11	icket/Admission Distr	enolitual				A	Public Document
1.	Agency Name					Date Stamp	California 802
	County of Alameda						
	Division, Department, or Regi	on (if applica	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in Part 3 )
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
_	(510) 272-3882	crystal.his	hida@acgov.	org			
2.	Function, Event, or Cere	monial R	ole Informat	tion			
	Title A's buschar	J				/alue of Each Admissi	3800
					Face \	alue of Each Admiss	on \$
	Description Baseba	al Go	ame		Date(s	6,30,12	///
					Ó		1 - C
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	₩ No □	If no: DP	KLAND ATTHLE	ETICS
				/		Name or S	ource
	Was the distribution to per	sons ident	tified below n	nade at the	e behest of	an agency official?	
			0				-( )
	Yes 🔲 No 🔲 If ye	es: <u>Alam</u>	ULLA LOWM	Maria Mast	<u>NSW 50</u>	#Haggerty, Dis	stil
	The identity of recipient	(s) and th	e explanatio	on:			
	Name (Leat First)			a boahna		e income box if the agency offi ncome. If the agency official p	
	(Last, First) or		Number of Admission(s)/	Agency Official	<ul> <li>State of the second strength</li> </ul>	vide a description.	
	Organization (Name, Address, Descrip	tion)	Ticket(s)		<ul> <li>If not inc ceremon</li> </ul>	ome, describe the public purpo lal roles, performed by an ager	ose, including icy official, individual, or
					organiza	tion.	
	American Cancer Society	(	2	Yes □ No ዄ	廿 10	non-profit	Income
	2264 Oakland Ave	ALLE OS		Yes 🗖			
	Pleasanton, CA a	14288					Income
				Yes 🗖			
	Relay for Life			No 🗆			

3. Verification

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

Yes 🗖

No 

Yes 

No 

Sulin tr with	e Ann Fergerson	Ticket Administrator	7-16-12
V 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/Ad	mission Distri	butions	5			A	Public Do	cument
1. Agency	Name					Date Stamp	California	009
County of	f Alameda						Form	00/4
Division, D	Department, or Regio	on (if applica	ble)				For Official	Use Only
Board of	Supervisors							
Street Add	dress							
1221 Oak	< Street, Suite 536							
	d Agency Contact (A	lame, Title)				Amendment (Must pr	- I	Part 2)
Crystal Hi	ishida Graff, Clerk, I	Board of S	Supervisors				ovide explanation in	ran S.)
		E-mail				Date of Original Filing: _	(month, day, yea	rl
(510) 272	2-3882	crystal.his	shida@acgov.o	orq			(monin, day, yea	')
2. Functior	n, Event, or Cerei				i i i fari i i i i i i i i i i i i i i i i i i			*****
	AL GAN	0					10	
Title	K'S Eam				Face \	/alue of Each Admiss	sion \$ <u></u> と	.00
Descripti	on Bas	ebay	?		Date(s	, <u>le, 21, 12</u>	/	
					6	$\mathcal{D}_{\mathcal{O}_{\mathcalO}}}}}}}}}}$	1.0	
Ticket(s)/	Admission(s) prov	/ided by a	igency? Yes	Ж № 🗆	If no:	Lexend L	Alleti	<u>cs</u>
				(`		Name of	Source	
Was the <b>c</b>	distribution to pers	sons iden	tified below n	nade at the	e behest of	f an agency official?		
							r	
Yes E	No 🔲 lfye	s: Alam	eda (or mAr Officialis	Name (Last, F	First) and Title	Haggerty - Dis	t. I	
The iden	ntity of recipient(							
		<del></del>	o oxpranatie T		Check th	e income box if the agency of	ficial claime admie	cion ae
	Name (Last, First)		Number of	Agency	taxable i	ncome. If the agency official		
	or Organization		Admission(s)/	Official		/ide a description. ome, describe the public purp	ose including	
(Na	ame, Address, Descript	tion)	Ticket(s)		ceremon	ial roles, performed by an age		dual, or
Rudy 6	coto			Yes 🗖	organiza	1	1	Income
	Ramport Driv	le 🖬	2	No 12	#8	(Community Vol	unteer)	
DWUL	n CA			Yes 🗖				Income
		· · · · · · · · · · · · · · · · · · ·		No 🗖				
				Yes 🗖				Income
				No 🗖				

#### 3. Verification

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

Yes 🗖

Yes 🗖

No 

No 

Hul Willing	Lee Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
~ / /			

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

Income

Income

.

A Public Document

Agency Name				Date Stamp	California Form	000
County of Alameda					Form	<u>0074</u>
Division, Department, or Region (if	applicable)				For Official U	Ise 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, Boai	rd of Supervisors				·	untony
Area Code/Phone Number E-ma	ail			Date of Original Filing:	(month, day, year	)
(510) 272-3882 crys	stal.hishida@acgov.c	org				
Function, Event, or Ceremor	nial Role Informat	ion				
Title <u>A'S Game</u>			Face V	alue of Each Admis	sion \$ <u>38</u>	60.7
Description <u>Baseban</u>	١		Date(s	, le, 24, 12	/	
			r	Chiles 0	Alloti	CC
Was the distribution to persons	s identified below m	nade at the			f Source	<u> </u>
Ticket(s)/Admission(s) provide Was the distribution to persons Yes A No I If yes:	s identified below m LAMLLA (&M Official's I	nade at the uly Ju Vame VLast, A	behest of		J DIST	
Was the distribution to persons	s identified below m LAMLLA (&M Official's I	nade at the uly Ju Vame VLast, A	e behest of <u> <u> </u> </u>	an agency official? Stott & Agget e income box if the agency focome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag	J , Dist official claims admiss performed a ceremo rpose, including	onial role,
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Was the distribution to persons Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Scott Thompson 2424 Rees Circle	s identified below m <u>JAMUL( (&amp; M</u> Official's f nd the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes   No   Yes   No   Yes   No   Yes   No	<ul> <li>behest of</li> <li><u>PAUSON</u></li> <li>(rst) and Title</li> <li>Check the taxable in also prov</li> <li>If not incceremonic organization</li> </ul>	an agency official? Stoff Hagency official? e income box if the agency officia ride a description. ome, describe the public pu ial roles, performed by an ag- ion.	J , Dist pricial claims admiss performed a ceremo rpose, including pency official, individ	ual, or Income Income Income Income

**A Public Document** 

. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if app	olicable)	*****			For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title	e)				Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board o	of Supervisors				wast provide explanation in Fart 3.7
Area Code/Phone Number E-mail				Date of Original F	iling:(month, day, year)
(510) 272-3882 crystal	.hishida@acgov.o	org			(,,, ,,, ,,
Function, Event, or Ceremonia		Manager and the second s			дериулалаган алаан алаан алаан улмоосус на алаан алаан аулагы жалагы жаларуулагы жаларуулагы алаан алаан алаан Жалаа
Title & BASEBALL			Face V	/alue of Each Ac	Imission \$ _ <u>38.0</u> D
Description			Date(s	1 1	12 le, 22, 17
Ticket(s)/Admission(s) provided b	y agency? Yes	⊠N∘□	If no:	actand Na	The of Source
Was the distribution to persons id	lentified below n medic (Dm <sub>Official's (</sub>	nade at the <u>Tee Sup</u> Name (Last, F	behest of	an agency offic	sial?
Was the distribution to persons id	lentified below n medic (Dm <sub>Official's (</sub>	nade at the <u>Tee Sup</u> Name (Last, F	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonia</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	cial? Gett, Dist, ) ency official claims admission as official performed a ceremonial role,
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Was the distribution to persons id Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Charles Santana 537 St. George R.A. Danville CA	Ientified below n Medde (DM) Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the Name (Last, F Name (Last, F Official Yes No 22	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	ency official claims admission as official performed a ceremonial role, lic purpose, including ran agency official, individual, or Income
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Was the distribution to persons id Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Charles Santana 537 St. George R.A. Danville CA	Ientified below n Medde (DM) Official's the explanation Number of Admission(s)/ Ticket(s)	Agency Official Yes No 2 No 2	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	cial? Stat? State Difficial claims admission as official performed a ceremonial role, lic purpose, including an agency official, individual, or Income Income
Was the distribution to persons id Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Charles Santana 537 St. George R.A. Danville CA	Ientified below n Medde (DM) Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	cial? Stat? State official claims admission as official performed a ceremonial role, lic purpose, including an agency official, individual, or Income Income
Was the distribution to persons id Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Charles Santana 537 St. George, R.A. Danville CA	Ientified below n Medde (DM) Official's the explanation Number of Admission(s)/ Ticket(s)	Agency Official Yes   No   Yes   No   Yes   No	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	cial? ficial? ficial claims admission as official performed a ceremonial role, lic purpose, including r an agency official, individual, or Income Income Income
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is in accordance with the provisions.			
Mul Man Lee	e Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and akat/Admission Distrik Ti

