A Public Document

ICKet/Admission Distributio	115								
. Agency Name					Date Stam	р	California	^a 802	
County of Alameda							Form		
Division, Department, or Region (if app	olicable)						For Officia	al Use Only	
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, Title	e)				Amendment	(Must pro	vide explanation	in Part 3.)	
Crystal Hishida Graff, Clerk, Board o	of Supervisors				—				
Area Code/Phone Number E-mail	<u></u>				Date of Original	Filing:	(month, day, y	ear)	
(510) 272-3882 crystal	.hishida@acgov.e	org					,		
. Function, Event, or Ceremonia	I Role Informat	tion							
							. ¢25		
Title				Face V	alue of Each A	Admissi	on \$		
Description <u>A's vs.</u> Yankees) <u>5</u> 25	, 12	,	,	
Description <u>Allo vol Parkeoo</u>			_	Date(s)//	/			
				ur	and Athletics				
		and Al	Ticket(s)/Admission(s) provided by agency? Yes D No 🗹 If no: Oakland Athletics Name of Source						
Ticket(s)/Admission(s) provided b	y agency? Yes			II 110	/	Vame of S	ource		
Ticket(s)/Admission(s) provided b	y agency? Yes			II 110	1	Vame of S	ource		
Ticket(s)/Admission(s) provided b Was the distribution to persons id					,		lource		
Was the distribution to persons id	lentified below r	nade a			,		Cource		
Was the distribution to persons id	lentified below r ervisor Wilma Chan	nade a	at the		,		ource		
Was the distribution to persons id Yes ☑ No 🔲 If yes: Supe	lentified below r ervisor Wilma Chan Official's	nade a	at the	e behest of	,		ource		
Was the distribution to persons id	lentified below r ervisor Wilma Chan Official's	nade a	at the	e behest of	an agency off	icial?			
Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name	lentified below r ervisor Wilma Chan Official's the explanatic	nade a _{Name (L} on:	at the	e behest of First) and Title	,	icial?	cial claims adm		
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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.

m -	Alexandra Boskovich	Ticket Administrator	05/25/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

•••			-								
1.	Agency Name						Date Stamp	California	802		
	County of Alameda							Form			
	Division, Department, or Reg	ion (if applica	ble)					For Official	Use Only		
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Name, Title)						Amendment (Must pr	ovide explanation ir	Part 3.)		
	Crystal Hishida Graff, Clerk, Board of Supervisors										
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	ar)		
	(510) 272-3882	crystal.his	shida@acgov.o	org							
2.	Function, Event, or Cere	emonial R	ole Informat	ion							
								фо <i>г</i>			
	Title	<u></u>			-	Face \	/alue of Each Admiss	sion \$ $\frac{$35}{}$			
	Ale ve Vankoe						<u>5 , 26 , 12</u>	,	,		
	Description <u>A's vs. Yankee</u>	.5				Date(s	;)//	/	/		
					Oak	and Athletics					
	Ticket(s)/Admission(s) provided by agency? Yes 🔲					No 🔽 If no:					
	Was the distribution to pe	rsons iden	tified below n	nade a	t the	e behest of	f an agency official?				
		- ·									
	Yes 🖸 No 🔲 Ify	es: Supervis	sor Wilma Chan	Nomo (I	act E	irst) and Title	225 AN INVINCE				
			Officials	Name (L	dSI, F	nsi) anu mie					
	The identity of recipient	t(s) and th	e explanatio	on:							
	Name						e income box if the agency of				
	(Last, First) or		Number of Admission(s)/	Agen Offici			ncome. If the agency official vide a description.	performed a cerem	ionial role,		
	Organization		Ticket(s)		a		ome, describe the public purplied roles, performed by an age		dual or		
	(Name, Address, Descri	ption)				organiza	remonial roles, performed by an agency official, individu ganization.				
	- · · · · ·			Yes			e attendance at an eve		Income		
	Canada, John		2	No	1	County fac	cility in order to maxim	ze potential			
				Yes		County re	venue from sales.		Income		
				No							
				Yes					Income		
				No							
	· · · · · · · · · · · · · · · · · · ·			Yes					Income		
				No							
				Yes			ananna		Income		
				No							
Matter.				lesson and the second		and the second					

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.

de l'	Alexandra Boskovich	Ticket Administrator	05/25/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	CREDAUIII35IOII DISC	ib delotio							and the second			
1.	Agency Name						Date Stamp	California	802			
	County of Alameda							Form	002			
	Division, Department, or Regi	i on (if applica	ble)					For Official	Use Only			
	Board of Supervisors											
	Street Address											
	1221 Oak Street, Suite 536											
	Designated Agency Contact (Name, Title)						Amendment (Must pr	ovide explanation in	Part 3.)			
	Crystal Hishida Graff, Clerk, Board of Superv								·			
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	ir)			
	(510) 272-3882	crystal.his	shida@acgov.o	org								
2.	Function, Event, or Cere	monial R	ole Informat	ion		-or-neormeticski (1999-1999)						
								фо <i>Б</i>				
	Title				-	Face \	/alue of Each Admiss	ion \$				
	Aleve Dadres					-	<u>, 6</u> , 16, 12	1	,			
	Description <u>A's vs. Padres</u>					Date(s	;)//	/]			
							kland Athletics					
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 🧃					If no: Oak	0: Name of Source					
	Was the distribution to pe	rsons iden	tified below n	nade a	it the	e behest of	an agency official?					
	Yes 🗹 No 🔲 Ify	es: Supervis	sor Wilma Chan	Nomo (I	ant F	First) and Title						
				•	.ası, r	nsi) and mie	κ.					
	The identity of recipient	(s) and th	e explanatio	n:								
	Name					1	e income box if the agency o					
	(Last, First) or		Number of	Ager Offic	-		ncome. If the agency official vide a description.	performed a cerem	iomai role,			
	Organization		Admission(s)/ Ticket(s)		Jai		of income, describe the public purpose, including emonial roles, performed by an agency official, individu anization.					
	(Name, Address, Descri	ption)										
				Yes			e attendance at an ev		Income			
	Wade, Laura		2	No	1	County fac	cility in order to maxim	ize potential				
				Yes		County re	venue from sales.		Income			
				No								
				Yes					Income			
				No								
				Yes					Income			
				No								
	New York Contraction Contraction (Contraction Contraction)			Yes					Income			
				No								
				1		A CONTRACTOR OF THE OWNER		Internet of the second s				

3. Verification

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	Alexandra Boskovich	Ticket Administrator	05/31/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

				West of the contract of the second states					
1.	Agency Name					Date Stamp	California	802	
	County of Alameda						Form	lso Only	
	Division, Department, or Reg	ion (if applical	ble)				For Official U	ose Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)	······			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, yea	r)	
	(510) 272-3882	crystal.his	hida@acgov.c	org					
2.	Function, Event, or Cere		and the second						
							Ф407 О	F	
	Title				Fac	e Value of Each Admis	sion $ \frac{3107.3}{}$	0	
						e(s) <u>6 / 3 / 12</u>		,	
	Description Van Halen cor	icen			Dat	e(s)//	/	/	
					C	aldan Stata Marriana			
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes	🗖 No 🛛	/ If no:	Name of	Source		
	Was the distribution to pe	rsons iden	tified below n	nade at tl	he behes	t of an agency official?			
	Yes 🗹 No 🔲 If y	es: Supervis	sor Wilma Chan	Name (Lost	, First) and T	<u> </u>			
			Unicial s	ivanie (Lasi,	, riisi) anu i	nue -			
	The identity of recipient	t(s) and th	e explanatio	on:					
	Name					k the income box if the agency o			
	(Last, First)		Number of	Agency		ble income. If the agency official provide a description.	performed a cerem	iomai roie,	
	or Organization		Admission(s)/ Ticket(s)	Official	 If no 	t income, describe the public pur	income, describe the public purpose, including		
	(Name, Address, Descri	ption)			1	monial roles, performed by an agency official, individual, nization.			
				Yes 🗖		note attendance at an ev		Income	
	Wydler, Art		2	No 🗹	County	facility in order to maxim	nize potential		
				Yes 🗖		revenue from sales.		Income	
				No 🗖					
				Yes 🗖				Income	
				No 🗖					
				Yes 🗖	1			Income	
				No 🗖					
	and the second			Yes 🗖		,	<u></u>	Income	
				No 🗖					
postation of					-				

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.

\mathcal{O}	Alexandra Boskovich	Ticket Administrator	5/31/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Cravahlo, Brian 2 No ☑ County facility in order to maximize potential □ Yes □ Yes □ County revenue from sales. Income Yes □ Yes □ □ Yes □ Yes □ □											
County of Adamedia For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Streat Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, 7tile) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing:	I. Agency	/ Name						Date S	tamp		802
Board of Supervisors 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 E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title	County (of Alameda									
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@acgov.org 2. Function, Event, or Ceremonial Role Information Title	Division,	Department, or Reg	ion (if applica	ble)						For Official	Use 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	Board o	f Supervisors									
Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing:	Street Ac	ddress									
Crystal Hishida Graff, Clerk, Board of Supervisors □ Amenoment (Must provide explanation in Pait 3) Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org □ Date of Original Filing:	1221 Oa	ak Street, Suite 536									
Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Date of Original Filing:	Designat	ted Agency Contact	(Name, Title)					Amendm	ent (Must pr	ovide explanation in	Part 3.)
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title	Crystal I	Hishida Graff, Clerk,	, Board of S	upervisors							,
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title	Area Coo	de/Phone Number	E-mail		<u>, , , , , , , , , , , , , , , , , , , </u>			Date of Orig	inal Filing: _	(month, day, yea	ir)
Title	(510) 27	2-3882	crystal.his	hida@acgov.d	org						
Description Van Halen concert Date(s) 6 , 3 , 12 Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Yes To promote attendance at an event held at a No County facility in order to maximize potential No Yes County revenue from sales. Income 	2. Functio	on, Event, or Cere	emonial R	ole Informat	ion						
Description Van Halen concert Date(s) 6 , 3 , 12 Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Supervisor Wilma Chan Official's Name Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: (Last, First) Organization (Name, Address, Description) Ticket(s) Yes Admission(s)/ To promote attendance at an event held at a lincome correstization Cravahlo, Brian Yes Yes County revenue from sales. Income Income 										#407	r.
Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No 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 admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • Check the income, description. • If not income, description. • Cravahlo, Brian 2 Yes To promote attendance at an event held at a county facility in order to maximize potential • Yes County revenue from sales. Income No Ves Income Income	Title			·		_	Face V	alue of Eac	h Admiss	sion $\frac{107.3}{107.3}$	5
Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No 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 admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • Cravahlo, Brian 2 Yes To promote attendance at an event held at a No Income Ves County revenue from sales. Income No Yes County revenue from sales. Income	_	Van Halon con	vort					6,3	, 12	,	,
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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 admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization • Yes To promote attendance at an event held at a No Income Cravahlo, Brian 2 Yes County revenue from sales. Income Yes Yes County revenue from sales. Income							Cold	on State Marr	iore		
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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 admission as taxable income. If the agency official performed a ceremonial role, also provide a description. Image: Cravahlo, Brian 2 Yes To promote attendance at an event held at a No Income Query for the agency official individual, or organization. Image: Cravahlo, Brian 2 Yes To promote attendance at an event held at a No Income Query for the agency official individual, or organization. Image: Cravahlo, Brian Yes County revenue from sales. Income Image: Version Yes Income Income											
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 admission as taxable income. If the agency official performed a ceremonial role, also provide a description. Image: Cravahlo, Brian 2 Yes To promote attendance at an event held at a No Income Query for the agency official individual, or organization. Image: Cravahlo, Brian 2 Yes To promote attendance at an event held at a No Income Query for the agency official individual, or organization. Image: Cravahlo, Brian Yes County revenue from sales. Income Image: Version Yes Income Income	Was the	distribution to pe	rsons iden	tified below n	nade a	it the	e behest of	an agency	official?		
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(Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official taxable income. If the agency official performed a ceremonial role, also provide a description. Cravahlo, Brian 2 Yes<☐ No<☐		Name					Check the	e income box if	the agency of	ficial claims admis	sion as
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(Name, Address, Description) Yes Ceremonial roles, performed by an agency official, individual, or organization. Cravahlo, Brian 2 Yes To promote attendance at an event held at a County facility in order to maximize potential Income Yes Yes County facility in order to maximize potential Income Yes Yes County revenue from sales. Income Yes Yes Income Income					Offic	ial		•		ose, including	
Cravahlo, Brian 2 Yes Image: Constraint of the second secon	(ption)	Ticket(S)					ned by an age	ency official, indivi	dual, or
Cravahlo, Brian 2 No ☑ County facility in order to maximize potential □ Yes □ Yes □ County revenue from sales. Income No □ Yes □ □ Yes □ Yes □ □				· · · · · · · · · · · · · · · · · · ·	Yes				e at an eve	ent held at a	Income
No Image: Constraint of the second	Cravahl	o, Brian		2							
No Image: Constraint of the second					Yes		County roy	onuo from i			Income
Yes 🔲 Income									sales.	•	
					Yes						Income
					No						
		innine i suite in annu annu annu annu annu annu annu a									Income
	, <u> </u>				Yes			. <u>5 (</u>			Income
3. Verification				1							Bassing Construction of Construction of Constr

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

un s	Alexandra Boskovich	Ticket Administrator	 5/30/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	cket/Admission Distr	innini										Journent	
1.	Agency Name		and a second					Date St	tamp		California	802	
	County of Alameda										Form		
	Division, Department, or Regi	on (if applica	ble)								For Official	Use Only	
	Board of Supervisors												
	Street Address												
	1221 Oak Street, Suite 536												
	Designated Agency Contact (Name, Title)						mendm	ent (Mus	t provi	de explanation ir	n Part 3.)	
	Crystal Hishida Graff, Clerk, Board of Supervisors						_		·	•			
	Area Code/Phone Number E-mail					Date	of Origi	nal Filin	g:	(month, day, yea	ar)		
	(510) 272-3882	crystal.his	shida@acgov.o	org									
2.	Function, Event, or Cere	monial R	ole Informat	ion									
											. ¢25		
	Title				-	Face \	/alue (of Eac	h Adm	issic	on \$ <u>\$35</u>		
	A's vs Giants					Dete/e	, 6	, 24	, 12		/	,	
	Description <u>A's vs. Giants</u>					Date(s)		/			/	
								kland Athletics					
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: 🖞								Name	of So	ource		
	Was the distribution to persons identified below made at the b					e behest of	an ag	gency	official	?			
		Supervis	sor Wilma Chan										
	Yes 🗹 No 🔲 If y	es: <u>euponn</u>	sor Wilma Chan Official's	Name (L	.ast, F	First) and Title							
	The identity of an einions	(a) and th	a avulanatia										
	The identity of recipient	(s) and th	e explanatio	n:			-					•	
	Name (Last, First)		Number	4							ial claims admi rformed a ceren		
	(Last, Thist) Or		Number of Admission(s)/	Agei Offic	-	also prov		-			to to the second		
	Organization (Name, Address, Descrip	otion)	Ticket(s)			 If not inc ceremon 	come, describe the public purpos nial roles, performed by an agenc ation. ote attendance at an even			se, including :y official, indivi	idual, or		
	(141110) / 1441000) 20001				والسر	organiza					t hold at a	Incomo	
	Chan, Daren		2	Yes	_	County fac						Income	
				No		-							
				Yes No		County re	venue	from s	ales.			Income	
				Yes								Income	
				No									
				Yes								Income	
	••••••••••••••••••••••••••••••••••••••			No									
				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.

