Α	Pub	lic	Doc	ument
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Low, Ray       8+2 parking       No       I       County facility in order to maximize potential         passes       Yes       County revenue from sales.         No       Yes       County revenue from sales.         Yes       Yes       County facility in order to maximize potential	1								
County of Named       For Official Use         Board of Supervisors       For Official Use         Street Address		Agency Name			- and the second second		Date Stamp	California	802
Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Tile)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         E-mail         (510) 272-3882         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         E-mail         (510) 272-3882         crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title         Description         A's vs. Mariners         Date(s)         9       / 28         Ves         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No         (Last, First)       Number of Admission(s)         Organization       Admission(s)         Organization       Admission(s)         (Name, Address, Description)       No         Uses       Yes         Low, Ray       8+2 parking         Yes       To promote attendance at an event held at a County revenue from sales.         No       Yes         I.ow, Ray       Yes </th <th></th> <th colspan="3">County of Alameda</th> <th></th> <th></th> <th></th> <th></th>		County of Alameda							
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Arac Codd/Phone Number         E-mail         (510) 272-3882         Crystal Hishida @acgov.org         2. Function, Event, or Ceremonial Role Information         Title         Description A's vs. Mariners         Description A's vs. Mariners         Date(s) 9 / 28 / 12         Ticket(s)/Admission(s) provided by agency? Yes Date(s) 9 / 28 / 12         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes No If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income box if the agency official performed a ceremonial role, performed by an agency official performed a ceremonial role, performed by an agency official, Individu organization (Name, Address, Description)</li> <ul> <li>Yes Passes</li> <li>No Passes</li> <li>No Passes</li> <li>Yes No</li> <li>Yes No</li></ul></ul>			ion (if applicable)					For Official	Use Only
1221 Oak Street, Suite 536		Board of Supervisors							
Designated Agency Contact (Name, Title)       Amendment (Must provide explanation in Para Code/Phone Number         Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filing:         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title		Street Address					1		
Crystal Hishida Graff, Clerk, Board of Supervisors       Image: Area Code/Phone Number (Must provide explanation in P2 Area Code/Phone Number (510) 272-3882       Date of Original Filing:		1221 Oak Street, Suite 536	·						
Area Code/Phone Number (510) 272-3882       E-mail crystal.hishida@acgov.org       Date of Original Filling:		Designated Agency Contact	Name, Title)				Amendment (Must pl	rovide explanation in	Part 3.)
(510) 272-3882       crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title		Crystal Hishida Graff, Clerk,	Board of Supervisors						
(510) 272-3882       crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title		Area Code/Phone Number	E-mail				Date of Original Filing: .	(month, day, yea	r)
Title		(510) 272-3882	crystal.hishida@acgov.o	org					
Description A's vs. Mariners       Date(s) 9 / 28 / 12 ////28         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization (Name, Address, Description)         Name (Last, First) Organization (Name, Address, Description)         Low, Ray         Yes □         Yes □         No □	2.	Function, Event, or Cere	monial Role Informat	tion					
Description A's vs. Mariners       Date(s) 9 / 28 / 12 ////2         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization (Name, Address, Description)         Name (Last, First) Organization (Name, Address, Description)         Low, Ray         Yes □         Yes □         No □         Yes □         No □         Yes □         No □         Yes □         Name (Last, First) Organization (Name, Address, Description)         Yes □         No □         Low, Ray         Yes □         No □         Yes □						<b>5</b>		e \$75/\$1	7-park
Ticket(s)/Admission(s) provided by agency? Yes       No       If no:       Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes:       Supervisor Wilma Chan         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>(Last, First) or or</li></ul>						Face	value of Each Admis	sion $\phi$ <u><math>\phi</math></u> .	
Ticket(s)/Admission(s) provided by agency? Yes       No       If no:       Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes:       Supervisor Wilma Chan         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>(Last, First) or or</li></ul>		Description A's vs. Mariner	S			Date/s	$9^{28}$ , $12^{28}$	1	1
Was the distribution to persons identified below made at the behest of an agency official?         Yes No I If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization (Name, Address, Description)         Number of Admission(s)/ Ticket(s)       Agency Official          • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremon also provide a description.         User (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official          • Check the income box if the agency official performed a ceremon also provide a description.         Low, Ray       8+2 parking No       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Passes       Yes       County revenue from sales.         Yes       No       Intervenue from sales.         Yes       No       Intervenue from sales.						Dato(a	,		
Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income box if the agency official claims admission (s)/ Organization (Name, Address, Description)</li> <li>Number of Admission(s)/ Ticket(s)</li> <li>Yes</li> <li>County facility in order to maximize potential</li> <li>Yes</li> <li>County facility in order to maximize potential</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>County revenue from sales.</li> </ul>		Ticket(s)/Admission(s) pro	wided by agency? Yes		o [7]	If no <sup>. Oakl</sup>	land Athletics		
Yes       No       If yes:       Supervisor Wilma Chan         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 Ticket(s)       • Check the income box if the agency official performed a ceremon also provide a description.         Low, Ray       8+2 parking       Yes       To promote attendance at an event held at a County facility in order to maximize potential         passes       No       County revenue from sales.         No       Yes       No         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes			indea by agoney i 100				Name of	Source	
Yes       No       If yes:       Supervisor Wilma Chan         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 Ticket(s)       • Check the income box if the agency official performed a ceremon also provide a description.         Low, Ray       8+2 parking       Yes       To promote attendance at an event held at a County facility in order to maximize potential         passes       No       County revenue from sales.         No       Yes       No         Yes       No       Yes					r				
Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremon also provide a description.         Low, Ray       Yes       To promote attendance at an event held at a County facility in order to maximize potential         passes       Yes       County revenue from sales.         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes         Yes       Yes       Lounty revenue from sales.		Was the distribution to pe	rsons identified below h	nade a	it the	e benest of	r an agency official?		
Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremon also provide a description.         Low, Ray       Yes       To promote attendance at an event held at a County facility in order to maximize potential         passes       Yes       County revenue from sales.         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes         Yes       Yes       Lounty revenue from sales.		Yes 171 No 17 If y	es. Supervisor Wilma Chan						
Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremon also provide a description.         Low, Ray       Yes       If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization.         Low, Ray       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Passes       No       County revenue from sales.         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes         Yes       Yes       County revenue from sales.			Official's	Name (L	.ast, F	First) and Title			
Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremon also provide a description.         Low, Ray       Yes       If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization.         Low, Ray       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Passes       No       County revenue from sales.         Yes       No       Yes         Yes       No       Yes         Yes       No       Yes         Yes       Yes       County revenue from sales.		The identity of recipient	(s) and the explanatic	on:					
(Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       taxable income. If the agency official performed a ceremon also provide a description.         Low, Ray       Yes       If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.         Low, Ray       8+2 parking       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Passes       No       County revenue from sales.         Yes       No       Yes       No         Yes       No       Yes       No         Yes       No       Yes       No         Yes       Yes       No       Yes         Yes       Yes       No       Yes         Yes       Yes       No       Yes         Yes       Yes       No       No						Check th	ne income box if the agency o	fficial claims admis	sion as
Organization (Name, Address, Description)     Admission(s)/ Ticket(s)     Official (Name, Address, Description)     If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individua organization.       Low, Ray     Yes     To promote attendance at an event held at a County facility in order to maximize potential       Low, Ray     8+2 parking     No     County revenue from sales.       Passes     No     Ves     County revenue from sales.       Yes     No     Yes     Ves       Yes     Yes     Yes     Ves		(Last, First)	Number of	Ager	ιсу			performed a cerem	onial role,
(Name, Address, Description)       Instituty       ceremonial roles, performed by an agency official, individual organization.         Low, Ray       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Passes       No       Image: County facility in order to maximize potential         Yes       County revenue from sales.         Ves       No       Image: County revenue from sales.         Yes       Image: County revenue from sales.       Yes         Yes       Image: County facility in county revenue from sales.       Yes				Offic	cial			pose, including	
Low, Ray       8+2 parking       No       I       County facility in order to maximize potential         Passes       Yes       County revenue from sales.         No       Ves       County revenue from sales.         Yes       Yes       County revenue from sales.         Yes       No       Ves       County revenue from sales.         Yes       Yes       Ves       County revenue from sales.         Yes       Yes       Ves       County revenue from sales.         Yes       Yes       Ves       County revenue from sales.			otion)					ency official, indivi	dual, or
Yes     County revenue from sales.       passes     No       Yes     No       Yes     No       Yes     No       Yes     No       Yes     Yes       Yes     Yes       Yes     Yes       Yes     Yes       Yes     Yes				Yes					Income
passes     No     County for one of the model.       Yes     No       Yes     No       Yes     No       Yes     No       Yes     No		Low, Ray	8+2 parking	No	7	County fac	cility in order to maxim	ize potential	
passes     No       Yes     No       No     Yes       Yes     No       Yes     Yes       Yes     Yes				Yes		Countv re	venue from sales.		Income
No         □           Yes         □           No         □           Yes         □           Yes         □			passes	No					
Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes				Yes					Income
No 🗖 Yes 🗖				No					
No □ Yes □				Yes					Income
				No					
		V		Yes					Income
				No					
3. Verification				1					

M	Alexandra Boskovich	Ticket Administrator	04/11/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ticket/Admission Distributions		A Public Document
1. Agency Name	Date Stamp	California Form 802
County of Alameda		
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors		
Street Address		
1221 Oak Street, Suite 536		
Designated Agency Contact (Name, Title)		provide explanation in Part 3.)

Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail

#### (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. San A	Face Value of Each Admission \$
	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 yes: Carson, Keith Supervisor Fifth District
100 1		11 y 00,

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	<ul> <li>Check the income box if the agency official claims as taxable income. If the agency official performed a cealso provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, in organization.</li> </ul>	eremonial role,
Brooks, Rodney	2	Yes ☑ No  □	To reward a County employee for her exemplary service to the public.	Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income

#### 3. Verification

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

An Strend	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Heat or Designee	Print Name	Title	(month, day, year)

1	A P	ub	lic	Document

1.	Agency Name					Date Stamp	California 80	
	County of Alameda						Form	
	Division, Department, or Reg	gion (if applica	ble)				For Official Use Only	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact							
		8 G B				Amendment (Must pro	wide explanation in Part 3.)	
	Anna Gee, Operations Mar Area Code/Phone Number	E-mail				Date of Original Filing: _		
						Date of original rining. =	(month, day, year)	
	510-891-5585	and the second se	@acgov.org					
2.	Function, Event, or Cer	emonial R	ole Informat	ion				
	All Line Oleman						. 28.00	
	Title Athletics vs. Giants				Face	/alue of Each Admiss	ion \$	
	Deschall Osm					04 03 12	5 B	
	Description Baseball Gam	le			Date(s)//////			
	Yes ☐ No ☑ If y The identity of recipien		late - Alameda C Official's I ne explanatio		rvisor First) and Title			
	Name (Last, First) or Organization (Name, Address, Descr	iption)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro	ne income box if the agency of ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an age tion.	erformed a ceremonial role ose, including	
	Thompson, Lamont	A set at some the distance		Yes 🗖		nmunity volunteer for their service	to the public Incol	
	mompoon, camon		2	No 🗹				
				Yes 🗖			Inco	
				No 🗖			E	
					-			
				Yes			Inco	
				No 🗖	-			
			7	Yes 🗖			Inco	
				No 🗖				
				Yes 🗖			Inco	
				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.

EARCH !	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
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icket/Admission Distribution	13						
. Agency Name				Date S	tamp	Califo	m 802
County of Alameda				Form		m ΟU	
Division, Department, or Region (if applic	cable)			1		For C	official Use Only
Board of Supervisors				20 - E			
Street Address				1			
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				Amendm	ant diseter		dian in Dad 2 \
Anna Gee, Operations Manager					ient ( <i>wust pr</i>	ovide explana	nion in Part 3.)
Area Code/Phone Number E-mail				Date of Origi	inal Filing: .	(month, d	av vaarl
510-891-5585 anna.ge	e@acgov.org					(month, u	ay, year
. Function, Event, or Ceremonial I	CONTRACTOR OF THE OWNER	ion					
Title Athletics vs. Mariners			Face	alue of Eac	h Admiss	sion \$ _38	3.00
				04 06	12		
Description Baseball Game			Date(s	s) <u>04</u> <u>06</u>			_//
Ticket(s)/Admission(s) provided by Was the distribution to persons ide					Name of official?	Source	
Was the distribution to persons ide Yes □ No ☑ If yes: Miley,	ntified below n Nate - Alameda C Official's l	nade at t ounty Sup Name (Last	he behest o	f an agency		Source	
Was the distribution to persons ide	ntified below n Nate - Alameda C Official's l	nade at t ounty Sup Name (Last	ervisor First) and Title Check ti taxable also pro e If not inc ceremor organiza	f an agency he income box if i ncome. If the ag vide a description come, describe th hial roles, perform tion.	official? the agency of ency official n. te public purp ned by an age	fficial claims performed a pose, includi ency official,	ceremonial role, ng
Was the distribution to persons iden Yes □ No ☑ If yes: <u>Miley,</u> The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	ntified below n Nate - Alameda C Official's l he explanatio Number of Admission(s)/	nade at ti ounty Sup Name (Last on: Agency	ervisor First) and Title Check ti taxable also pro e If not inc ceremor organiza	f an agency ne income box if f ncome. If the ag vide a description come, describe th bial roles, perform	official? the agency of ency official n. te public purp ned by an age	fficial claims performed a pose, includi ency official,	ceremonial role, ng
Was the distribution to persons iden Yes □ No ☑ If yes: <u>Miley,</u> The identity of recipient(s) and to Name (Last, First) or Organization	ntified below n Nate - Alameda C Official's l he explanatio Number of Admission(s)/	nade at t ounty Supe Name (Last on: Agency Official	he behest o ervisor , First) and Title • Check ti taxable also pro • If not inc ceremor organiza To reward a con	f an agency he income box if i ncome. If the ag vide a description come, describe th hial roles, perform tion.	official? the agency of ency official n. te public purp ned by an age	fficial claims performed a pose, includi ency official,	ceremonial role, ng individual, or
Was the distribution to persons iden Yes □ No ☑ If yes: Miley, The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) McCane, Gwen	ntified below n Nate - Alameda C Official's I <b>he explanatio</b> Number of Admission(s)/ Ticket(s)	nade at t ounty Sup Name (Last on: Agency Official Yes	ervisor First) and Title • Check th taxable also pro • If not inc ceremon organize To reward a con	f an agency he income box if i ncome. If the ag vide a description come, describe th hial roles, perform titon.	official? the agency of ency official n. te public purp ned by an ago or their service	fficial claims performed a pose, includi ency official, to the public	ceremonial role, ng Individual, or Incom
Was the distribution to persons iden Yes □ No ☑ If yes: <u>Miley,</u> The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	ntified below n Nate - Alameda C Official's I <b>he explanatio</b> Number of Admission(s)/ Ticket(s)	nade at ti ounty Supe Name (Last on: Agency Official Yes No Z	he behest or ervisor First) and Title • Check th taxable also pro • If not inc ceremor organiza To reward a cor	f an agency ne income box if the ag- vide a description come, description come, description non description non tion. non non the second non the second second second second second non the second second second second second second second second non the second sec	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, individual, or Incon Incon
Was the distribution to persons idea         Yes       No       If yes: Miley,         The identity of recipient(s) and to         Name       (Last, First)         or       Organization         (Name, Address, Description)         McCane, Gwen         United Seniors of Oakland and Alameda County	ntified below n Nate - Alameda C Official's i the explanation Admission(s)/ Ticket(s) 2	nade at ti ounty Supe Name (Last on: Agency Official Yes Yes	he behest o ervisor , First) and Title • Check th taxable also pro • If not ind ceremor organiza To reward a con To promote h opportunities	f an agency he income box if i ncome. If the ag vide a description come, describe th nat roles, perform tion. mmunity volunteer for nealth, motivate a	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, individual, or Incon Incon
Was the distribution to persons iden Yes □ No ☑ If yes: Miley, The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) McCane, Gwen	ntified below n Nate - Alameda C Official's i the explanation Admission(s)/ Ticket(s) 2	Agency Official Yes No Yes No Yes No Yes No Yes	he behest or ervisor First) and Title • Check th taxable i also pro • If not int ceremon organiza To reward a con To promote h opportunities	f an agency ne income box if the ag- vide a description come, description come, description non description non tion. non non the second non the second second second second second non the second second second second second second second second non the second sec	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, individual, or Incon Incon
Was the distribution to persons identity of recipient(s) and the second sec	ntified below n Nate - Alameda C Official's i the explanation Admission(s)/ Ticket(s) 2	ade at ti ounty Super Name (Last Official Yes No Yes Yes Yes	he behest or ervisor First) and Title • Check th taxable also pro • If not inc ceremon organize To reward a con To promote h opportunities	f an agency ne income box if the ag- vide a description come, description come, description non description non tion. non non the second non the second second second second second non the second second second second second second second second non the second sec	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, individual, or Incom Incom ch as
Was the distribution to persons idea         Yes       No       If yes: Miley,         The identity of recipient(s) and to         Name       (Last, First)         or       Organization         (Name, Address, Description)         McCane, Gwen         United Seniors of Oakland and Alameda County	ntified below n Nate - Alameda C Official's i the explanation Admission(s)/ Ticket(s) 2	Agency Official Yes No Yes No Yes No Yes No Yes	he behest or ervisor , First) and Title • Check the taxable also pro • If not indiceremonic organization To reward a control To promote he opportunities	f an agency ne income box if the ag- vide a description come, description come, description non description non tion. non non the second non the second second second second second non the second second second second second second second second non the second sec	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, ng Individual, or Incom Ch as
Was the distribution to persons identity of recipient(s) and the second sec	ntified below n Nate - Alameda C Official's i the explanation Admission(s)/ Ticket(s) 2	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	he behest or ervisor First) and Title • Check th taxable   also pro • If not int ceremor organizz To reward a con To promote h opportunities	f an agency ne income box if i ncome. If the ag vide a description come, description come, description non description non ition.	official? the agency of ency official n. re public purp ned by an age or their service	fficial claims performed a pose, includi ency official, to the public spanded	ceremonial role, individual, or Incom Incom ch as

#### 3. Verification

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C 1 S ...

