ı	made at th	e behest of	Nam	ne of Source		
Was the distribution to persons i	dentified below i bervisor Wilma Chan Official's	made at th Name (Last,	e behest of	Nam			
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name	dentified below i bervisor Wilma Chan Official's d the explanatio	made at th Name (Last, Dn:	e behest of First) and Title Check the	Nam an agency officia	al? cy official claims admi		
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or	dentified below i pervisor Wilma Chan Official's d the explanation Number of	made at th Name (Last, on: Agency	e behest of First) and Title Check the taxable in also provi	Nam an agency officia income box if the agen come. If the agency offi	al? cy official claims admi icial performed a ceren		
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below i bervisor Wilma Chan Official's d the explanatio	made at th Name (Last, on: Agency	e behest of First) and Title Check the taxable in also provi If not inco	Nam an agency officia income box if the agen come. If the agency offi ide a description.	al? cy official claims admi icial performed a ceren purpose, including	nonial role,	
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or	dentified below i pervisor Wilma Chan Official's d the explanation Number of Admission(s)/	made at th Name (Last, ON: Agency Official	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi	nonial role,	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	made at th Name (Last, on: Agency Official Yes 🗖	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion.	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i pervisor Wilma Chan Official's d the explanation Number of Admission(s)/	made at th Name (Last, on: Agency Official Yes □ No ☑	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	Made at the Name (Last, On: Agency Official Yes I Yes I	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion.	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	Made at the Name (Last, On: Agency Official Yes No Yes No	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	Made at the Name (Last, on: Agency Official Yes No Yes Yes Yes Yes	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	made at th Name (Last, on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	Made at the Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incom Incom Incom Incom	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	made at the Name (Last, on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incon Incon Incon Incon Incom	
Was the distribution to persons in Yes I No I If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below i Dervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s)	Made at the Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	e behest of First) and Title Check the taxable in also provi If not inco ceremonia organizati To promote County faci	Nam an agency officia income box if the agen come. If the agency offi ide a description. ome, describe the public al roles, performed by ar ion. e attendance at an ility in order to may	al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a	idual, or Incom Incom Incom Incom Incom	

	Alexandra Boskovich	Ticket Administrator	3/28/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docum	nent
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11	CKet/Admission Distribu	tions				A	Fublic DO	
1.	Agency Name					Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Region (ii	applicable)					For Official l	Jse 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, Boa							
	Area Code/Phone Number E-m					Date of Original Filing: _	(month, day, yea	r)
1.000 B		stal.hishida@acgov.c	No. of the local distance of the local dista					
2.	Function, Event, or Ceremo	nial Role Informat	ion					
	Title				Face V	/alue of Each Admiss	ion \$ <u>\$95 + 3</u>	\$18-park
	Description Warriors vs. Nets				Date(s	s) <u>3</u> <u>3</u> <u>30</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) provide	d by agency? Yes	🛛 No	\checkmark	If no: Gold	en State Warriors Name of	Courco	
						Name or	Source	
	Was the distribution to person	s identified below n	nade at	: the	behest of	an agency official?		
	Yes 🖸 No 🔲 Ifyes: 🖞	Supervisor Wilma Chan	Name // a	of E	irst) and Title			
			·	101, 1	noty and thic			
	The identity of recipient(s) a	and the explanation	on:					
	Name		•			e income box if the agency of ncome. If the agency official p		
	(Last, First) or	Number of Admission(s)/	Ageno Offici		also prov	vide a description.		
	Organization (Name, Address, Description)	Ticket(s)				ome, describe the public purp ial roles, performed by an age		dual, or
	(Nume, Autroot, Seconpiler,				organiza	tion. e attendance at an eve	ont hold at a	Income
	Cravahlo, Brian	4 tickets + 1	Yes No		County fac	cility in order to maximi	ze potential	
			Yes		-	-		Income
		parking pas			County re	venue from sales.		
			Yes					Income
			Yes			999	9 <u>9999</u> 77777777777777777777777777777777	Income
			Yes					Income
			No					
3	Verification							
Ψ.	I have read and understand FPPC F	Regulations 18944.1 an	d 18942	l ha	ave verified	that the distribution of ad	missions, set fo	rth above,
	is in accordance with the provisions -2							