	cket/Admission Distributions				P	A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Region (if applica	ble)				For Official Use 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, year)
	(510) 272-3882 crystal.his	hida@acgov.	org			
2.	Function, Event, or Ceremonial R	ole Informat	tion			
	Title A's Game	··· ··· ···		Face \	/alue of Each Admis	sion \$ <u>38,00</u>
	Title <u>A's Game</u> Description <u>Baseball</u>			Date(s	1.7.17	
				Dutoje		
	Ticket(s)/Admission(s) provided by a	gency? Yes	/□ No □	If no:	". Oakland Name of	Source
	Was the distribution to persons iden	tified below r	nade at the	e behest of	an agency official?	
	Yes 🛱 No 🗖 If yes: 🏭	eda Courritu	Supervise	r. Cott H	ugertu. Dist 1	
		Official's	Name (Last, F	irst) and Title	<del>J. J.</del>	
	The identity of recipient(s) and th	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov ● If not inc	vide a description. ome, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including
	Sunolden School		Yes 🗖	#10	<u> </u>	Income
	11601 Main St., Sunol (A 94586	12	No 🖾	Rewa	vd School)	
	· · · · · ·		Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			

#### 3. Verification

I have read and understand FPPC Regula	tions 18944.1 and 18942. I	have verified that the distribution of adr	nissions, set forth above,
is in accordance with the provisions.			
Juli Ar Ch Le	e Ann Fergerson	Ticket Administrator	7-15-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

. ...

Yes 🗖

No 🗖

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

Income

A Public Document

1. Agency Name				Date Stamp	California 002
County of Alameda					Form OUZ
Division, Department, or Region (if applied	cable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Mu	ist provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				, , , , ,
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, year)
(510) 272-3882 crystal.h	iishida@acgov.o	org			
2. Function, Event, or Ceremonial	Role Informat	ion			
Title Summer	am		Face \	/alue of Each Adm	nission \$ <u>50,80</u>
Description Concert	,		Date(s	<u>, 6, 10, 1</u>	2
Ticket(s)/Admission(s) provided by	agency? Yes	TAKNO 🗆	If no:	Nam	e of Source
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes No P If yes: The identity of recipient(s) and t	ntified below n MCMSM Official's l the explanatio	hade at the SOH Name (Last, F on: Agency	e behest of THAG irst) and Title Check th taxable h	Name an agency officia fut - Pic - P	11?
Was the distribution to persons ide Yes I No I If yes: 5 The identity of recipient(s) and t Name (Last, First)	ntified below n MCMSM Official's i the explanatio	nade at the SCO Name (Last, F on:	<ul> <li>behest of Hag</li> <li>Hag</li> <li>irst) and Title</li> <li>Check th taxable h also prov</li> <li>If not inc</li> </ul>	e income box if the agency officia e income box if the agency officia roome. If the agency officiate vide a description. ome, describe the public ial roles, performed by ar	11? 34 . ) cy official claims admission as cial performed a ceremonial role,
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

1. /						
	Agency Name				Date Stamp	California 000
(	County of Alameda					Form 802
_	Division, Department, or Region (if applicat	ble)				For Official Use Only
ļ	Board of Supervisors					
ę	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (M	ust provide explanation in Part 3.)
(	Crystal Hishida Graff, Clerk, Board of S	upervisors				ust provide explanation in Fart 5.7
	Area Code/Phone Number E-mail	•			Date of Original Fili	ng:(month, day, year)
1	(510) 272-3882 crystal.his	hida@acgov.	org			(110111), 003, 90019
2. F	Function, Event, or Ceremonial R					
	As					HZVM
٦	Fitle			Face V	/alue of Each Adn	mission \$ \$ 38,00
ſ	Description Buseball a	zame		Date(s	, 9, 29,1	2 10, 1,12
	(	0				
٦	Ticket(s)/Admission(s) provided by a	gency? Yes		lf no:		
			1		Nam	ne of Source
v	Vas the distribution to persons ident	tified below n	nade at the	e behest of	an agency officia	al?
١	Nas the distribution to persons ident	tified below n	nade at the	e behest of	an agency officia	al?
١	A				<sup>:</sup> an agency officia	al?
١	Α				an agency officia	al?
	A	Official's	Name (Last, F		<sup>:</sup> an agency officia	al?
	Yes 🔲 Nò 🗖 If yes:	Official's	Name (Last, F	First) and Title		al? ncy official claims admission as
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Juli Arca-Le	e Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

		~			A .	i abile Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Region (if application)	able)				For Official Use Only
	Board of Supervisors				-	
	Street Address					
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)					
		Supervisore			Amendment (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number [E-mail	Supervisors			Date of Original Filing: _	
	(510) 272-3882 crystal.hi	shida@acgov.	ora			(month, day, year)
2.	Function, Event, or Ceremonial R					<u>ar an </u>
	Title <u>A's game f</u>	ickets		Face	Value of Each Admiss	ion \$ <u>\$ (</u> 5 00
	Description BASEBAL	L			5)/	/
	Ticket(s)/Admission(s) provided by a	agency? Yes	YET NO	🗖 lf no: Ĉ	aland Al	Netics
		agonoy: 103			Name of .	Source
	Was the distribution to persons iden	tified below r	nade at t	he hehest o	f an agency official?	
		^			- · ·	
	Yes 🔯 No 🗖 If yes: 🏹 🗥	ida (OU	nty SI	<u>upervisor</u>	Scott Hagger	ty, Dist.1
			U	i, misi) and Tille		N
	The identity of recipient(s) and the	ne explanatio	on:			
	Name (Last, First)		A	4 ayahla l	ie income box if the agency of income. If the agency official p	
	or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
	Organization (Name, Address, Description)	Ticket(s)			come, describe the public purp nial roles, performed by an age ution	
	FAMON MIDDLE SCHOOL	20	Yes ⊑ No )⊄	a	Reward School	DI NON - profra
	3601 Kohnen Way		Yes 🗖	]		Income
	/		No 🗆	]		
	Dublin, CA. QY568 Mustang Round up		Yes ⊑ No ⊑			Income
	Mustana Pound in		Yes 🗖 No 🗖	-		Income
	The way the the		Yes C			<u>D</u>
	<b>`</b>					Income
3	Verification		L			
J.	have read and understand FPPC Regulat.	ions 18944.1 an	d 18942. I	have verified	that the distribution of adr	nissions, set forth above.
_	is in accordance with the provisions.					

Lee Ann Fergerson Print Name 2 Ticket Administrator -110 Head or Designee Title Signature of Agency (month, day, year)

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

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A Public Document	Α	Publ	ic D	ocui	ment
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Income

Income

Income

	oneu-Aumosion Dist	ibutiona	,			~ ~	i ubiic Document
1.	Agency Name					Date Stamp	California 002
	County of Alameda						Form 002
	Division, Department, or Regi	on (if applica	ble)				For Official Use Only
	Board of Supervisors		Charlobbra dan				
	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, year)
	(510) 272-3882		hida@acgov.				
2.	Function, Event, or Cere			tion			
	Title <u>4'5 Luxu</u>	<u>ry Si</u>	ute		Face V	/alue of Each Admiss	ion \$ 1, 500
	Description BASE	BALL	GAME		Date(s	;)///	//
	Ticket(s)/Admission(s) provided by agency? Yes				lf no:	akland &	thletics
				<i>(</i>		Name of S	Source
	Was the distribution to per	sons ident	tified below r	nade at the	e behest of	an agency official?	
				• •	. ( )		
	Yes 💋 NO 🗖 If yes: Alamada Dunty Supervisor Sc Official's Warne (Last, First) and Title					stittaggerty, Me	st.l
The identity of recipient(s) and the explanation:							
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ir also prov If not ince	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including
	Meals on Whee P.O. Box 14002	rls 🖬	20	Yes 🗖 No 🌠	#1	l non-profit	Income
	P.O. Box 14002			Yes 🗖 No 🗖			Income