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.

HEIL	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

licket/Admission Dist	ribution	5					A Public D	ocumen
1. Agency Name						Date Stamp	California	<sup>a</sup> 802
County of Alameda							Form	- Anna Anna - An
Division, Department, or Reg	gion (if applicable)						For Officia	al Use Only
Board of Supervisors Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact	(Name, Title)			-		<b>.</b>		
Crystal Hishida Graff, Clerk	Board of S	Supervisors				Amendment (Mu		
Area Code/Phone Number	E-mail					Date of Original Filin	g:(month, day, y	ear)
(510) 272-3882	crystal.hi	shida@acgov.	org					
2. Function, Event, or Cer	emonial F	Role Informat	tion					
Title Oakland A's					Face \	/alue of Each Adm	ussion \$ 26.00	)
0.099900								
Description Baseball Gam	e				Date(s	s) <u>04 / 21 / 12</u>	/	/
-					Oak	and Ala		
Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗹	If no: Oak	Name	e of Source	
Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	r, Nadia- Supervi Official's ne explanatic Number of Admission(s)/ Ticket(s)		псу	<ul> <li>Check th taxable in also prov</li> <li>If not inc</li> </ul>	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public ial roles, performed by an	cial performed a cere purpose, including	monial role,
	ptiony		Vee	-	organiza			
Briones, Mario		2	Yes No		1 20 m 70 00 m 2 m m m 7 m	er to maximize potential		Income
			Yes					Income
			No					
			Yes					Income
	_		No					
			Yes No					Income
			Yes					
			No					Income
3. Verification I have read and understand FF is in accordance with the provis	sions. MIC	HELLE DIANI	DA	2. I h		et Administrator	admissions, set f	
Signature of Agency Head or Design	iee	Print Nar	me			Title	(mo	nth, day, year)

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

Dell' Dell

is in accordance with the provisions.

	Α	Pub	lic	Document
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_	Ageney Name						Date Stamp		Califo	amain	and
	Agency Name						Date Stamp		Foi		802
	County of Alameda Division, Department, or Region (if applicable)									Official U	se Only
		gion (ii applicabi	0)								
1.14	Board of Supervisors Street Address			_	-						
	1221 Oak Street, Suite 536 Designated Agency Contact										
		Mathine Colores					Amendment (	Must prov	vide explan	nation in I	Part 3.)
	Anna Gee , Operations Mar Area Code/Phone Number	E-mail			_		Date of Original F	iling:			
	510-891-5585	anna.gee@	action ord						(month, d	day, year,	0
_	Function, Event, or Cer	Contraction of the local division of the loc	No. of Concession, Name of Street, or other	ion	-	-					
	Function, Event, or Gen	emomarito	de mornat	ion							
	Title Warrior's vs. New Jers	sey Nets			-	Face \	/alue of Each Ac	dmissi	on \$ _9	5.00	_
							03 30	2019			
	Description Basketball Ga	me			-	Date(s	s) <u>03 , 30 /</u>	20 🖽		_/	
	Ticket(s)/Admission(s) pro	ersons identi	fied below m	nade a	t the	behest of	f an agency offic	ame of S cial?	ource		)
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	ersons identi yes: <u>Miley, Na</u> t(s) and the	<b>fied below n</b> te - Alameda Co <i>Official's f</i>	nade a ounty S Vame (L	Super ast, F	behest of visor     irst) and Title     Check th taxable li also prov     if not inc	f an agency offic	ency offi official po official proble purpe	cial claim príormed a	a ceremo	nial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descri	ersons identi yes: <u>Miley, Na</u> t(s) and the	fied below m te - Alameda Co Official's f e explanatio Number of Admission(s)/	nade a ounty S Name (L n: Agen Offic	at the Super ast, F	behest of visor     irst) and Title     Check th taxable in also prov If not inc ceremon organiza	f an agency offic he income box if the ag income. If the agency of vide a description. some, describte the pub inal roles, performed by tion.	ency offi official po blic purpc / an agen	cial claim priormed a use, includ	a ceremo ling I, individ	nial role, ual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	ersons identi yes: <u>Miley, Na</u> t(s) and the	fied below m te - Alameda Co Official's f e explanatio Number of Admission(s)/	nade a ounty S Name (L n: Agen Offic Yes	at the Super ast, F	behest of visor     irst) and Title     Check th taxable in also prov If not inc ceremon organiza To promote alte	f an agency offic the income box if the ag ncome. If the agency of vide a description. come, describe the pub ial roles, performed by	cial? ency offi official po blic purpo / an agen at a County	cial claim priormed a use, includ cy official y facility in o	a ceremo ling I, individ order to	nial role, ual, or
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 Signature of Agency Head or Designee
 Anna Gee
 Operations Manager
 04/02/2012

 Print Name
 Title
 (month, day, year)

Α	Pub	lic	Docum	ent

1. Agency Name					Date Stamp		California	000
						2	Form	802
	County of Alameda Division, Department, or Region ( <i>if applicable</i> )						For Official U	se Only
Board of Supervisors								
Street Address			_					
1221 Oak Street, Suite 536								
Designated Agency Contact (Nar	me, Title)		-				aan a cour fevr	
Anna Gee, Operations Manage	er			8	Amendment	(Must prov	ide explanation in I	Part 3.)
	mail				Date of Original F	iling:	(month, day, year)	
510-891-5585 a	nna.gee@acgov.org						(monal, day, year)	
2. Function, Event, or Cerem		tion						
							100	
Title MANA concert			č.		/alue of Each A			
Description Baseball Game				Datala	s) 04 _ 27 _	12		,
Description				Date(s	5)//_		/	
Ticket(s)/Admission(s) provid Was the distribution to perso						ame of S cial?	ource	
Was the distribution to perso	ons identified below n Miley, Nate - Alameda C Official's i	nade at county Su Name (La	the	behest of	f an agency offic		ource	
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## 1 11

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

THE P	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pub	lic E	)ocur	nent
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1.	Agency Name			Date Stamp	California 802		
	County of Alameda	y of Alameda					Form OUZ
	Division, Department, or Regi	i <b>on</b> (if applica	ble)				For Official Use 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,	Board of S	upervisors				
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882	   crvstal.his	hida@acgov.o	ora			(
2.	Function, Event, or Cere	Annon an					
	Title Oakland A's				Face	Value of Each Admiss	sion \$ <u>43.75</u>
						A/1 . A 1A	
	Description Baseball Gan	ne, Loge Su	lite		Date(	s) <u>04 , 07 , 12</u>	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🗌 No [	🛿 Ifno: Oak	land A's Name of	Source
						Manie Or	300/06
	Was the distribution to per	rsons iden	tified below n	nade at t	ne behest o	f an agency official?	
	Yes 🗹 No 🔲 Ify	es: <u>Carson,</u>	Keith Superviso Official's	r			
			Official's	Name (Last	First) and Title	9	
	The identity of recipient	(s) and th	e explanatio	on:			
	Name		_		Check t	he income box if the agency of	ficial claims admission as
	(Last, First)		Number of	Agency		income. If the agency official ovide a description.	performed a ceremonial role,
	or Organization		Admission(s)/ Ticket(s)	Official		come, describe the public pur	oose, including
	(Name, Address, Descrip	otion)	Ticket(5)		ceremo organiz	nial roles, performed by an age ation.	ency official, individual, or
	Pete, Geoffrey			Yes 🗖	To promote atte	endance at a County facility in orde	moone
	Tele, Geomey		4	No 🗹	Internetial Count	y revenue from parking and conce	ssion sales
				Yes 🗖			Income
				No 🗖			
		,		Yes 🗖			Income
	••••••••••••••••••••••••••••••••••••••	w		Yes 🗖			· · · · · · · · · · · · · · · · · · ·
							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.

As Mago	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Heat or Designee	Print Name	Title	(month, day, year)

A	Pub	lic	Document
			Doominon

1	Agency Name						1	Date Stamp		California	802
	County of Alameda									Form	002
Ĩ	Division, Department, or Reg	jion (if applicabl	le)				1			For Official U	Jse Only
	Board of Supervisors										
	Street Address						1				
	1221 Oak Street, Suite 536										
1	Designated Agency Contact	(Name, Title)					ПАт	endment //	Mustor	vide explanation in	Part 31
1	Anna Gee, Operations Man	ager						enument (/	vusi prov	nde explanation m	Part 3.)
	Area Code/Phone Number	E-mail					Date of	f Original Fi	ling:	(month, day, yea	0
	510-891-5585	anna.gee@	acgov.org							(1101111, 00), you	×
2.	Function, Event, or Cer	the second se	the second se	ion							
	Title Athletics vs. Indians			_	_	Face	Value of	f Each Ad	lmissi	on \$ <u>38.00</u>	
	Des hall Ores	ш <sup>.</sup>					04	20	12		
	Description Baseball Gam	e			-	Date(	s)			/	/
	Ticket(s)/Admission(s) pro	rsons identi	fied below n	nade a	it the	behest c	of an age	,	me of S ial?	ource	
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2	Was the distribution to pe Yes ☐ No ☑ If y The identity of recipient Name (Last, First) or	rsons identi /es: <u>Miley, Nat</u> t(s) and the	fied below n te - Alameda C Official's I e explanatio Number of Admission(s)/	nade a ounty S Name (L on: Agen Offic	Superv Last, Fi	<ul> <li>behest of isor</li> <li>rst) and Tille</li> <li>Check t taxable also pro</li> <li>If not in ceremo organiz</li> </ul>	of an age the income i income. If come, desc income, desc income, desc income, desc income, desc income, desc income, desc	box if the age the agency o cription. whe the publ	ial? ency offi fficial pe lic purpo an agen	cial claims admis prformed a cerem- se, including cy official, individ	onial role, Iual, or
	Was the distribution to pe Yes □ No ☑ If y The identity of recipient Name (Last, First) or Organization	rsons identi /es: <u>Miley, Nat</u> t(s) and the ption)	fied below n te - Alameda C Official's I e explanatio Number of Admission(s)/	nade a ounty S Name (L on: Agen Offic Yes	Superv ast, Fi	<ul> <li>behest of isor</li> <li>rst) and Title</li> <li>Check t taxable also pro</li> <li>If not in ceremo organiz</li> <li>Fo promote att</li> </ul>	e the income income. If ovide a desc nial roles, p ration.	box if the age the agency o cription. ribe the publ performed by n event held at	ial? ency offi fficial pe lic purpo an agen t a County	cial claims admis rformed a cerem se, including	ual, or
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AMC .	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and ic4-1-Ti okot/A dmicai

icket/Admission Distril	outions				ublic Docume
. Agency Name			apanananapy	Date Stamp	California Form 802
County of Alameda					Form OUZ
Division, Department, or Regio	n (if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	ame, Title)				
Crystal Hishida Graff, Clerk, B	loard of Supervisors			Amendment (Must provid	e explanation in Part 3.)
	-mail			Date of Original Filing:	month day year)
(510) 272-3882	crystal.hishida@acq	ov.org			monar, day, year)
Function, Event, or Ceren					
<i>, ,</i>					
Title				Face Value of Each Admission	າ <b>\$</b> <u></u>
				4 6 12	
Description A's vs. Mariners				Date(s) <u>4 / 6 / 12</u>	//
Yes ☑ No □ If yes The identity of recipient(s	Supervisor Wilma Ch		Last, I	≘irst) and Title	
Name (Last, First) or Organization (Name, Address, Description	Number o Admission( Ticket(s)	f Age s)/ Offi		<ul> <li>Check the income box if the agency official taxable income. If the agency official performation also provide a description.</li> <li>If not income, describe the public purpose ceremonial roles, performed by an agency organization.</li> </ul>	ormed a ceremonial role, , including
		Yes		To promote attendance at an event	
Harris, Bill	2	No	$\checkmark$	County facility in order to maximize	potential
		Yes No		County revenue from sales.	Income
		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. 111

M	Alexandra Boskovich	Ticket Administrator	04/06/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	Α	Pub	lic	Document
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icket/Admission Distribution	10							
. Agency Name					Date Stamp		Californi	* 802
County of Alameda							Form	002
Division, Department, or Region (if applied	cable)						For Officia	al Use Only
Board of Supervisors								
Street Address					1			
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment (	Must prov	ide evolanation	in Part 3 \
Anna Gee, Operations Manager						wast prov	de explanation	in Fait 5.)
Area Code/Phone Number E-mail					Date of Original Fi	iling:	(month, day, y	ear)
510-891-5585 anna.ge	e@acgov.org						(,,, , ,	
. Function, Event, or Ceremonial	and the second	ion						
Title Athletics vs. Indians		_	-	Face \	alue of Each Ac	missi	on \$ <u>. 38.00</u>	
Deschall Come					s) <u>04 /21 /</u>	12		
Description Baseball Game				Date(s	s)///	12	/	/
Ticket(s)/Admission(s) provided by	agency? Yes		0 🗹	If no: Oak	and Athletics	me of Sc	JUICA	
					/va	me of So	ource	
Ticket(s)/Admission(s) provided by Was the distribution to persons ide					/va		ource	
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Har	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

A Public	Document
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Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Tit	le)				Amendment (/	Must pro	vide explan	ation in Part 3.)
Anna Gee, Operations Manager								
Area Code/Phone Number E-mail					Date of Original Fi	ling:	(month, c	day, year)
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Title Athletics vs. Indians				Eaco \	/alue of Each Ad	mieei	on ¢ 3	8.00
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Description Baseball Game				Date(s	;) <u>04 , 22 , -</u>	12		
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AKT.	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Division, Department, or Region	(if applicable)					For Official Use Only
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Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nar	me, Title)					
Anna Gee, Operations Manage	ər			Amendment (A	viust provide e	xplanation in Part 3.)
Provide the second se	mail			Date of Original Fil	ling:	nth, day, year)
510-891-5585 a	nna.gee@acgov.org				(110	riin, day, year)
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Title Athletics vs. White Sox			Face \	alue of Each Ad	mission \$	38.00
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### 3. Verification

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

Holl.	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment (	Musters	ide evelenetie	n in Dari 21
Anna Gee, Operations Manager						wust prov	ilde explanatio	n în Part 3.)
Area Code/Phone Number E-mail					Date of Original F	iling:	(month, day,	veer
510-891-5585 anna.gee	@acgov.org						(monin, day,	year
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CHOK 1	Anna Gee	<b>Operations Manager</b>	04/02/2012	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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Division, Department, or Region (if applicable)				-	For Officia	al Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				_		
Anna Gee , Operations Manager				Amendment (M	lust provide explanation	in Part 3.)
Area Code/Phone Number E-mail				Date of Original Fili	ina:	
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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.

1 De -	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Publi	ic Doc	ument
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Agency Name       Date Stamp       California 802         County of Alameda       Date Stamp       California 802         Division, Department, or Region (# applicable)       Board of Supervisors       For Official Use Only         Board of Supervisors       Street Address       Date Stamp       California 802         12:1 Oak Street, Suite 536       Date of Original Filing:       For Official Use Only         Crystal Hishida Graff, Clork, Board of Supervisors       Date of Original Filing:       (month, day, year)         Cif10 272-3882       Crystal-hishida@acgov.org       Date of Original Filing:       (month, day, year)         Cif10 272-3882       Crystal-hishida@acgov.org       Date of Original Filing:       (month, day, year)         Cif10 272-3882       Crystal-hishida@acgov.org       Date of Original Filing:       (month, day, year)         Cif10 272-3882       Crystal-hishida@acgov.org       Face Value of Each Admission \$ 60.75       Description concert       Date of Original Filing:       (month, day, year)         Ticket(s)/Admission(s) provided by agency? Yes □ No □ □ If no: Golden State Warriors       Name of Source         Was the distribution to persons identified below made at the behest of an agency official false schellshora schellar of the schellar official false schellar of the schellar official false schella										
County of Additional       Per Official Use Only         Division, Department, or Region (if applicable)       Image: County Street Address         1221 Oak Street, Suite 536       Image: County Street Address         Designated Agency Contact (Name, Title)       Image: Address         Crystal Hishida Graff, Clerk, Board of Supervisors       Image: Address         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@agov.org         Function, Event, or Ceremonial Role Information         Title The Black Keys       Face Value of Each Admission \$ 60.75         Description concert       Date(s) 05 _ 04 _ 12 _ /         Distering in Concert       Date(s) 05 _ 04 _ 12 _ /         Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: Golden State Warriors         Was the distribution to persons identified below made at the behest of an agency official?         Yes _ No _ if yes: Carson, Kelth Alameda County Supervisor         Organization       Organization         (Name, Address, Description)       Admission(s)         Organization       Admission(s)         Pete, Geoffrey       4       Yes _ incerte the sublic purpose, including comparison sele.         Yes _ income       Income       Income         Yes _ income       Income       Income	1.	Agency Name					Date Stamp		a 802	
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Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         [510] 272-3882         Function, Event, or Ceremonial Role Information         Title The Black Keys         Description Concert         Date (s)       05         Description concert         Date(s)       04         Ticket(s)/Admission(s) provided by agency? Yes I No I If no:         Golden State Warriors         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes:       Carson, Kelth Alameda County Supervisor         Official's Name (Last, First)       Number of Admission(s)         Organization       No I If yes: I or O Admission(s)         (Name, Address, Description)       Number of Admission(s)         Pete, Geoffrey       4         Yes I No I Ves I Income       I organization (Count revenue from parting and concession sales.         I organization       I organization         (Name, Address, Description)       Yes I Income         Pete, Geoffrey       4       Yes I Income         No I Income       Yes I Income       Income <th></th> <th>Division, Department, or Regio</th> <th colspan="5">on (if applicable)</th> <th></th> <th>For Officia</th> <th>al Use Only</th>		Division, Department, or Regio	on (if applicable)						For Officia	al Use Only
1221 Oak Street, Suite 536		Board of Supervisors								
Designated Agency Contact (Name, Title)		Street Address								
Crystal Hishida Graff, Clerk, Board of Supervisors       Image Amendment (Must provide explanation in Part 3.)         Area Code/Phone Number (510) 272-3882       E-mail crystal.hishida@acgov.org       Date of Original Filing:		1221 Oak Street, Suite 536								
Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filing:		Designated Agency Contact (N	ame, Title)					Amendment (Must pro	vide explanation	in Part 3.)
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#### 3. Verification