Contra Conservation and a service and a serv	Alexandra Boskovich	Ticket Administrator	05/302012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

••	CREGAGINGOION DIG	in a di onio							
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form For Official	
	Division, Department, or Regi	on (if applical	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
							Amendment (Must pro	ovide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	ar)
	(510) 272-3882	and a second	and the second	applays the balance is the base pro-					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
						Face Value of Each Admission \$ _ ^{\$35}			
	Title								
	Description <u>A's vs. Giants</u>					Date(s	<u>6</u> <u>23</u> <u>12</u>	/	/
			(-	,					
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹						and Athletics		
			.go		احتا "		Name of	Source	
		veene iden:	tified below p	ando a	1 + h	hohost of	an agonov official?		
	Was the distribution to per	rsons iden	lined below in	laue a	at the	e penest of	an agency official:		
	Yes 🖸 No 🔲 Ify	es: Supervis	sor Wilma Chan						
		-	Official's l	Vame (l	.ast, F	t, First) and Title			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name					Check th	e income box if the agency of	ficial claims admi	ssion as
	(Last, First)		Number of	Age	-		ncome. If the agency official vide a description.	performed a ceren	ionial role,
	or Organization		Admission(s)/ Ticket(s)	Offi	cial	If not inc	ome, describe the public purp	ose, including	
	(Name, Address, Descrip	otion)				ceremon organiza	ial roles, performed by an age tion.	ency official, indiv	dual, or
				Yes			e attendance at an ev		Income
	Chan, Daren		2	No		County fac	cility in order to maxim	ze potential	
				Yes		County re	venue from sales.		Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
						1			mcome

3. Verification

ACC

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

	Alexandra Boskovich	Ticket Administrator	05/302012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	cket/Aumission Dist	ibutions								
1.	Agency Name	y Name						Date Stamp California		
	County of Alameda							Form		
	Division, Department, or Regi		For Official	Use Only						
	Board of Supervisors									
	Street Address	Street Address								
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Mus	st provide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors	10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
	Area Code/Phone Number	E-mail					Date of Original Filin	g:(month, day, yea	r)	
	(510) 272-3882	crystal.his	hida@acgov.c	org						
2.	Function, Event, or Cere	emonial R	ole Informat	ion						
						Γ	/alue of Each Adm	ingign * \$35		
	Title				-				Gaaanii (
	Description <u>A's vs. Tigers</u>					Date(s	5 , 12 , 12	/	1	
	Description <u>Active Highle</u>						e(s) <u>5</u> <u>12</u> <u>12</u> <u>12</u> <u>12</u>			
	Ticket(s)/Admission(s) pro	wided by a	dency? Ves			lf no ^{. Oakl}	land Athletics			
	neket(s)/Admission(s) pro		igency: res		· Ľ		Name of Source			
								10		
	Was the distribution to per	rsons iden	tified below n	nade a	t the	e benest of	f an agency officia			
	Yes 🔽 No 🔲 Ify	Supervis	sor Wilma Chan							
		co	Official's i	Name (L	ast, F	irst) and Title				
	The identity of recipient	(s) and th	e explanatio	n:						
						Check th	ne income box if the agend	y official claims admis	sion as	
	Name (Last, First)		Number of	Agen	icy	taxable income. If the agency official performed a ceremonial role,				
	or Organization		Admission(s)/ Ticket(s)	Offic	ial	If not inc	vide a description. come, describe the public	purpose, including		
	(Name, Address, Descrip	otion)	TICKEL(S)			ceremor organiza	nial roles, performed by an ation.	agency official, indivi	dual, or	
		· · · · · · · · · · · · · · · · · · ·		Yes		To promo	te attendance at an		Income	
	Sparks, Brandon		2	No	\checkmark	County fa	cility in order to may	imize potential		
				Yes		County re	evenue from sales.		Income	
			Yes					Income		
	1									
									Income	
			No							
	Na she and a she was a start of the second			Yes					Income	
				No					. 🔲	

3. Verification

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

	Alexandra Boskovich	Ticket Administrator	05/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name	Date Stamp	California	802				
	County of Alameda						Form	
	Division, Department, or Region	ו (if applicat	ole)				For Official L	use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Na	nme, Title)				Amendment (Must provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, B	oard of S	upervisors					
	Area Code/Phone Number E	-mail				Date of Original Filing: (month, day, year		r)
	(510) 272-3882	crystal.his	hida@acgov.c	org				
2.	Function, Event, or Ceren	nonial Re	ole Informat	ion				
					- ·		•••• \$75/\$1	7-park
	Title					/alue of Each Admiss		
	Description <u>A's vs. Tigers</u>				Dato/s	s) <u>5 / 13 / 12</u>	1	,
	Description		Date	»)/				
	Ticket(s)/Admission(s) provi	If no. Oak	and Athletics					
	Ticket(s)/Admission(s) prov	ided by a	gency res		11 HO	Name of S	Source	
	Was the distribution to pers	ons ident	ified below n	hade at the	e behest of	f an agency official?		
	Yes 🖸 No 🔲 If yes	. Supervis	or Wilma Chan					
	Yes 🖸 No 🔲 If yes		Official's l	Vame (Last, F	irst) and Title			
	The identity of recipient(s) and th	e explanatio	n				
					Check th	e income box if the agency of	ficial claims admis	sion as
	Name (Last, First)		Number of	Agency	taxable i	ncome. If the agency official p		
	or Organization		Admission(s)/	Official		vide a description. come, describe the public purp	ose, includina	
	(Name, Address, Description	on)	Ticket(s)		ceremon	ial roles, performed by an age		tual, or
				Yes 🗖	organiza To promot	te attendance at an eve	ent held at a	Income
	McCormick, Melanie		20+4 parking	No 🗹		cility in order to maximi		
	<u> </u>		·	Yes 🗖	County ro	venue from sales.		Income
			passes	No 🗖	County re	venue from sales.		
				Yes 🗖				Income
				No 🗖				
		Yes 🗖				Income		
	No 🗖							
				Yes 🗖				Income
				No 🗖				

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	Alexandra Boskovich	Ticket Administrator	05/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

116	ReliAumission Dist	induona	•				-		
1. A	Agency Name	Date Stamp	California	802					
C	County of Alameda							Form	
	Division, Department, or Regi	ion (if applica	ble)		<u>.</u>			For Official	Jse Only
E	Board of Supervisors								
S	Street Address								
1	1221 Oak Street, Suite 536								
Ī	Designated Agency Contact (Name, Title)					Amendment (Must	provide explanation in	Part 3.)
(Crystal Hishida Graff, Clerk,	Board of S	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing	(month, day, yea	r)
(510) 272-3882	crystal.his	shida@acgov.o	org					
, ,	unction, Event, or Cere			1	<u></u>				
	, ,		¢ог						
T	Title Fa						alue of Each Admis	ssion \$	
	Ala va Tigora						5,12,12	,	,
C	Description <u>A's vs. Tigers</u>					Date(s	Date(s) <u>5</u> <u>12</u> <u>12</u> <u>12</u>		
						Opkland Athlatics			
٦	ficket(s)/Admission(s) pro	ovided by a	igency? Yes		0 🗹	If no: Oaki		of Source	
							Numo		
M	Nas the distribution to pe	rsons iden	tified below n	nade a	at the	e hehest of	an agency official?	•	
v	as the distribution to per			naac e					
	Yes 🖸 No 🔲 Ify	es: Supervi	sor Wilma Chan		9				
			Official's	Name (L	ast, F	irst) and Title			
٦	The identity of recipient	(s) and th	e explanatio	on:					
-	Name		_			Check the income box if the agency official claims admission as			
	(Last, First)		Number of	Agei	ncy	1	ncome. If the agency officia	al performed a cerem	onial role,
	or Organization		Admission(s)/	Offic	cial	 also provide a description. If not income, describe the public purpose, including 			
	(Name, Address, Descri	ption)	Ticket(s)				ial roles, performed by an a		dual, or
-			-	Yes	171		e attendance at an e	vent held at a	Income
(Chen, Robert		2	No			cility in order to maxir		
-				Yes					
				No		County re	venue from sales.		Income
									Income
						1			
				Yes					Income
_				No					Income
-				No Yes					Income Income
-				No Yes No			1		Income Income
-				No Yes					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.

A	Alexandra Boskovich	Ticket Administrator	05/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

11	CREUAUMISSION DIST	inationio						
1.	Agency Name	y Name				Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regi	on (if applicat	ole)				For Official U	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.c	org				
2.	Function, Event, or Cere	emonial Re	ole Informat	ion				
						() f 🗖 h. A .lucio .	: ¢ \$35	
	Title			```	Face	/alue of Each Admiss	ion \$	
	Description <u>A's vs. Tigers</u>				Date/s	5 <u>10</u> <u>12</u>	1	1
	Description <u>Advertigent</u>	Date	5)					
	Ticket(s)/Admission(s) pro	uided by e	If no. Oak	land Athletics				
	licket(s)/Admission(s) pro	wided by a	gency res		II 110	Name of S	Source	
	Was the distribution to per	rsons ident	tified below n	hade at the	e behest o	f an agency official?		
		Supervis	or Wilma Chan					
	Yes 🗹 No 🔲 If y	es	Official's l	Vame (Last, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	n'				
					Check the second s	he income box if the agency of	ficial claims admis	sion as
	Name (Last, First)		Number of	Agency	taxable	income. If the agency official p	performed a cerem	ionial role,
	or		Admission(s)/	Official		vide a description. come, describe the public purp	ose. includina	
	Organization (Name, Address, Descrip	otion)	Ticket(s)		ceremor	nial roles, performed by an age	ncy official, indivi	dual, or
				Yes 🗖	organiza To promo	te attendance at an eve	ent held at a	Income
	Silva, Ron		2	No 🖸		cility in order to maximi		
				Yes 🗖	County	evenue from sales.		Income
				No 🔲				
				Yes 🗖				Income
								Income
	No 🗖							
				Yes 🗖				Income
				No 🗖				

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all'i	Alexandra Boskovich	Ticket Administrator	05/10/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	CREVAUIIISSION DISC	10 4 10								
1.	Agency Name	me					Date Stamp	California	802	
	County of Alameda							Form		
	Division, Department, or Regi	on (if applical	ble)					For Official	Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Amendment (Must pr	ovide explanation in	Part 3.)			
	Crystal Hishida Graff, Clerk, Board of Supervisors						—			
	Area Code/Phone Number	E-mail					Date of Original Filing: .	(month, day, yea	nr)	
	(510) 272-3882 crystal.hishida@acgov.c			org						
2.	Function, Event, or Cere	and the second								
								<u> </u>	7 marte	
	Title					Face \	/alue of Each Admiss	sion \$ $\frac{$75/$1}{}$	7-рагк	
							. 9 . 16 . 12		,	
	Description <u>A's vs. Orioles</u>				_	_ Date(s) _9 / 16 / 12//				
						- A Oakland Athletics				
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		o 🖸	If no: Oak	Name of	Source		
	Was the distribution to pe	rsons iden [.]	tified below n	nade a	at the	behest of	f an agency official?			
	Yes 🕢 No 🔲 Ify	es: <u>Supervis</u>	sor Wilma Chan			····· 0 ·····				
			Official's I	ivame (l	Last, F	irst) and Title				
	The identity of recipient	(s) and th	e explanatio	on:						
	Name						ne income box if the agency o			
	(Last, First)		Number of	Age			income. Jf the agency official performed a ceremonial role, ovide a description.			
	or Organization		Admission(s)/ Ticket(s)	If not include			come, describe the public pur		dual or	
	(Name, Address, Descri	ption)	.,			organiza	nial roles, performed by an ag ntion.	ency official, indivi	uuai, or	
				Yes			te attendance at an ev		Income	
	Miller, Adam		4+1 parking	No	\checkmark	County fa	cility in order to maxim	ize potential	D	
				Yes		County re	venue from sales.		Income	
			pass	No						
				Yes					Income	
				No						
				Yes					Income	
					D					
		non nu sa wata in anna an		Yes			ан талан алан ал ал ал ал уулуу уулуу талан талан талан талан талар таларуу уулуу талан таларуу уулуу улуу тала		Income	
				No						
				L						