#### 3. Verification

Oakland CA 94614

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

Yes 🗖

Yes 🗖

Yes 🗖

No 

No 

No 

**Ticket Administrator** ersn Signature of Agency Head or Desig Title Print Name (month, day, year)

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

A Public Document
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-							
1.	Agency Name			Date Stamp	California <b>002</b>		
	County of Alameda				Form <b>OUZ</b>		
	Division, Department, or Regi	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Street Address		1				
	1221 Oak Street, Suite 536						
	Designated Agency Contact (	(Name, Title)		Amendment (Must prov	vide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk,	, Board of Supervisors					
	Area Code/Phone Number	E-mail		Date of Original Filing:	(month, dav. vear)		
	(510) 272-3882	crystal.hishida@acgov.org					
2.	Function, Event, or Cere	emonial Role Information					
	Title <u>A's Baseba</u>	M Luxury Snite	/alue of Each Admissi	on \$ 1,500			
	Description _ Skybi	ρχ	Date(s	5)//	//		
Ticket(s)/Admission(s) provided by agency? Yes PNo 🗆 If no: Oakland Athletics							
	( Name of Source						
	Was the distribution to persons identified below made at the behest of an agency official?						
	Yes p No I If yes: Alumeda County Supervisor Scott Haggerty, Dist. Official's Name (Last, First) and Title						
	The identity of recipient	(s) and the explanation:					

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization.</li> </ul>	nial role,
Wells Middle Sobod	20	Yes <b>⊟</b> No <b>⊉</b> P	#11 Reward School	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 Title Signature of Agency Head or Designee Print Name (month, day, year)

A Public Docume	ent	
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ICKel/Aumssion Dist							
. Agency Name					Date Stamp	California	* 802
County of Alameda						Form	002
Division, Department, or Reg	gion (if applica	ble)				For Officia	l Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536	6						
Designated Agency Contact					Amendment (M	ust provide evaluation	in Part 2 \
Crystal Hishida Graff, Clerk	. Board of S	Supervisors				ust provide explanation	mran s.j
Area Code/Phone Number	E-mail				Date of Original Fili	ng:(month, day, ye	earl
(510) 272-3882	crvstal.his	shida@acgov.c	ora			(110/11/, 00), 9	July
. Function, Event, or Cer	Contractor International Contractor	CONTRACTOR OF THE OWNER OWNE	the definition of the local data				
r unouon, Erong or oor							
Title Oakland A's Game				Face	/alue of Each Adr	nission \$ _75.00	
					06 05 1	2	
- Baseball Gam	ne			Date(s	s) <u>06 , 05 , 1</u>	/_	/
Description <u>Baseball Gam</u> Ticket(s)/Admission(s) pr Was the distribution to pe						ne of Source	
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No ロ If	e <mark>rsons iden</mark> yes: <u>Haggert</u>	tified below n ty, Scott- Supervi Official's i	nade at th isor District Name (Last,	e behest o	f an agency offici		
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## 3. Verification

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

$(\Lambda_{h}) \geq $	MICHELLE DIANDA	Ticket Administrator	(15/12
Signature of Agency Head or Designee	Print Name	Title	(month day, year)

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cket/Admission Distributi	0110								
Agency Name					Date Stamp			fornia	802
County of Alameda								orm	
Division, Department, or Region (if a	pplicable)						Fo	r Official	Use Only
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, 7	Title)				Amendment (	Must prov	ide expl	anation ir	Part 3.)
Crystal Hishida Graff, Clerk, Board	d of Supervisors						ð		6
Area Code/Phone Number E-mai	il				Date of Original Fi	iling:	(month	, day, yea	ir)
(510) 272-3882 cryst	al.hishida@acgov.o	org							
Function, Event, or Ceremoni	ial Role Informat	tion							
Title Oakland A's Game				Face V	/alue of Each Ad	Imissi	on \$ _	75.00	
Description Baseball Game				Date(s	;) <u>06                                   </u>	12		/	/
Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No		lf no: Oakla	and A's				1
The identity of recipient(s) an	identified below n aggerty, Scott- Superv Official's and the explanatic	nade at isor Distr Name (La on:	t the rict 1 ast, Fir	behest of st) and Title • Check th	f an agency offic	ency offi	cial clair		
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Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization	identified below n aggerty, Scott- Superv Official's ad the explanatic Number of Admission(s)/	nade at isor Distr Name (La on: Agend	t the rict 1 ast, Fir:	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the agency of ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. altendance at an even	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	onial role, dual, or
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Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n aggerty, Scott- Superv Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agend Offici Yes   No   Yes   No   Yes   No	t the l rict 1 ast, Fir.	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the agency of ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. altendance at an even	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	dual, or Incom Incom Incom Incom
Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n aggerty, Scott- Superv Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agend Offici Yes   No   Yes   No   Yes   No	t the l rict 1 ast, Fir:	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the agency of ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. altendance at an even	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	dual, or Income Income Income Income

 MICHELLE DIANDA
 Ticket Administrator
 U/5/12

 Signature of Agency Head or Designee
 Print Name
 Ticket Administrator
 U/5/12

A Public Docume	ent
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Ticket/Admission Distri	putions	>					A PUDIC DC	
1. Agency Name	gency Name					Date Stamp	California Form	802
County of Alameda							The second se	
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	orovido ovelonation in	Dart 2 )
Crystal Hishida Graff, Clerk, I	Board of S	Supervisors					provide explanation in	rran s.)
	E-mail					Date of Original Filing	:(month, day, yea	ar)
(510) 272-3882	crystal.his	shida@acgov.o	ora				(monui, day, yee	
2. Function, Event, or Cerei	the second s	the second s		_				
In the Contract of the State of								
Title KMEL Summer Jam				-	Face \	alue of Each Admi/	ssion \$ <u>50.80</u>	
-						06 10 12		
Description Concert				-	Date(s	) 06 , 10 , 12	/	/
Ticket(s)/Admission(s) prov	ided by a	igency? Yes		D ☑	If no: Gold	en State Warriors		
						Name	of Source	
Was the distribution to pers	sons iden	tified below n	nade a	t the	e behest of	an agency official	?	
						an agonoy onnotai		
Yes 🗹 No 🗖 Ifye	s: Haggert	y, Scott- Superv	isor Dis	trict 1				
		Official's	Name (L	.ast, F	First) and Title			
The identity of recipient(	s) and th	e explanatio	on:					
Name				-	<ul> <li>Check th</li> </ul>	e income box if the agency	official claims admis	ssion as
(Last, First)		Number of	Ager		3 MARGER (1998) (1999)	ncome. If the agency officiation	al performed a cerem	onial role,
or Organization		Admission(s)/	Offic	ial	000000000000	vide a description. ome, describe the public p	urpose, including	
(Name, Address, Descript	tion)	Ticket(s)			ceremon organiza	ial roles, performed by an a tion	gency official, indivi	dual, or
Irvin, Armon			Yes	Π	and the second se	ttendance at an event he	eld at a County	Income
in vin, Annon		4	No		facility in orde	er to promote maximum p	ootential revenue	
			Yes					Income
			No					
			Yes					Income
			No					
			Yes	_				Income
			No					
			Yes	1000				Income
			No					
0 1/			0.000					Ind
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.

Mul	MICHELLE DIANDA	Ticket Administrator	$\left( e/l/IZ \right)$
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Agency Name						
				Date Stamp	California Form	' 802
	unty of Alameda					Use Only
Division, Department, or Regio	n (if applicable)				Por Officia	I Use Only
Board of Supervisors				•		
Street Address						
1221 Oak Street, Suite 536 Designated Agency Contact (Na	ama Titla)					
				Amendment (M	ust provide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, B Area Code/Phone Number	loard of Supervisors			Date of Original Fili	na:	
					(month, day, ye	ear)
(510) 272-3882	crystal.hishida@acgov	Statement and statement an				
Function, Event, or Geren	nomai Role morma	uon				
Title Oakland A's Game			Face V	/alue of Each Adr	nission \$ _26.00	-
Deerbell Ores				a) 07 <u>03</u> 1	2	
Description Baseball Game			Date(s	s)	/_	/
				and Ala		
			() ald			
	ons identified below s: Haggerty, Scott- Super Official's	made at the visor District 1 Name (Last, I	e behest of		ae of Source	
Was the distribution to pers Yes ☑ No ☑ If yes The identity of recipient(s Name (Last, First) or	ons identified below S: Haggerty, Scott- Super Official's official's Number of Admission(s)/	made at the visor District 1 Name (Last, P on: Agency	e behest of First) and Title • Check th taxable in also prov • If not inc	e income box if the agen ncome. If the agency off vide a description. ome, describe the public	al? ncy official claims adm icial performed a cere : purpose, including	monial role,
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Signature of Agency Head or Designee