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

In mengo	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

1. Agency Name	99999999999999999999999999999999999999			Date Stamp	California	202
County of Alameda					Form	002
Division, Department, or Region (if a	applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 7	Title)			Amendment (M	ust provide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board	d of Supervisors					-
Area Code/Phone Number E-mai				Date of Original Fili	ng:(month, day, ye	ar)
(510) 272-3882 cryst	al.hishida@acgov.	org				nangadhaan iyo ta'ay ta'a 1945 ya
2. Function, Event, or Ceremon	ial Role Informa	tion				
Title			Гаа	e Value of Each Adm	-ii ¢ \$35	
Description A's vs. Indians			Dat	e(s) _4 _/ _21 _/ _12	2 /	1
			Et If no. C	Dakland Athletics		
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Was the distribution to persons Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at Name (Las Dn: Agency Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [ No [	the behest t, First) and 7 Chec taxat also If not cerer organ To pron County County	Nam t of an agency officia File the income box if the agen ble income. If the agency offi provide a description. t income, describe the public monial roles, performed by an nization. note attendance at an facility in order to ma:	cy official claims admi icial performed a ceren purpose, including n agency official, indivi	idual, or Income Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at Name (Las Dn: Agency Officia Yes [ No [ Yes [ No [ No [ Yes [ No [ No [ Yes [ No [ No [ Yes [ No [ No [ No [ Yes [ No [	the behest it, First) and 7 Chec taxat also if not cerer organ To prom County County County	Nam t of an agency officia File the income box if the agen ble income. If the agency offi provide a description. t income, describe the public monial roles, performed by an nization. note attendance at an facility in order to ma:	cy official claims admi icial performed a ceren purpose, including n agency official, indivi event held at a	idual, or Income Income Income Income

	Alexandra Boskovich	Ticket Administrator	04/04/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
/			

			-					
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regi	on (if applica	ible)				For Official	Use Only
	Board of Supervisors					1		
	Street Address							
	1221 Oak Street, Suite 536				Description of the		<u> </u>	
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	ir)
-	(510) 272-3882	ermen of antibar ended and the state	shida@acgov.o				nonni	
2.	Function, Event, or Cere	monial R	ole Informat	tion				
	Title Golden State Warriors	vs. San Au			Face	Value of Each Admiss	ion \$ 95.00	
	Description Basketball Gan	ne			Date(s	s) <u>04</u> <u>16</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	🔲 No 🔽	I If no: Gold	len State Warriors		
				_ang Pana		Name of S	Source	
	Was the distribution to per	sons iden	tified below n	nade at th	a behest of	f an agency official?		
	The area wall of the por	20110 10011						
	Yes 🔲 No 🗹 Ifye	es:			First) and Title			
			Official's i	Name (Last, I	−irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name				1	ne income box if the agency off		
	(Last, First) or		Number of Admission(s)/	Agency Official	1	ncome. If the agency official p vide a description.	enormed a cerem	uniai role,
	Organization	tion	Ticket(s)			come, describe the public purp ial roles, performed by an age		dual. or
	(Name, Address, Descrip				organiza	tion.		
	Carson, Keith		4	Yes 🔽		te attendance at a Cour aximize potential Coun		Income
	Jaison, Neilli		4	No 🗖				
				Yes				Income
				No 🗖	<b> </b>			
				Yes				Income
	tersteletungiste samme aus aus die Male herbiteten die State aus aus die Male herbiteten die State aus aus die				<b></b>			
				Yes □ No □				Income
	••••••••••••••••••••••••••••••••••••••				<u> </u>	NARESUMPTION IN		
				Yes □ No □				Income
20022-0		ana						

### 3. Verification

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

A mean	Amy Shrago	Ticket Administrator	04/25/12
Signiture of Agency Herdor Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distrib	outions	Α	<b>Public Document</b>
1. Agency Name County of Alameda Division, Department, or Region Board of Supervisors	n (if applicable)	Date Stamp	California Form 802 For Official Use Only
Street Address 1221 Oak Street, Suite 536			
Designated Agency Contact (Na Crystal Hishida Graff, Clerk, B Area Code/Phone Number (510) 272-3882	oard of Supervisors -mail	☐ Amendment (Must pro	. ,
2. Function, Event, or Ceren Title <u>Oakland A's</u> Description <u>Baseball Game</u>	onial Role Information	Value of Each Admiss	ion \$ <u>38.00</u>
	ded by agency? Yes	Walle of e	Source

Yes 🖸 No 🔲 If yes: <u>Carson, Keith Supervisor</u>

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	<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>
Leung, Chris	2	Yes 🗖 No 🗹	To promote attendance at a County facility in order to maximize Income potential County revenue from parking and concession sales
		Yes □ No □	
		Yes □ 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.

School	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Ρ	ub	lic	Document	
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• •		induction 3	•						
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi	i <b>on</b> (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors						·
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	r)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	tion					
	Title Golden State Warriors	vs. New Or	leans Home			<b>F</b> \	/-l	en e 95.00	
		VOLTNOW OI			-		/alue of Each Admissi		
	Description Basketball Gan	ne				Date/e	) 04 / 24 / 12	1	,
					-	Date(3	· /	***************************************	/ ·
	Ticket(s)/Admission(s) pro	vided by a	dency? Yes			If no. Gold	en State Warriors		
	neno(o/n annooion(o) pro	u aca sy u			للنا		Name of S	ource	
	Was the distribution to per	aana idan	tified below n	nado of	6 fbc	hohoot of	an agonov official?		
	was the distribution to per	Sons iden	uned below n	naue ai	t the	e benest of	an agency official?		
	Yes 🔽 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso Official's	or Fifth D	istric	st			
	,		Official's i	Name (La	ast, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name						e income box if the agency off		
	(Last, First) or		Number of	Agency	•		taxable income. If the agency official performed a ceremonial role, also provide a description.		
	Organization		Admission(s)/ Ticket(s)	υπιεί	• If not in		ome, describe the public purpo		4
	(Name, Address, Descrip	otion)	.,,			ceremon organiza	ial roles, performed by an ager tion.	icy oπicial, individ	auai, or
				Yes	_		a nonprofit organization	n for its	Income
	Oakland Technical High Sch	lool	4	No	✓	contributio	ns to the community		
				Yes					Income
				No					
				Yes	1				Income
				No					
				Yes					Income
				Yes					Income
				No	Ц				

#### 3. Verification

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

A Shrand	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

	0					- o annoi
. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if applic	able)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must prov	uido ovplanation ir	Dart 2)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				vide explanation in	ran S.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, yea	ar)
(510) 272-3882 crystal.hi	ishida@acgov.	org			(1101111, 02), 902	.,,
. Function, Event, or Ceremonial F		and the instrument of the second s				
Title			Face Va	lue of Each Admissi	on \$ <u>\$75/</u> \$1	7-park
Ale ve. Ciente				4 3 12		
Description <u>A's vs. Giants</u>			Date(s)	4 , 3 , 12	/	/
			Oslila			
Ticket(s)/Admission(s) provided by	agency? Yes	🔲 No 🗹	If no: Oaklar	Name of S	Ource	
					.00/00	
Was the distribution to persons ider	ntified below r	nade at the	e behest of a	an agency official?		
Yes 🖸 No 🔲 If yes: Superv	isor Wilma Chan					
	Official's	Name (Last, I	First) and Title			
The identity of recipient(s) and the	he explanatio	on:				
Name				ncome box if the agency offi		
(Last, First) or	Number of	Agency		ome. If the agency official pe le a description.	erformed a cerem	ionial role,
Organization	Admission(s)/ Ticket(s)	Official	If not incon	ne, describe the public purpo		
(Name, Address, Description)			ceremonial organizatio	roles, performed by an agen n.	icy official, indivi	dual, or
		Yes 🗖		attendance at an eve		Income
Chan, Zoe	4+1 parking	No 🗹	County facili	ity in order to maximiz	e potential	
		Yes 🗖	County reve	enue from sales.		Income
	pass	No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
. Verification						
I have read apd understand FPPC Regulat	tions 18944.1 an	d 18942. I h	ave verified th	at the distribution of adm	nissions, set fo	rth ahove
is in accordance with the provisions.						

# Agency Report of: Ceremonial Role Events and ٦

A	Public	Document
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icket/Admission Distribut								
Agency Name			-		Date Stamp	1	California	802
County of Alameda							C C C C C C C C C C C C C C C C C C C	and the second sec
Division, Department, or Region (#	applicable)						For Officia	Use Only
Board of Supervisors								
Street Address					1			
1221 Oak Street, Suite 536								
Designated Agency Contact (Name,	Title)				Amendment	Must prov	ide explanation i	in Part 3.)
Crystal Hishida Graff, Clerk, Boar	d of Supervisors							1999 - Carlos Contra da 1999 - Carlos Contra da 1999 - Carlos Contra da Carlos Contra da Carlos Contra da Carlo
Area Code/Phone Number E-ma	ail				Date of Original F	iling:	(month, day, ye	ar)
(510) 272-3882 crys	tal.hishida@acgov.	org						1120A
Function, Event, or Ceremon	nial Role Information	tion						
Title Oakland A's							♠ 26.00	
Title Oakland As			-		/alue of Each Ad			
Description Baseball Game				Date/c	a) <u>04 / 23 /</u>	12	1	7
				Datofe	.)			
Ticket(s)/Admission(s) provided	d by agency? Ves			If no. Oakl	and A's			
neket(s)/Admission(s) provided	a by agency. Tes				Na	ame of So	ource	
Was the distribution to persons	identified below n	nade a	it the	honest of	an anonev offu			
				benest of	an agency offic			
Yes 17 No 17 If ves Lo	ockyer, Nadia- Supervi							
Yes 🗹 No 🔲 If yes: 🗠	ockyer, Nadia- Supervi Official's							
		sor Dist Name (L						
The identity of recipient(s) a		sor Dist Name (L		irst) and Title			cial claims admi	ission as
The identity of recipient(s) an Name (Last, First)	nd the explanatio	sor Dist Name (L	rict 2 .ast, F	irst) and Title Check th taxable i	e income box if the ag	ency offic		
The identity of recipient(s) an Name (Last, First) or	nd the explanatic Number of Admission(s)/	sor Dist Name (L on:	rict 2 .ast, F	<ul> <li>Check th taxable i also pro</li> <li>If not inc</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put	ency offic official pe blic purpos	rformed a cerer se, including	nonial role,
The identity of recipient(s) an Name (Last, First)	nd the explanatio	sor Dist Name (L on: Ager	rict 2 .ast, F	<ul> <li>Check th taxable i also pro</li> <li>If not inc ceremon</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by	ency offic official pe blic purpos	rformed a cerer se, including	nonial role,
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/	sor Dist Name (L on: Ager	rict 2 .ast, F ncy cial	<ul> <li>Check th taxable i also pro</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by	ency offic official pe olic purpo / an agend	rformed a cerer se, including cy official, indiv	nonial role, ridual, or
The identity of recipient(s) an Name (Last, First) or Organization	nd the explanatic Number of Admission(s)/	sor Dist Name (L On: Ager Offic Yes	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency o vide a description. come, describe the pub ial roles, performed by tion.	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role,
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No Yes No	rict 2 ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No Yes No	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No Yes No Yes	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income Income Income
The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	nd the explanatic Number of Admission(s)/ Ticket(s)	sor Dist Name (L on: Ager Offic Yes No Yes No Yes No Yes	rict 2 .ast, F	<ul> <li>Check the taxable i also provenore if not inconceremon organiza</li> <li>To promote a</li> </ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. attendance for an eve	ency offic official pe offic purpos y an agend ent held a	rformed a cerer se, including cy official, indiv at a County	nonial role, ridual, or Income Income Income

1 Signature of Agency Head or Designee

Print Name

Title

VV (month, day, year)

Α	P	Jbl	ic	Docu	ment
			10	0000	110116

TICKet/Admission Dist	ributions	5					AI	-upile Do	
1. Agency Name						Date Stamp		California Form	002
County of Alameda								Form	802
Division, Department, or Reg	ion (if applica	able)					ſ	For Official	Jse Only
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
<b>Designated Agency Contact</b>						Amendment (/	duat arou	ide evelenetien in	Bard 2.)
Crystal Hishida Graff, Clerk	, Board of S	Supervisors						2	
Area Code/Phone Number	E-mail					Date of Original Fi	ling:	(month day yea	c)
(510) 272-3882	crystal.his	shida@acgov.	org					(monal, day, yea	<i>.</i>
2. Function, Event, or Cer	AND INCOMENTS OF A DESCRIPTION OF A DESC	and the second se	10000/	-					
Title Oakland A's				-	Face \	/alue of Each Ad	missio	on \$ <u>1568.0</u>	0
Pasahall Cam	2					07 30	12		
Description Baseball Gam	e				Date(s	) 07 / 30 /		/	/
					0.11				
Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🛛	If no: Oak	and A's	me of Sc	ource	
2						i vai	10 01 00	Jurge	
Was the distribution to pe	rsons iden	tified below n	nade a	it the	e behest of	an agency offic	ial?		
Yes 🗹 No 🔲 Ify	/es: Lockyer	, Nadia- Supervi	sor Dist	rict 2					
		Official's	Name (L	.ast, I	First) and Title				
The identity of recipient	t(s) and th	e explanatio	on:						
Name						e income box if the age			
(Last, First) or		Number of	Ager Offic			ncome. If the agency of ride a description.	ficial per	rformed a cereme	onial role,
Organization	1942-1974 C	Admission(s)/ Ticket(s)	Onic	aar	If not inc	ome, describe the publi			
(Name, Address, Descri	ption)			_	organiza	ial roles, performed by lion.	an agend	cy official, individ	lual, or
Greater Hayward Area Recrea	tion and		Yes		To reward a r	nonprofit organization	for its c	contribution to	Income
Park Foundation		20	No	$\checkmark$	the communi	.y			
1099 E Street, Hayward, CA 94541			Yes						Income
			No						
To benefit the Hayward Area Recrea	tion and Park		Yes						Income
District's programs and scholarships			No						
			Yes						Income
			No						
			Yes						Income
3			No						
3 Verification		NB)							

#### 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	4/17/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## **Agency Report of: Ceremonial Role Events and** T 1

<b>Ticket/Admission Distributio</b>	ns		A Public Documer
1. Agency Name			Date Stamp California 802
County of Alameda			Form OU2
Division, Department, or Region (if app	licable)		For Official Use Only
Board of Supervisors			
Street Address		A SHEETO SAMAA HAA HAA KA KA KA GAALAD GAALAD HA HA HAHAD AYAA KA	
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title	ə)		Amendment (Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board o	of Supervisors		
Area Code/Phone Number E-mail	·		Date of Original Filing:
(510) 272-3882 crystal	.hishida@acgov.	org	(monor, cay) yoary
2. Function, Event, or Ceremonia		Contraction of the second s	
	•		05.00
Title Golden State Warriors vs. San	<u>/01</u>		Face Value of Each Admission \$ _ <del>95.00</del>
Description Basketball Game			Date(s) 1612/
	v		
Ticket(s)/Admission(s) provided b	y agency? Yes	🗖 No 🗹	If no: Golden State Warriors Name of Source
			Name of Source
Was the distribution to persons id	entified below r	nade at th	e behest of an agency official?
Yes 🔽 No 🔲 If yes: Cars	on, Keith Superviso	or Fifth Distri	ict ·
	on, Keith Superviso Official's	Name (Last, I	First) and Title
The identity of recipient(s) and	the explanation	on:	
Name			<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,</li> </ul>
(Last, First) or	Number of Admission(s)/	Agency Official	also provide a description.
Organization (Name, Address, Description)	Ticket(s)	- monai	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
		Yes 🗸	To reward a County employee for her Income
Brown, Aisha	5	No 🗖	exemplary service to the public.
		Yes 🗖	Income
		No 🗖	
tin 1971 men stransmenenenen namera faren 1990.		Yes 🗖	Income
		No 🗖	
		Yes 🗖	Income