3. Verification

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	Alexandra Boskovich	Ticket Administrator	5/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
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icket/Admission Distr	ibutions				A	Public Docui	
Agency Name					Date Stamp	California Form 8	02
County of Alameda				_		Form O	
Division, Department, or Regi	on (if applicab	le)				For Official Use O	ny .
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in Part 3	3.)
Crystal Hishida Graff, Clerk,	Board of Su	upervisors					
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)	•
(510) 272-3882		hida@acgov.c					
. Function, Event, or Cere	emonial Ro	ole Informat	ion				
				Face	Value of Each Admiss	sion \$ \$75/\$17-pa	ark
Title		ee					
Description <u>A's vs. Angels</u>				Date	s) <u>5 / 22 / 12</u>	/	/
				· · · ·	,		
Ticket(s)/Admission(s) pro	wided by a	dency? Yes		lf no ^{. Oak}	land Athletics		
Ticket(s)/Admission(s) pro		gency: rcs			Name of	Source	
					· · · · · · · · · · · · · · · · · · ·		
Was the distribution to pe	rsons ident	ified below m	hade at the	e behest o	f an agency official?		
	, Supervis	or Wilma Chan					
Yes 🗹 No 🔲 Ify		or Wilma Chan Official's l	Vame (Last, F	First) and Title)		
The identity of recipient	t(s) and the	e explanatio	n:				
				Check t	he income box if the agency o	fficial claims admission	as
Name (Last, First)		Number of	Agency	taxable income. If the agency official performed a ceremonial role, also provide a description.			i role,
or Organization		Admission(s)/	Official	If not in	come, describe the public pur	pose, including	
(Name, Address, Descri	ption)	Ticket(s)		ceremo organiz	nial roles, performed by an ag ation.	ency official, individual,	or
			Yes 🗖	To promo	te health, motivate and		ncome
Hamilton, John		4+1 parking	No 🗹	expanded	d opportunities to vulne	rable	
	······································		Yes 🗖	nonulatio	ns in the County such	as Ir	ncome
		pass	No 🗖		vileged youth.		
			Yes 🗖			lr	ncome
			No 🗖				
			Yes 🗖			Ir	ncom
			No 🗖				
			Yes 🗖			lr	ncom
			No 🗖				П
3. Verification							

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

$\rho \gamma$	Alexandra Boskovich	Ticket Administrator	05/09/2012
(Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

CKet/Admission Distribut	.10113						
Agency Name				Date Stamp		California	802
County of Alameda						Form	
Division, Department, or Region (if a	applicable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536						www.co.co.co.co.co.co.co.co.co.co.co.co.co.	
Designated Agency Contact (Name,	Title)			Amendment (Must provi	ide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board	d of Supervisors			_			
Area Code/Phone Number E-ma				Date of Original Fi	iling:	(month, day, ye	ar)
(510) 272-3882 crys	tal.hishida@acgov.o	org					
Function, Event, or Ceremon	nial Role Informat	tion					
						♠ \$60.7 ²	5
Title			Face	Value of Each Ad	imissio	on $ = \frac{1}{200.73} $	5
The Black Keys con	cert		Data	s) <u>5 / 4</u> //_	12	1	,
Description The Black Keys cond			Date(s	5)///			
			Gold	ten State Warriors			
Ticket(s)/Admission(s) provided Was the distribution to persons	s identified below n	nade at th	e behest o	f an agency offic	ame of Sc cial?	Durce	
Was the distribution to persons Yes ☑ No 🔲 If yes: <u>S</u>	s identified below n Supervisor Wilma Chan Official's	nade at th	e behest o	f an agency offic		burce	
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) an	s identified below n Supervisor Wilma Chan Official's	nade at th	e behest o	f an agency offic	cial?	cial claims adm	ission as
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of	nade at th Name (Last, Dn: Agency	e behest o First) and Title • Check th taxable	f an agency offic	cial?	cial claims adm	ission as monial role,
Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) at Name	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/	nade at th Name (Last, on:	e behest o First) and Title • Check th taxable also pro • If not in:	f an agency offic	ency offic official per	cial claims adm rformed a cerei se, including	monial role,
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of	nade at th Name (Last, Dn: Agency	e behest o First) and Title • Check th taxable also pro • If not in:	he income box if the ag income. If the agency o vide a description. come, describe the pub nial roles, performed by	ency offic official per	cial claims adm rformed a cerei se, including	monial role,
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/	nade at th Name (Last, Dn: Agency	e behest o First) and Title • Check th taxable also pro • If not inc ceremon organiza	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by ation. te attendance at a	ency offic official per plic purpos y an agence an ever	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, ridual, or Income
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official	e behest o First) and Title • Check th taxable also pro • If not inc ceremon organiza	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by ation.	ency offic official per plic purpos y an agence an ever	cial claims adm rformed a cerer se, including cy official, indiv	monial role,
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes	e behest o First) and Title • Check th taxable also pro • If not in ceremoi organiza To promo County fa	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub hial roles, performed by ation. te attendance at a cility in order to m	ency offic official per plic purpos y an agend an ever naximizo	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, vidual, or Income
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Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No	e behest o First) and Title • Check th taxable also pro • If not in ceremoi organiza To promo County fa	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub hial roles, performed by ation. te attendance at a cility in order to m	ency offic official per plic purpos y an agend an ever naximizo	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th	e behest o First) and Title • Check th taxable also pro • If not in ceremoi organiza To promo County fa	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub hial roles, performed by ation. te attendance at a cility in order to m	ency offic official per plic purpos y an agend an ever naximizo	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	e behest o First) and Title • Check th taxable also pro • If not in ceremoi organiza To promo County fa	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub hial roles, performed by ation. te attendance at a cility in order to m	ency offic official per plic purpos y an agend an ever naximizo	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: S The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th	e behest o First) and Title • Check th taxable also pro • If not in ceremoi organiza To promo County fa	f an agency offic he income box if the ag income. If the agency of vide a description. come, describe the pub hial roles, performed by ation. te attendance at a cility in order to m	ency offic official per plic purpos y an agend an ever naximizo	cial claims adm rformed a cerer se, including cy official, indiv	nonial role, ridual, or Income Income Income

3. Verification

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

Q q	Alexandra Boskovich	Ticket Administrator	5/4/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

11	CREVAUNISSION DIST	buttons	•						• • • • • • • • • • • • • • • • • • • •
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applicat	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame, Title)					Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors					·	
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	nr)
	(510) 272-3882	crystal.his	hida@acgov.c	org					
2.	Function, Event, or Cere	and the second se		AND A REAL PROPERTY AND A					
								<u> </u>	7
	Title				_	Face V	/alue of Each Admiss	ion \$ <u>\$75/\$</u>	7-рагк
	Description <u>A's vs. Orioles</u>					Date(s	s) <u>9</u> <u>16</u> <u>12</u>	/	/
						·			
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		o Ø	lf no: Oakl	and Athletics	-	
				_			Name of	Source	
	Was the distribution to pers	sons iden	tified below n	e ohen	t the	hehest of	f an agency official?		
	was the distribution to pers	sons luch					an agency chickar		
	Yes 🖸 No 🔲 Ifye	s: Supervis	sor Wilma Chan						
			Official's i	Name (L	.ast, F	irst) and Title			
	The identity of recipient(s) and th	e explanatio	n:					
	Name	-	_			 Check th 	e income box if the agency of	ficial claims admis	sion as
	(Last, First)		Number of	Ager	-		ncome. If the agency official vide a description.	performed a cerem	ionial role,
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	 If not inc 	income, describe the public purpose, including		
	(Name, Address, Descript	tion)	(inter(c))			ceremon organiza	ial roles, performed by an age tion.	ncy official, indivi	dual, or
				Yes			te attendance at an eve		Income
	Tolentino, Edgar		4+1 parking	No	7	County fac	cility in order to maxim	ze potential	
	· · · · · · · · · · · · · · · · · · ·			Yes		County re	venue from sales.		Income
			pass	No					
	······			Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
-640									

3. Verification

.

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

	Alexandra Boskovich	Ticket Administrator	5/7/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

		Sationo						
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regio	on (if applical	ble)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536						2010 10 10 10 10 10 10 10 10 10 10 10 10	
	Designated Agency Contact (N	Vame, Title)				Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	r)
	(510) 272-3882	crystal.his	hida@acgov.c	org				
2.	Function, Event, or Cere	monial R	ole Informat	ion				
							\$ \$ \$25	
	Title				Face	Value of Each Admiss	ion \$ _ 000	
	A's vs Tigers				Data	s) <u>5 , 11 , 12</u>	1	1
	Description <u>A's vs. Tigers</u>				Date(s	5)/	/	
					uc	land Athletics		
	Ticket(s)/Admission(s) prov	vided by a	gency? res		If no:	Name of	Source	
	Was the distribution to per-	sons iden	tified below n	nade at the	e behest o	f an agency official?		
		Supervis	sor Wilma Chan					
	Yes 🖸 No 🗋 If ye	es: <u>oupoint</u>	sor Wilma Chan Official's I	Name (Last, F	- irst) and Title	i i i i i i i i i i i i i i i i i i i		
	The file of the state of the st	(-) al Al a						
	The identity of recipient(s) and th	e explanatio	on:				•
	Name				 Check ti taxable i 	ne income box if the agency of income. If the agency official p	ficial claims admis performed a cerem	sion as onial role,
	(Last, First) or		Number of Admission(s)/	Agency Official	also pro	vide a description.		
	Organization (Name, Address, Descrip	tion)	Ticket(s)		 If not inc ceremor 	ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or		dual, or
	(Name, Address, Descrip				organiza		ant hold at a	
	Campos, Janette			Yes 🗖		te attendance at an eve cility in order to maximi		
			2	No 🗹				
				Yes 🗖	County re	evenue from sales.		Income
	water and the second			No 🗖				
				Yes 🗖				
	·····			No 🗖			1.0100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
								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.

An	Alexandra Boskovich	Ticket Administrator	05/03/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	A	Public	Document
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1.	Agency Name	ā	Date Stamp	California 802
	County of Alameda			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only
	Board of Supervisors	CERCENTER THERE IN THE ACTION		
	Street Address			
	1221 Oak Street, Suite 536			
	Designated Agency Contact	(Name, Title)	Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supervisors		
	Area Code/Phone Number	E-mail	Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.org		
2.	Function, Event, or Cere	emonial Role Information		
	Title Oakland A's	Face	Value of Each Admiss	ion \$ <u>1568.00</u>
	Description Baseball Game	e Date(s) <u>05 / 23 / 12</u>	
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🗹 If no: Oal	and A's Name of ۵	Source
	Was the distribution to pe	rsons identified below made at the behest o	of an agency official?	
	Yes 🗹 No 🗖 Ify	es: Haggerty, Scott- Supervisor District 1		
		Official's Name (Last, First) and Title	9	

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	also provide a description		
Hayward Senior Center	20	Yes □ No ☑	To promote health, motivate and provide opportunities to Inco vulnerable populations in the County, such as seniors	come	
22325 N. Third St., Hayward, CA		Yes 🗖 No 🗖	Inc	come	
Providing programs and events for all 60 and over		Yes 🗖 No 🗖	Inc	come	
		Yes 🗖 No 🗖	Inc	come	
8		Yes 🗖 No 🗖	Inc	come	

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.

Signature of Agency Head or Designee

MICHELLE DIANDA Print Name Ticket Administrator

(month, day,

AT upile bocument	Α	Pub	lic	Document
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Ticket/Admission Distributions						~	Fublic Do	
1. Agency Name					Date Stamp	p	California Form	802
County of Alameda								
Division, Department, or Region (if application)	ble)						For Official U	se Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)					- 10			
	un a mila a va				Amendment	(Must pro	vide explanation in I	Part 3.)
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	upervisors		5		Date of Original	Filing:		
	hida@acgov.o	ora					(month, day, year,)
2. Function, Event, or Ceremonial R	and the second s	to a local data data data data data data data da						
(a) In Distribution and a starting theory of the second starting of the starting of the second starting of the starting of							CO 75	
Title The Black Keys			-	Face V	/alue of Each A	dmissi	on \$ _60.75	
Description Concert				Dato/e) 05 / 04 /	12	1	1
Description			-	Date(s	.)/			/
Ticket(s)/Admission(s) provided by a	aencv? Yes			If no: Gold	en State Warriors			
		-			۸	lame of S	ource	
Was the distribution to persons iden	tified below n	nade a	t the	e behest of	an agency off	icial?		
					,,			
Yes 🗹 No 🔲 If yes: Haggert	y, Scott- Superv	isor Dist	rict 1	First) and Title				
			ası, r	-irst) and ritle				
The identity of recipient(s) and th								
Name (Last, First)	Number of	Agen	CV.		e income box if the a ncome. If the agency			
or	Admission(s)/	Offic			/ide a description. ome, describe the pu	blic purpe	se including	
Organization (Name, Address, Description)	Ticket(s)			ceremon organizat	ial roles, performed b	bhc purpt	cy official, individ	ual, or
Hickey, Neal		Yes			attendance at an ev	ent held a	at a County	Income
Thomas I and the second s	2	100000000	$\overline{\mathbf{Z}}$	facility in orde	er to maximize pote	ntial reve	nue from sales.	
		Yes						Income
		No						
		Yes			ŝ.			Income
		Yes No						Income
			_					. 🗆
		1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						Income
3. Verification								
 Verification I have read and understand FPPC Regulation 	ons 18944.1 an	d 1894:	2. 1 h	ave verified l	that the distributio	n of adn	nissions. set for	th above.
is in accordance with the provisions.	ana terra dal 550	91 MARIAN	5174 62	rati della del		80. DA 1963A		
	HELLE DIANI	DA		Ticke	et Administrator		Glu	112

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Δ	Pul	blic	Docu	ment
~	r ui	one	Docu	nent