Print Name

(month, day, yea

Title

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

A Public Docume	ent
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11	cket/Admission Distr									
1.	Agency Name					Date Stamp		California	802	
	County of Alameda	meda						Form	002	
	Division, Department, or Reg	ion (if applica	able)					For Official U	lse Only	
	Board of Supervisors									
	Street Address					1				
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	(Name, Title)								
	Crystal Hishida Graff, Clerk,	Board of §	Supervisors			Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Date of Original Filing: (month, of				1	
	(510) 272-3882	crystal.hi	shida@acgov.o	ora				(monui, day, year	, 	
2.	Function, Event, or Cere	and the second se	and the second s							
	Title Oakland A's Game				Face	Value of Each Ad	dmissio	n \$ <u>75.00</u>		
	B 1 1 0					08 03	12			
	Description Baseball Game	3			Date(s	s)/////////	12	/	/	
				and the second second	u is	land A's				
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes	🗆 No 🖸	I if no:	Na	me of Sou	urce		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes	🗆 No 🖸	if no:	Na	ame of Sol	urce		
						140		urce		
	Was the distribution to pe	rsons iden	ntified below n	nade at th	e behest o	f an agency offic		urce		
	Was the distribution to pe	rsons iden	ntified below n	nade at th	e behest o	f an agency offic		urce		
	Was the distribution to pe	rsons iden		nade at th	e behest o	f an agency offic		urce		
	Was the distribution to pe	rsons iden es: <u>Valle, R</u>	ntified below n Richard- Supervis Official's i	nade at th or District 2 Name (Last,	e behest o	f an agency offic		urce		
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden es: <u>Valle, R</u>	ntified below n Richard- Supervis Official's i	nade at th or District 2 Name (Last,	e behest o First) and Title	f an agency offic	cial? ency officia	al claims admiss		
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons iden es: <u>Valle, R</u>	ntified below n Richard- Supervis Official's ne explanatio Number of	nade at th or District 2 Name (Last, on: Agency	e behest o First) and Title	f an agency offic	cial? ency officia	al claims admiss		
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	Was the distribution to per         Yes       No         The identity of recipient         Name (Last, First) or Organization (Name, Address, Descript)         Resurrection Greek Orthodox (Content)         20104 Center Street, Castro Valley, Content)	rsons iden es: <u>Valle, R</u> <b>(s) and th</b> <b>(s) and th</b> Church CA 94546	Richard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offic ne income box if the agency of income. If the agency of vide a description. come, describe the publicital roles, performed by ittion.	ency officia official perf lic purpose an agency	al claims admiss formed a ceremo e, including y official, individ	ual, or Income	
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	Was the distribution to per         Yes       No         The identity of recipient         Name (Last, First) or Organization (Name, Address, Descript)         Resurrection Greek Orthodox (Content)         20104 Center Street, Castro Valley, Content)	rsons iden es: <u>Valle, R</u> <b>(s) and th</b> <b>(s) and th</b> Church CA 94546	Richard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offic ne income box if the agency of income. If the agency of vide a description. come, describe the publicital roles, performed by ittion.	ency officia official perf lic purpose an agency	al claims admiss formed a ceremo e, including y official, individ	ual, or Income Income Income Income	
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	Was the distribution to per         Yes       No         The identity of recipient         Name (Last, First) or Organization (Name, Address, Descript)         Resurrection Greek Orthodox (Content)         20104 Center Street, Castro Valley, Content)	rsons iden es: <u>Valle, R</u> <b>(s) and th</b> <b>(s) and th</b> Church CA 94546	Richard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offic ne income box if the agency of income. If the agency of vide a description. come, describe the publicital roles, performed by ittion.	ency officia official perf lic purpose an agency	al claims admiss formed a ceremo e, including y official, individ	ual, or Income Income Income Income	

### 3. Verification

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

MICHELLE DIANDA **Ticket Administrator** Signature of Agency Head of Designee Print Name Title

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

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

Ti	cket/Admission Distri	ibutions	6					A Public Do	
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda								and the second sec
	Division, Department, or Regi	on (if applica	ible)				1	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 S	Supervisors				-	2	
	Area Code/Phone Number	E-mail				1	Date of Original Filing	(month, day, yea	ir)
	(510) 272-3882	crystal.his	shida@acgov.	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Title Oakland A's					Eaco \	/alue of Each Admis	sion \$ 26.00	
					2				
	Description Baseball Game					Date(s	s) <u>06 / 21 / 12</u>	/	/
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		> ☑	lf no: Oakl	and A's	of Source	
							ivanie c	Source	
	Was the distribution to per-	sons iden	tified below n	nade a	t the	e behest of	f an agency official?	,	
	Yes 🗹 No 🔲 Ifye	es: <u>Valle, R</u>	ichard- Supervis	or Distri	ct 2				
			Official's	Name (L	ast, F	First) and Title			
	The identity of recipient(	s) and th	e explanatio	n:					
	Name					(A) (3) (3) (3)	e income box if the agency		
	(Last, First) or		Number of Admission(s)/	Ager Offic		그는 가슴	ncome. If the agency officia vide a description.	l performed a cerem	onial role,
	Organization (Name, Address, Descrip	tion)	Ticket(s)	Onic	.141		ome, describe the public pu ial roles, performed by an a tion.		dual, or
	Briones, Joel			Yes			attendance an event held	at a county facility	Income
			2	No	7	in order to ma	aximize potential revenue	from sales.	
				Yes					Income
			· · · · · · · · · · · · · · · · · · ·	Yes					Income
				No					
				Yes					Income
				No					
				Yes			19 19		Income
				No	<b>D</b>				-

## 3.

	NO L		
Verification			
I have read and understand FPPC R	egulations 18944.1 and 18942.	I have verified that the distribution of adm	nissions, set forth above,
is in accordance with the provisions.			
122	MICHELLE DIANDA	Ticket Administrator	10/14/12
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)
			• /

## Agency Report of: Ceremonial Role Events and Т

cy Name / of Alameda n, Department, or Region (if appl of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1 ion, Event, or Ceremonial	)			F	ifornia orm 80 or Official Use Only
n, Department, or Region (if appl of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1	)				
of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.	)				or Official Use Only
Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1	n Na 1991 yang berker tanang sebarah karangan				
Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.I	n Na 1991 yang berker tanang sebarah karangan				
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I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.I	n Na 1991 yang berker tanang sebarah karangan				
ode/Phone Number E-mail 272-3882 crystal.l	f Supervisors			Amendment (Must provide exp	lanation in Part 3.)
272-3882 crystal.l				Data of Oxformal Fillings	
				Date of Original Filing:	h, day, year)
ion Event or Coremonial	hishida@acgov.				
ion, Event, or ceremonia	Role Informat	tion			
Factor			Face	Value of Each Admission \$ .	0.00
ption TV Audition			Date(s	s) <u>06 / 16 / 12</u>	////////
(s)/Admission(s) provided by	/ agency? Yes		I If no: Gold	len State Warriors	
				Name of Source	
ne distribution to persons ide	entified below n	nade at th	e behest of	f an agency official?	
17 (A)				an agonoy ontoiait	
s 🗹 No 🔲 If yes: <u>Valle,</u>	Richard- Supervis	or District 2			
	Official's	Name (Last, i	First) and Title		
lentity of recipient(s) and	the explanation	on:			
Name			OPT STREET, STORES		
(Last, First) or	Number of Admission(s)/		100 (100 (100 (100 (100 (100 (100 (100	입장 옷 가서는 영상에 만나 있는 것을 많이 가지 못 한 것이다. 그 동네는 것이 아이지 않는 것이 가지 않는 것이 가지 않는 것이다.	a ceremonial role,
Organization	Ticket(s)		<ul> <li>If not inc ceremon</li> </ul>	come, describe the public purpose, incl nal roles, performed by an agency offic	uding ial, individual, or
(Manle, Address, Description)	_		organiza	ition.	unionalis in the lateration of
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	's)/Admission(s) provided by ne distribution to persons ide is ☑ No □ If yes: Valle, lentity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	s)/Admission(s) provided by agency? Yes the distribution to persons identified below r If yes: Valle, Richard- Supervis Official's lentity of recipient(s) and the explanation Name (Last, First) or Organization (Name, Address, Description)	(as)/Admission(s) provided by agency? Yes I No I the distribution to persons identified below made at the s I No I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, I official's Name (Last, I or Name (Last, First) or Organization (Name, Address, Description) Admission(s)/ Ticket(s) Agency (Name, Address, Description) 6 No I S, Ruben 6 Yes I No I Yes No I Yes No I Yes No I Yes No I Yes I No I Yes I No I I Yes I No I Yes I No I Yes I No I Yes I No I I Yes I I No I I I Yes I I No I I Yes I I I Yes I I No I I I Yes I I No I I I Yes I I I No I I I Yes I I I Yes I I I I Yes I I I I Yes I I I I Yes I I I I I Yes I I I I I I I I I I I I I I I I I I I	(s)/Admission(s) provided by agency? Yes I No I If no: Gold         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (b) distribution to persons identified below made at the behest of         (b) distribution to persons identified below made at the behest of         (b	(s)/Admission(s) provided by agency? Yes [ No [] If no: Golden State Warriors         Name of Source         re distribution to persons identified below made at the behest of an agency official?         a [] No [] If yes: Valle, Richard- Supervisor District 2         Official's Name (Last, First) and Title         Ientity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)         a, Ruben         6         Yes []         No []         Yes []

is in accordance with the provisions.