#### 3. Verification

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

No 🗖

Yes 🗖

No 

Astread	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

icket/Admission Distribution	15							
Agency Name					Date Star	np	Californ	<sup>nia</sup> 802
County of Alameda							the second s	the second s
Division, Department, or Region (if applied	cable)						For Off	cial Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendmen	t (Must pro	vide explanatio	on in Part 3.)
Anna Gee, Operations Manager								
Area Code/Phone Number E-mail				Da	ate of Origina	l Filing:	(month, day	year)
and the second	e@acgov.org					_		
Function, Event, or Ceremonial	Role Informat	ion						
Title Athletics vs. White Sox			F	ace Valu	le of Each	Admissi	on \$ 38.0	00
Description Baseball Game			_ D	ate(s) _	)4 _ 25	12		
Ticket(s)/Admission(s) provided by Was the distribution to persons ide	ntified below n	nade a	t the behe	est of an		Name of S	Cource	
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes □ No ☑ If yes: <u>Miley,</u> The identity of recipient(s) and t Name (Last, First)	ntified below n Nate - Alameda C Official's I	nade a county S Name (Li on: Agen	t the behe upervisor ast, First) and e Ct ta	est of an d Tille heck the incon	agency of	ficial? agency offi	cial claims at	
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BAL	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Read or Designee	Print Name	Title	(month, day, year)

ncket/Admission Distribu								
1. Agency Name					Date Stamp	)	California Form	001
County of Alameda								
Division, Department, or Region (i	if applicable)						For Official	Use Only
Board of Supervisors								
Street Address				,				
1221 Oak Street, Suite 536								
Designated Agency Contact (Name	e, Title)				Amendment	(Must prov	ide explanation in	Part 3)
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors				-			
Area Code/Phone Number E-m	nail				Date of Original F	Filing:	(month, day, yea	<i>r</i> )
(510) 272-3882 crys	stal.hishida@acgov.	org						
2. Function, Event, or Ceremo	nial Role Informat	tion					*************	
							<u>ቀ</u> ጋር	
Title	**			Face \	Value of Each A	dmissi	on \$ _ <del>\$</del> 55	
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Description			-	Date(s	5)//_		/	/
Ticket(s)/Admission(s) provide		107400 B. T	_	ur Oakl	and Athletics			
licket(s)/Admission(s) provide	ed by agency? Yes			If no:	N	ame of S	ource	
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Was the distribution to person	Supervisor Wilma Chan Official's	Name (L				cial?		
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UN /	Alexandra Boskovich	Ticket Administrator	04/03/2012
Signature of Agency Head or Désignee	Print Name	Title	(month, day, year)

A Public Document
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. Agency Name				Date Stamp	California	009
County of Alameda					Form	802
Division, Department, or Reg	jion (if applicable)				For Official	Use Only
Board of Supervisors						
Street Address	97999999999999999999999999999999999999					
1221 Oak Street, Suite 536	;					
Designated Agency Contact	(Name, Title)			☐ Amendment (M	ust provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk	, Board of Supervisor	s				
Area Code/Phone Number	E-mail	,	·	Date of Original Fili	ng:	ar)
(510) 272-3882	crystal.hishida@aco	gov.org				
Function, Event, or Cer	emonial Role Infor	mation				
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Title Mana			Face	/alue of Each Adn	nission \$	WIT 120
Description Concert			Dete/s	s) <u>04 , 27 , 1</u> 2	2 ,	,
Description			Date(s	•)		
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Was the distribution to per Yes ☑ No □ If The identity of recipien Name (Last, First) or Organization (Name, Address, Descr	ersons identified belo yes: Lockyer, Nadia, Sup Offic t(s) and the explan Number Admission Ticket(s	ow made at the pervisor - District cial's Name (Last, ation: of Agency Official s) Yes No Yes No Yes No	he behest or it Two First) and Title • Check th taxable i also prov • If not inc ceremon organiza To provide atter maximize poten	f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion. dance at an event held at a	al? acy official claims admis icial performed a cerem purpose, including n agency official, individ	dual, or Income Income Income
Was the distribution to per Yes ☑ No □ If The identity of recipien Name (Last, First) or Organization (Name, Address, Descr	ersons identified belo yes: Lockyer, Nadia, Sup Offic t(s) and the explan Number Admission Ticket(s	ow made at the pervisor - District cial's Name (Last, ation: ation: of Agency Official No Yes No Yes No Yes No	he behest of t Two First) and Title • Check th taxable i also pro • If not inc ceremon organiza To provide atter maximize poten	f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion. dance at an event held at a	al? acy official claims admis icial performed a cerem purpose, including n agency official, individ	dual, or Income Income Income Income
Was the distribution to per Yes ☑ No □ If The identity of recipien Name (Last, First) or Organization (Name, Address, Descr	ersons identified belo yes: Lockyer, Nadia, Sup Offic t(s) and the explan Number Admission Ticket(s	ow made at the pervisor - Distriction is ial's Name (Last, ation: of Agency Official is) Yes Agency Official is Yes Agency Official is No I	he behest of t Two First) and Title • Check th taxable i also pro • If not inc ceremon organiza To provide atter maximize poten	f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion. dance at an event held at a	al? acy official claims admis icial performed a cerem purpose, including n agency official, individ	dual, or Income Income Income Income
Was the distribution to per Yes ☑ No □ If The identity of recipien Name (Last, First) or Organization (Name, Address, Descr	ersons identified belo yes: Lockyer, Nadia, Sup Offic t(s) and the explan Number Admission Ticket(s	ow made at the pervisor - Distriction: ation: of Agency Official Yes Yes No No Yes No Yes No No Yes No Yes No No Yes No No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No No No No No No No No	he behest of t Two First) and Title • Check th taxable i also pro • If not inc ceremon organiza To provide atter maximize poten	f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion. dance at an event held at a	al? acy official claims admis icial performed a cerem purpose, including n agency official, individ	dual, or Income Income Income Income

## 3

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

Rohen Bridnes Print Name **Ticket Administrator** 4/16/12 (month, day, year) Title Signature of Agency Head or Designee

AI	Public	Do

Ticket/Admission Distributior	S			A Public Document
1. Agency Name			Date Stamp	California 802
County of Alameda				
Division, Department, or Region (if applied	cable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Title)			Amendment (M	ust provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors	۹.		
Area Code/Phone Number E-mail			Date of Original Fili	ng:(month, day, year)
(510) 272-3882 crystal.h	ishida@acgov.o	org		
2. Function, Event, or Ceremonial	Role Informat	tion		
Golden State Warriors vs. San A	-			95.00
Title Golden State Warriors vs. San A	2		Face Value of Each Adm	nission \$
Description Basketball Game			Date(s) / / / /	2 , ,
Description			Date(5)/	
Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No 🗹	If no: <u>Golden State Warriors</u> Nam	e of Source
Was the distribution to persons ide	ntified below n	nade at the	e behest of an agency officia	al?
Yes 🖸 No 🔲 If yes: Carso	n, Keith Superviso	or Fifth Distrie	ct	
	Official's	Name (Last, F	First) and Title	
The identity of recipient(s) and t	he explanatio	on:		
Name			Check the income box if the agent     towahle income. If the agent, off	icy official claims admission as
(Last, First) or	Number of Admission(s)/	Agency Official	also provide a description.	icial performed a ceremonial role,
Organization (Name, Address, Description)	Ticket(s)	Chicida	<ul> <li>If not income, describe the public ceremonial roles, performed by a organization.</li> </ul>	
· · · · · · · · · · · · · · · · · · ·		Yes 🗖	To reward a community volu	nteer for his or her Income
Platt, Larry	4	No 🗹	service to the 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.

In Smart	Amy Shrago	Ticket Administrator	04/25/12
Bignature of Agency Herid or Designee	Print Name	Title	(month, day, year)

<b>Ticket/Admission Distributions</b>	ket/Admission Distributions			A	Public Doo	cument
1. Agency Name				Date Stamp	California	802
County of Alameda					1 Onit	Contraction of the second
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)	-			<b>-</b>		
Anna Gee , Operations Manager				Amendment (Must pro	vide explanation in F	Part 3.)
Area Code/Phone Number [E-mail				Date of Original Filing:		
510-891-5585 anna.gee	@acgov.org				(month, day, year)	
2. Function, Event, or Ceremonial R	Contraction of the Association o	lon				
2. Function, Event, or Geremonial R	ole morna	lon				
Title Warrior's vs. New Orleans Hornet	S		Face \	/alue of Each Admissi	on \$_95.00	
Description Basketball Game			Date(s	) <u>04 / 24 / 201</u>	/	_/
• • • • • • • • • • • • • • • • • • • •			150100000			
Ticket(s)/Admission(s) provided by a	agency? Yes		I If no. Gold	len States Warriors		
	genegi iee			Name of S	ource	
Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?		
Yes 🗹 No 🔲 If yes: Miley, N	late - Alameda C	ounty Super	visor			
Yes 🗹 No 🔲 If yes: Milley, N	Official's l	Name (Last,	First) and Title			
		Levensor tertakate :	an tha an ann an Arth			
The identity of recipient(s) and th	le explanatio	on:				
Name				e income box if the agency offi ncome. If the agency official pe		
(Last, First) or	Number of Admission(s)/	Agency Official	27 March and The State of Contract of State o	vide a description.	rionneu a cerenio	mai role,
Organization	Ticket(s)	omora		ome, describe the public purpo ial roles, performed by an agen		ual or
(Name, Address, Description)			organiza	tion.		iai, oi
United Seniors of Oakland and Alameda		Yes 🗖		Ith, motivate and provide expanded lations in the County such as the dis		Income
County	4	No 🗹		seniors and youth in foster care		
7200 Bancroft Ave, Suite 251 - Oakland, CA 94605		Yes 🗖			÷	Income
7200 Bandion AVe, Bane 201 - Banand, BA 94665		No 🗖				
Senior Advocacy		Yes 🗖				Income
Senior Advocacy		No 🗖				
		Yes 🗖				12
		No 🗖				Income
		···· Imil			56	

### 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 🗖

Anna Gee		<b>Operations Manager</b>	04/02/2012		
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

1

	A	Pub	lic	Document
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						and the second data and the
. Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if app	olicable)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	le)			D Amondmont (44	ust provide explanation in	Dad 21
Anna Gee, Operations Manager					ist provide explanation in	Pan 3.)
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, yea	c)
510-891-5585 anna.g	gee@acgov.org				(month, day, yea	0
. Function, Event, or Ceremonia	the second s	ion				
Title Athletics vs. Mariners			Face V	alue of Each Adn	nission \$ <u>38.00</u>	
				04 07 1	2	
Description Baseball Game			Date(s	s) <u>04 / 07 / 12</u>	<u>د</u> ا	/
			If no: Oak	land Athletics	10	
Ticket(s)/Admission(s) provided b	by agency? Yes					
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes □ No ☑ If yes: Mile	lentified below n	nade at th	e behest of	f an agency officia	e of Source	
Was the distribution to persons id Yes □ No ☑ If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization	<b>lentified below n</b> y, Nate - Alameda C Official's I	nade at th ounty Super Name (Last, F	e behest of visor First) and Title • Check th taxable i also pro • If not inc	f an agency officia	al? cy official claims admis icial performed a cerem purpose, including	onial role,
Was the distribution to persons id Yes □ No ☑ If yes: Mile The identity of recipient(s) and Name (Last, First) or	lentified below n y, Nate - Alameda C Official's / I the explanatio Number of Admission(s)/	ounty Super Name (Last, i on: Agency Official	e behest of visor First) and Title Check th also prov If not inc ceremon organiza	f an agency officia the income box if the agen ncome. If the agency offi vide a description. some, describe the public ial roles, performed by ar tion.	al? cy official claims admis icial performed a cerem purpose, including n agency official, individ	onial role, dual, or
Was the distribution to persons id Yes □ No ☑ If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization	lentified below n y, Nate - Alameda C Official's / I the explanatio Number of Admission(s)/	nade at th ounty Super Name (Last, ) on: Agency	e behest of visor First) and Title Check th taxable i also prov If not inc ceremon organiza To promote atte	f an agency officia the income box if the agency ncome. If the agency offi vide a description. come, description. ial roles, performed by ar	al? cy official claims admis icial performed a cerem purpose, including n agency official, individ County facility in order to	onial role,
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Was the distribution to persons id Yes No I If yes: Mile: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wilson, Dana	Ientified below n y, Nate - Alameda C Official's / I the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	e behest of visor First) and Title • Check th taxable i also pro • If not inc ceremon organiza To promote atte maximize poten o promote att order to maxi	f an agency officia the income box if the agen- ncome. If the agency offi vide a description. some, description. some, description. indance at an event held at a tial County revenue from part endance at an event held mize potential County reve	al? cy official claims admis icial performed a cerem purpose, including n agency official, individ County facility in order to king and concession sales. at a County facility in enue from parking and	Income Income Income Income
Was the distribution to persons id Yes No I If yes: Mile: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wilson, Dana	Ientified below n y, Nate - Alameda C Official's / I the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	e behest of visor First) and Title • Check th taxable i also pro • If not inc ceremon organiza To promote atte maximize poten o promote att order to maxi	f an agency officia the income box if the agen- ncome. If the agency offi vide a description. some, description. some, description. indance at an event held at a tial County revenue from part endance at an event held mize potential County reve	al? cy official claims admis icial performed a cerem purpose, including n agency official, individ County facility in order to king and concession sales. at a County facility in enue from parking and	Income
Was the distribution to persons id Yes No I If yes: Mile: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wilson, Dana	Ientified below n y, Nate - Alameda C Official's / I the explanatio Number of Admission(s)/ Ticket(s)	ade at th ounty Super Vame (Last, ) on: Agency Official Yes □ No ☑ Yes □ No ☑ Yes □ No ☑	e behest of visor First) and Title • Check th taxable i also pro • If not inc ceremon organiza To promote atte maximize poten o promote att order to maxi	f an agency officia the income box if the agen- ncome. If the agency offi vide a description. some, description. some, description. indance at an event held at a tial County revenue from part endance at an event held mize potential County reve	al? cy official claims admis icial performed a cerem purpose, including n agency official, individ County facility in order to king and concession sales. at a County facility in enue from parking and	iual, or Income Income Income Income

A A A			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Publi	c Document
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1. Agency Name			Date Sta		fornia 802		
County of Alameda			orm OUZ				
Division, Department, or Region (if ap		F	or Official Use Only				
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Til	fle)		Amendme	nt (Must provide exp	anation in Part 3.)		
Crystal Hishida Graff, Clerk, Board	of Supervisors						
Area Code/Phone Number E-mail			Date of Origin	al Filing:	n, day, year)		
	l.hishida@acgov.o		arran we want yn yn yn yn fel yn de blaet blaet da blaet yn yn arran wertan yn ar a				
2. Function, Event, or Ceremonia	al Role Informat	ion					
Golden State Warriors vs. Sar	n Amr			. A alua ia a ia (t	95.00		
Title Golden State Warriors vs. Sar			Face Value of Each				
Description Basketball Game			Date(s) 16	, 12	1 1		
			Duto(0)				
Ticket(s)/Admission(s) provided	hy agency? Yes		If no. Golden State Warrio	rs			
				Name of Source			
	ale satifice al le elle sur su		habaat af an ananay a	Histol 2			
Was the distribution to persons i	dentified below n	hade at the	benest of an agency of	omiciai ?			
Yes ☑ No 🔲 If yes: <u>Car</u>	son, Keith Superviso Official's I	r Fifth Distric	t				
	Official's l	Name (Last, F	irst) and Title				
The identity of recipient(s) and	d the explanatio	n:					
Name			Check the income box if th	e agency official clai	ms admission as		
(Last, First)	Number of	Agency	taxable income. If the age also provide a description.	•	d a ceremonial role,		
or Organization	Admission(s)/ Ticket(s)	Official	<ul> <li>If not income, describe the</li> </ul>	ncome, describe the public purpose, including			
(Name, Address, Description)	Tionet(o)		ceremonial roles, performe organization.	ed by an agency offic	ial, individual, or		
		Yes 🗾	To reward a County em		Income		
Greene, Hannah	2	No 🗖	exemplary service to the	e 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.

An Stread	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	bli	С	D	ос	u	n	е	n	t
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Icket/Admission Distri	Sations								
. Agency Name						Date Stamp		California	802
County of Alameda						Form	002		
Division, Department, or Region (if applicable)							For Official	Use Only	
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (N	lame, Title)					Amendment (	Mustoro	uide explanation in	Part 3)
Crystal Hishida Graff, Clerk, E	Board of Su	upervisors						,	
	E-mail	•				Date of Original F	iling:	(month. day. vea	r)
(510) 272-3882	crvstal.hisl	hida@acgov.c	orq					(//////////////////////////////////////	••
. Function, Event, or Cerer					22002.00000000000000000000000000000000				
· · • · · · · · · · · · · · · · · · · ·									
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						0 16	12		
Description A's vs. Orioles					Date(s	<b>)</b> <u>9</u> <u>16</u> <u></u>		/	/
Ticket(s)/Admission(s) prov						/Va	ame of S	ource	
Was the distribution to pers Yes ☑ No 🔲 If ye	sons ident es: _Supervis	i <b>fied below n</b> or Wilma Chan Official's I	nade a	at the	e behest of	f an agency offic		ource	
Was the distribution to pers	sons ident <sub>s:</sub> <u>Supervis</u> s) and the	i <b>fied below n</b> or Wilma Chan Official's I	nade a	at the ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide of taxable is al</li></ul>	f an agency offic the income box if the ag ncome. If the agency vide a description. come, describe the pub ial roles, performed by	cial? ency offi official pe lic purpc	cial claims admis erformed a cerem	onial role,
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization	sons ident <sub>s:</sub> <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatio Number of Admission(s)/	nade a Name (L n: Ager	at the .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promote in the taxable is also promote in the taxable is also promote in the taxable is also promote its p</li></ul>	f an agency offic the income box if the ag ncome. If the agency vide a description. come, describe the pub ial roles, performed by	cial? ency offi official pe offic purpo y an agen an eve	cial claims admis erformed a cerem ose, including ocy official, indivi nt held at a	onial role, dual, or
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident <sub>s:</sub> <u>Supervis</u> s) and the	ified below m or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also pro-</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an agency office the income box if the agency ncome. If the agency vide a description. toome, describe the pub- tial roles, performed by tion.	cial? ency offi official po plic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including ocy official, indivi nt held at a	onial role, dual, or Income
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident <sub>s:</sub> <u>Supervis</u> s) and the	ified below m or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s) 4+1 parking	Name (L on: Ager Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also pro-</li> <li>If not inconstruction organization organization organization of the promote o</li></ul>	f an agency office the income box if the agency ncome. If the agency vide a description. some, describe the pub- tial roles, performed by tion. te attendance at a cility in order to m	cial? ency offi official po plic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including ocy official, indivi nt held at a	onial role, dual, or Income Income
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident <sub>s:</sub> <u>Supervis</u> s) and the	ified below m or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s) 4+1 parking	Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also pro-</li> <li>If not inconstruction organization organization organization of the promote o</li></ul>	f an agency office the income box if the agency ncome. If the agency vide a description. some, describe the pub- tial roles, performed by tion. te attendance at a cility in order to m	cial? ency offi official po plic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including ocy official, indivi nt held at a	onial role, dual, or Income Income
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