Retradmission Distribu							
Agency Name					Date Stamp		California Form 802
County of Alameda							Form OU
Division, Department, or Region (i	if applicable)						For Official Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							1
Designated Agency Contact (Name	e, Title)				Amendment (Mu	ist provid	e explanation in Part 3.)
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors						
Area Code/Phone Number E-m	nail	,			Date of Original Filin	ng:((month, day, year)
(510) 272-3882 cry	stal.hishida@acgov.c	org					/
Function, Event, or Ceremo	nial Role Informat	ion					
Title Oakland A's Game	6		ê	Face V	/alue of Each Adn	nissio	n \$_26.00
Description Baseball Game			i.	Date(s	a) <u>05 / 08 / 1</u> 2		//
Ticket(s)/Admission(s) provide						e of Sou	ırce
Was the distribution to person Yes ☑ No ロ If yes: _ The identity of recipient(s) a	ns identified below n Haggerty, Scott- Supervi Official's i	nade at isor Distr Name (La	t he b ict 1	ehest of	an agency officia	al?	
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First)	ns identified below n Haggerty, Scott- Supervi Official's i	nade at isor Distr Name (La	the b ict 1 ist, First	ehest of t) and Title Check th taxable in	e income box if the agen	al? cy officia	
Was the distribution to person Yes ☑ No ロ If yes: _ The identity of recipient(s) a Name	ns identified below n Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/	nade at sor Distr Name (La on:	the b ict 1 ist, First	ehest of t) and Title Check th taxable in also prov If not inc	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public	al? cy officia icial perf purpose	al claims admission as ormed a ceremonial role, ə, including
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agend	the b ict 1 ist, First	ehest of t) and Title Check th taxable in also prov If not inc	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a	al? cy officia icial perf purpose	al claims admission as ormed a ceremonial role, ə, including
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agend	ict 1 ist, First	ehest of) and Title Check th taxable in also prov If not inc ceremon organiza	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a	al? cy officia icial perf purpose n agency	al claims admission as ormed a ceremonial role, ə, including / official, individual, or
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agenc Officia	ict 1 ist, First	ehest of) and Title Check th taxable in also prov If not inc ceremon organiza	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as ormed a ceremonial role, o, including r official, individual, or
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at sor Distr Name (La on: Agenc Officia Yes [No]	ict 1 ist, Firsi al To Z	ehest of t) and Title Check th taxable in also prov If not inc ceremon organiza reward a s	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as ormed a ceremonial role, o, including o official, individual, or stic Incom Incom
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at sor Distr Name (La on: Agenc Officia Yes [No]	ict 1 ist, Firsi al To Z	ehest of t) and Title Check th taxable in also prov If not inc ceremon organiza reward a s	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as ormed a ceremonial role, s, including r official, individual, or stic Incom
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at sor Distr Name (La on: Agend Officia Yes [No [No] Yes]	ict 1 ist, Firsi al	ehest of t) and Title Check th taxable in also prov If not inc ceremon organiza reward a s	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as formed a ceremonial role, e, including r official, individual, or stic Incom Incom Incom
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agenc Officia Yes [No] Yes] No] Yes]	ict 1 ist, Firsi al To ac ac ac	ehest of t) and Title Check th taxable in also prov If not inc ceremon organiza reward a s	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as formed a ceremonial role, e, including rofficial, individual, or stic Incom Incom
Was the distribution to person Yes ☑ No □ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Haggerty, Scott- Supervi Official's / and the explanatio Number of Admission(s)/ Ticket(s)	nade at sor Distr Name (La on: Agend Officia Yes [No] Yes] No] Yes] No]	the b ict 1 ist, Firsi al al c c c c c c c c c c c c c c c c c	ehest of t) and Title Check th taxable in also prov If not inc ceremon organiza reward a s	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy officia icial perf purpose n agency	al claims admission as formed a ceremonial role, e, including e official, individual, or stic Incom Incom Incom
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is in accordance with the provisions.

	$\Lambda \lambda D$	MICHELLE DIANDA	Ticket Administrator	5/8/12
1	Signature of Agency Head or Designee	Print Name	Title	(nionth, day, year)

Agency Report of: Ceremonial Role Events and

A Public	c Document
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110	cket/Admission Distr	110 0101 01110								
1.	Agency Name						Date Stan	np	Calif	^{ornia} 802
	County of Alameda								Fo	rm OU4
	Division, Department, or Regi	on (if applica	ble)	_					For	Official Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
1	Designated Agency Contact (/	Name, Title)							1702 - 140	- 4 4 4 4 4 4 4 4.
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				Amendmen	t (Must pro	vide expla	nation in Part 3.)
		E-mail	upervisors				Date of Origina	l Filing:		
	(510) 272-3882	n 1965-5-1	shida@acgov.o	ara					(month,	day, year)
	Function, Event, or Cere	surgering of the monorhalitetic surgering	of the designed in the second designed in the second second second second second second second second second se	The second s						
	Title Oakland A's Game					HICT Y				26.00
	Title Oakland As Game					Face V	/alue of Each /	Admissi	on \$ _	.0.00
	Description Baseball Game)			_	Date(s) 05 / 10	12		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗹	If no: Oakl	and A's	Name of C	0.000	
	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv Official's	nade a isor Dis Name (L	trict 1 Last, F	behest of irst) and Title Check th taxable in also prov If not inc	e income box if the ncome. If the agenc ide a description. ome, describe the p ial roles, performed	agency offi y official p oublic purpo	icial claim erformed ose, inclu	a ceremonial role, ding
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv Official's e explanatic Number of Admission(s)/	nade a isor Dis Name (I on: Agen Offic Yes No	trict 1 Last, F	 behest of First) and Title Check the taxable in also provide of not inco ceremon organiza 	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding II, individual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv <i>Official's</i> e explanatic Number of Admission(s)/ Ticket(s)	nade a isor Dis Name (I on: Agei Offic Yes No Yes	trict 1 c.ast, F	 behest of irst) and Title Check the taxable is also provement. If not inc ceremon organiza To reward a second se	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding II, individual, or Incom Incom
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv <i>Official's</i> e explanatic Number of Admission(s)/ Ticket(s)	nade a isor Dis Name (I on: Agei Offic Yes No Yes No Yes	trict 1 Last, F	 behest of irst) and Title Check the taxable is also provement. If not inc ceremon organiza To reward a second se	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding II, individual, or Incom Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv <i>Official's</i> e explanatic Number of Admission(s)/ Ticket(s)	nade a isor Dis Name (I on: Agen Offic Yes No Yes No	trict 1 Last, F	 behest of irst) and Title Check the taxable is also provement. If not inc ceremon organiza To reward a second se	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding II, individual, or Incom Incom
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv <i>Official's</i> e explanatic Number of Admission(s)/ Ticket(s)	nade a isor Dis Name (L on: Ager Offic Yes No Yes No Yes No	trict 1 .ast, F	 behest of irst) and Title Check the taxable is also provement. If not inc ceremon organiza To reward a second se	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding II, individual, or Incom Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Haggert</u> (s) and th	tified below n y, Scott- Superv <i>Official's</i> e explanatic Number of Admission(s)/ Ticket(s)	nade a isor Dis Name (I on: Agen Offic Yes No Yes No Yes No Yes	trict 1 .ast, F	 behest of irst) and Title Check the taxable is also provement. If not inc ceremon organiza To reward a second se	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. student for outstar	agency offi y official p ublic purpo by an ager	icial claim arformed ose, inclu	a ceremonial role, ding Il, individual, or Incom Incom Incom Incom

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

MAR	MICHELLE DIANDA	Ticket Administrator	5/10/12
Signature of Agency Head or Designee	Print Name	Title	(nonth, day, year)

A Public Docume

1.	Agency Name		Date Stamp	California 802
	County of Alameda			10m
	Division, Department, or Reg	ion (if applicable)	_	For Official Use Only
	Board of Supervisors			
	Street Address			
	1221 Oak Street, Suite 536			
	Designated Agency Contact	Name, Title)	Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supervisors	i i c	C
	Area Code/Phone Number	E-mail	Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.org		
2.	Function, Event, or Cere	emonial Role Information		
	Title Oakland A's Game	Fac	ce Value of Each Admiss	ion \$ _1568.00
	Description Baseball Game	e Dat	te(s) / / /	
			Dakland A's	7
	Ticket(s)/Admission(s) pro	ovided by agency?Yes 🔲 No 🗹 If no: 💆	Name of S	Source
	Was the distribution to pe	rsons identified below made at the behes	t of an agency official?	

If yes: Haggerty, Scott- Supervisor District 1 Yes 🗹 No 🔲

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 		
St. Rose Hospital Foundation	20	Yes □ No ☑	To reward a nonprofit organization for its contributions to the community	Income	
27200 Calaroga Avenue, Hayward, CA 94545		Yes 🗖 No 🗖		Income	
Provides community support and assistance to enable the hospital to serve those in need		Yes 🗖 No 🗖		Income	
		Yes 🗖 No 🗖		Income	
		Yes 🗖 No 🗖		Income	

3. Verification

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

INAD.	MICHELLE DIANDA	Ticket Administrator	511/2
Signature of Agency Head or Designee	Print Name	Title	(nionth, day, year)

Ticket/Admission Dis	stributions		A Public Document
1. Agency Name		Date Stamp	
County of Alameda			
Division, Department, or R	egion (if applicable)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 5	36		
Designated Agency Conta	ct (Name,Title)	Amendment ((Must provide explanation in Part 3.)
Crystal Hishida Graff, Cle	rk, Board of Supervisors		
Area Code/Phone Number		Date of Original F	iling:(month, day, year)
(510) 272-3882	crystal.hishida@acgov.org		
2. Function, Event, or Co	eremonial Role Information		
Title Oakland A's		Face Value of Each Ac	dmission \$ _75.00
Description Baseball Ga	me	Date(s)/ 14	12 / /
Ticket(s)/Admission(s)	provided by agency? Yes 🔲 No [✓ If no: Oakland A's Na	ame of Source
Was the distribution to	persons identified below made at t	he behest of an agency offic	cial?
Yes 🗖 No 🗖	f ves: Haggerty, Scott- Supervisor, Distric	it 1	

No 🔲 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	also provide a description	
Lundholm, Dean	4	Yes □ No ☑	To reward a community volunteer for his service to the public.	Income
		Yes 🗖 No 🗖		Income
ė.		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.

IND_	MICHELLE DIANDA	Ticket Administrator	5/14/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AF	Public	Docu	ment
/ N #	000110	0000	

1.	Agency Name		Date Stamp	California
	County of Alameda			Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only
	Board of Supervisors			
	Street Address			
	1221 Oak Street, Suite 536			
	Designated Agency Contact	(Name, Title)	Amendment (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk	, Board of Supervisors		svide explanation in Fait 0.7
	Area Code/Phone Number	E-mail	Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.org		(
2.	Function, Event, or Cer	emonial Role Information		
	Title Oakland A's Game	Fac	ce Value of Each Admiss	ion \$ <u>1568.00</u>
	Description Baseball Gam	e Dat	te(s)/ 3012	
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🗹 If no: 🤆	Dakland A's Name of	Source
	Was the distribution to pe	rsons identified below made at the behes	t of an agency official?	
		Haggerty, Scott-Supervisor District 1		

Yes I No I If yes: Haggery, Scott Supervisor District 1 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		
Blalock, Gail	20	Yes □ No ☑	To reward a community volunteer for her 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.

Л	ICHELLE DIANDA	Ticket Administrator	25/14/12
Signature of Agency Head or Designee	Print Name	Title	(month day, year)

Income

Income

Income

Agency Name			Date Stamp	California 802
County of Alameda				Form 002
Division, Department, or Regio	on (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (A	lame, Title)		Amendment (Must pr	ovide evelopation in Part 2.)
Crystal Hishida Graff, Clerk,	Board of Supervisors			ovide explanation in Part 5.)
	E-mail		Date of Original Filing: _	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.d	ora		(month, day, year)
Function, Event, or Cere	the structure designed and ended and ended and an ender successful and the structure of the	100000000000000000000000000000000000000		
Function, Event, or Gere	monial Role informat	lion		
Title Oakland A's			Face Value of Each Admiss	1 an ¢ 26.00
			Face value of Each Admiss	sion \$
Description Baseball Game			Date(s) 05 / 21 / 12	1 1
Description			Date(s)//	
			Oakland A's	
Ticket(s)/Admission(s) prov	vided by agency? Yes		If no: Oakland AS	Source
				000100
Was the distribution to pers	sons identified below n	nade at th	e behest of an agency official?	
0				
Yes 🖸 No 🔲 Ifye	es: Haggerty, Scott- Superv Official's	isor, District	1	
	Official's	Name (Last,	First) and Title	
The identity of recipient(s) and the explanatio	on:		
	-,		Check the income box if the agency of	ficial claims admission as
Name (Last, First)	Number of	Agency	taxable income. If the agency official	
or	Admission(s)/	Official	also provide a description.	
Organization (Name, Address, Descript	tion) Ticket(s)		 If not income, describe the public purp ceremonial roles, performed by an age organization. 	ose, including ency official, individual, or
Leonardo, Tom		Yes 🗖	To promote attendance at an event held	at a County Income
	2	No 🗹	facility in order to maximize potential rev	enue from sales.
		Yes 🗖	<i>w</i> .	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 🗖

Yes 🗖

No Yes 🗖

No

No

Inde	MICHELLE DIANDA	Ticket Administrator	5/21/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

CREUAUIII35IUII DISU	Induotio			Fublic Document
Agency Name			Date Stamp	California 802
County of Alameda				
Division, Department, or Reg	ion (if applicable)		-	For Official Use Only
Board of Supervisors				
Street Address			1	
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Title)			vide explanation in Part 3.)
Crystal Hishida Graff, Clerk,	Board of Supervisors			and explanation in an exp
Area Code/Phone Number	E-mail		Date of Original Filing: _	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.org			
Function, Event, or Cere	emonial Role Information			
Title Oakland A's		Face	Value of Each Admiss	ion \$ _75.00
Description Baseball Game	9	Date(s	s) 05 / 25 / 12	//
Ticket(s)/Admission(s) pro	ovided by agency? Yes 🗖 No	☑ If no: Oak	land A's Name of s	
	Agency Name County of Alameda Division, Department, or Regimeration Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Contact) Crystal Hishida Graff, Clerk, Area Code/Phone Number (510) 272-3882 Function, Event, or Cerce Title Oakland A's Description	County of Alameda Division, Department, or Region (if applicable) 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 Function, Event, or Ceremonial Role Information Title Oakland A's Description	Agency Name County of Alameda Division, Department, or Region (if applicable) 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@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's Description Baseball Game	Agency Name Date Stamp County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tille) Image: Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's

Yes 🔽 No 🔲 If yes: Haggerty, Scott- Supervisor, District 1

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		
Olivares, Orlando	4	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	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.

r I		
V	INK	
t	Stanature of Agenc	Head or Designer

MICHELLE DIANDA Print Name Ticket Administrator

A Public Document

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of \$17

1. Agency Name

cket/Admission Distributions		A Public Document	
Agency Name	Date Stamp	California 802	
County of Alameda		1 on m	
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)

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 Van Halen	Face Value of Each Admission \$ _167.35
Description Concert	Date(s) 06 / 03 / 12 / /

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

Name of Source

Amendment (Must provide explanation in Part 3.)