	Α	Pu	blic	Document
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1.	Agency Name						Date Stamp	California	802
	County of Alameda			_				Form	
	Division, Department, or Regi	on (if applica	able)					For Official	Use Only
	Board of Supervisors				_		-		
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (/	Name Title)		_					
		ne de la contra de la compañía.					Amendment (Must )	provide explanation i	n Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of a	supervisors				Date of Original Filing:		
			hide@eegov	ora				(month, day, ye	ar)
2	(510) 272-3882 Function, Event, or Cere	M	shida@acgov.	and the second second	_				
6.	Function, Event, or Cere	momarr	tole information	lion					
	Title Oakland A's				_	Face	Value of Each Admis	sion \$ _26.00	
	Description Baseball Game	•			_	Date(s	s) <u>06 / 15 / 12</u>	/	/
	Ticket(s)/Admission(s) prov	vided by :	agency? Ves			If no. Oak	land A's		
		VIGGG DY C		1.1.1.1		n no			
	Was the distribution to per-						Name o		
	Was the distribution to per-	sons iden əs: <u>Valle, R</u>	t <b>ified below n</b> ichard- Supervis <i>Official's</i>	nade a or Distr Name (I	at the	e behest o	f an agency official?		
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 MICHELLE DIANDA
 Ticket Administrator

 Signature of Agency Head or Designee
 Print Name

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

A Public	Document
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cket/Admission Distribut	lions					
Agency Name				Date Stamp	California	002
County of Alameda					Form	802
Division, Department, or Region (if	applicable)				For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)					
Crystal Hishida Graff, Clerk, Boar	d of Supervisors			Amendment (Mu	ist provide explanation in	Part 3.)
Area Code/Phone Number  E-ma	the second se			Date of Original Filin	ng:	
(510) 272-3882 crys	stal.hishida@acgov.	ora		55	ng:(month, day, yea	ar)
Function, Event, or Ceremon						_
Function, Event, or Geremon		lion				
Title Oakland A's			Face	Value of Each Adn	nission \$_26.00	
						0
Description Baseball Game			Date(s	s) <u>06 / 16 / 12</u>	<u> </u>	/
	d hu aganau? Vac		I If no: Oak	land A's		
Ticket(s)/Admission(s) provided	u by adency ries					
Ticket(s)/Admission(s) provided	dentified below r	nade at th	ie behest o	f an agency officia	e of Source	
Was the distribution to persons Yes ☑ No ロ If yes: <u>V</u>	s identified below n 'alle, Richard- Supervis Official's	nade at th or District 2 Name (Last,	ie behest o	f an agency officia		
Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) a	s identified below n 'alle, Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest o	f an agency officia	11?	
Was the distribution to persons Yes ☑ No □ If yes: <u>✓</u> The identity of recipient(s) an <sub>Name</sub>	s identified below n 'alle, Richard- Supervis Official's nd the explanatic	nade at th or District 2 Name (Last, on:	First) and Title	f an agency officia	11? cy official claims admis	
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Was the distribution to persons Yes ☑ No ☐ If yes: ⊻ The identity of recipient(s) an Name (Last, First) or Organization	s identified below n alle, Richard- Supervis Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes 🗖	First) and Title  Check th taxable also pro If not inc ceremor organiza To reward a	f an agency officia ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ial roles, performed by ar	N? cy official claims admis cial performed a cerem purpose, including n agency official, indivi	dual, or
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Was the distribution to persons Yes ☑ No ☐ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n 'alle, Richard- Supervis Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	First) and Title  Check th taxable also pro If not inc ceremor organiza To reward a	f an agency officia ne income box if the agen ncome. If the agency offi vide a description. some, descripte the public hal roles, performed by an tion.	N? cy official claims admis cial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income
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#### 3. Verification

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

MICHELLE DIANDA **Ticket Administrator** Signature of Agency Head or Designee Print Name Title

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~	1 GIOTIC	Document

cket/Admission Distri	putions	5			A	Public De	bcumen
Agency Name					Date Stamp	California	002
County of Alameda					n na h	Form	802
	on (if applica	ble)				For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
	lame, Title)					uida avalanation ir	. Doct 2.)
Crystal Hishida Graff, Clerk, I	Board of S	Supervisors					
No. of Concession, Name of Street, Name of Str					Date of Original Filing: _	(month day yes	ar)
(510) 272-3882	crvstal.his	shida@acoov.o	ora			(monin, day, yea	<i>a()</i>
		the second se					
Title Oakland A's				Face \	/alue of Each Admiss	ion \$ <u>26.00</u>	
					00 17 12		
Description Baseball Game				Date(s	s) <u> </u>	/	/
Yes ⊡ No 🔲 Ifye	s: <u>Valle, R</u>	ichard- Supervis Official's i	or District 2 Name (Last,				
Name (Last, First) or Organization (Name, Address, Descript	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc ceremon	income, describe the public purpose, including nonial roles, performed by an agency official, individual, c			
Rodrigues, Robert			Yes 🗖	Contraction of the local data and the local data an	the state of the	service to the	Income
		2	No 🗹	public.			
			Yes 🗖				Income
			No 🗖				
			29952			2	Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
	Agency Name         County of Alameda         Division, Department, or Region         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (A         Crystal Hishida Graff, Clerk, I         Area Code/Phone Number         (510) 272-3882         Function, Event, or Cereer         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) prov         Was the distribution to pers         Yes       No         Yes       No         The identity of recipient(strest)         or       Organization         (Name, Address, Description	Agency Name         County of Alameda         Division, Department, or Region (if applical         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of S         Area Code/Phone Number         (510) 272-3882         Crystal.his         Function, Event, or Ceremonial R         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) provided by a         Was the distribution to persons iden         Yes ☑       No □         Yes ☑       No □         If yes:       Valle, R         Organization       or         Organization       (Name, Address, 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         crystal.hishida@acgov.o         Function, Event, or Ceremonial Role Informate         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) provided by agency? Yes         Was the distribution to persons identified below models         Yes       No         If yes:       Valle, Richard- Supervise Official's i         Official's i         Name (Last, First) Organization (Name, Address, Description)       Number of Addmission(s)/ Ticket(s)         Rodrigues, Robert       Number of	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       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Function, Event, or Ceremonial Role Information         Title       Oakland A's         Description       Baseball Game         Ticket(s)/Admission(s) provided by agency? Yes □ No [2]         Was the distribution to persons identified below made at the         Yes □ No □ If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First) or Organization (Name, Address, Description)       Agency Official         Rodrigues, Robert       2       No □         Rodrigues, Robert       2       No □         Yes □ No □       Yes □ No □       No □	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       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Function, Event, or Ceremonial Role Information         Title       Oakland A's         Description       Baseball Game         Description       Baseball Game         Date(s         Ticket(s)/Admission(s) provided by agency? Yes [] No [] If no: Oakl         Was the distribution to persons identified below made at the behest of or or organization or organization (Name, Address, Description)         Number of or Organization (Name, Address, Description)       Number of Admission(s)/Ticket(s)         Rodrigues, Robert       2       Yes []         Yes []       No []       To reward at public.         Yes []       No []       Yes []         No []       Yes []       No []	Agency Name       Date Stamp         County of Alameda       Division, Department, or Region (If applicable)         Board of Supervisors       Street Address         Street Address       1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)       Amendment (Must process)         Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filling:	Agency Name       California         County of Alameda       Date Stamp       California         Division, Department, or Region (# applicable)       Board of Supervisors       For Official         Board of Supervisors       Image: County of Alameda       Image: County of Alameda       For Official         Street Address       Image: County of Alameda       Image: County of Alameda       For Official         1221 Oak Street, Suite 536       Image: County of Alameda       Image: County of Alameda       For Official         Crystal Hishida Graff, Clerk, Board of Supervisors       Image: County of Alameda       Image: County of Alameda       Image: County of Alameda         Area Code/Phone Number       E-mail       Image: County of Alameda       Image: County of Ala