$\mathcal{N}$	Alexandra Boskovich	Ticket Administrator	04/12/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and Т

County of Alameda       For Official U         Division, Department, or Region (If applicable)       Board of Supervisors         Street Address       1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)       Amendment (Must provide explanation in f         Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filing:(month, day, year)         (510) 272-3882       crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information       Title         Title	cument
County of Alameda       For Official U         Division, Department, or Region (If applicable)       For Official U         Board of Supervisors       Street Address         1221 Oak Street, Suite 536       Image: Constant (Name, 7tile)         Crystal Hishida Graff, Clerk, Board of Supervisors       Image: Constant (Name, 7tile)         Crystal Hishida Clerk, Board of Supervisors       Date of Original Filing:	802
Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         (510) 272-3882         Crystal Hishida (Dardf, Clerk, Board of Supervisors)         Area Code/Phone Number         (510) 272-3882         Crystal Hishida (Dardf, Clerk, Board of Supervisors)         Title	
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         E-mail         (510) 272-3882         Crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title	se Only
1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         [510] 272-3882         Crystal. Hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title	
Designated Agency Contact (Name, Title) <pre>             Area Code/Phone Number</pre> E-mail             Crystal Hishida Graff, Clerk, Board of Supervisors             Area Code/Phone Number             E-mail             (510) 272-3882             crystal.hishida@acgov.org             2. Function, Event, or Ceremonial Role Information             Title	
Crystal Hishida Graff, Clerk, Board of Supervisors	
Area Code/Phone Number (510) 272-3882       E-mail crystal.hishida@acgov.org       Date of Original Filing:	Part 3.)
(510) 272-3882       crystal.hishida@acgov.org       (month. day, year)         2. Function, Event, or Ceremonial Role Information       Title       Face Value of Each Admission \$ \$35         Description A's vs. Angels       Date(s) 9 / 4 / 12 /       /         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland Athletics       Name of Source         Was the distribution to persons identified below made at the behest of an agency official?       Yes ☑ No □ If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:       • Check the income box if the agency official performed a ceremo also provide a description.         Name (Last, First) Organization (Name, Address, Description)       Number of Admission(s)/Ticket(s)       Agency Official         Mitamura, Summer       2       Yes □ To promote attendance at an event held at a County facility in order to maximize potential         Mitamura, Summer       2       Yes □ County revenue from sales.         Yes □ No □       Yes □ No □	
2. Function, Event, or Ceremonial Role Information         Title	<del>,</del>
Title       Face Value of Each Admission \$ \$35         Description       A's vs. Angels       Date(s) 9 / 4 / 12 / /         Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics       Name of Source         Was the distribution to persons identified below made at the behest of an agency official?       Name of Source         Yes □ No □ If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title       Number of Admission(s)         The identity of recipient(s) and the explanation:	
Description A's vs. Angels       Date(s) 9 _ / 4 _ / 12 / 12         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland Athletics Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Supervisor Wilma Chan 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 performed a ceremo also provide a description.         Mitamura, Summer       2       Yes □ No □       To promote attendance at an event held at a County facility in order to maximize potential         Yes □ No □       Yes □ No □       To county revenue from sales.	
Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes D No D If yes: Supervisor Wilma Chan         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 Performed to a secret the agency official performed a ceremo also provide a description.       • Check the income box if the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes D       To promote attendance at an event held at a County facility in order to maximize potential         Yes D       No D       Yes D       No D       County revenue from sales.         Yes D       No D       Yes D       No D       Pres D         No D       Yes D       No D       Pres D       No D         No D       Yes D       No D       Pres D       No D	······
Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes D No D If yes: Supervisor Wilma Chan         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 Performed to a secret the agency official performed a ceremo also provide a description.       • Check the income box if the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes D       To promote attendance at an event held at a County facility in order to maximize potential         Yes D       No D       Yes D       No D       County revenue from sales.         Yes D       No D       Yes D       No D       Pres D         No D       Yes D       No D       Pres D       No D         No D       Yes D       No D       Pres D       No D	
Was the distribution to persons identified below made at the behest of an agency official?         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization (Name, Address, Description)         Number of Admission(s)/ Organization       Number of Admission(s)/ Ticket(s)       Agency Official          • Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official          • Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes I          To promote attendance at an event held at a County facility in order to maximize potential         Yes I       No I       County revenue from sales.          No I          Yes I         No I       Yes I       No I          No I          Outry revenue from sales.	/
Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes: Supervisor Wilma Chan 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 admiss taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Yes       No       County revenue from sales.         Yes       No       Yes       No         Yes       No       No       Yes	
Yes       No       If yes:       Supervisor Wilma Chan         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 admiss taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Yes       No       County revenue from sales.         Yes       No       No         Yes       No       No	
Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Mitamura, Summer       2       Yes       County facility in order to maximize potential         Yes       No       1         Yes       No       2	
Items       Number of Admission(s)/ Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       taxable income. If the agency official performed a ceremo also provide a description.         Mitamura, Summer       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Mitamura, Summer       Yes       Yes       County revenue from sales.         Yes       No       Yes       No         Yes       No       Yes       No	
Mitamura, Summer       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential         Yes       Yes       County facility in order to maximize potential         Yes       Yes       County revenue from sales.         Yes       No       Yes         Yes       No       Yes         No       Yes       Yes         No       Yes       Yes         No       Yes       No	onial role,
No         Image: No         Image	Income
No         □           Yes         □           No         □	Income
Yes D No D	Income
No 🗖	
	Income
	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.

und	Alexandra Boskovich	Ticket Administrator	04/11/2012
Signature of Agency Head or pesignee	Print Name	Title	(month, day, year)

AF	Public	Document
<i>/</i> \ I		Dogamon

TICKEU/AUTTISSION DISC	indutions	2				A		Joument
1. Agency Name	Agency Name				Date Stamp	California Form	009	
County of Alameda	County of Alameda						Form	002
Division, Department, or Reg	<b>gion</b> (if applica	able)					For Official	Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536	1221 Oak Street, Suite 536							
Designated Agency Contact	(Name, Title)	1	<u></u>			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, yea	ar)
(510) 272-3882	crystal.his	shida@acgov.o	org					, ,
2. Function, Event, or Cer	emonial R	ole Informat	ion	64995. cm/cani				
							фо <b>г</b>	<u> </u>
Title				_	Face V	/alue of Each Admiss	sion \$ <u>\$95 +</u>	<u> \$18-рагк</u>
n Warriors vs. I	Hornets				Datata	<u>4</u> , <u>24</u> , <u>12</u>	,	1
Description Warriors vs. I	Iometo				Date(s	;)///	/	/
		<b>.</b>		recourse	ur Gold	en State Warriors		
Ticket(s)/Admission(s) pr	ovided by a	agency? Yes		o	If no: <u>oold</u>	Name of	Source	
Was the distribution to pe	ersons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Current							
Yes 🗹 No 🔲 🛛 If	yes: <u>Supervis</u>	sor Wilma Chan	Name (I	last F	-irst) and Title			
					noty and This			
The identity of recipien	t(s) and th	e explanatio	on:					
Name						e income box if the agency of ncome. If the agency official [		
(Last, First) or		Number of	Age			vide a description.	benonned a cerem	omai role,
Organization		Ticket(s)	Admission(s)/ Official Ticket(s)		<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual,</li> </ul>			
(Name, Address, Descr	iption)				organizat			
			Yes			e attendance at an eve		Income
Carbajal, Roxana		4 tickets + 1			County fac	cility in order to maximi	ze potential	
		•	Yes		County rev	venue from sales.		Income
		parking pase	No					
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
	201102162020202016302046302046		No					
3. Verification			A CONTRACTOR OF THE OWNER					

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.

We J	Alexandra Boskovich	Ticket Administrator	4/24/2012
Signature of Agen¢y Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distr	nonna	S				A		
1. Agency Name						Date Stamp	California Form	202
County of Alameda						and the second		
Division, Department, or Regi	Division, Department, or Region (if applicable)						For Official	Use Only
Board of Supervisors								
Street Address				0403002094034009				
1221 Oak Street, Sui <b>t</b> e 536								
Designated Agency Contact (	Name, Title)					Amendment (Must pr	rovide explanation in	n Part 3)
Crystal Hishida Graff, Clerk,	Board of S	Supervisors					·	,
Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, ye	ar)
(510) 272-3882	crystal.hi	shida@acgov.o	org					
2. Function, Event, or Cere	monial F	Role Informat	tion					
							. ¢75/¢	17 port
Title					Face V	/alue of Each Admiss	;ion \$ <u>⊅75/⊅</u>	Г-рагк
Description <u>A's vs. Royals</u>					Datada	<u>, 4 , 9 , 12</u>	,	,
Description <u>Alle Vel Holyale</u>					Date(s	·)//////		/
		<b>0</b> Y		_	ur Oakla	and Athletics		
Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗸	If no:	Name of	Source	
Was the distribution to per	sons ider	ntified below n	nade a	it the	e behest of	an agency official?		
	Suponi	icor Wilma Chan						
Yes 🗹 No 🔲 If ye	es: Supervi	isor Wilma Chan Official's	Name (I	ast F	- irst) and Title	<u> </u>		
					noty and Thie			
The identity of recipient	s) and th	ne explanatio	on:					
Name			-			e income box if the agency of ncome. If the agency official (		
(Last, First) or		Number of Admission(s)/	Ager Offic	•		vide a description.		ional i oio,
Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public purp ial roles, performed by an age		dual. or
(Name, Address, Descrip					organizat	tion.		
Kling Shirlov			Yes			e attendance at an eve cility in order to maximi		Income
Kline, Shirley		20+4 parkin						
			Yes		County rev	venue from sales.		Income
		passes	No			an beingen annan an Stadd a tean a' train an tean an taitean tha an taitean an taitean an taitean an taitean a		
			Yes					Income
			Yes					Income
			No			· · · · · · · · · · · · · · · · · · ·		
			Yes					Income
			No					
3. Verification							RESIDENT CONTRACTOR CONTRACTOR CONTRACTOR	
I have read and understand FPI		ions 18944.1 an	d 1894.	2. I h	ave verified t	hat the distribution of ad	missions, set fo	orth above,
is in accordance with the provisi	ions.							
14		xandra Boskov	vich		Ticke	et Administrator	04/04/	/2012
Signature of Agency Head or Designe	5 <b>0</b>	Print Nar	пе			Title	(mon	th, day, year)

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

# Agency Report of: Ceremonial Role Events and Т

A Public Documen
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. Agency Name					[	Date Sta	Imp	Ca	aliforni	<sup>a</sup> 802
County of Alameda										and an adjust of a providence
Division, Department, or Region (if a	oplicable)	-011-112-12-12-12-12-12-04			1				For Offici	al Use Only
Board of Supervisors										
Street Address										
1221 Oak Street, Suite 536										
Designated Agency Contact (Name, T	itle)					lendme	nt (Musti	nrovide e	volanation	in Part 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors					•••••				
Area Code/Phone Number E-mail					Date of	f Origin	al Filing:	(mo	nth, day, y	/ear)
(510) 272-3882 crysta	al.hishida@acgov.o	org						·		,
. Function, Event, or Ceremoni	al Role Informat	tion								
									<b></b>	
Title				Face V	/alue of	f Each	Admis	sion \$	<u>\$75/</u>	\$17-park
					. 4	6	12			/
Description <u>A's vs. Mariners</u>				Date(s	i)		_/		/_	/
Ticket(s)/Admission(s) provided Was the distribution to persons i							Name o		<del>)</del>	
Was the distribution to persons i		nade a	at the	e behest of	f an age				3	
Was the distribution to persons i	dentified below n pervisor Wilma Chan Official's i	nade a Name (L	at the	e behest of	f an age				<del>)</del>	
Was the distribution to persons i Yes ☑ No □ If yes: <u>Su</u>	dentified below n pervisor Wilma Chan Official's i	nade a Name (L	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon</li> </ul>	f an age e income ncome. If vide a desc ome, desc ial roles, p	box if the ager cription.	fficial? e agency officia public pu	official cl I perform rpose, in	laims adn ned a cere	emonial role,
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Was the distribution to persons i Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization	dentified below n pervisor Wilma Chan Official's r d the explanatio Number of Admission(s)/	nade a Name (L on: Ager Offic	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organization</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	emonial role, ividual, or
Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's i d the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	emonial role, widual, or to Income
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Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s) 2+1 parking	nade a Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	vidual, or to Income
Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s) 2+1 parking	nade a Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	ividual, or to Income
Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s) 2+1 parking	nade a Name (L on: Ager Offic Yes No Yes No Yes	At the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	vidual, or to Income Income
Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s) 2+1 parking	nade a Name (L on: Ager Offic Yes No Yes No Yes	At the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	vidual, or to Income Income Income
Was the distribution to persons i Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	dentified below n pervisor Wilma Chan Official's d the explanation Admission(s)/ Ticket(s) 2+1 parking	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> <li>To evaluat</li> <li>attract bus</li> </ul>	f an age ncome. If vide a desc ome, desc ial roles, p tion. te the al	box if the the ager cription. cribe the berforme	fficial? e agency icy officia public pu d by an ag f a loca	official cl l perform rpose, in gency off	laims adn ned a cere icluding ficial, indi s team	vidual, or to 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.

(m)	Alexandra Boskovich	Ticket Administrator	04/05/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
# **A Public Document**

	ckel/Admission Distri	putions				A		
1.	Agency Name	****		gere Akhadalan (katalaka)	wala wani a sanga kanana sananga	Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Regio	n (if applica	ble)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	lame, Title)				Amendment (Must pro	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, E	Board of S	upervisors					, art oly
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	nr)
	(510) 272-3882	crystal.his	shida@acgov.o	org				,
2.	Function, Event, or Cerer	nonial R	ole Informat	tion				
							<b>#</b> 400	
	Title				Face	Value of Each Admiss	ion $ \frac{123}{}$	
	- Mana concort					s) <u>4 / 27 / 12</u>	,	,
	Description Mana concert				Date(s	s)//		]
					— Gold	ten State Warriors		
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes	🛛 No		Name of S	Source	
	Was the distribution to pers	ons iden	tified below n	nade at	the behest o	f an agency official?		
		Suponio	or Wilma Chan					
	Yes 🗹 No 🔲 Ifye	S:	sor Wilma Chan Official's	Name (La	st, First) and Title			
					,,			
	The identity of recipient(	s) and th	e explanatio	on:				
	Name				tavable	he income box if the agency off income. If the agency official p		
	(Last, First) or		Number of Admission(s)/	Agenc Officia	y also pro	vide a description.		,
	Organization (Name, Address, Descript	ion)	Ticket(s)			come, describe the public purp nial roles, performed by an age		dual, or
					organiza	ation.	-	
	Vela, Thelma			Yes		te attendance at an eve cility in order to maximi		Income
			4	No 🖸	<u> </u>			
				Yes		evenue from sales.		Income
	MAANAANIMMAANAANAANIMMAANA.			No [	_			
				Yes [				Income
				No [				
				Yes [	_			Income
				No [			and a second	
				Yes	1			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.

and	Alexandra Boskovich	Ticket Administrator	04/27/2012
Signature of Agency Head/or Designee	Print Name	Title	(month, day, year)

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Α	Ρι	ldı	ic	Doo	cum	ent
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icket/Admission Dis	unputions	3								
Agency Name							Date Star	np	Califor	nia <b>802</b>
County of Alameda									Forn	n 004
Division, Department, or Re	egion (if applica	able)				1			For Of	ficial Use Only
Board of Supervisors										
Street Address		- · · · · · · · · · · · · · · · · · · ·				1				
1221 Oak Street, Suite 53	6									
Designated Agency Contac				940 Jan 36-04					····	
Crystal Hishida Graff, Cler	k. Board of S	Supervisors					nenamen	t (Must pro	vide explanati	on in Part 3.)
Area Code/Phone Number	E-mail					Date o	f Origina	l Filing:	(month, day	( year)
(510) 272-3882	crvstal.hi	shida@acgov.c	ora						(momin, da)	, year)
Function, Event, or Ce										
, ,										
Title					Face	Value o	f Each	Admiss	ion \$ <u>\$75</u>	5/\$17-park
Alaya Dadra						6	17	12		
Description A's vs. Padre					Date(s	s)	_/	/		//
Ticket(s)/Admission(s) p	rovided by a	agency? Yes		0 🗸	If no: Oak	land Athi	etics	Name of S	Source	
Ticket(s)/Admission(s) p Was the distribution to p	e <b>rsons iden</b> yes: <u>Supervi</u>	<b>itified below n</b> isor Wilma Chan Official's I	nade a	at the	e behest o	f an ag	ency of	ficial?		
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No 🔲 If	ersons iden yes: <u>Supervi</u> nt(s) and th	<b>itified below n</b> isor Wilma Chan Official's I	nade a	Last, F	<ul> <li>behest or</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconceremon</li> </ul>	f an ag ne income ncome. If vide a des come, des ial roles,	box if the agenc cription.	ficial? agency off y official p wublic purpo	icial claims a	eremonial role,
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No 🔲 If The identity of recipier Name (Last, First) or Organization	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's / ne explanatio Number of Admission(s)/	Name (l Name (l on: Offic Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not income taxable is also pro</li> </ul>	f an ag ne income ncome. If vide a des come, des ial roles, tion. te atten	box if the the agenc cription. cribe the p performed dance a	agency off y official p ublic purp by an agen	icial claims a erformed a co ose, including ncy official, ir nt held at	eremonial role, I Idividual, or A Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s)	Name (l Name (l on: Offic Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not income ceremon organization</li> <li>To promotion</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	eremonial role, dividual, or a Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (l on: Offic Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	eremonial role, dividual, or a Income al Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (l on: Agen Offic Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	aremonial role, dividual, or a Income al Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (I Name (I on: Agen Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	aremonial role, dividual, or a Income al Income Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (I on: Age Offic Yes No Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	aremonial role, dividual, or a Income Income Income
Ticket(s)/Admission(s) p Was the distribution to p Yes ☑ No □ If The identity of recipier Name (Last, First) or Organization (Name, Address, Desc	ersons iden yes: <u>Supervi</u> nt(s) and th	ntified below n isor Wilma Chan Official's I ne explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (l on: Ager Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inconstruction organization</li> <li>To promotion</li> <li>County factoria</li> </ul>	f an ag ne income ncome. If vide a des come, des nial roles, tion. te atten cility in	box if the the agency cription. cribe the p performed dance a order to	agency off y official p ublic purpo by an ager it an eve maximiz	icial claims a erformed a co ose, including ncy official, ir nt held at	eremonial role, dividual, or a Income Income Income