\mathcal{O}^{-}	Alexandra Boskovich	Ticket Administrator	3/26/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
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Incretradimission Distribution	3			~		cunten	
1. Agency Name				Date Stamp	California	802	
County of Alameda					Form		
Division, Department, or Region (if applic				For Official	Use Only		
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)	17 C C ACA			Amendment (Must pr	rovide explanation in	Part 3.)	
Crystal Hishida Graff, Clerk, Board of	Supervisors						
Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, yea	r)	
(510) 272-3882 crystal.hi	shida@acgov.o	org					
2. Function, Event, or Ceremonial F	Role Informat	tion					
					. COE 1 (19 port	
Title			Face V	alue of Each Admiss	sion \$ $\frac{-990+3}{2}$	рто-ратк	
Description Warriors vs. Nuggets			Datala	4,7,12	,	,	
Description <u>Wanners ver Raggete</u>			Date(s	Date(s)/ / / ///_			
			Golde	den State Warriors			
Ticket(s)/Admission(s) provided by	agency? res		If no: Obliger State Warnors Name of Source				
Was the distribution to persons ide	ntified below n	nade at the	e behest of	an agency official?			
Vec D No D If year Superv	risor Wilma Chan						
Yes 🖸 No 🔲 If yes: Superv	Official's	Name (Last, F	irst) and Title				
The identity of recipient(s) and t	ho ovnlanatic	 .					
		///. 	e Chack the	e income box if the agency o	fficial claims admis	cion ac	
Name (Last, First)	Number of	Agency		come. If the agency official			
or	Admission(s)/	Official		ide a description.	nose including		
Organization (Name, Address, Description)	Ticket(s)		ceremoni	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, organization.			
		Yes 🗖	1	e attendance at an ev	ent held at a	Income	
Fong, Jeff	4 tickets + 1			ility in order to maxim			
		Yes 🔲	Countyrou	unnua fram aglag		Income	
	parking pass			venue from sales.			
		Yes 🗖		<u></u>		Income	
		No 🗖					
		Yes 🔲				Income	
		No 🗖					
		Yes 🗖				Income	
		No 🗖					
3. Verification		1				Parente Anti-	
I have read and understand FPPC Regula	tions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of ad	missions, set fo	rth above.	
is in accordance with the provisions.						,	

UN V	Alexandra Boskovich	Ticket Administrator	3/26/2012
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.)

 ϕ_{γ}

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

Ti	cket/Admission Distributions		A Public Document
1.	Agency Name	Date Stamp	California Form 802
	County of Alameda		Form OOZ
	Division, Department, or Region (if applicable)		For Official Use Only
	Board of Supervisors		

1221 Oak Street, Suite 536

Street Address

(510) 272-3882

Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number E-mail

crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information

Title	Face Value of Each Admission \$ _ \$95 + \$18 -park
Description Warriors vs. Celtics	Date(s)/ /

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

Name of Source

Date of Original Filing: .

. . . .

(month, day, year)

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

Yes 🔽	No 🗖	If ves	Supervisor Wilma	Char

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admist taxable income. If the agency official performed a cerem also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization. 	onial role,
Gobel, Jason	20 tickets/ 4	Yes 🗖 No 🗹	To promote attendance at an event held at a County facility in order to maximize potential	Income
	parking pas	Yes □ No □	County revenue from sales.	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.

M	Alexandra Boskovich	Ticket Administrator	3/14/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