(month, day, year)

Date of Original Filing:

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

If ves: Haggerty, Scott- Supervisor District 1 No 🗖 Yes 🗹

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admis taxable income. If the agency official performed a ceremalso provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individorganization. 	onial role,
Patterson, Patti	4	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales	Income
		Yes 🗖 No 🗖	Y	Income
		Yes 🗖 No 🗖		Income
	(#)	Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income

3. Verification

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

Signature of Agency Head or Designee

MICHELLE DIANDA Print Name

Ticket Administrator Title

Agency Report of: Ceremonial Role Events and

A Public Do	cument
-------------	--------

11	cket/Admission Distribution	IS			A	Public Do	
1.	Agency Name				Date Stamp	California Form	802
	County of Alameda						and the second
	Division, Department, or Region (if applicable)					For Official U	Jse Only
	Board of Supervisors	Board of Supervisors					
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title,				Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board of	Supervisors					
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	<i>r)</i>
	(510) 272-3882 crystal.	nishida@acgov.o	org			Las company and an average	
2.	Function, Event, or Ceremonial	Role Informat	tion				
	Title Brothers of the Sun			100 State		• • 125 50	
	Title Doulers of the Sun			Face	/alue of Each Admiss	$\sin \$ - \frac{120.00}{2}$	
	Description Concert			Date/s	<u>, 07 , 15 , 12</u>	· 1	/
	Description			Date(a	,)//		
	Ticket(s)/Admission(s) provided by	aganev2 Vac		If no. Gold	len State Warriors		
	Ticket(s)/Admission(s) provided by	agency: res		ii iio	Name of :	Source	
	Was the distribution to persons ide	entified below n	nade at the	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If yes: Hagg	erty, Scott- Superv	isor District 1				
		erty, Scott- Superv Official's	Name (Last, I	First) and Title			
	The identity of recipient(s) and	the explanatio	on:				
				e Check th	e income box if the agency of	licial claims admis	sion as
	Name (Last, First)	Number of	Agency	taxable i	taxable income. If the agency official performed a ceremonial role,		
	or Organization	Admission(s)/	Official	also provide a description. If not income, describe the public purpose, including			
	(Name, Address, Description)	Ticket(s)			ial roles, performed by an age		lual, or
	Steele, Allison		Yes 🗖		attendance at an event held	at a County	Income
		3	No 🗹	facility in ord	er to maximize potential rev	enue from sales	
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖		* * · · · ·		
		_	Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
3	Verification						
·.	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. l h	ave verified	that the distribution of adr	nissions, set for	rth above,
	is in accordance with the provisions.						
		ICHELLE DIANI		Tick	et Administrator	51	JULT
				TICK			FILE
	Signature of Agency Head or Designee	Print Na	me		Title	(ponti	h, day, year)

T	icket/Admission Distr	ributions	Α	Public Document	
1.	Agency Name County of Alameda Division, Department, or Reg	ion (if applicable)		Date Stamp	California Form 802 For Official Use Only
	Board of Supervisors Street Address 1221 Oak Street, Suite 536				
	Designated Agency Contact Crystal Hishida Graff, Clerk, Area Code/Phone Number			Amendment (Must pro Date of Original Filing:	
2.	Title Oakland A's	emonial Role Information		Value of Each Admiss	ion \$ <u>38.00</u> 05 , 10 , 12
	Description <u>Baseball</u> Gan	ovided by agency? Yes ☐ No		s) 05 08 12 land A's Name of S	

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

Yes 🖸 No 🔲 If yes: Carson, Keith Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	,
Socially Responsible Network 360 Grand Ave. #57	2	Yes 🗖 No 🗹	To reward a school or nonprofit organization for its contributions to the Incon community	ne I
		Yes □ No □		ne I
		Yes □ No □	Incon	ne I
		Yes 🗖 No 🗖	Incon	ne I
		Yes 🗖 No 📮	Incon	ne I

3. Verification

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

La Maar	Amy Shrago		05/31/12	
Signature of Agency Hoad or Designee	Print Name	Title	(month, day, year)	

Ticket/Admission Distributi	A Public Documen		
1. Agency Name			Date Stamp California Form 802
County of Alameda			
Division, Department, or Region (if a	oplicable)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, T	itle)		Amendment (Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors		
Area Code/Phone Number E-mai			Date of Original Filing: (month, day, year)
(510) 272-3882 crysta	al.hishida@acgov.o	org	(nonu, day, year)
2. Function, Event, or Ceremoni			
			20.00
Title Oakland A's			Face Value of Each Admission \$ <u></u>
Description Baseball Game			Date(s) 05 09 12 05 23 12
Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No □ If yes: <u>Ca</u>	identified below r	nade at th	ne behest of an agency official?
Yes 🔽 No 🔲 If yes: 💆	rson, Keith Superviso Official's	Name (Last, I	First) and Title
The identity of recipient(s) an	d the explanatio	on:	
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Spencer, Scott	2	Yes 🗖 No 🗹	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
		Yes □ No □	Income
		Yes 🗖	Income
		No 🗖	
M		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 🗖

1 Anere D	Amy Shrago	Ticket Administrator	05/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

A Public	Document
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incret/Aumi33ion Dist	insations	•					
Agency Name					Date Stamp	802	
County of Alameda	1					Form	
Division, Department, or Reg	jion (if applica	ble)				For Official U	ise Unity
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact	(Name, Title)				Amendment (Must pr	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk		upervisors					
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
(510) 272-3882	CONTRACTOR OF CONT	hida@acgov.c					
2. Function, Event, or Cer	emonial R	ole Informat	ion	_			
Title Oakland A's				Face \	Value of Each Admiss	sion \$ <u>38.00</u>	
							40
Description Basebali Gar	ne,	}	Discourse	Date(s	s) <u>05 , 11 , 12</u>		/
					land A's		
Ticket(s)/Admission(s) pr	ovided by a	gency? Yes	🗌 No 🗹	If no: Oak	Name of	Source	
Was the distribution to pe	ersons iden	tified below n	nade at the	e behest of	f an agency official?		
,, _, ,	Careon	Keith Superviso	r				
Yes 🗹 No 🔲 Ify	yes:	Keith Superviso Official's I	Name (Last, F	-irst) and Title			
The identity of recipien	t(s) and th		•				
Name	-(-)				ne income box if the agency o		
(Last, First)		Number of	Agency	taxable i	ncome. If the agency official		
or Organization		Admission(s)/ Ticket(s)	Official	If not inc	vide a description. come, describe the public pur		
(Name, Address, Descr	iption)			organiza		-	lual, or
Socially Responsible Network			Yes 🗖	To reward a sch community	nool or nonprofit organization for its	s contributions to the	Income
360 Grand Ave. #57	Đ	2	No 🗹	community			
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
······			No 🗖				
			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 🗖

6 Smaa D	Amy Shrago	Ticket Administrator	05/31/12
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.)

Ti	Ticket/Admission Distributions					c Documen	
1.	Agency Name					Date Stamp Califo	rm ^{ornia} 802
	County of Alameda						
	Division, Department, or Region	on (if applicat	ole)			For	Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (/	Vame, Title)				Amendment (Must provide explan	nation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				
	Area Code/Phone Number	E-mail				Date of Original Filing:	day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org			
2.	Function, Event, or Cere	monial Re	ole Informat	ion			
							13 75
	Title Oakland A's					Face Value of Each Admission \$ _4	
	Description Baseball Gam	e. Loae Su	ite			Date(s) <u>1212</u>	1 1
	Description <u>Description</u>					Date(s)	
	Ticket(s)/Admission(s) pro	منطمط امبره	aanau? Vaa		5	If po. Oakland A's	
	licket(s)/Admission(s) pro	viueu by a	gency: res		Ľ	Name of Source	
	Was the distribution to per	sons ident	tified below n	nade at	the	behest of an agency official?	
		. Carson,	Keith Superviso	r			
	Yes 🗹 No 🔲 Ifye	35	Keith Superviso Official's	Name (La	st, F	irst) and Title	
	The identity of recipient						
		(3) and an		///. I		Check the income box if the agency official claim	s admission as
	Name (Last, First)		Number of	Agend	v	taxable income. If the agency official performed	
	or		Admission(s)/	Officia		also provide a description.If not income, describe the public purpose, inclu	dina
	Organization (Name, Address, Descrip	tion)	Ticket(s)			ceremonial roles, performed by an agency officia	al, individual, or
				Yes [_	organization. To reward a school or nonprofit organization for its contribution	^{ns to the} Income
	Center for Early Intervention or 1035 Grayson St. Berkeley CA	94710	4		Z	community	
				Yes			atributions Income
	North Berkeley Senior Center		8	No		To reward a school or nonprofit organization for its con	ntributions
	1901 Hearst St. Berkeley CA 94709	Ŧ	-			to the community	lacomo
	North Oakland Senior Center		8	Yes No		To reward a school or nonprofit organization for its cor	ntributions
	5714 Martin Luther King Jr. Way, Oak	land CA 🖪	1			to the community	

3. Verification

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

Yes 🗖

No 🗖

Yes 🗖

No 🗖

A Arres O	Amy Shrago	Ticket Administrator	05/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

Income

Agency Report of: Ceremonial Role Events and Ticket//

(510) 272-3882

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's	Face Value of Each Admission \$ _38.00
	Date(s)/ /////

Ficket(s)/Admission(s)	provided by	/ agency?	Yes	No	$\overline{\mathbf{V}}$	If no:	Oakland A's
					the second se		

crystal.hishida@acgov.org

Name of Source

Amendment (Must provide explanation in Part 3.)

(month, day, year)

Date of Original Filing: .

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

If yes: <u>Carson, Keith Supervisor</u> Yes 🗹 No 🗖

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization. 	nial role,
Socially Responsible Network 360 Grand Ave. #57	2	Yes □ No ☑	To reward a school or nonprofit organization for its contributions to the community	Income
		Yes 🗖 No 🗖		Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes □ No □		Income

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 111

10 Arean	Amy Shrago	Ticket Administrator	05/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket

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)	Amendment (Must	provide explanation in Part 3.)

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

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

Title Oakland A's	Face Value of Each Admission \$ _ <u></u>							
Description Baseball Game	Date(s) 2112	05 / 22	12					
	Dakland A's							

Ticket(s)/Admission(s) provided by agency?	Yes		No	\checkmark	If no:	
--	-----	--	----	--------------	--------	--

Name of Source

(month, day, year)

Date of Original Filing:

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
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 □	Income
		Yes □ No □	Income
		Yes 🗖 No 🗖	
		Yes □ No □	

3. Verification

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

15 Arrag. 1 >	Amy Shrago	Ticket Administrator	05/31/12
Signature of Agency flead or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distril	outions			А	Public Documen
1. Agency Name				Date Stamp	California 802
County of Alameda					Form OU Z
Division, Department, or Regio	n (if applicable)				For Official Use Only
Board of Supervisors	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	ame, Title)			Amendment (Must p	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, E			. attest	Data of Original Filings	
Area Code/Phone Number E	-mail			Date of Original Filing:	(month, day, year)
	crystal.hishida@acgov.c				
2. Function, Event, or Ceren	nonial Role Informat	ion			
Title Oakland A's			Face \	alue of Each Admis	sion \$ 43.75
Description Baseball Game	, Loge Suite		Date(s) 05 , 25 , 12	
			•		
Ticket(s)/Admission(s) prov	ided by agency? Yes		If no ^{. Oakl}	and A's	
noket(s)/Admission(s) prov	laca by ageney i loc			Name of	Source
			- habaat at	an agonov official?	
Was the distribution to pers	ons identified below in	nade at the	e penest oi	an agency officials	
Yes 🕢 No 🔲 Ifyes	3: <u>Carson, Keith Superviso</u> Official's	r	22405-000-02405-000-00		
	Official's	Namo /l act 1			
The identity of recipient(s	· · · · ·	ivanie (Last, i	First) and Title		
Name	s) and the explanation		First) and Title		
(Last, First)	s) and the explanation		Check th	e income box if the agency o	
	Number of	ON: Agency	Check th taxable in		fficial claims admission as performed a ceremonial role,
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	on:	 Check the taxable in also provide the taxable in also provide the taxable in taxable in	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	DN: Agency Official	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including ency official, individual, or
or Organization	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🔲 No 🗹	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes I No I Yes I	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Ves No	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes Yes	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income Income Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or ervice to the public Income Income Income
or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □	 Check the taxable in also prov If not inc ceremon organiza 	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, Individual, or ervice to the public Income Income Income

3. Verification

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

Homeso	Amy Shrago	Ticket Administrator	05/31/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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

(510) 272-3882

Ticket/Admission Distributions		A Public Document		
1. Agency Name	Date Stamp	California 802		
County of Alameda		Form 6022 For Official Use Only		
Division, Department, or Region (if applicable)		For Official Use Only		
Board of Supervisors				
Street Address				

1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: Area Code/Phone Number E-mail

crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title Oakland A's	Face Value of Each Admission \$ _38.00
Description Baseball Game	Date(s) 25 12/

Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland A's

Name of Source

(month, day, year)

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

If yes: <u>Carson, Keith Supervisor</u> Yes 🔽 No 🛛

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 		
Brooks, Rodney	2	Yes ☑ No □	To reward a County employee for his or her exemplary service to the public or to encourage staff development	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.