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. No

unp	Alexandra Boskovich	Ticket Administrator	04/04/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Publi	ic Docume	nt

11	CREWAUMISSION DISU	indutions				A	F UDIIC DO	cumen
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	Division, Department, or Reg	ion (if applica	ble)				For Official	Jse 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	upervisors					, ,,,,,,,
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	r)
	(510) 272-3882	crystal.his	hida@acgov.	org				,
2.	Function, Event, or Cere						4999-001-00-00-00-00-00-00-00-00-00-00-00-00	
	Oplicand Mar Operation						<b>Ф7</b> Б	
	Title Oakland A's Game				Face V	/alue of Each Admiss	ion \$ <u>\$75</u>	
	Description Baseball				Date(s	<u>, 06 , 15 , 12</u>	/	/
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes	⊠ No [	] If no: Oakl	and A's Stadium		····
						Name of S	Source	
	Was the distribution to pe	rsons iden	tified below n	nade at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	es: Lockyer	, Nadia, Supervi	sor - District	Two	MANNER CONTRACTOR CONTRACTOR		
			Official's	Name (Last,	First) and Title			
	The identity of recipient	t(s) and th	e explanatic	on:				
	Name					e income box if the agency off		
	(Last, First) or		Number of	Agency		ncome. If the agency official p vide a description.	erformed a cerem	onial role,
	Organization (Name, Address, Descri	ption)	Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purp ial roles, performed by an age		lual, or
	Mimi Johnson-Jacobs, First To	an of		Yes 🗖		dance at an event held at a County	facility in order to	Income
	Oakland	66 01	4	No 🗹	maximize poten	tial revenue from sales.		
			A AMAGOLI I PLÉCIL ALEANIA MACELOUI MALINE DE	Yes 🗖				Income
				No 🗖				
	F			Yes 🗖				Income
				No 🗖				
	W			Yes 🗖			· · · · · · · · · · · · · · · · · · ·	Income
				No 🗖				
				Yes 🗖	1			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 🗖

Signature of Agency Head or Designee

Roben Briones Print Name

Ticket Administrator

(month. dav. vear

Ti	cket/Admission Distr	ibutions	3			А	<b>Public Document</b>
1.	Agency Name					Date Stamp	California
	County of Alameda						Form <b>OUZ</b>
	Division, Department, or Regi	ion (if applica	ible)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				,
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.his	shida@acgov.	org			
2.	Function, Event, or Cere	emonial R	ole Information	tion			
	Title Golden State Warriors	vs. Dalla <sub>ft</sub>		1	Face \	/alue of Each Admiss	ion \$ _ <sup>95.00</sup>
	Description Basketball Gan	ne			Date(s	<u>, 04 , 12 , 12</u>	//
	Ticket(s)/Admission(s) pro		igency? Yes				
	Was the distribution to per	sons iden	tified below r	nade at the	e behest of		
	· · · · ·						
	Yes 🗹 No 🔲 Ifye	es: <u>Carson,</u>	Keith Superviso Official's	Name (Last	CI		
	The identity of recipient	(s) and th	e explanatio	on:			
	Name				1	e income box if the agency off ncome. If the agency official p	
	(Last, First) or		Number of Admission(s)/	Agency Official	also prov	vide a description.	
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ome, describe the public purp ial roles, performed by an age tion.	
				Yes 🗖	1		r for his or her Income
	Henderson, Adrian		4	No 🗹	service to	the public	
				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.

Yes 🗖

No 🗖

A Shread	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
<b>•</b> • •			

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

Income

#### Agency Report of: **Ceremonial Role Events and** Tickot/Adm Dietribut

is in accordance with the provisions.

Α	Publ	lic	Document

IICK	et/Admission Distr									
I. A	gency Name						Date Stamp		California	002
С	ounty of Alameda								Form	802
7,152,7	ivision, Department, or Regi	ion (if applica	able)						For Official	Use Only
В	oard of Supervisors									
St	treet Address									
1:	221 Oak Street, Suite 536									
	esignated Agency Contact (	Name, Title)					Amendment	Must are	vide evolution li	Port 21
A	nna Gee, Operations Mana	ager						(must pro	vide explanation li	rran S.J
	Constitution of the second	E-mail			-		Date of Original F	illing:	(month, day, ye	arl
5	10-891-5585	anna.gee	@acgov.org						(monul, day, ye	ary
. Fi	unction, Event, or Cere	Contract Code and which the Contract Code of the	The second second statement is a second statement of the	ion						
	Athletics ve Maripore					2207000-0				
TI	tle <u>Athletics vs. Mariners</u>			_	-		alue of Each A			
D	escription Baseball Game	)			_	Date(s	) <u>04 / 06 /</u>	12	/	
120										
	cket(s)/Admission(s) pro /as the distribution to per						140	ame of S cial?	Source	
w	as the distribution to per	rsons iden es: <u>Miley, N</u>	t <b>ified below n</b> late - Alameda C <i>Official's l</i>	nade a ounty S Name (I	at th	e behest of visor First) and Title	an agency offic	cial?	icial claims admi	
w	/as the distribution to per Yes □ No ☑ If ye he identity of recipient(	rsons iden es: <u>Miley, N</u> (s) and th	t <b>ified below n</b> late - Alameda C <i>Official's l</i>	nade a ounty S Name (I	at the Super Last, /	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon	e income box if the ag ncome. If the agency ride a description. ome, describe the pub ial roles, performed by	cial? ency offi official p	icial claims admi erformed a ceren ose, including	ionial role,
W TI	as the distribution to per Yes □ No ☑ If ye he identity of recipient( Name (Last, First) or Organization	rsons iden es: <u>Miley, N</u> (s) and th	tified below n late - Alameda C Official's l ne explanatio Number of Admission(s)/	ounty S Name (I on: Age Office Yes	at the Super Last, / ncy cial	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, describe the pub ial roles, performed by	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or
	as the distribution to per Yes ☐ No ☑ If ye he identity of recipient( (Last, First) or Organization (Name, Address, Descrip nited Seniors of Oakland & Al	rsons iden es: <u>Miley, N</u> (s) and th (s) and th (ameda	tified below n late - Alameda C Official's l e explanatio Number of Admission(s)/ Ticket(s)	ounty S Name (I on: Age Office Yes	at the Super Last, / ncy cial	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, description. ial roles, performed by tion. th, motivate and provide altions in the County such	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or
	Yes ☐ No ☑ If yet Yes ☐ No ☑ If yet he identity of recipient( (Last, First) or Organization (Name, Address, Descrip nited Seniors of Oakland & Al ounty	rsons iden es: <u>Miley, N</u> (s) and th (s) and th (ameda	tified below n late - Alameda C Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade a ounty S Name (I on: Age Offic Yes No Yes	at the Super Last, / Last, /	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, description. ial roles, performed by tion. th, motivate and provide altions in the County such	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or Income Income Income
	Yes ☐ No ☑ If yet he identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip nited Seniors of Oakland & Al ounty 200 Bancroft Ave, Ste 251 - Oakland	rsons iden es: <u>Miley, N</u> (s) and th (s) and th (ameda	tified below n late - Alameda C Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade a ounty S Vame (I on: Age Offic Yes No Yes No Yes No	at the Guper Last, / Cial	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, description. ial roles, performed by tion. th, motivate and provide altions in the County such	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or Income Income Income Income
	Yes ☐ No ☑ If yet he identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip nited Seniors of Oakland & Al ounty 200 Bancroft Ave, Ste 251 - Oakland	rsons iden es: <u>Miley, N</u> (s) and th (s) and th (ameda	tified below n late - Alameda C Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade a ounty S Name (I on: Age Offic Yes No Yes No Yes	at the Super Last, / Last, /	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, description. ial roles, performed by tion. th, motivate and provide altions in the County such	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or Income Income Income Income
	Yes ☐ No ☑ If yet he identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip nited Seniors of Oakland & Al ounty 200 Bancroft Ave, Ste 251 - Oakland	rsons iden es: <u>Miley, N</u> (s) and th (s) and th (ameda	tified below n late - Alameda C Official's l e explanatio Number of Admission(s)/ Ticket(s)	Age ounty S Vame (I Office Yes No Yes No Yes No Yes	at the Guper Last, / Cial	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote heal vulnerable popu	e income box if the ag ncome. If the agency ride a description. ome, description. ial roles, performed by tion. th, motivate and provide altions in the County such	cial? ency offi official po lic purpo y an agen expanded n as the di	icial claims admi erformed a ceren ose, including ncy official, indivi opportunities to	dual, or Income Income Income

**Operations Manager** Anna Gee 04/02/2012 Signature of Agency Head or Designee Print Name Title (month, day, year)

A Public Documen
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4	Average News							
1.	Agency Name					Date Star	np	California Form 802
	County of Alameda							For Official Use Only
	Division, Department, or Region (if applical	ble)						
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendmen	t (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors						
	Area Code/Phone Number E-mail					Date of Origina	l Filing: _	(month, day, year)
	(510) 272-3882 crystal.his	hida@acgov.o	org					
2.	Function, Event, or Ceremonial Re	ole Informat	ion					
								40.75
	Title Oakland A's			-	Face \	alue of Each/	Admiss	ion \$
	Description Baseballe Game, Loge Su	ito				)	, 12	, ,
	Description Dasebally Game, Loge Su	ite		-	Date(s	)		
					Oak	and Ale		
	Ticket(s)/Admission(s) provided by a	gency? Yes		) 🗸	If no: Oak		Name of S	Source
	Was the distribution to persons ident	tified below n	nade a	t the	e behest of	an agency of	fficial?	
	_							
	Yes 🔽 No 🔲 If yes: <u>Carson,</u>	Keith Superviso	r Manua (l	4 5				
		Uniciai s i	vame (L	ası, r	irst) and The			
	The identity of recipient(s) and the	e explanatio	n:					
	Name				Check th	e income box if the	agency of	ficial claims admission as
	(Last, First)	Number of	Agen			ncome. If the agen vide a description.	cy official p	erformed a ceremonial role,
	or Organization	Admission(s)/ Ticket(s)	Offic	ial	If not inc	ome, describe the p		
	(Name, Address, Description)	Tienet(3)			ceremon organiza		l by an age	ncy official, individual, or
	Albany Senior Center		Yes	п		ool or nonprofit organi	zation for its	contributions to the Income
	846 Masonic Albany CA 94706	10			community			
			Yes		<b>T</b>	-1		for its contributions Income
	Emeryville Senior Center 4321 Salem Street, Emeryville CA 94608	10			to the commu	•	Irganization	for its contributions
			Yes			tiity		Income
			Yes					
			No					Income
			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.

(homago)	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distr	ibutions	S					A Public Do	cumen
1.	Agency Name						Date Stamp	California	802
	County of Alameda		0.000 ×					Form	Not the second s
	Division, Department, or Regi	ion (if applica	able)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	en e su					Amendment (Mus	st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors	_			Data of Oxford Difference	23	
	Area Code/Phone Number	E-mail					Date of Original Filing	g:(month, day, yea	ar)
	(510) 272-3882	And in case of the local division of the loc	shida@acgov.		_				_
2.	Function, Event, or Cere	emonial R	tole Information	tion					
	Title Oakland A's					Face \	/alue of Each Adm	ission \$ 1568.0	0
	1100								
	Description Baseball Game	Э			_	Date(s	s) <u>08 / 18 / 12</u>	//////////_	/
						2			
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🔽	If no: Oakl	and A's		
							Name	of Source	
	Was the distribution to per	rsons iden	tified below r	nade a	at th	e hehest of	an agency official	2	
	mus the distribution to per	Sons luci	linea below i	nade e		e benesi oi	an agency official		
	Yes 🗹 No 🗖 Ify	es: Lockyer	, Nadia- Supervi Official's	sor Dist	rict 2				
			Official's	Name (l	.ast, I	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		1			[1] A. H. M. GREDER, MANAGER	e income box if the agency		
	(Last, First) or		Number of	Ager Offic		and the second sec	ncome. If the agency offic /ide a description.	ial performed a cerem	onial role,
	Organization	a. 12	Admission(s)/ Ticket(s)	Onic	alai	· If not inc	ome, describe the public p ial roles, performed by an		dual au
	(Name, Address, Descrip	otion)			_	organiza	tion.		dual, or
	Sunol Glen Community Park			Yes			nonprofit organization fo	r its contribution to	Income
			20	No	$\overline{\mathcal{A}}$	the communi	ty		
	11601 Main Street, Sunol, CA 94586			Yes	-				Income
				No					
	To help provide additional funding to t			2,00					Income
	Glen School to support extra-curricula	r activites		No					
				Yes					Income
				No					
				Yes					Income
		_		No					
3.	Verification I have read and understand FP	DC Pagulati	ione 190 <i>11</i> 1 on	d 1001	216	ave verified t	that the distribution of	adminational act fo	th about
	is in accordance with the provis		0113 10944.1 811	u 1094.	2.111	ave vermed t	nat the distribution of	aumissions, sector	nin above,
	11 - 1	>					£	111	IALL
	11/1×1-	< MIC	HELLE DIANI	DA		Ticke	et Administrator	41	11/1/

Title

(month, day, year)