	ket/Admission Dist	1000010										
1. /	Agency Name						Di	ate Stamp		Califo	rnia 8 m 8	າມອ
	County of Alameda									For	m O	3074
	Division, Department, or Reg	ion (if applica	ble)	de1.95.000.000.000.000.000		*****				For C	Official Use	Only
	Board of Supervisors											
	Street Address											
	1221 Oak Street, Suite 536											
	Designated Agency Contact				****		F1 A					
	Crystal Hishida Graff, Clerk	Board of S	upervisors					ndment (Must prov	/ide explana	ation in Part	(3.)
	Area Code/Phone Number	E-mail	apornooro				Date of	Original F	iling:	(manth d	<u></u>	
	(510) 272-3882	crystal his	shida@acgov.o	ora						(monun, da	ay, year)	
CONTRACTOR OF	Function, Event, or Cer			All have a state of the state			I					
6 I												
	Title					Face \	/alue of	Each Ac	lmissi	on \$ _ \$ 9	95	***
								40	10			
1	Description Warriors vs.Tir	mberwolves	i			Date(s	s) <u> </u>	//_	12		/	
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		o 🖸	If no: Gold	en State V	Warriors				
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient	rsons iden ves:	tified below n sor Wilma Chan Official's i	nade a	at the	behest of	f an agei	ncy offic			admission	85
	Was the distribution to pe Yes ☑ No 🔲 If y	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i	nade a	Last, F	 behest of irst) and Title Check the taxable is also provide of taxable is	e income b ncome. If ti vide a descr ome, descr ial roles, pe	ox if the ag ncy offic	cial? ency offi official pe lic purpo	cial claims rformed a d	ceremonia ng	l role,
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/	nade a Name (l on: Agen	Last, F	 behest of irst) and Title Check the taxable is also provide of the second organiza To promotion 	e income b ncome. If th vide a descr ome, descr ial roles, pe tion. e attenda	ox if the ag ne agency of ription. ibe the pub formed by ance at a	ency offi official pe lic purpor an agen	cial claims rformed a se, includii cy official, nt held a	ceremonia ng individual, it a r	l role,
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/	nade a Name (l on: Agen Offic	Last, F	 behest of irst) and Title Check the taxable in also provide the taxable in	e income b ncome. If th vide a descr ome, descr ial roles, pe tion. e attenda	ox if the ag ne agency of ription. ibe the pub formed by ance at a	ency offi official pe lic purpor an agen	cial claims rformed a se, includii cy official, nt held a	ceremonia ng individual, it a r	l role, or
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a Name (l on: Age Offic Yes	Last, F	 behest of irst) and Title Check the taxable is also provide of the second organiza To promotion 	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia ng individual, it a Ir ital	or ncome
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a Name (l on: Agen Offic Yes No Yes	Last, F	 behest of First) and Title Check the taxable in also provide the second sec	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia individual, it a Ir ital Ir	role, or ncome
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a Name (I on: Agei Offic Yes No Yes No	Last, F	 behest of First) and Title Check the taxable in also provide the second sec	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia individual, it a Ir ital Ir	role, or ncome
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	Name (L on: Agen Offic Yes No Yes No Yes	Last, F	 behest of First) and Title Check the taxable in also provide the second sec	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia individual, it a Ir ital Ir Ir	or ncome
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a Name (I on: Agei Offic Yes No Yes No Yes	Last, F	 behest of First) and Title Check the taxable in also provide the second sec	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia individual, it a Ir ital Ir Ir	or ncome
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	rsons iden _{/es:} <u>Supervie</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio Number of Admission(s)/ Ticket(s)	Name (I on: Agei Offic Yes No Yes No Yes No Yes	Last, F	 behest of First) and Title Check the taxable in also provide the second sec	f an agei e income b ncome. If ti vide a descr ome, descr ial roles, pe tion. e attenda cility in or	ox if the ag new office ox if the agency of ription. ibe the pub formed by ance at a rder to m	ency offi official po lic purpor an agen an eve aximiz	cial claims rformed a se, includii cy official, nt held a	ceremonia individual, it a Ir ial Ir Ir Ir	role, or come come come come

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.

V 1	Alexandra Boskovich	Ticket Administrator	3/14/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

TickevAdmission Distributio	15			A	Public Do	ocumen
1. Agency Name			D	ate Stamp	California	009
County of Alameda					Form	802
Division, Department, or Region (if appl	icable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)					
Crystal Hishida Graff, Clerk, Board o	f Supervisors			endment (Must prov	ide explanation ir	Part 3.)
Area Code/Phone Number E-mail			Date of	Original Filing:	(month, day, yea	
(510) 272-3882 crystal.	hishida@acgov.	ora			(monun, day, yea	<i>11)</i>
2. Function, Event, or Ceremonial						
· · · · · · , · · · · , · · · · ·						
Title		delanana anti-	Face Value of	Each Admissio	on \$ <u>\$95 +</u>	\$18-park
			0	04 40		
Description Warriors vs. Kings			Date(s)	, 24 , 12	/	/
Ticket(s)/Admission(s) provided by	/ agency? Yes	🗖 No 🖸	If no: Golden State V	Narriors		
				Name of So	ource	
Was the distribution to persons ide	entified below r	nade at th	e behest of an age	ncv official?		
				,,		
Yes 🕢 No 🔲 If yes: ^{Super}	∿isor Wilma Chan Official's					
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) and	the explanation	on:				
Name	·····	1	Check the income be	ox if the agency offic	ial claims admis	sion as
(Last, First) or	Number of	Agency	taxable income. If the also provide a descr	ne agency official per intion	rformed a cerem	onial role,
Organization	Admission(s)/ Ticket(s)	Official	If not income, descri	ibe the public purpos	se, including	
(Name, Address, Description)			ceremonial roles, pe organization.	rformed by an agend	y official, individ	dual, or
		Yes 🗖	To promote attenda	ance at an even	it held at a	Income
Baranco, Lauren	4 tickets + 1		County facility in or	der to maximize	e potential	
		Yes 🗖	County revenue fro	m sales		Income
	parking pass	No 🗖		Jin 30103.		П
		Yes 🗖				Income
		No 🗖				
		Yes 🗖		,		Income
	1	1	I			