Ticket Administrator 05/31/12 (month, day, year) Title hature of Agency Head or Designee

icket/Admission Distrib	utions			A	Public Do	cumen
. Agency Name				Date Stamp	California	802
County of Alameda					Form For Official L	Conf. Conf. Const.
Division, Department, or Region	(if applicable)				For Onicial C	ise Uniy
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nai	me, Title)			Amendment (Must pr	ovide explanation in i	Part 3.)
Crystal Hishida Graff, Clerk, Bo				D. G. Codela d Filler		
Area Code/Phone Number E-	·mail			Date of Original Filing: _	(month, day, year)
(510) 272-3882 c	rystal.hishida@acgov.c	org				
Function, Event, or Cerem	onial Role Informat	ion				
Title Oakland A's			Face V	alue of Each Admiss	sion \$ <u>43.75</u>	
Description Baseball Game,	Loge Suite		Date(s) 05 / 26 / 12	/	/
Yes ☑ No □ If yes	Carson, Keith Superviso Official's I		First) and Title			
Name (Last, First) or Organization (Name, Address, Descriptic	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov if not inc ceremon organiza	e income box if the agency o ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag- tion.	performed a ceremo pose, including ency official, individ	onial role,
Brooks, Rodney	4	Yes ☑ No □		inty employee for his or her exem ourage staff development	plary service to the	Income
McWilson, Marlon	4	Yes 🗖 No 🗹	To reward a c	community volunteer for his or	her service to the	Income
Burton, Winston	4	Yes □ No ☑	To reward a c public	community volunteer for his or	her service to the	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.

& Shaar	Amy Shrago	Ticket Administrator	05/31/12	
Signature of Agency Hear or Designee	Print Name	Title	(month, day, year)	
Agency Report of: **Ceremonial Role Events and Ticket/Admissi**

1. Agency Name

cket/Admission Distributions	A Public Docu				
Agency Name	Date Stamp	California 80			
County of Alameda					
Division, Department, or Region (if applicable)		For Official Use Only			

cument

	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	. <u></u>							
	Designated Agency Contact (Name, Title)						Amendment (Must prov	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors						
	Area Code/Phone Number	E-mail				i	Date of Original Filing:	(month, day, year	7)
	(510) 272-3882	reason and a second	hida@acgov.c						
2.	Function, Event, or Cere	monial Ro	ole Informat	ion					
	Title Oakland A's				_	Face \	Value of Each Admissi	on \$ <u>38.00</u>	
	Description Baseball Game	}			_	Date(s	s) <u>05 / 26 / 12</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		o []	lf no: Oakl	land A's Name of S	ource	
	Yes I No I If ye			Name (L	ast, F	First) and Title			
	Name (Last, First) or Organization (Name, Address, Descrip	ition)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable i also prov If not inc	ne income box if the agency offi income. If the agency official pr vide a description. come, describe the public purpo nial roles, performed by an ager ation.	erformed a ceremo	onial role,
	Shrago, Amy		2	Yes No		To reward a Cou	unty employee for his or her exempl ourage staff development	lary service to the	Income
				Yes					Income
				No		ļ	W 	NAMES AND ADDRESS OF A DESCRIPTION OF A	
				Yes No					Income
		<u>Kalozatera () .</u>		Yes					Income
	Real courses we defined and the second course of the second second second second second second second second se			No			an a		
				Yes No					Income

3. Verification

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

Ticket Administrator 05/31/12 w (month, day, year) Title ature of Agency/Head or Designee Print Name

Ticket/Admission Distributio	ns			<u>A</u>	Public Docume
1. Agency Name				Date Stamp	California 802
County of Alameda				-	For Official Use Only
Division, Department, or Region (if app	olicable)				
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Titl	e)				
				Amendment (Must pro	vide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number [E-mail]	or Supervisors			Date of Original Filing:	(month day year)
	.hishida@acgov.c	ora			(nionai, day, year)
2. Function, Event, or Ceremonia					
					28.00
Title Oakland A's			Face	Value of Each Admiss	ion \$
Description Baseball Game			Date(s) <u>05 / 27 / 12</u>	//
Ticket(s)/Admission(s) provided b	by agency? Yes	🗆 No	☑ If no: Oak	land A's Name of S	Source
				Name or	504100
Was the distribution to persons id	dentified below n	nade at	the behest o	f an agency official?	
Car	son Keith Sunerviso	or.			
Yes 🖸 No 🔲 If yes: Car	son, Keith Superviso Official's	" Name (Las	st, First) and Title)	
The identity of recipient(s) and		л. Т	Check t	he income box if the agency of	ficial claims admission as
(Last, First)	Number of	Agenc	v taxable	income. If the agency official p	performed a ceremonial role,
or Organization	Admission(s)/	Officia	I I I I I I I I I I I I I I I I I I I	ovide a description. come, describe the public purp	ose, including
(Name, Address, Description)	Ticket(s)		ceremo organiz	nial roles, performed by an age ation.	ncy official, individual, or
Brooks, Rodney		Yes 🖸	To reward a Co	ounty employee for his or her exemp	plary service to the Incom
Dicerce, reality	2	No E		courage staff development	
		Yes [ב		Incom
		No F	ר		

3. Verification

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

Yes 🗖

No 🔲 Yes 🗖

Yes 🗖

No 🗖

No 🗖

Ticket Administrator 05/31/12 Title (month, day, year) Print Name Designee Signature of Agency Head

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

Income

Income

Income

Α	Pub	lic	Doc	um	ent
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Agency Name						
				Date Stamp	California	000
County of Alameda					Form	0 U2
Division, Department, or Regio	n (if applicable)				For Officia	il Use Only
Board of Supervisors						
Street Address	·····					
1221 Oak Street, Suite 536						
Designated Agency Contact (Na	ame, Title)			Amondmont ///	st provide explanation i	(- D 1 2)
Anna Gee, Operations Manag	ier			Amendment (Mus	st provide explanation l	in Part 3.)
	-mail		Dat	e of Original Filin	g:	aar)
510-891-5585	anna.gee@acgov.org				(monin, day, ye	,,
Function, Event, or Ceren		tion		*****		
Title <u>Athletics vs. Blue Jays</u>	.		Face Value	e of Each Adm	ission \$ <u>38.00</u>	
			01	5 08 12	05,0	09 12
Description Baseball Game			Date(s)	5 08 12	/	
Ticket(s)/Admission(s) prov				Name	of Source	
Was the distribution to pers	ons identified below n	nade at the	behest of an a	Name		
Was the distribution to pers	ons identified below n s: Miley, Nate - Alameda C Official's	nade at the County Superv Name (Last, Fi	behest of an a	Name		
Was the distribution to pers Yes ☐ No ☑ If yes	ons identified below n s: <u>Miley, Nate - Alameda C</u> Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at the County Superv Name (Last, Fi	 behest of an a sort state incompared by the second state incompared state incompared by the second state incompared state incompared	me box if the agency official	I? y official claims admi ial performed a cerer	monial role,
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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.

No 🗖

ARA .	Anna Gee	Operations Manager	05/01/12
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.)

	ΑP	ublic	Docur	nent
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1.	Agency Name					Date Star	mn	California	
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	Division, Department, or Region (if applicable)						For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nam	e, Title)					+ /Must prov	/ide explanation in	
	Anna Gee, Operations Manager						it (must prov	nue explanation in	ran 3.j
	Area Code/Phone Number E-n					Date of Origina	l Filing:	(month, day, yea	ar)
	510-891-5585 an	na.gee@acgov.org						(()))))))))))))))))))))))))))))))))))))	,
2.	Function, Event, or Ceremo		tion					is familian i da a su anno ann an ann ann ann ann ann ann ann	
	· · · ·								
	Title Athletics vs. Tigers				Face Va	ue of Each	Admissi	on \$ <u>_38.00</u>	
	Rasshall Came					05 10	12		
	Description Baseball Game				Date(s).				/
					Osldan				
		I I		D 16					
	Ticket(s)/Admission(s) provide	a by agency? Yes		И	no:		Name of S	ource	
	Ticket(s)/Admission(s) provide	ed by agency? Yes		Ип	no: <u></u>		Name of S	ource	
								ource	
	Was the distribution to person	s identified below n	nade at	the be	ehest of a			ource	
	Was the distribution to person	s identified below n	nade at	the be	ehest of a			ource	
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3. Verification

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1 DAL	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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. Agency Name					Date Stamp		Califor	nia on
County of Alameda							Form	
Division, Department, or Region (if applicable)							For Off	icial Use Only
Board of Supervisors								
Street Address	· · · · · · · · · · · · · · · · · · ·		<u></u>				:	
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Titi	le)						· · · · · · · ·	
Anna Gee, Operations Manager					Amendment (Must prov	lide explanati	on in Part 3.)
Area Code/Phone Number E-mail					Date of Original F	iling:	(month, day	
510-891-5585 anna.c	gee@acgov.org						(monur, day	, year)
. Function, Event, or Ceremonia		tion						li Ganania apina pala ang sa ang sa ang sa ang sa
Title Athletics vs. Tigers			-	Face Va	alue of Each Ac	lmissi	on \$ <u></u> 38.0	00
					05 11	12	05	, 12 , 12
Description Baseball Game			-	Date(s)	05 , 11 ,			//
Ticket(s)/Admission(s) provided b Was the distribution to persons ic					110	me of S :ial?	ource	
Ticket(s)/Admission(s) provided b Was the distribution to persons ic	dentified below n y, Nate - Alameda C Official's I the explanation Number of Admission(s)/	nade a ounty S Name (L	t the upervi ast, Fi	behest of a isor irst) and Title Check the taxable ind also provi If not inco	an agency offic	ial? ency offi official pe lic purpo	cial claims a rformed a ce se, including	premonial role,
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Ticket(s)/Admission(s) provided to Was the distribution to persons in Yes □ No ☑ If yes: Mile The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description) Baptista, Michelle	dentified below n y, Nate - Alameda C Official's i I the explanatio Number of Admission(s)/ Ticket(s) 1	nade a ounty S Name (L on: Agen Offic Yes No Yes No Yes	t the upervi ast, Fi	 behest of a isor rst) and Title Check the taxable ind also provide alternative potential o promote atternative potential o promote atternative potential 	an agency offic	ency offi official per lic purpor an agen at a Count barking an eld at a C evenue fi eld at a C	cial claims a rformed a ce se, including cy official, ir y facility in ord d concession s County facility rom parking a County facility	aremonial role, dividual, or er to Incom sales. / in Incom and / in Incom
Ticket(s)/Admission(s) provided to 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) Baptista, Michelle Kelly, Correna	dentified below n y, Nate - Alameda C Official's I the explanation Number of Admission(s)/ Ticket(s) 1 1	nade a ounty S Name (L) on: Agen Offic Yes No Yes No Yes No	t the upervi ast, Fi	 behest of a isor rst) and Title Check the taxable ind also provide alternative potential o promote atternative potential o promote atternative potential 	an agency offic	ency offi official per lic purpor an agen at a Count barking an eld at a C evenue fi eld at a C	cial claims a rformed a ce se, including cy official, ir y facility in ord d concession s County facility rom parking a County facility	eremonial role, dividual, or er to Incom aades. / in Incom aad Incom aad Incom
Ticket(s)/Admission(s) provided to 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) Baptista, Michelle Kelly, Correna	dentified below n y, Nate - Alameda C Official's I the explanation Number of Admission(s)/ Ticket(s) 1 1	nade a ounty S Name (L) on: Agen Offic Yes No Yes No Yes	t the upervi ast, Fi	 behest of a isor rst) and Title Check the taxable ind also provide alternative potential o promote atternative potential o promote atternative potential 	an agency offic	ency offi official per lic purpor an agen at a Count barking an eld at a C evenue fi eld at a C	cial claims a rformed a ce se, including cy official, ir y facility in ord d concession s County facility rom parking a County facility	aremonial role, idividual, or er to Incom sales. / in Incom and / in Incom
Ticket(s)/Admission(s) provided to 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) Baptista, Michelle Kelly, Correna	dentified below n y, Nate - Alameda C Official's I the explanation Number of Admission(s)/ Ticket(s) 1 1	nade a ounty S Name (L on: Agen Offic Yes No Yes No Yes No Yes	t the upervi ast, Fi	 behest of a isor rst) and Title Check the taxable ind also provide alternative potential o promote atternative potential o promote atternative potential 	an agency offic	ency offi official per lic purpor an agen at a Count barking an eld at a C evenue fi eld at a C	cial claims a rformed a ce se, including cy official, ir y facility in ord d concession s County facility rom parking a County facility	aremonial role, dividual, or er to Incom sales. / in Incom and / in Incom and Incom