A Public Document
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Agency Name							
Agency Name		9		Date Stamp	C	California	802
County of Alameda				8		Form	002
Division, Department, or Region (	if applicable)					For Official Us	e Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Nam	e, Title)			D Amondmont ()		ovelonation in D	- 4 2 )
Anna Gee , Operations Manage	r			Amendment (M	iust provide	explanation in Pa	art 3.)
Area Code/Phone Number E-n	CENTRAL CONTRACTOR OF			Date of Original Fili	ing:	nonth, day, year)	
510-891-5585 an	na.gee@acgov.org				(11.	ionth, day, year)	
Function, Event, or Ceremo	A REAL PROPERTY OF A VALUE AND A REAL PROPERTY OF A	ion					
randon, Event, or oerenie		lon					
Title Warrior's vs. LA Lakers			Face \	/alue of Each Adı	mission	\$ 95.00	
Description Basketball Game			Date(s	s) <u>04 / 18 / 2</u>	201	/	/
Ticket(s)/Admission(s) provide	ed by agency? Yes		I If no. Gold	en States Warriors			
					ne of Sour	ce	
neker(s)/Admission(s) provid				Nan	ne or Source		
				, van			
Was the distribution to persor				, van			
Was the distribution to persor	is identified below n	nade at th	e behest of	f an agency offici			
Was the distribution to persor		nade at th	e behest of	f an agency offici			
Was the distribution to person Yes ☑ No 🔲 If yes: .	<b>is identified below n</b> Miley, Nate - Alameda C <i>Official's l</i>	nade at th county Super Name (Last, s	e behest of	f an agency offici			
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s)	<b>is identified below n</b> Miley, Nate - Alameda C <i>Official's l</i>	nade at th county Super Name (Last, s	e behest of rvisor First) and Title	f an agency offici	al?		on as
Was the distribution to person Yes ☑ No 🔲 If yes: .	ns identified below n Miley, Nate - Alameda C Official's I and the explanatio	nade at th ounty Super Name (Last, o on:	e behest of rvisor First) and Title Check th taxable in	e income box if the ager	al? ncy official	claims admissio	
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Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First)	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at th ounty Super Name (Last, o on: Agency	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon	e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? ncy official ficial perfor c purpose,	claims admissio med a ceremon including	iial role,
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at th ounty Super Name (Last, ) on: Agency Official	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza	e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? ncy official ficial perfor c purpose, an agency c	claims admissio med a ceremon including official, individu	iial role, al, or
Was the distribution to person Yes ☑ No ☐ If yes: . The identity of recipient(s) : Name (Last, First) or Organization	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at th ounty Super Name (Last, ) on: Agency Official Yes 🗖	e behest of rvisor First) and Tille Check th taxable in also prov If not inc ceremon organiza To promote atter	e income box if the ager ncome. If the agercy off vide a description. ome, describe the public ial roles, performed by a tion.	al? ncy official ficial perfor c purpose, an agency c a County fac	claims admissi med a ceremon including official, individu	al, or
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at th ounty Super Name (Last, ) on: Agency Official Yes No 🗹	e behest of rvisor First) and Tille Check th taxable in also prov If not inc ceremon organiza To promote atter	e income box if the ager ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion.	al? ncy official ficial perfor c purpose, an agency c a County fac	claims admissi med a ceremon including official, individu	al, or Income
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2	nade at th ounty Super Name (Last, ) on: Agency Official Yes I No I Yes I	e behest of rvisor First) and Title • Check th taxable h also prov • If not inc ceremon organiza To promote atter maximize potent	e income box if the ager ncome. If the agercy offici vide a description. ome, description. ome, description. ome, description. ial roles, performed by a tion. ndance at an event held at a lial County revenue from pa	al? ncy official ficial perfor c purpose, an agency c a County fac irking and cou	claims admissi rmed a ceremon including official, individu ility in order to ncession sales	al, or Income Income
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) = Name (Last, First) or Organization (Name, Address, Description Kokotaylo, Kristopher	Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at th ounty Super Name (Last, ) on: Agency Official Yes No 🗹	e behest of rvisor First) and Title • Check th taxable h also prov • If not inc ceremon organiza To promote atter maximize potent	e income box if the ager ncome. If the agency offici vide a description. ome, description. ome, describe the public ial roles, performed by a tion. ndance at an event held at a tial County revenue from pa	al? ncy official ficial perfor c purpose, an agency c a County fac irking and cou	claims admissi med a ceremon including official, individu ility in order to ncession sales inty facility in parking and	al, or Income
Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) = Name (Last, First) or Organization (Name, Address, Description Kokotaylo, Kristopher	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2	nade at th ounty Super Name (Last, ) on: Agency Official Yes No Yes No Yes No	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent To promote at order to maxin	e income box if the ager ncome. If the agercy offici vide a description. ome, description. ome, description. ome, description. ial roles, performed by a tion. ndance at an event held at a lial County revenue from pa	al? ncy official ficial perfor c purpose, an agency c a County fac irking and co eld at a Cou venue from	claims admission med a ceremon including official, individua- ility in order to ncession sales inty facility in parking and	al, or Income Income Income
Was the distribution to person         Yes       No       If yes:         The identity of recipient(s)       If yes:         Name (Last, First) or Organization (Name, Address, Description         Kokotaylo, Kristopher         Miley, Christopher	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2	nade at th ounty Super Name (Last, o on: Agency Official Yes I No I No I	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atte maximize potent To promote at order to maxin To promote a	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, description. ome, description. ial roles, performed by a tion. ndance at an event held at a tial County revenue from pa ttendance at an event he	al? ncy official ficial perfor c purpose, an agency c a County fac irking and cou eld at a Cou venue from	claims admissie med a ceremon including official, individu ility in order to ncession sales inty facility in parking and marking and	al, or Income Income Income
Was the distribution to person         Yes       No       If yes:         The identity of recipient(s)       If         Name (Last, First) or       Organization         Organization (Name, Address, Description         Kokotaylo, Kristopher         Miley, Christopher         Rodrigues, Angelina	An identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2 1 1	nade at th ounty Super Name (Last, ) on: Agency Official Yes No Yes No Yes No	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent To promote atter maximize potent To promote atter maximize potent To promote atter maximize potent	e income box If the ager ncome. If the agency offici vide a description. ome, description. ome, describe the public ial roles, performed by a tion. Indance at an event held at a lial County revenue from pa ttendance at an event he mize potential County rev thendance at an event he mize potential County rev	al? ncy official ficial perfor c purpose, an agency c a County fac irking and cou eld at a Cou venue from eld at a Cou	claims admission med a ceremon including official, individua- ility in order to ncession sales unty facility in parking and parking and	al, or Income Income Income
Was the distribution to person         Yes       No       If yes:         The identity of recipient(s)       If yes:         Name (Last, First) or Organization (Name, Address, Description         Kokotaylo, Kristopher         Miley, Christopher	ns identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2	Agency Official Yes I Yes I Yes I Yes I Yes I Yes I Yes I Yes I	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent To promote at order to maxin To promote a order to maxin To promote a	e income box if the ager ncome. If the agency offici vide a description. orme, describe the public ial roles, performed by a tion. ndance at an event held at a lial County revenue from pa ttendance at an event held at a lial county revenue from pa ttendance at an event he mize potential County rev ri ttendance at an event he mize potential County rev	al? ncy official ficial perfor c purpose, an agency c a County fac irking and cou- eld at a Cou venue from eld at a Cou venue from eld at a Cou	claims admissia med a ceremon including official, individua ility in order to ncession sales inty facility in parking and parking and parking and parking in	al, or Income Income Income Income
Was the distribution to person         Yes       No       If yes:         The identity of recipient(s)       If         Name (Last, First) or       Organization         Organization (Name, Address, Description         Kokotaylo, Kristopher         Miley, Christopher         Rodrigues, Angelina	An identified below n Miley, Nate - Alameda C Official's / and the explanatio Number of Admission(s)/ Ticket(s) 2 1 1	Agency Official Yes I No I Yes I No I Yes I No I Yes I No I	e behest of rvisor First) and Title • Check th taxable h also prov • If not inc ceremon organiza To promote atter maximize potenti To promote a order to maxin To promote a order to maxin To promote a order to maxin	e income box If the ager ncome. If the agency offici vide a description. ome, description. ome, describe the public ial roles, performed by a tion. Indance at an event held at a lial County revenue from pa ttendance at an event he mize potential County rev thendance at an event he mize potential County rev	al? ncy official ficial perfor c purpose, an agency c a County fact riking and cou- eld at a Cou- venue from eld at a Cou- venue from eld at a Cou-	claims admission med a ceremon including official, individual ility in order to ncession sales inty facility in parking and parking and parking and parking and parking and	al, or Income Income Income Income

### 3. Verification

11

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.

ALL.	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

IICKet/Admission Distribu	10115			~ ~		
1. Agency Name				Date Stamp	California Form	202
County of Alameda					Form	002
Division, Department, or Region (i	f applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	e, Title)			Amendment (Must pro	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Boa	rd of Supervisors					,
Area Code/Phone Number E-m	ail			Date of Original Filing: _	(month, day, yea	ir)
(510) 272-3882 cry	stal.hishida@acgov.	org			anaannagaa mahama iyo muddoo aha	
2. Function, Event, or Ceremo	nial Role Informat	tion				
<b>T</b> 11			<b>F</b>		•	7-nark
Title			Face	Value of Each Admissi	$\sin \phi = \frac{1}{2} - \frac{1}{2} - \frac{1}{2} + \frac{1}{2} $	part
Description <u>A's vs. Mariners</u>			Date(s	s) <u>9 / 28 / 12</u>	1	1
			Batole			
Ticket(s)/Admission(s) provide	d by agency? Yes		I If no: Oak	land Athletics		
			_	Name of S	Source	
Was the distribution to person	c identified below r	nada at ti	na hahast a	f an agonov official?		
was the distribution to person	s identified below i	naue at tr	le periest of	an agency official?		
Yes 🗹 No 🔲 If yes: 🖞	Supervisor Wilma Chan					
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) a	and the explanation	on:				
Name				e income box if the agency off		
(Last, First)	Number of	Agency		ncome. If the agency official po vide a description.	erformed a cerem	onial role,
or Organization	Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purpo		
(Name, Address, Description)			ceremon organiza	ial roles, performed by an ager ition.	ncy official, indivi	dual, or
		Yes 🗖		te attendance at an eve		Income
Hernandez, Angela	4+1 parking	No 🖸	County fac	cility in order to maximiz	ze potential	
		Yes 🗖	County re	venue from sales.		Income
	pass	No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖		and the second		
		Yes 🗖				Income
		No 🗖		and an and a stand and an an an and a stand and an an and an a		
3. Verification						
I have read and understand FPPC F		d 18942. I	have verified	that the distribution of adm	nissions, set fo	rth above,
is in accordance with the provisions.						

	Alexandra Boskovich	Ticket Administrator	04/03/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

•••	CREUAUIIISSIOII DISIII	Dutions	2				, , , , , , , , , , , , , , , , , , ,		
1.	Agency Name					a - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	Date Stamp	California Form	003
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame, Title)					Amendment (Must p	vrovide explanation in	Part 2)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors					•	
		E-mail					Date of Original Filing:	(month day yea	<u>)</u>
	(510) 272-3882	crystal.his	hida@acgov.o	org				(monin, ddy, you	,
	Function, Event, or Cerei		and the second		40.428.annina				
	Title Oakland A's Game					Face V	/alue of Each Admis	sion \$ <u>\$26</u>	
							07 22 12		
	Description Baseball					Date(s	) <u>07 , 22 , 12</u>	/	/
	Ticket(s)/Admission(s) prov	/ided by a	gency? Yes	🗹 No		If no: Oakl	and A's Stadium		
							Name o	Source	
			4161 I I I		41				
	Was the distribution to pers	sons iden	tified below n	nade at	tne	e benest of	an agency official?		
	Yes 🗹 No 🔲 Ifye	e. Lockyer,	, Nadia, Supervis	sor - Distr	ict 1	Two			
		J	Official's	Name (Las	st, F	First) and Title			
	The identity of recipient(	s) and th	e explanatio	n.					
				///. 		- Chask th	- income how if the property		-1
	Name (Last, First)		Number of	Agency			e income box if the agency c ncome. If the agency official		
	or		Admission(s)/	Officia	-		vide a description.		
	Organization (Name, Address, Descript	ion)	Ticket(s)				ome, describe the public pur ial roles, performed by an ag		dual, or
						organizat	tion. dance at an event held at a Cour	atv facility in order to	
	Anissa Basoco-Villarreal		2	Yes	_		ial revenue from sales.		Income
			۷	No 🖸					
				Yes [	_				Income
				No 🛛					
				Yes 🛛	_				Income
				No 🗖					
				Yes 🕻	ן				Income
	<u> </u>			No 🗖	ו				
				Yes 🗖	ב		, , , , , , , , , , , , , , , , , , ,		Income
				No 🗖	ו				

### 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.

Robin Brimes 4/16/12 (month, day, year) Ticket Administrator Title Signature of Agency Head or Designee

A Public Document
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TICKEVAdmission Distrib	utions			A	Public Docume
1. Agency Name				Date Stamp	California Form <b>802</b>
County of Alameda					Form OU2
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	me, Title)			Cl Amondmont (Muster	
Crystal Hishida Graff, Clerk, Bo	pard of Supervisors			Amendment (Must pro	wide explanation in Part 5.)
	mail		201101-11111-11-11-11-11-11-11-10-000-00	Date of Original Filing:	(month, day, year)
(510) 272-3882 c	rystal.hishida@acgov.	orq			(monin, day, year)
2. Function, Event, or Cerem					
Title Oakland A's Game		,	Face V	/alue of Each Admiss	ion \$ _ <u>\$26</u>
Deschell				06 24 12	
Description Baseball			Date(s	) <u>06                                   </u>	///
Ticket(s)/Admission(s) provi	dad by agapay2 Vaa		I If no. Oakla	and A's Stadium	
licket(s)/Admission(s) provi	ded by agency? Yes		If no:	Name of S	Source
	Lockyer, Nadia, Supervi	sor - District Name (Last, I			
The identity of recipient(s)	and the explanation	on:			
Name (Last, First)	Number			e income box if the agency off ncome. If the agency official p	
or	Number of Admission(s)/	Agency Official	also prov	vide a description.	k -
Organization (Name, Address, Descriptio	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.	
David Villarreal		Yes 🗖	To provide attend	dance at an event held at a County	r facility in order to Income
	2	No 🗹	maximize potenti	ial 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.

Rubin Briones **Ticket Administrator** 4/16/17 Print Name Title (month, day, year) Signature of Agency Head or Designee

Ticket/Admission Dist		ŀ	A Public Document
1. Agency Name		Date Stamp	California 802
County of Alameda			Course of the second se
Division, Department, or Re	g <b>ion</b> (if applicable)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536	3		
<b>Designated Agency Contact</b>	(Name, Title)		provide explanation in Part 3.)
Crystal Hishida Graff, Clerl	, Board of Supervisors		·····
Area Code/Phone Number	E-mail	Date of Original Filing:	(monih, day, year)
(510) 272-3882	crystal.hishida@acgov.org		

### 2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. San 者	Face Value of Each Admission \$ _95.00
Description Basketball Game	Date(s)/ / ////

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

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

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

Official's Name (Last, First) and Title

### The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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>
Sanchez, Mina	5	Yes ☑ No <b>□</b>	To reward a County employee for her exemplary service to the public.Income
		Yes □ No □	Income
		Yes □ No □	Income
		Yes □ No □	Income
		Yes <b>□</b> No <b>□</b>	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. Ari

An Shiago	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Name of Source

A Public Document
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	Date Stamp California
	Form 802
	For Official Use Only
	Amendment (Must provide explanation in Part 3.)
	Date of Original Filing:
	(monar, day, year)
ion	
ion	
	Face Value of Each Admission \$ _95.00
	04 12 2012
	Date(s) 04 / 12 / 201
ounty Superv Vame (Last, Fi	sor st) and Title
ounty Superv Name (Last, Fi n:	
	<ul> <li>Sor</li> <li>e 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>e If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
n: Agency Official Yes 🔽	<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>
n: Agency Official Yes 🖸	<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> <li>To promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> </ul>
n: Agency Official Yes 🖸 Yes 🔽	<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> <li>To promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> </ul>
n: Agency Official Yes 2 No 2 Yes 7 No 2 Yes 2 Yes 2	<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> <li>To promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to norder to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to norder to maximize potential County revenue from parking and concession sales</li> </ul>
n: Agency Official Yes 2 No 2 Yes 2 No 2 Yes 1 No 2 Yes 2 No 2 Yes 2 No 2	<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> <li>o promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to order to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to order to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</li> </ul>
n: Agency Official Yes 2 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 2 No 2	<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> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in order to maximize potential County revenue from parking and concession county facility in o</li></ul>
n: Agency Official Yes 2 No 2 Yes 2 No 2 Yes 1 No 2 Yes 2 No 2 Yes 2 No 2	<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> <li>o promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and concession sales</li> <li>o promote attendance at an event held at a County facility in order to naximize potential County revenue from parking and correct or ma</li></ul>
	ion I No 🖸 ade at the

#### 3. vermcation

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.

120	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

1	Agency Name					Data Stamp	California	
1.	•••					Date Stamp	Form	802
	County of Alameda Division, Department, or Regi	on (if applied	-blo)				For Official U	Jse Only
	-	ion (ii applica	ule)					,
	Board of Supervisors Street Address							
		r						
	1221 Oak Street, Suite 536							
	Designated Agency Contact (	Name, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		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	emonial R	ole Informa	tion				
	A's Luxury Suite						4 500	
	Title <u>A's Luxury Suite</u>	·····			Face \	/alue of Each Admissi	on \$ _1.500_	
	Baseball					04 21 12		
	Description				Date(s	s) <u>04 / 21 / 12</u>		/
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	🖸 No 🗖	lf no:	Nome of C		
						Name of S	ource	
	Was the distribution to per	rsons iden	fified below r	nade at th	e behest of	an agency official?		
	Yes 🗹 No 🔲 If y	Alameda ( es:	County Supervisor Sc Official's	ott Haggerty, Dis	strict 1			
	,		Official's	Name (Last, I	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
		(-,			Check th	e income box if the agency offic	cial claime admis	elon ae
	Name (Last, First)		Number of	Agency		ncome. If the agency official pe		
	or		Admission(s)/	Official		vide a description.		
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen		lual, or
					organizat	tion. nmunity organization for their service	e to the public	•
			20	Yes 🗖				Income
	Soroptimist International of Pleasanton/Du	blin 🕂	20	No 🖸		••••••••••••••••••••••••••••••••••••••		
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖		· · · · · · · · · · · · · · · · · · ·		Income
				No 🗖				
			[	Yes 🗖			<b></b>	Income
				No 🔲				
10000000								

### 3. Verification

Lihave 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.

Wellin les	LEE ANN FERGERSON	Ticket Administrator	04/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
/ /( )			