#### 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.

MAD	MICHELLE DIANDA	Ticket Administrator	6/15/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Document		Α	Ρ	ub	lic	Document	
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Ticket	Admission Distr									
1. Ager	ncy Name						Date Stam	np	California	002
Coun	ty of Alameda							ŝ.	Form	802
	on, Department, or Reg	ion (if applica	ible)						For Official	Use Only
Board	d of Supervisors									
	t Address									
1221	Oak Street, Suite 536									
	inated Agency Contact (	(Name, Title)								2.0920
Cryst	al Hishida Graff, Clerk,	Board of S	Supervisors				Amendment	t (Must pro	vide explanation in	Part 3.)
	Code/Phone Number	E-mail	aper visors				Date of Original	Filing:		
	) 272-3882	crystal his	shida@acgov.o	ora					(month, day, yea	(r)
	ction, Event, or Cere		the second se	-				_		
Title .	Oakland A's				_	Face V	/alue of Each /	Admissi	on \$_26.00	
	Beeckell Com						06 19	12		
Desc	ription Baseball Game	9			-	Date(s	)/	1	/	/
Ticke	et(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗹	If no: Oakl	and A's	Name of C		
Was f	et(s)/Admission(s) pro the distribution to pe es ⊡ No □ If y identity of recipient	rsons iden es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at the		'	Name of S ficial?	Source	
Was f	the distribution to pe es ⊡ No 🔲 If y	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at the ict 2 Last, F	e behest of First) and Title • Check th taxable in also prov • If not inc. ceremoni	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed	ficial? agency offi y official po ublic purpo	icial claims admis erformed a cerem ose, including	onial role,
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Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No	ict 2 Last, F Cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes	ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Ager Offic Yes No Yes No	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income Income Income Income
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Was f	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Ager Offic Yes No Yes No Yes No Yes	at the ict 2 Last, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income Income Income Income

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

IVXV-	MICHELLE DIANDA	Ticket Administrator	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

11	icket/Admission Distr	enolitual				A	Public Document	
1.	Agency Name					Date Stamp	California 802	
	County of Alameda							
	Division, Department, or Regi	on (if applica	ble)				For Official Use Only	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in Part 3 )	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.	org				
2.	Function, Event, or Cere	monial R	ole Informat	tion				
	Title A's buschar	J					3800	
					Face \	Value of Each Admission \$ <u>38,00</u>		
	Description Baseba	al Go	ame		Date(s	e(s) 6,30,12		
					Ó		1 - C	
	Ticket(s)/Admission(s) provided by agency? Yes 🕅 No 🔲 If r					KLAND ATTHLE	ETICS	
				/		Name or S	ource	
	Was the distribution to per	sons ident	tified below n	nade at the	e behest of	an agency official?		
			•				-( )	
	Yes 🗖 No 🔲 If yes: Alamuda County SuperVisor Sce Official's Name (Dast, First) and Title					IT Hayoperty, MS	stil	
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Leat First)			a boahna		e income box if the agency offi ncome. If the agency official p		
	(Last, First) or		Number of Admission(s)/	Agency Official	<ul> <li>State of the second state of the second s</li></ul>	vide a description.		
	Organization (Name, Address, Descrip	tion)	Ticket(s)		<ul> <li>If not inc ceremon</li> </ul>	ome, describe the public purpo lal roles, performed by an ager	ose, including icy official, individual, or	
					organiza	tion.		
	American Cancer Society	(	2	Yes □ No ዄ	廿 10	non-profit	Income	
	2264 Oakland Ave	ALLE OS		Yes 🗖				
	Pleasanton, CA a	14288					Income	
				Yes 🗖				
	Relay for Life			No 🗆				

3. Verification

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

Yes 🗖

No 

Yes 

No 

Sulin tr with	e Ann Fergerson	Ticket Administrator	7-16-12
V 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/Ad	mission Distri	butions	5			A	Public Do	cument
1. Agency	Name					Date Stamp	California	009
County of	f Alameda						Form	00/4
Division, D	Department, or Regio	on (if applica	ble)				For Official	Use Only
Board of	Supervisors							
Street Add	dress							
1221 Oak	< Street, Suite 536							
	d Agency Contact (A	lame, Title)				Amendment (Must pr	- I	Part 2)
Crystal Hi	ishida Graff, Clerk, I	Board of S	Supervisors				ovide explanation in	ran S.)
		E-mail				Date of Original Filing: _	(month, day, yea	rl
(510) 272	2-3882	crystal.his	shida@acgov.o	orq			(monin, day, yea	')
2. Functior	n, Event, or Cerei				i i i fari i i i i i i i i i i i i i i i i i i			*****
	AL GAN	0					10	
Title	K'S Eam				Face \	/alue of Each Admiss	sion \$ <u></u> と	.00
Descripti	on Bas	ebay	?		Date(s	, <u>le, 21, 12</u>	/	
					6	$\mathbf{D}_{0}$	1.0	
Ticket(s)/	Admission(s) prov	/ided by a	igency? Yes	Ж № 🗆	If no:	Lexend L	Alleti	<u>cs</u>
				(`		Name of	Source	
Was the <b>c</b>	distribution to pers	sons iden	tified below n	nade at the	e behest of	f an agency official?		
							r	
Yes E	No 🔲 lfye	s: Alam	eda (or mAr Officialis	Name (Last, F	First) and Title	Haggerty - Dis	t. I	
The iden	ntity of recipient(		-					
		<del></del>	o oxpranatie T		Check th	e income box if the agency of	ficial claime admie	cion ae
	Name (Last, First)		Number of	Agency	taxable i	ncome. If the agency official		
	or Organization		Admission(s)/	Official		/ide a description. ome, describe the public purp	ose including	
(Na	ame, Address, Descript	tion)	Ticket(s)		ceremon	ial roles, performed by an age		dual, or
Rudy 6	coto			Yes 🗖	organiza	1	1	Income
	Ramport Driv	le 🖬	2	No 12	#8	(Community Vol	unteer)	
DWUL	n CA			Yes 🗖				Income
		· · · · · · · · · · · · · · · · · · ·		No 🗖				
				Yes 🗖				Income
				No 🗖				

#### 3. Verification

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

Yes 🗖

Yes 🗖

No 

No 

Hul Willing	Lee Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
~ / /			

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

Income

Income

.

A Public Document

Agency Name				Date Stamp	California Form	000
County of Alameda					Form	<u>0074</u>
Division, Department, or Region (if	applicable)				For Official U	Ise 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, Boai	rd of Supervisors				·	untony
Area Code/Phone Number E-ma	ail			Date of Original Filing:	(month, day, year	)
(510) 272-3882 crys	stal.hishida@acgov.c	org				
Function, Event, or Ceremor	nial Role Informat	ion				
Title <u>A'S Game</u>			Face V	alue of Each Admis	sion \$ <u>38</u>	60.7
Description <u>Baseban</u>	١		Date(s	, le, 24, 12	/	
			r	Chiles 0	Alloti	(C
Was the distribution to persons	s identified below m	nade at the			f Source	<u> </u>
Ticket(s)/Admission(s) provide Was the distribution to persons Yes A No I If yes:	s identified below m LAMLLA (&M Official's I	nade at the uly Ju Vame VLast, A	behest of		J DIST	
Was the distribution to persons	s identified below m LAMLLA (&M Official's I	nade at the uly Ju Vame VLast, A	e behest of <u> <u> </u> </u>	an agency official? Stott & Agget e income box if the agency focome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag	J , Dist official claims admiss performed a ceremo rpose, including	onial role,
Was the distribution to persons Yes A No I If yes: The identity of recipient(s) a Name (Last, First) or Organization	s identified below m <u>JAMUL( (&amp; M</u> Official's I nd the explanatio Number of Admission(s)/ Ticket(s)	nade at the Vame Last, f Agency	<ul> <li>behest of</li> <li>Check th</li> <li>taxable in</li> <li>also prov</li> <li>If not incc</li> <li>ceremoni</li> <li>organizat</li> </ul>	an agency official? Stott & Agget e income box if the agency focome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag	J , Dist pricial claims admiss performed a ceremo rpose, including pency official, individ	onial role,
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Was the distribution to persons Yes No No If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Scott Thompson 2424 Rees CIFCK	s identified below m <u>JAMUL( (&amp; M</u> Official's I nd the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes   No   Yes   No   Yes   No	<ul> <li>behest of</li> <li>Check th</li> <li>taxable in</li> <li>also prov</li> <li>If not incc</li> <li>ceremoni</li> <li>organizat</li> </ul>	an agency official? Stoff Hagency official? e income box if the agency officia ride a description. ome, describe the public pu ial roles, performed by an ag- ion.	J , Dist pricial claims admiss performed a ceremo rpose, including pency official, individ	ual, or Income Income Income
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**A Public Document** 

. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if app	olicable)	*****			For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title	e)				Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board o	of Supervisors				wast provide explanation in Fart 3.7
Area Code/Phone Number E-mail				Date of Original F	iling:(month, day, year)
(510) 272-3882 crystal	.hishida@acgov.o	org			(,,, ,,, ,,
Function, Event, or Ceremonia		Manager and the second s			дериулалаган алаан алаан алаан улсан алаан алаан аулагын жалагын алаан алаан алаан алаан алаан алаан алаан алаа Т
Title & BASEBALL			Face V	/alue of Each Ac	Imission \$ _ <u>38.0</u> D
Description			Date(s	1 1	12 le, 22, 17
Ticket(s)/Admission(s) provided b	y agency? Yes	⊠N∘□	If no:	actand Na	The of Source
Was the distribution to persons id	lentified below n medic (Dm <sub>Official's (</sub>	nade at the <u>Tee Sup</u> Name (Last, F	behest of	an agency offic	sial?
Was the distribution to persons id	lentified below n medic (Dm <sub>Official's (</sub>	nade at the <u>Tee Sup</u> Name (Last, F	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	cial? Gett, Dist, ) ency official claims admission as official performed a ceremonial role,
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Was the distribution to persons id Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Charles Santana 537 St. George R.A. Danville CA	Ientified below n Medde (DM) Official's the explanation Number of Admission(s)/ Ticket(s)	nade at the Name (Last, F Name (Last, F Official Yes No 22	<ul> <li>behest of</li> <li>CMSO</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc. ceremonic</li> </ul>	an agency offic Statt Are e income box if the agency of ide a description. ome, describe the pub ial roles, performed by	ency official claims admission as official performed a ceremonial role, lic purpose, including ran agency official, individual, or Income
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is in accordance with the provisions.			
Mul Man Lee	e Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and akat/Admission Distrik Ti

	cket/Admission Distributions				P	A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Region (if applica	ble)				For Official Use 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, year)
	(510) 272-3882 crystal.his	hida@acgov.	org			
2.	Function, Event, or Ceremonial R	ole Informat	tion			
	Title A's Game			Face \	/alue of Each Admis	sion \$ <u>38,00</u>
	Title <u>A's Game</u> Description <u>Baseball</u>			Date(s	1.7.17	
				Dutoje		
	Ticket(s)/Admission(s) provided by a	gency? Yes	/□ No □	If no:	". Oakland Name of	Source
	Was the distribution to persons iden	tified below r	nade at the	e behest of	an agency official?	
	Yes 🛱 No 🗖 If yes: 🏭	eda Courritu	Supervise	r. Cott H	ugertu. Dist 1	
		Official's	Name (Last, F	irst) and Title	<del>J. J.</del>	
	The identity of recipient(s) and th	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov ● If not inc	vide a description. ome, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including
	Sunolden School		Yes 🗖	#10	<u> </u>	Income
	11601 Main St., Sunol (A 94586	12	No 🖾	Rewa	vd School)	
	· · · · · ·		Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			

#### 3. Verification

I have read and understand FPPC Regula	tions 18944.1 and 18942. I	have verified that the distribution of adr	nissions, set forth above,
is in accordance with the provisions.			
Juli Ar Ch Le	e Ann Fergerson	Ticket Administrator	7-15-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

. ...

Yes 🗖

No 🗖

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

Income

A Public Document

1. Agency Name				Date Stamp	California 002
County of Alameda					Form OUZ
Division, Department, or Region (if applied	cable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Mu	ist provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				, , , , ,
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, year)
(510) 272-3882 crystal.h	iishida@acgov.o	org			
2. Function, Event, or Ceremonial	Role Informat	ion			
Title Summer	am		Face \	/alue of Each Adm	nission \$ <u>50,80</u>
Description Concert	,		Date(s	<u>, 6, 10, 1</u>	2
Ticket(s)/Admission(s) provided by	agency? Yes	TAKNO 🗆	If no:	Nam	e of Source
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes No P If yes: The identity of recipient(s) and t	ntified below n MCMSM Official's l the explanatio	hade at the SOH Name (Last, F on: Agency	e behest of THAG irst) and Title Check th taxable h	Name an agency officia fund - Discover provide the agence e income box if the agence	11?
Was the distribution to persons ide Yes I No I If yes: 5 The identity of recipient(s) and t Name (Last, First)	ntified below n MCMSM Official's i the explanatio	nade at the SCO Name (Last, F on:	<ul> <li>behest of Hag</li> <li>Hag</li> <li>irst) and Title</li> <li>Check th taxable h also prov</li> <li>If not inc</li> </ul>	e income box if the agency officia e income box if the agency officia roome. If the agency officiate vide a description. ome, describe the public ial roles, performed by ar	11? 34 . ) cy official claims admission as cial performed a ceremonial role,
Was the distribution to persons ide Yes No P If yes: The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below n MCMSM Official's I che explanatio Number of Admission(s)/	hade at the SOH Name (Last, F on: Agency	<ul> <li>behest of Hag</li> <li>Hag</li> <li>irst) and Title</li> <li>Check the taxable in also provide the ceremon organiza</li> </ul>	e income box if the agency officia e income box if the agency officia roome. If the agency officiate vide a description. ome, describe the public ial roles, performed by ar	11? St. ) cy official claims admission as cial performed a ceremonial role, purpose, including n agency official, individual, or
Was the distribution to persons ide Yes No P If yes: 5 The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Mbert V Baybaya Teixlera 21002 (c. Read Ave	ntified below n Official's / Che explanation Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>behest of Hag</li> <li>Hag</li> <li>irst) and Title</li> <li>Check the taxable in also provide the ceremon organiza</li> </ul>	e income box if the agency officia e income box if the agency officia roome. If the agency officiate vide a description. ome, describe the public ial roles, performed by ar	tl? Structure cy official claims admission as clai performed a ceremonial role, purpose, including n agency official, individual, or ICOME
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

1. /						
	Agency Name				Date Stamp	California 000
(	County of Alameda					Form 802
_	Division, Department, or Region (if applicat	ble)				For Official Use Only
ļ	Board of Supervisors					
ę	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (M	ust provide explanation in Part 3.)
(	Crystal Hishida Graff, Clerk, Board of S	upervisors				ust provide explanation in Fart 5.7
	Area Code/Phone Number E-mail	•			Date of Original Fili	ng:(month, day, year)
1	(510) 272-3882 crystal.his	hida@acgov.	org			(110111), 003, 90019
2. F	Function, Event, or Ceremonial R					
	As					HZVM
٦	Fitle			Face V	/alue of Each Adn	mission \$ \$ 38,00
ſ	Description Buseball a	zame		Date(s	, 9, 29,1	2 10, 1,12
	(	0				
٦	Ticket(s)/Admission(s) provided by a	gency? Yes		lf no:		
			1		Nam	ne of Source
v	Vas the distribution to persons ident	tified below n	nade at the	e behest of	an agency officia	al?
١	Nas the distribution to persons ident	tified below n	nade at the	e behest of	an agency officia	al?
١	A				<sup>:</sup> an agency officia	al?
١	Α				an agency officia	al?
	A	Official's	Name (Last, F		<sup>:</sup> an agency officia	al?
	Yes 🔲 Nò 🗖 If yes:	Official's	Name (Last, F	First) and Title		al? ncy official claims admission as
	Yes INO If yes: The identity of recipient(s) and the Name (Last, First)	Official's e explanatic Number of	Name (Last, F on: Agency	First) and Title Check th taxable ii	e income box if the agen ncome. If the agency offi	
	Yes □ Nò □ If yes: The identity of recipient(s) and the Name	Official's e explanatic Number of Admission(s)/	Name (Last, F on:	First) 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	ncy official claims admission as ficial performed a ceremonial role, c purpose, including
	Yes No If yes: The identity of recipient(s) and the Name (Last, First) or	Official's e explanatic Number of	Name (Last, F on: Agency	<ul> <li>First) and Title</li> <li>Check the taxable is also provide the taxab</li></ul>	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a	ncy official claims admission as ficial performed a ceremonial role,
	Yes No for If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency	First) 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 ar tion.	ncy official claims admission as ficial performed a ceremonial role, c purpose, including in agency official, individual, or
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	Yes No for If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes D	First) 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 ar tion.	ncy official claims admission as ficial performed a ceremonial role, c purpose, including in agency official, individual, or LOOLOY AON Amcome to the Conward in
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ר ק ק	Yes No for If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) MUNICAN SWIM ACA MEMY 15700 DUDUM BL. SH 101, DUDLIN, CA	Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes D Yes D	First) 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 ar tion.	ncy official claims admission as ficial performed a ceremonial role, c purpose, including in agency official, individual, or OOLOY NON fificome to the convert income
ר ק ק	Yes No for If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) MUNICAN SWIM ACA MEMY 15700 DUDUM BL. SH 101, DUDLIN, CA	Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes Yes Yes	First) 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 ar tion.	ncy official claims admission as ficial performed a ceremonial role, c purpose, including in agency official, individual, or OOLOY AON ffficcome to the conversion fincome Income
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Juli Arca-Le	e Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