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 A I	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	cket/Aumission Distributi									aleibhimatoen ***			cume
•	Agency Name							Date St	amp		Califo		80
	County of Alameda										Foi		
	Division, Department, or Region (if applicable)									For	Official L	lse Only	
	Board of Supervisors												
	Street Address						7						
	1221 Oak Street, Suite 536												
	Designated Agency Contact (Name, 7	Title)						mendme	nt (Mu	st provid	le explan	ation in	Part 3.)
	Anna Gee, Operations Manager												
	Area Code/Phone Number E-mai	il					Date	of Origir	al Filin	g:	(month, c	lay, year)
	510-891-5585 anna	.gee@acg	jov.org										
1	Function, Event, or Ceremoni	ial Role I	nformat	tion					<u></u>				90000000000000000000000000000000000000
	Athletics ve Angele											2 00	
	Title <u>Athletics vs. Angels</u>		/	- <u> </u>		Face	Value o	of Each	n Adm	issio	n \$	5.00	
	Description Baseball Game					Dete	s)	, 21	, 12		05	, 23	, 12
						Date	.5)	/	/			/	/
	Ticket(s)/Admission(s) provided	by agone	W2 Vac		o 171	If no. Oa	kland Ath	letics					
	Ticket(s)/Admission(s) provided Was the distribution to persons Yes □ No ☑ If yes: ^{Mil}	identified	below n	nade a	at the	behest o	of an ag			of Sol	urce		
	Was the distribution to persons	identified ley, Nate - A	Alameda C	nade a county S Name (L	at the	behest o	of an ag				urce		
	Was the distribution to persons Yes ☐ No ☑ If yes: ^{Mil}	identified ley, Nate - A nd the ex Nu Adm	Alameda C	nade a county S Name (L	at the Super Last, F	 behest (irsor irst) and Title Check taxable also pr If not in ceremony 	of an ag e Income Income, ovide a de nial roles,	ency (e box if th f the age scription acribe the	officia e agenc ncy offic public	l? y offici lal peri purposi	al claims ormed a a, includ	ceremo	onial role,
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified ley, Nate - A id the exp Adm Ti	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen	at the Super Last, F	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	onial role,
	Was the distribution to persons Yes □ No ☑ If yes: <u>Mil</u> The identity of recipient(s) an Name (Last, First) or Organization	identified ley, Nate - A id the exp Adm Ti	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic	at the Super Last, F	 behest (risor irst) and Title Check taxable also pr If not in ceremo organia 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	onial role, ual, or
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County	identified ley, Nate - A id the exp Adm Tion 1 4	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic	at the Super Last, F	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	ual, or Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda	identified ley, Nate - A ad the exp Adm Tid Adm Tid A	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic Yes No Yes	at the Super Last, F	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	ual, or Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County 7200 Bancroft Avenue, Suite 251 - Oakland, C	identified ley, Nate - A id the exp Adm Tion 1 4	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic Yes No Yes No	at the Gupen Last, F ncy cial	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	ual, or Incon Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County 7200 Bancroft Avenue, Suite 251 - Oakland, C	identified ley, Nate - A ad the exp Adm Tid Adm Tid A	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic Yes No Yes	at the Gupen Last, F ncy cial	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	ual, or Incon Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County 7200 Bancroft Avenue, Suite 251 - Oakland, C	identified ley, Nate - A ad the exp Adm Tid Adm Tid A	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Age Offic Yes No Yes No Yes	at the Gupen ast, F	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	inial role, ual, or Incon Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County 7200 Bancroft Avenue, Suite 251 - Oakland, C	identified ley, Nate - A ad the exp Adm Tid Adm Tid A	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the Supen ast, F ncy cial C C C C C C C C C C C C C	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	inial role, ual, or Incon Incon
	Was the distribution to persons Yes □ No ☑ If yes: Mil The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County 7200 Bancroft Avenue, Suite 251 - Oakland, C	identified ley, Nate - A ad the exp Adm Tid Adm Tid A	Alameda C Official's I planatic mber of ission(s)/	nade a county S Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the Gupen Last, F Cial	 behest (risor irst) and Title also pr If not in ceremo organiz To promole at 	e e the incomu income. ovide a de iccome, dei nial roles, ation. rendance fo	e box if th f the age scription acribe the performe r an event	e agenc ncy offic public nd by an held at a	I? y offici lal peri purpose agency County	el claime formed a e, includ y official facility in f	ceremo ing individ	Incom

AAN .	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AI	Pubi	lic	Do	cur	nent
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1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form		
	Division, Department, or Regio	on (if applica	able)					For Official L	lse Only	
	Board of Supervisors									
	Street Address	Street Address								
	1221 Oak Street, Suite 536									
	Designated Agency Contact (A	lame, Title)					Amendment (Must pr	ovide explanation in I	Part 3.)	
	Anna Gee, Operations Mana	ger							·	
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year)	
etherated	510-891-5585	anna.gee	@acgov.org							
2.	Function, Event, or Cerei	nonial R	ole Informat	ion						
		- Athletics vs. Vankoos						• • 38.00		
	Hitle Athletics vs. Fankees	Fitle Athletics vs. Yankees Face V					/alue of Each Admiss	sion \$		
	Description Baseball Game	Baseball Game) 05 , 25 , 12	1	,	
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Athletics									
	neket(s)/Admission(s) prov	nueu by a	igency: ies				Name of	Source		
				•						
	Was the distribution to pers	sons iden	tified below n	nade a	it the	e behest of	an agency official?			
	Yes ⊡ No [7] Ifve	Yes 🔲 No 🗹 If yes: <u>Miley, Nate - Alameda County Supervisor</u>								
	Yes D No If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title									
	The identity of recipient(he identity of recipient(s) and the explanation:								
						Check th	e income box if the agency of	ficial claims admiss	lon as	
	Name (Last, First)		Number of	Agency	ncy	taxable ii	ncome. If the agency official j			
	or Organization		Admission(s)/	Offic		1	provide a description. income, describe the public purpose, including			
	(Name, Address, Descript	ion)	Ticket(s)			ceremon	emonial roles, performed by an agency official, indiv anization.		ual, or	
	Kennedy, Jim			Yes	Π	To promote atter	ndance for an event held at a Cou		Income	
	Kennedy, Sin		2	No		maximize potent	ial County revenue from parking a	nd concession sales.		
				Yes					Income	
				Yes	Π			· · · · ·	Income	
				No						
				Yes					Income	
				No						
				Yes					Income	
				No						

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.

A LA	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

ICKEUAUIIISSIOII DISTIDU	uons			A	Public Doc		
. Agency Name				Date Stamp	California Form	000	
County of Alameda			Form	0 U2			
Division, Department, or Region (i	f applicable)				For Official Us	se Onlý	
Board of Supervisors							
Street Address	Street Address						
1221 Oak Street, Suite 536							
Designated Agency Contact (Name	, Title)			Amendment (Must pro	wide explanation in P	ent 3)	
Anna Gee, Operations Manager						un o.y	
Area Code/Phone Number E-m	ail			Date of Original Filing: _	(month, day, year)		
510-891-5585 anr	a.gee@acgov.org						
Function, Event, or Ceremo	nial Role Informat	tion					
Athletics vo. Verkess							
Title <u>Athletics vs. Yankees</u>			Face V	alue of Each Admiss	ion \$		
Description Baseball Game			D-4-/-	05,25,12	,	,	
Description			Date(s) 2512/				
Yes ☐ No ☑ If yes: _ The identity of recipient(s) a	Miley, Nate - Alameda C Official's nd the explanatio		Visor First) and Title	. <u></u>			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inco	a income box if the agency off icome. If the agency official p ide a description. ome, describe the public purp- al roles, performed by an age ion.	erformed a ceremor ose, including	ceremonial role, ing	
Theobald, Andrew	1	Yes 🗖 No 🗹	To promote atter	dance for an event held at a Cour al County revenue from parking a		Incom	
Rodrigue, Cynthia	1	Yes □ No ☑		endance for an event held at a nize potential County revenue	from parking and	Incom	
Theobald, Madison	1	Yes 🗖 No 🗹	o promote atte	indance for an event held at a nize potential County revenue	County facility in	Incom	
Theobald, Jeremy	1	Yes □ No ☑				Incom	
		Yes 🗖 No 🗖				Incom	

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.

ARK.	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

							•••••••			
1.	Agency Name				Date Stamp	California	802			
	County of Alameda					Form	002			
	Division, Department, or Region	(if applicable)				For Official L	Jse Only			
	Board of Supervisors	······································	×							
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Nar	· ·			Amendment (Must pro	ovide explanation in	Part 3.)			
	Anna Gee, Operations Manage				Data of Original Filings					
		mail			Date of Original Filing: _	(month, day, year)			
80090/200		nna.gee@acgov.org				an a				
2.	Function, Event, or Cerem	onial Role Informa	tion							
	Title Athletics vs. Rangers			Face \	/alue of Each Admiss	ion \$ <u>38.00</u>				
	Description Baseball Game			Date(s	<u>, 06 , 04 , 12</u>	06 05	, 12			
	Ticket(s)/Admission(s) provid Was the distribution to perso Yes □ No ☑ If yes:	ons identified below r	e behest of	f an agency official?	Source					
		Yes D No If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title								
	The identity of recipient(s)	and the explanation	on:							
	Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency of ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	performed a ceremo	onial role,			
	Hayward Area Recreation & Park	District 4	Yes □ No ☑	1 .	ndance for an event held at a Cour tial County revenue from parking a	• •	Income			
	*******************************		Yes 🗖				Income			
			No 🗖							
			Yes 🗖				Income			
			No 🗖							
			Yes 🗖				Income			
			No 🗖		······································					
			Yes 🗖	1			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 🗖

Ash	Anna Gee	Operations Manager	05/01/12
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.)

Α	Pu	blic	Doc	um	ent
	• ч	NIIO	000	MIII.	~ 11(

Ticket/Admission Distributions	•			~		cument
1. Agency Name				Date Stamp	California	002
County of Alameda					Form	002
Division, Department, or Region (if application	ble)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)		<u></u>		Amendment (Must pro	uide explanation in l	Darf 2 \
Anna Gee, Operations Manager					vide explanation in r	-an 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year,)
510-891-5585 anna.gee(@acgov.org				(monai, day, year,	,
2. Function, Event, or Ceremonial R		tion			NY 1414	
Title Athletics vs. Rangers			Face	Value of Each Admissi	on \$ _1,568	
				06 06 12		
Description Baseball Game			Date(s	s) <u>06 06 12</u>	/	/
Ticket(s)/Admission(s) provided by a	gency? Yes	🔲 No	✓ If no: Oak	land Athletics Name of S	2011/20	
				Name of 0	ource	
Was the distribution to persons ident	ified below n	nade at	the behest o	f an agency official?		
·						
Yes □ No ☑ If yes: <u>Miley, Na</u>	ate - Alameda C	ounty Su	pervisor			
	Official's	Name (Las	st, First) and Title			
The identity of recipient(s) and the	e explanatio	on:				
Name			Check th	e income box if the agency offi	cial claims admiss	ion as
(Last, First)	Number of	Agenc		ncome. If the agency official pe vide a description.	erformed a ceremo	nial role,
or Organization	Admission(s)/ Ticket(s)	Officia	 If not inc 	come, describe the public purpo	se, including	
(Name, Address, Description)	rickettay		ceremon organiza	ial roles, performed by an agen ition.	cy official, individ	ual, or
Alameda County Deputy Sheriff's		Yes 🛛	To promote atte	ndance for an event held at a Count		Income
Activities League	20	No 🖸	imaximize poten	tial County revenue from parking an	d concession sales.	
16279 E 14th Street Suite #100 Sep Leandre CA		Yes [7			Income
16378 E. 14th Street, Suite #100-San Leandro, CA 94578 ■		No	1			
		Yes [Income
Parking Passes	4	No E				
		Yes	-			Income
		No E				
		Yes				
		No [Income
			- L			

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.

ARC.	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

AF	Public	Docun	nent
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licket/Admission Distribu	tions				A Public Do	
1. Agency Name				Date Stamp	California Form	002
County of Alameda					Form	0UZ
Division, Department, or Region (i	f applicable)				For Official U	se Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	, Title)			Amendment (Mus	t provide explanation in l	Danf 3)
Anna Gee, Operations Manager				_		
Area Code/Phone Number E-m	ail			Date of Original Filing	(month, day, year)
510-891-5585 anr	a.gee@acgov.org					
2. Function, Event, or Ceremo	nial Role Informat	tion		n na na mana na mana na ang kana marang kana na		
					20.00	
Title Athletics vs. Rangers				Face Value of Each Adm	ssion \$	
Description Baseball Game				Date(s)//	,	,
Description <u>Decedent Carrie</u>				Date(s)///		/
Was the distribution to person Yes □ No ☑ If yes: ♪ The identity of recipient(s) a	Иiley, Nate - Alameda C Official's	County S Name (L			£	
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agei Offic		 Check the income box if the agency taxable income. If the agency offic also provide a description. If not income, describe the public p ceremonial roles, performed by an organization. 	al performed a ceremo urpose, including	niai role,
Alameda County Deputy Sheriff's		Yes		To promote attendance for an event held at a c		Income
Activities League	2	No	\checkmark	maximize potential County revenue from parki	ig and concession sales.	income
16378 E. 14th Street, Suite #100-San Lean	tro, CA	Yes				
94578	Ð	No				
		Yes				Income Income
· · · · · · · · · · · · · · · · · · ·						Income
		No Yes				Income Income
		No				Income Income Income
		No Yes				Income Income 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.