A Public Document
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County of Alameda         Division, Department, or Region (# applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         510-891-5585         anna.gee@acgov.org         2. Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description Basketball Game         Description Basketball Game         Date(s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden States Warriors Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes □ No □ If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization       Number of Admission(s)/ Official	California Form For Official Use	80 • Only
Division, Department, or Region (if applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         anna.gee@acgov.org         2. Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description         Basketball Game         Date(s)       04         J. 24       2012         Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no:       Golden States Warriors Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes □ No □ If yes:       Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:       Check the Income box if the agency official taxable Income. If the agency		
Division, Department, or Region (if applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         510-891-5585         Image: Street Address         Provide Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         anna.gee@acgov.org         Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description Basketball Game         Date(s)       04       / 24       / 2012         Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes:       Miley, Nate - Alameda Countly Supervisor         Official's Name (Last, First)       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income box if the agency official tashe income. If the agenc</li></ul>	For Official Use	Only
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         510-891-5585         anna.gee@acgov.org         Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description Basketball Game         Description Basketball Game         Date (s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes INO I If no: Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes: Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) or Grificial's Name (Last, First) and Title         Name (Last, First) or Grificial's Name (Last, First) and Title         Name (Last, First) or Grificial I's Name (Last, First) and Title         Name (Last, First) or Grificial I's Name (Last, First) and Title		
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         510-891-5585         anna.gee@acgov.org         Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description Basketball Game         Description Basketball Game         Date (s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes INO I If no: Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes: Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) or Grificial's Name (Last, First) and Title         Name (Last, First) or Grificial's Name (Last, First) and Title         Name (Last, First) or Grificial I's Name (Last, First) and Title         Name (Last, First) or Grificial I's Name (Last, First) and Title		
Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         510-891-5585         anna.gee@acgov.org         Description, Event, or Ceremonial Role Information         Title       Warrior's vs. New Orleans Hornets         Description       Basketball Game         Description       Basketball Game         Ticket(s)/Admission(s) provided by agency? Yes I No I If no:       Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes:       Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) or       Official's Name (Last, First) and Title         Name       Number of Admission(s)         Name       Number of Admission(s)         Orranization       Number of Admission(s)		
Designated Agency Contact (Name, Title)         Anna Gee , Operations Manager         Area Code/Phone Number         E-mail         510-891-5585         anna.gee@acgov.org         Description, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description         Basketball Game         Description         Basketball Game         Date (s)         04         J         Ticket(s)/Admission(s) provided by agency? Yes         No         If no:         Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No         If yes:       Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Number of or		
Anna Gee , Operations Manager         Area Code/Phone Number         510-891-5585         anna.gee@acgov.org         Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets         Description Basketball Game         Date(s)       04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes I No I If no:         Golden States Warriors         Name of Sourd         Was the distribution to persons identified below made at the behest of an agency official?         Yes I No I If yes:         Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Corranization		
Area Code/Phone Number       E-mail anna.gee@acgov.org       Date of Original Filing:       (f)         510-891-5585       anna.gee@acgov.org       Date of Original Filing:       (f)         Function, Event, or Ceremonial Role Information       Face Value of Each Admission         Title       Warrior's vs. New Orleans Hornets       Face Value of Each Admission         Description       Basketball Game       Date(s)       04       24       2012         Ticket(s)/Admission(s) provided by agency? Yes       No       If no:       Golden States Warriors Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?       Yes       No       If yes:         Yes       No       If yes:       Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income hox if the agency official perfor also provide a description.</li> <li>If not income, description.</li> <li>If not income, description.</li> <li>If not income, description.</li> </ul>	ə explanation in Pari	rt 3.)
510-891-5585       anna.gee@acgov.org       (f         Function, Event, or Ceremonial Role Information       Face Value of Each Admission         Title Warrior's vs. New Orleans Hornets       Face Value of Each Admission         Description Basketball Game       Date(s) 04 / 24 / 2019         Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden States Warriors       Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?       Name of Sour         Yes I No I If yes: Miley, Nate - Alameda County Supervisor       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Mumber of Admission(s)/ Organization</li> <li>If not income, describet the public purpose,</li> <li>If not income, describet the public purpose,</li> </ul> <ul> <li>If not income, describet the public purpose,</li> <li>If not income, describet the public purpose,</li> <li>If not income, describet the public purpose,</li> </ul>		
Function, Event, or Ceremonial Role Information         Title Warrior's vs. New Orleans Hornets       Face Value of Each Admission         Description Basketball Game       Date(s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors Name of Sour       Date(s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors Name of Sour       Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?       Name of Sour         Yes ☑ No □ If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income box if the agency official taxable income. If the agency official perfor also provide a description.</li> <li>If not income, description.</li> <li>If not income, description the public purpose,</li> </ul>	month, day, year)	
Title       Warrior's vs. New Orleans Hornets       Face Value of Each Admission         Description       Basketball Game       Date(s)       04       24       2012         Ticket(s)/Admission(s) provided by agency? Yes       No       If no:       Golden States Warriors         Ticket(s)/Admission(s) provided by agency? Yes       No       If no:       Golden States Warriors         Was the distribution to persons identified below made at the behest of an agency official?       Name of Sour         Yes       No       If yes:       Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Check the income box if the agency official perfor also provide a description.</li> <li>If not income, describe the public purpose,</li> <li>If not income, describe the public purpose,</li> </ul>		_
Description Basketball Game       Date(s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors Name of Sourd         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization         Name (Last, First) Organization		
Description Basketball Game       Date(s) 04 / 24 / 2012         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □       If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:          • Check the income box if the agency official taxable income. If the agency official perfor also provide a description.         Name (Last, First) or Organization       Number of Admission(s)/ Ticket(s)       Agency Official	s 95.00	
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization         Organization		
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden States Warriors         Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization         Organization	/	1
Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes: Miley, Nate - Alameda County Supervisor         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization       Number of Admission(s)/ Drganization		
Name (Last, First) or Organization         Number of Admission(s)/ Tickof(s)         Agency Official Check the income box if the agency official taxable income. If the agency official taxable income. If the agency official taxable income, description.		
(Last, First)     Number of or     Agency     taxable income. If the agency official perfor also provide a description.       Organization     Tickot(s)/ Tickot(s)     Official     If not income, describe the public purpose,		
(Name, Address, Description) ceremonial roles, performed by an agency organization.	ormed a ceremonia , including	al role
United Seniors of Oakland and Alameda County 4 Yes I To promote health, motivate and provide expanded opp vulnerable populations in the County such as the disable underprivileged, seniors and youth in foster care	Carta Angel and a second s	
7200 Bancroft Ave, Suite 251 - Oakland, CA 94605 Yes 🗖		Incor
No		
Senior Advocacy Yes		
Sound Individual	Ir	Incor
No 🗖	Ir	Incor
	ir Ir	Incor Incor
No □ Yes □ No □	ir Ir	Incor Incor Incor
Yes 🗖	ir Ir Ir	Incor Incor
(Name, Address, Description)     Yes       United Seniors of Oakland and Alameda County     4       Yes     Image: County or provide and provide expanded oppic vulnerable populations in the County such as the disable underprivileged, seniors and youth in foster care	official, individual,	l, or

#### 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.

HATAD.	Anna Gee	<b>Operations Manager</b>	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	Α	Pub	lic	Document
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	invertion to			i abno bocamon
1. Agency Name			Date Stamp	California
County of Alameda			2	Form OUZ
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact	(Name, Title)			
Anna Gee, Operations Man	5		Amendment (Must pr	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail		Date of Original Filing: .	
	1007			(month, day, year)
510-891-5585	anna.gee@acgov.org	_		
2. Function, Event, or Cere	emonial Role Informat	ion		
Title Athletics vs. Mariners	V		Face Value of Each Admiss	sion \$ _38.00
			a. 00 10	
Description Baseball Game	9		Date(s) 04 / 06 / 12	//
54			e behest of an agency official?	
Yes 🔲 No 🗹 lfy	es: <u>Miley, Nate - Alameda C</u> Official's	ounty Super		
	Official s	vame (Last, i	Hist) and Hitle	
The identity of recipient	(s) and the explanation	on:		
Name (Last, First) or Organization (Name, Address, Descrij	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency of taxable income. If the agency official also provide a description.</li> <li>If not income, describe the public purp ceremonial roles, performed by an agencies.</li> </ul>	performed a ceremonial role,
	The second s	Vac. E	organization. To reward a community volunteer for their service	to the public Income
McCane, Gwen	2	Yes □ No ☑		
3		Yes 🗖		
		No 🗖		Income
		Contraction of the later		
		Yes 🗖		Income
		No 🗖		
		Yes 🗖		Income

# 3. Verification

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

No 🗖

Yes 🗖

No 🗖

24AA	Anna Gee	<b>Operations Manager</b>	04/02/2012
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

			•						
1.	Agency Name						Date Stamp	California	<sup>a</sup> 802
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ble)					For Officia	al Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)				21.00/12 2.1111	Amendment (Must p	rovide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					,	,
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, y	ear)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Ookland Ma							38.00	1
	Title Oakland A's				-	Face V	alue of Each Admis/	sion \$	<del></del>
	Description Baseball Game	•				Detein	) 04 , 25 , 12	,	1
	Description <u>Description</u>				-	Date(s	)	/	
					_	ua	and A's		
	Ticket(s)/Admission(s) pro	vided by a	igency? res		D [U	II NO:	Name o	fSource	
	Was the distribution to per	sons iden	tified below n	nade a	t the	e behest of	an agency official?		
		Carson	Keith Superviso	r					
	Yes 🗹 No 🛄 If ye	əs: <u></u>	Official's I	Vame (L	.ast, F	irst) and Title			
					u.				
	The identity of recipient	(S) and th						(0.1.1.1.)	• •• • ••
	Name (Last, First)		Number of	Ager	Nev.	1	e income box if the agency on the agency official second s		
	or		Number of Admission(s)/	Offic			vide a description.		
	Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public pu ial roles, performed by an ag		vidual, or
						organiza To promote atter	tion. Indance at a County facility in ord	er to maximize	
	Spencer, Scott		2	Yes No			revenue from parking and conce		Income
	<u></u>								
				Yes No					Income
	<u></u>								
				Yes					Income
				Yes					Income
				No					
				Yes					Income
				No	۵				
2	Varifiantian								

### 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.

As mago	Amy Shrago	Ticket Administrator	04/25/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

1.	Agency Name				Date Stamp	р	California	000
	County of Alameda						Form	802
	Division, Department, or Region (if application	able)					For Official	Use Only
	Board of Supervisors							
	Street Address			0				
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Mustara	ide evoleneties i	$D_{-} \neq 2$
	Crystal Hishida Graff, Clerk, Board of S	Supervisors			Amendment	(wust pro	noe explanation il	1 Рап 3.)
	Area Code/Phone Number E-mail				Date of Original I	Filing:	(month, day, yea	
	(510) 272-3882 crystal.hi	shida@acgov.o	ora				(month), day, ye	<i></i> ,
2.	Function, Event, or Ceremonial F		A CONTRACTOR OF THE OWNER OF THE					
	Title A'S Game			Face \	/alue of Each A	dmissi	on \$ <u>38</u>	.00
	Description <u>Basebal</u>	l gam	L	Date(s	11 19	12	/	
	Ticket(s)/Admission(s) provided by a	agency? Yes	No T		AKLAND A	THUE	TICS	
		<u>.</u>	ца <b>с</b> а		N	lame of S	ource	
	Was the distribution to persons ider	ntified below n	nade at the	e behest of	f an agency offi	icial?	Jagqo	ity,
	Was the distribution to persons ider	ntified below m Medde ( Official's	nade at the Ourfu Name (Last, (	e behest of		icial?	Jagqe Dist/	itez,
	Was the distribution to persons iden Yes 7 No □ If yes:	ntified below m Medde ( Official's	nade at the Ourfu Name (Last, (	e behest of <u>y Supe</u> First) and Title • Check th taxable i also prov • If not inc ceremon	f an agency offi	icial?	Hagge Dist / cial claims admit rformed a ceren se, including	ionial role,
	Was the distribution to persons iden Yes ☑ No □ If yes: The identity of recipient(s) and th Name (Last, First) or Organization	ntified below n Mede ( Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at the Ourfu Name (Last, ( On: Agency	e behest of <u>y Supe</u> First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency offi	gency offi official pr blic purpc y an agen	Hagcf Dist Dist cial claims admin prormed a ceren se, including cy official, indivi	ionial role,
	Was the distribution to persons ider Yes No If yes Ma The identity of recipient(s) and the Name (Last, First) Organization (Name, Address, Description) DAVID ROMERO 35 29 FIRSTST.	ntified below n Mede ( Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at the Mame (Last, ( on: Agency Official Yes	e behest of <u>y Supe</u> First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency offi	gency offi official pr blic purpc y an agen	Hagcf Dist Dist cial claims admin prormed a ceren se, including cy official, indivi	dual, or
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Jelle Xogn Lor	<del>e Ann</del> Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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# 3.

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

AST	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

. Agency Name				Date Stamp	California	002
County of Alameda					Form	<u> 602</u>
Division, Department, or Region (if app	plicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	le)			Amendment (Must p	provide explanation in	Part 3 )
Anna Gee , Operations Manager						<i>i</i> un 0. <i>j</i>
Area Code/Phone Number E-mail			Da	ate of Original Filing:	(month, day, yea	r)
510-891-5585 anna.g	gee@acgov.org					,
Function, Event, or Ceremonia	I Role Informa	tion				
					05.00	
Title Warrior's vs. LA Lakers			Face Valu	ie of Each Admis	sion \$ _95.00	
Description Basketball Game			Dete(=)	04 <u>,</u> 18 <u>,</u> 201	, I	,
Description <u>Description</u>	······································	CONTRACTOR OF	Date(s)	/		/
Ticket(s)/Admission(s) provided b Was the distribution to persons in				Name of		
Was the distribution to persons in Yes ☑ No □ If yes: <u>Mile</u> The identity of recipient(s) and Name	<b>dentified below r</b> y, Nate - Alameda C <i>Official's</i>	nade at th County Super Name (Last,	e behest of an rvisor First) and Title Check the Inc	agency official?	official claims admis	
Was the distribution to persons in Yes ☑ No □ If yes: <u>Mile</u> The identity of recipient(s) and	<b>dentified below r</b> y, Nate - Alameda C <i>Official's</i>	nade at th County Super Name (Last,	e behest of an rvisor First) and Title • Check the inc taxable incom also provide a • If not income, ceremonial rc	agency official?	official claims admis performed a ceremo rpose, including	onial role,
Was the distribution to persons in Yes ☑ No ☐ If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization	dentified below r y, Nate - Alameda O Official's I the explanatic Number of Admission(s)/	made at th County Super Name (Last, . On: Agency	e behest of an rvisor First) and Title • Check the inc taxable incom also provide : • If not income, ceremonial rc organization. To promote attendance	agency official?	official claims admis performed a cerem rpose, including tency official, individ	onial role,
Was the distribution to persons in Yes No I If yes: Mile The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r y, Nate - Alameda ( Official's I the explanation Number of Admission(s)/ Ticket(s)	made at th County Super Name (Last, ) On: Agency Official Yes [2]	e behest of an rvisor First) and Title • Check the incom- taxable incom- also provide a • If not income, ceremonial rc organization. To promote attendance maximize potential Co	agency official?	official claims admis performed a cerem rpose, including ency official, individ inty facility in order to and concession sales a County facility in e from parking and	Iual, or Income Income Income
Was the distribution to persons in Yes No I If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Linton, Donna	dentified below r y, Nate - Alameda O Official's I the explanation Admission(s)/ Ticket(s) 1	nade at th County Super Name (Last, ) On: Agency Official Yes I Yes I	e behest of an  visor  First) and Title  Check the incom also provide a If not income, ceremonial ro organization.  To promote attendance maximize potential Co To promote attend order to maximize To promote attend	agency official?	official claims admis performed a cerem- rpose, including ency official, individ- unty facility in order to and concession sales a County facility in e from parking and a County facility in	Iual, or Income Income Income
Was the distribution to persons in         Yes       No       If yes: Mile         The identity of recipient(s) and         Name (Last, First) or Organization (Name, Address, Description)         Linton, Donna         Ziegler, Donna	dentified below r y, Nate - Alameda O Official's I the explanation Admission(s)/ Ticket(s) 1	nade at th County Super Name (Last, ) On: Agency Official Yes No Yes No	e behest of an visor First) and Title Check the inc taxable incom also provide a If not income, ceremonial ro organization. To promote attendand maximize potential Co To promote attendand order to maximize To promote attend order to maximize To promote attend	agency official? agency official? 	official claims admis performed a cerem- rpose, including ency official, individ and concession sales a County facility in e from parking and a County facility in e from parking and t a County facility in	Iual, or Income Income Income Income

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

AAA !!	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AF	Pub	lic	Doc	um	en	t
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1.	Agency Name						Date Sta	amp	Cali	fornia	002
	County of Alameda								F	orm	002
	Division, Department, or Region (ii	applicable)							F	or Official	Use Only
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Name	, Title)					•				
	Anna Gee, Operations Manager						nendme	nt (Must	provide expl	anation in	Part 3.)
	Area Code/Phone Number E-m	ail				Date o	of Origin	al Filing:		n, day, yea	
	510-891-5585 anr	a.gee@acgov.org							(montr	n, day, yea	r)
	Function, Event, or Ceremo		tion	How Hands Million							
le a	runction, Event, or Gereinor		uon								
	Title Athletics vs. White Sox			-	Face V	alue o	f Each	Admis	sion \$ _	38.00	
	Description Baseball Game				Date(s)	)	23	_/			/
	Ticket(s)/Admission(s) provide Was the distribution to persons								of Source		
,	Was the distribution to person Yes □ No ☑ If yes: <u>^</u>	s identified below r filey, Nate - Alameda C Official's	<b>nade at</b> County Su Name (La	t the b	ehest of						
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# 3. Verification

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

NAA	Anna Gee	Operations Manager	04/02/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	blic	Do	cun	nent
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	ckeuAdmission Distri	indutions	5				A	Public Do	cument
1.	Agency Name						Date Stamp	California	000
	County of Alameda							Form	802
	Division, Department, or Regio	on (if applica	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (M	Vame, Title)					Amendment (Must pr		2art 21
	Anna Gee, Operations Mana	ger						Svide explanation in f	-an 3.)
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year,	
	510-891-5585	anna.gee	@acgov.org					(, ady, year,	
2.	Function, Event, or Cere		Maintena Canting in the second second	tion		na zna zna zna zna zna zna zna zna zna z			
	Title Athletics vs. White Sox		441-127-1146		<b></b> '	Face <b>\</b>	/alue of Each Admiss	ion \$ <u>38.00</u>	
	- Baseball Game						) 04 / 24 / 12		
	Description Baseball Game		<u>,</u>			Date(s	s)	/	/
						Oak	and Athlation		
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		o 🗹	If no: Oak	Name of	Source	
	Yes ☐ No ☑ If ye				Super .ast, F	visor First) and Title			
	The identity of recipient(	s) and th	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Descript	tion)	Number of Admission(s)/ Ticket(s)	Age Offic		taxable ii also prov If not inc ceremon organiza		erformed a ceremo ose, including ncy official, individu	nial role,
	Theobald, Andrew			Yes		1 '	ndance at an event held at a Coun		Income
			2	No		maximize potent	ial County revenue from parking a	nd concession sales.	
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
			1	No	_	1			

# 3. Verification

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

· HEAL	Anna Gee	Operations Manager	04/02/2012
Signature of Agency-Head or Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

**A Public Document** 

Agency Name					Date Stamp		Califorr	
County of Alameda					Date Stamp		Form	
Division, Department, or Region (if	applicable)		····		-		For Offi	cial Use Only
Board of Supervisors								
Street Address	99 - F					ľ		
1221 Oak Street, Suite 536						ľ		
Designated Agency Contact (Name,	Title)				Amondment (			
Anna Gee, Operations Manager					Amendment (A	viust provi	de explanatio	n în Part 3.)
Area Code/Phone Number E-ma	ail				Date of Original Fil	ling:	(month, day,	vear)
510-891-5585 ann	a.gee@acgov.org						(	<b>J</b> ou.)
Function, Event, or Ceremon	nial Role Informa	tion						
Athletics vs. White Sex								0
Title Athletics vs. White Sox					Value of Each Ad			
Description Baseball Game				Dato(s	s) <u>04</u> <u>25</u> 1	12		
Description	· · · · · · · · · · · · · · · · · · ·			Date(s	>)			annecessor conserved
Ticket(s)/Admission(s) provided Was the distribution to persons					INdi	me of Sc ial?	ource	
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 Signature of Agency Head or Designer
 Anna Gee
 Operations Manager
 04/02/2012

 Title
 (month, day, year)