3. Verification

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

No 🔲

Yes 🗖

No 🗖

\mathcal{N}	Alexandra Boskovich	Ticket Administrator	3/5/2012
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

Ticket/Admission Distribution	ons		A Public Doc	cumen
1. Agency Name			Date Stamp California	009
County of Alameda			Form	802
Division, Department, or Region (if ap	plicable)		For Official U	se Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Tit	le)		Amendment (Must provide explanation in F	
Crystal Hishida Graff, Clerk, Board	of Supervisors			ап 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
(510) 272-3882 crysta	l.hishida@acgov.	org	(nonia, day, year)	
2. Function, Event, or Ceremonia				
Title			Face Value of Each Admission \$ $_{-}^{\$95+\$}$	18-park
Warriers ve Crizzlies			3 7 12	
Description Warriors vs. Grizzlies			Date(s) <u>3 / 7 / 12</u> /	/
			Colden Otata Warrian	
Ticket(s)/Admission(s) provided b	by agency? Yes	🗌 No 🖸	If no: Golden State Warriors Name of Source	(Maximum and a second
Was the distribution to persons ic	lentified below r	nade at th	e behest of an agency official?	
Sup	onvisor Wilmo Chan			
Yes 🔽 No 🔲 If yes: Sup	ervisor Wilma Chan Official's	Name (Last.	First) and Title	
		•		
The identity of recipient(s) and	the explanation	on:	······································	
Name (Last, First)			 Check the income box if the agency official claims admissi taxable income. If the agency official performed a ceremor 	
or	Number of Admission(s)/	Agency Official	also provide a description.	
Organization (Name, Address, Description) 	Ticket(s)		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individu organization. 	al, or
		Yes 🗖	To promote attendance at an event held at a	Income
Johnson, Rose	4 tickets + 1	No 🗹	County facility in order to maximize potential	
		Yes 🗖	County revenue from sales.	Income
	parking pas	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.

Yes 🗖

No 🗖

Signature of Agency Head or Designee Print Name Title (month, day		Alexandra Boskovich	Ticket Administrator	3/5/2012
	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: eremonial Role Events and С Т

Ticket/Admission Distri						Α	Public Do	cument
1. Agency Name						Date Stamp	California Form	002
County of Alameda							Form	6 02
Division, Department, or Region (if applicable)							For Official L	Jse Only
Board of Supervisors						5. C		
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (N	ame,Title)					Amendment (Must pro	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, I	Board of Supervisor	S						
Area Code/Phone Number	E-mail					Date of Original Filing:		7
(510) 272-3882	crystal.hishida@ac	gov.or	g					
2. Function, Event, or Cerei	nonial Role Info	rmatio	on					
							\$32.10	
Title				-		/alue of Each Admiss		
Description Disney On Ice					Dato/s	a) <u>3 1 12</u>	3,4	, 12
Description				-	Datela	·)//	//	
Ticket(s)/Admission(s) prov	vided by agency?	Voc F			If no. Gold	en State Warriors		
ncket(s)/Admission(s) prov	nueu by agency :	163 [II 110	Name of S	Source	
Was the distribution to pers Yes ☑ No □ If ye	s. Supervisor Wilma	Chan				an agency official?		
	Offi	icial's Na	ame (La	ast, F	irst) and Title			
The identity of recipient(s) and the expla	nation	n:					
Name (Last, First) or	Number Admissio		Agen Offici		taxable i also prov	e income box if the agency of ncome. If the agency official p vide a description.	erformed a ceremo	
Organization (Name, Address, Descript	ion) Ticket((s)				ome, describe the public purp ial roles, performed by an age tion.		lual, or
			Yes			a school for its contrib	utions to the	Income
San Lorenzo Preschool	8		No	√	San Loren	zo community.		
			Yes					Income
820 Bockman Rd. San Lorer	izo, CA		No					
5			Yes					Income
			No					
			Yes					Income
		·	No					
			Yes					Income
			No					
2 Varification						-		

3. Verification

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

M	Alexandra Boskovich	Ticket Administrator	03/1/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)