Defe -	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and

i icket/Adm		induolis						'ublic Do	
. Agency Na	ame					Date Stamp		California Form	009
County of Al	ameda							Form	804
Division, Dep	partment, or Reg	ion (if applicable)					Γ	For Official U	Jse Only
Board of Su	pervisors								
Street Addres	SS								
1221 Oak St	treet, Suite 536								
Designated A	gency Contact	Name, Title)				Amendment (A	Must provid	la avalanation in	Port 21
Anna Gee, C	Operations Man	ager							,
Area Code/Pl	hone Number	E-mail				Date of Original Fi	iling:	(month day year	rj
510-891-558	35	anna.gee@ac	cgov.org					,,,, , ,	/
. Function, E	Event, or Cere	emonial Role	Informat	tion					
Athlatia	n va Badraa							75.00	
Title <u>Athence</u>	s vs. Padres				Face V	/alue of Each Ad	Imissio	n \$	···
Decembration	Baseball Game	2) 06 , 15 , 1	12		
Description	<u>Ducobali ourin</u>				Date(s)///////		/	/
	lmission(s) pro tribution to per					and Athletics Nar an agency offic	me of Sou	irce	
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HAN !!	Anna Gee	Operations Manager	05/01/12
Signature of Agendy Flead or Designee	Print Name	Title	(month, day, year)

Α	Pu	blic	Dod	cum	ent
		NIIO		2 GI I I	CIIL

				-		
1. Agency Name				Date Stamp	California	9
County of Alameda					Form OU	4
Division, Department, or Region (if	applicable)				For Official Use Only	!
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	,Title)					
Anna Gee, Operations Manager				Amendment (Must p	rovide explanation in Part 3.)	
Area Code/Phone Number E-ma	ail			Date of Original Filing:		
510-891-5585 ann	a dep@acdov.ord				(month, day, year)	
2. Function, Event, or Ceremor	a.gee@acgov.org	tion				
2. Function, Event, or Ceremor		uon				
Title Athletics vs. Padres			Face \	/alue of Each Admis	sion \$ 75.00	
Description Baseball Game			Date(s) <u> </u>	//_/	
•				,		
Ticket(s)/Admission(s) provide	d by agency? Ves		I Ifno. Oakl	and Athletics		
				Name of	Source	
Was the distribution to persons	s identified below n	nade at the	e behest of	an agency official?		
	filev. Nate - Alameda C	county Super	visor			
Yes 🔲 No 🗹 🛛 If yes: 🗥	liley, Nate - Alameda C Official's	Name (Last, I	First) and Title			
		+				
The identity of recipient(s) a	nd the explanatio	on:				
Name			Check th tayable ii	e income box if the agency o ncome. If the agency official	fficial claims admission as performed a ceremonial role	A
(Last, First) or	Number of Admission(s)/	Agency Official		ide a description.	performed a ceremonial for	e,
Organization	Ticket(s)	Unicial		ome, describe the public pur ial roles, performed by an ag		
(Name, Address, Description)			organiza	tion.		
Eggiman, Mary Lou		Yes 🗖	· ·	ndance for an event held at a Cou	· · · · · · · · · · · · · · · · · · ·	me
	4	No 🗹	maximize potent	ial County revenue from parking		ב
Stewart, Darryl		Yes 🗹	To promoto o	Handanaa far an avant hold ni	La County facility in Inco	me
Stewart, Danyi	1	No 🗖		ttendance for an event held at mize potential County revenue		
		Yes 🗖				
Stewart, Tyler	1	No 🗹	-	1	_	
Handelar				ttendance for an event held al		_
Dobbins, Christopher	1			ttendance for an event held a		
		No 🗹	order to maxi	mize potential County revenue	e from parking and 😛 🛛 🗋	<u> </u>
Ponce, Sarai	1	Yes 🗖		ttendance for an event held a		
		No 🗹	order to maxi	mize potential County revenue	e from parking and 🙀 🛛 🗖]

3. Verification

X

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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

AAA	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	(

3. Verification

is in accordance with the provisions.

Signature of Agency Head or Designee

A Public Document	Α	Public	Document
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	5						Journer
Agency Name				Date	e Stamp	California	009
County of Alameda						Form	802
Division, Department, or Region (if applic	cable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					• • • • • •	L	04.700-00400/AUX/0
Anna Gee, Operations Manager					dment (Must	provide explanation ir	n Part 3.)
Area Code/Phone Number [E-mail			All	Date of Or	riginal Filing:		
510-891-5585 anna.ge	e@acgov.org					(month, day, yea	ar)
Function, Event, or Ceremonial I	CONTRACTOR OF A	tion					
runction, Event, or Geremoniar							
Title Athletics vs. Dodgers			Face V	/alue of E	ach Admis	sion \$ _ <u>38.00</u>	
							0 40
Description Baseball Game			Date(s	s) <u> </u>	19 <u>12</u>	062	
Was the distribution to persons ide				-		of Source	
Yes No 🗹 If yes: Miley,	Nate - Alameda C Official's	Name (Last,	First) and Title				
The identity of recipient(s) and the	ne explanatio	on:					
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc	ncome. If the vide a descrip ome, describe ial roles, perfe	agency officia tion. e the public pu	official claims admis Il performed a cerem Irpose, including gency official, indivi	ionial role,
Uunited Seniors of Oakland & Alameda County	4	Yes 🗖 No 🗹	To promote atter	ndance for an e		ounty facility in order to g and concession sales	Income
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes 🗖		······································			Income
7200 Bancion Ave, etc 201 - Canlanu, eA 34000		No 🗖					
······································		Yes 🗖					Income
		No 🗖					
		Yes 🗖					Incom

 \checkmark No

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

Yes \Box

No

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

Print Name

Anna Gee

Operations Manager

Title

Income

Income

05/01/12

(month, day, year)

Α	Pu	ıblio	; Do	cur	nent
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1									
••	Agency Name					Date Star	np	California Form	802
	County of Alameda								
	Division, Department, or Region (if app.	licable)						For Official L	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				Amendmen	t (Must prov	vide explanation in	Part 3)
	Anna Gee, Operations Manager						e (maor prot		r un 0.7
	Area Code/Phone Number E-mail					Date of Origina	l Filing:	(month, day, year	r)
	510-891-5585 anna.g	e@acgov.org						(,
2.	Function, Event, or Ceremonial	Role Informat	tion						
	Title Athletics vs. Dodgers				Face V	/alue of Each /	Admissi	on \$ <u>38.00</u>	
	- Baseball Game) 06 / 19	. 12	06 , 20	, 12
	Description Baseball Game			-	Date(s)	/		/
					Oakl	and Athlatica			
	Ticket(s)/Admission(s) provided by	agency? Yes		οM	l Ifno ^{. Oaki}	and Americs			
				- Incol		******	Name of S	ource	
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	Was the distribution to persons ide Yes □ No ☑ If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization	entified below n , Nate - Alameda C Official's the explanatic Number of Admission(s)/	nade a county S Name (L on: Ager	At the Super Last, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organizat To promote atter	e income box if the ncome. If the agenc ide a description. ome, describe the p ial roles, performed tion.	ficial? agency offic y official pe ublic purpo by an agen	cial claims admiss informed a ceremo se, including cy official, individ y facility in order to	onial role,
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	Was the distribution to persons ide Yes No I If yes: Miley The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda	entified below n Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Ager Offic Yes No Yes	At the Guper Last, F nocy bial	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organizat To promote atter	e income box if the ncome. If the agenc ide a description. ome, describe the p ial roles, performed tion.	ficial? agency offic y official pe ublic purpo by an agen	cial claims admiss informed a ceremo se, including cy official, individ y facility in order to	ual, or Income
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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.

1AAC	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Α	Pub	lic	Doc	umen	ť
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icket/Admission Distrib	utions			A	Public Do	
. Agency Name				Date Stamp	California Form	009
County of Alameda					Form	6 U2
Division, Department, or Region	(if applicable)				For Official L	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan	ne, Title)			Amendment (Must pr	nuide explanation in i	Dourt 2.)
Anna Gee, Operations Manage	r					,
Area Code/Phone Number E-I	mail		Da	te of Original Filing: .	(month_day_vear)
510-891-5585 ar	nna.gee@acgov.org				(,,,	•
Function, Event, or Ceremo		tion		ninina di Kana di Manaka na kana dina aka aka mana di kana kana na		
					00.00	
Title Athletics vs. Dodgers			Face Valu	e of Each Admiss	sion \$ <u>38.00</u>	
- Baseball Game			0	6 , 21 , 12		
Description Baseball Game			Date(s)			/
Yes No If yes: The identity of recipient(s)	Miley, Nate - Alameda C Official's		First) and Title			
Name (Last, First) or Organization (Name, Address, Descriptior	Number of Admission(s)/ Ticket(s)	Agency	taxable incom also provide a If not income,	ome box if the agency of e. If the agency official description. describe the public purp es, performed by an age	performed a ceremo pose, including	nial role,
United Seniors of Oakland & Alam	eda	Yes 🗖	To promote attendance	e for an event held at a Cou		Incom
County	2	No 🗹	maximize potential Co	unty revenue from parking a	and concession sales.	
7200 Bancroft Ave, Ste 251 - Oakland, CA	94605	Yes 🗖				Incom
		No 🗖				
		Yes 🗖				Incom
		No 🗖				
		Yes 🗖				Incom
		No 🗖				
		Yes 🗖				
						Incom

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.

ALL.	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen

ickeu/Aumission Dis	inducions	2			A	FUDIIC DO	cumer
Agency Name					Date Stamp	California	002
County of Alameda						Form	002
Division, Department, or Re	gion (if applica	ible)				For Official L	lse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536	3						
Designated Agency Contact	. (Name, Title)			·	Amendment (Must pro	vide explanation in	Part 3)
Anna Gee, Operations Ma	nager					·	urt o.y
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year	,
510-891-5585	anna.gee	@acgov.org					
Function, Event, or Ce	remonial R	ole Informat	tion	*****			
Athletics vs. Dedgers						. 75.00	
Title <u>Athletics vs. Dodgers</u>				Face Va	alue of Each Admiss	ion \$ <u>75.00</u>	
Description Baseball Gan	ne				06 , 21 , 12	,	,
Description				Date(S)		//	/
Ticket(s)/Admission(s) pr	ovidad by a	Van		Jifno. Oakla	nd Athletics		
never(s)/Admission(s) pi		igency: res			Name of S	Source	
Was the distribution to pe	ersons iden	tified below n	nade at th	ne behest of a	an agency official?		
	Milev. N	ate - Alameda C	County Supe	rvisor			
Yes 🔲 No 🗹 If	yes:	ate - Alameda C <i>Official's</i>	Name (Last,	First) and Title			
The identity of recipien	t(e) and th	o ovnlanatic	\ n'				
		e explanatio	///. I	Charletha	1	Intel status admin	
Name (Last, First)		Number of	Agency		income box if the agency off come. If the agency official p		
or		Admission(s)/	Official	(1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	de a description. me, describe the public purp	asa including	
Organization (Name, Address, Desci	iption)	Ticket(s)		ceremonia	l roles, performed by an agei		ual, or
			Yes 🗖	organizatio To promote attend	on. Iance for an event held at a Coun	ty facility in order to	Income
Alameda County District Attor	ney's Office	4	No 🗹	maximize potentia	I County revenue from parking ar	nd concession sales.	
			Yes 🗖				Income
Human Exploitation and Human Tra	0						
	+		Yes 🗖				
1225 Fallon St, Ste 900-Oakland, C	A 94612						
			Yes 🗖				
							Income
			Yes 🗖				
		1		1			Incom

3. Verification/

1

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

No 🗖

AAC.	Anna Gee	Operations Manager	05/01/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

AP	ublic	Document

IICKEU,	Aumission Distri	DURIONS)			A	Public Docume
. Agen	cy Name					Date Stamp	California Form 802
Count	y of Alameda						Form OU
Divisio	on, Department, or Regio	n (if applica	ble)		*** **** *****************************		For Official Use Only
Board	l of Supervisors						
Street	Address						
1221 (Oak Street, Suite 536						
Desigr	nated Agency Contact (N	lame, Title)				Amendment (Must pro	vide explanation in Part 3)
Anna	Gee, Operations Manag	ger					
Area C	ode/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
510-8	91-5585	anna.gee(@acgov.org				
. Funct	tion, Event, or Cerer	nonial R	ole Informat	tion			
,	Athlatics up. Ciants						20.00
Title <u>/</u>	Athletics vs. Giants				Face	/alue of Each Admiss	ion \$
-	iption Baseball Game					s) <u>06 / 22 / 12</u>	
Descr	iption <u>Decoder Carro</u>				Date(s	5)//	///
	s No ☑ If ye dentity of recipient(s		ate - Alameda C Official's I e explanatio		ervisor First) and Title		
	Name (Last, First) or Organization (Name, Address, Descript	lon)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	e income box if the agency off ncome. If the agency official p vide a description. come, descripte the public purp ial roles, performed by an agen tion.	erformed a ceremonial role, ose, including
Dunlap	o, Kamika		1	Yes ☑ No 🔲	To promote atte	ndance for an event held at a Coun tial County revenue from parking ar	
Fitzgera	ald, Amy		1	Yes		ttendance for an event held at a	· · · —
		8	-	No 🗹		mize potential County revenue	rom parking and
				Yes			Incom
				No 🗖			
				Yes	1		Incom
				No 🗖			
				Yes 🗖			Incom
				No 🗖			

3. Verification

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

DAD.	Anna Gee	Operations Manager		
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)	

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Α	Pub	lic	Doc	ume	nt
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	115						
1. Agency Name				Dai	e Stamp	California	009
County of Alameda						Form	002
Division, Department, or Region (if app	licable)					For Official U	se Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)			F 7 •		I	
Anna Gee, Operations Manager					ament (Must pro	vide explanation in F	Part 3.)
Area Code/Phone Number E-mail				Date of O	riginal Filing:	(month, day, year)	
510-891-5585 anna.g	ee@acgov.org					(month, day, year)	
2. Function, Event, or Ceremonial		tion					
Title Athletics vs. Padres				Face Value of E	ach Admissi	on \$ _75.00	
				00	15 10		
Description Baseball Game				Date(s)/_		/	/
				-			
Ticket(s)/Admission(s) provided by	y agency? Yes		0 🖸	If no: Oakland Athletic	Name of S		
					Name of S	ource	
Wee the distribution to nergons id	optified below n	nada a	4 4 h	behast of an agon	ov official?		
Was the distribution to persons ide	entined below n	naue a	u un	e benest of an agen	cy official?		
Yes 🔲 No 🗹 If yes: <u>Miley</u>	, Nate - Alameda C	county S	Super	visor			
	, Nate - Alameda C <i>Official's</i>	Name (L	.ast, F	First) and Title			
The identity of recipient(s) and	the explanatio	on:					
- · · ·		 		Check the income ho	c if the agency offi	cial claims admiss	ion as
Name (Last, First)	Number of	Agei	ncv	Check the income box if the agency official claims admissio taxable income. If the agency official performed a ceremonic			
or	Admission(s)/	Offic					
Organization Ticket(s) (Name, Address, Description)		ceremonial roles, performed by an agency official, individual, or					
		Vac		organization. To promote attendance for an o	event held at a Coun	ty facility in order to	Incomo
Castro Valley Elementary Parent and Teacher Association	4	Yes	_	maximize potential County rev			Income
		No		· - · · · · · · · · · · · · · · · · · ·			
20185 San Miguel Ave, Castro Valley, CA 94546		Yes					Income
Support through resources to Castro Valley		Yes					
Elementary	8	L					Income
		Yes	п				
		No					
							D Income
		No					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.

) De A	Anna Gee	Operations Manager	05/01/12
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.)