		~			A .	i abile Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Region (if application)	able)				For Official Use Only
	Board of Supervisors				-	
	Street Address					
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)					
		Supervisore			Amendment (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number [E-mail	Supervisors			Date of Original Filing: _	
	(510) 272-3882 crystal.hi	shida@acgov.	ora			(month, day, year)
2.	Function, Event, or Ceremonial R					<u>ar an </u>
	Title <u>A's game f</u>	ickets		Face	Value of Each Admiss	ion \$ <u>\$ (</u> 5 00
	Description BASEBAL	L			5)/	/
	Ticket(s)/Admission(s) provided by a	agency? Yes	YET NO	🗖 lf no: Ĉ	aland Al	Netics
			Name of .	Source		
	Was the distribution to persons iden	f an agency official?				
		^			- · ·	
	Yes 🔯 No 🗖 If yes: 🏹 🗥	ida (OU	nty SI	<u>upervisor</u>	Scott Hagger	ty, Dist.1
			U	i, misi) and Tille		N
	The identity of recipient(s) and the	ne explanatio	on:			
	Name (Last, First)		A	4 ayahla l	ie income box if the agency of income. If the agency official p	
	or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
	Organization (Name, Address, Description)	Ticket(s)			come, describe the public purp nial roles, performed by an age ution	
	FAMON MIDDLE SCHOOL	20	Yes ⊑ No )⊄	a	Reward School	DI NON - profra
	3601 Kohnen Way		Yes 🗖	]		Income
	/		No 🗆	]		
	Dublin, CA. QY568 Mustang Round up		Yes ⊑ No ⊑			Income
	Mustana Pound in		Yes 🗖 No 🗖	-		Income
	The way the the		Yes C			<u>D</u>
	<b>`</b>					Income
3	Verification		L			
J.	have read and understand FPPC Regulat.	ions 18944.1 an	d 18942. I	have verified	that the distribution of adr	nissions, set forth above.
_	is in accordance with the provisions.					

Lee Ann Fergerson Print Name 2 Ticket Administrator -110 Head or Designee Title Signature of Agency (month, day, year)

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

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A Public Document	Α	Publ	ic D	ocui	ment
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Income

Income

Income

	oneu-Aumission Dist	ibutiona	,			~ ~	i ubiic Document
1.	Agency Name					Date Stamp	California 002
	County of Alameda						Form 002
	Division, Department, or Regi	on (if applica	ble)				For Official Use Only
	Board of Supervisors		Charlobbra dan				
	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, year)
	(510) 272-3882		hida@acgov.				
2.	Function, Event, or Cere			tion			
	Title <u>4'5 Luxu</u>	<u>ry Si</u>	ute		Face V	/alue of Each Admiss	ion \$ 1, 500
	Description <u>BASEBAL GAME</u> Date(s) Ticket(s)/Admission(s) provided by agency? Yes DONO I If no:				Date(s	;)///	//
					akland &	thletics	
						Name of S	Source
	Was the distribution to per	sons ident	e behest of	an agency official?			
				• •	. ( )		
	Yes 🔁 No 🗖 Ifye	es: HUM	(DON <u>U</u>	stittaggerty, Me	st.l		
Yes DNO If yes: Alameda County Supervisor Scott Hagger Official's Jame (Lost, First) and Title							
	The identity of recipient	(s) and th	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ir also prov If not ince	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including
	Meals on Whee P.O. Box 14002	rls 🖬	20	Yes 🗖 No 🌠	#1	l non-profit	Income
	P.O. Box 14002			Yes 🗖 No 🗖			Income

#### 3. Verification

Oakland CA 94614

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

Yes 🗖

Yes 🗖

Yes 🗖

No 

No 

No 

**Ticket Administrator** ersn Signature of Agency Head or Desig Title Print Name (month, day, year)

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

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

-								
1.	Agency Name			Date Stamp	California <b>002</b>			
	County of Alameda				Form <b>OUZ</b>			
	Division, Department, or Regi	ion (if applicable)		1	For Official Use Only			
	Board of Supervisors							
	Street Address			1				
	1221 Oak Street, Suite 536							
	Designated Agency Contact (	(Name, Title)		Amendment (Must prov	vide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk,	, Board of Supervisors						
	Area Code/Phone Number	E-mail		Date of Original Filing:	(month, dav. vear)			
	(510) 272-3882	crystal.hishida@acgov.org						
2.	Function, Event, or Cere	emonial Role Information						
	Title <u>A's Baseba</u>	M Luxury Snite	/alue of Each Admissi	on \$ 1,500				
	Description _ Skybi	ρχ	Date(s	5)//	//			
Ticket(s)/Admission(s) provided by agency? Yes PNo 🗖 If no: Oakland Athletic								
	T Name of Source							
	Was the distribution to persons identified below made at the behest of an agency official?							
	Yes & No I If yes: Manuela County Supervisor Scott Haggerty, Dist							
	The identity of recipient	(s) and the explanation:						

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremonial also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, organization.</li> </ul>	
Wells Middle Sobod	20	Yes <b>⊟</b> No <b>⊉</b> P	#11 Reward School	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 Title Signature of Agency Head or Designee Print Name (month, day, year)

A Public Docume	ent	
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ICKel/Aumssion Dist							
. Agency Name					Date Stamp	California	* 802
County of Alameda						Form	002
Division, Department, or Reg	gion (if applica	ble)				For Officia	l Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536	6						
Designated Agency Contact					Amendment (M	ust provide evaluation	in Part 2 \
Crystal Hishida Graff, Clerk	. Board of S	Supervisors				ust provide explanation	mran s.j
Area Code/Phone Number	E-mail				Date of Original Fili	ng:(month, day, ye	earl
(510) 272-3882	crvstal.his	shida@acgov.c	ora			(110/11/, 00), 9	July
. Function, Event, or Cer	Contractor International Contractor	CONTRACTOR OF THE OWNER OWNE	and the second se				
r unouon, Erong or oor							
Title Oakland A's Game				Face	/alue of Each Adr	mission \$	
					06 05 1	2	
Description Baseball Game				Date(s	s) <u>06 , 05 , 1</u>		/
Description <u>Descoul Car</u> Ticket(s)/Admission(s) pr Was the distribution to pe						ne of Source	
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No ロ If	e <mark>rsons iden</mark> yes: <u>Haggert</u>	tified below n ty, Scott- Supervi Official's i	nade at th isor District Name (Last,	e behest o	f an agency offici		
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If The identity of recipien Name	e <mark>rsons iden</mark> yes: <u>Haggert</u>	tified below n ty, Scott- Supervi Official's i	nade at th isor District Name (Last,	e behest of 1 First) and Title	f an agency offici	al? ncy official claims adm	
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If The identity of recipien Name (Last, First)	e <mark>rsons iden</mark> yes: <u>Haggert</u>	tified below n ty, Scott- Supervi Official's i ne explanatio Number of	nade at th isor District Name (Last, on: Agency	e behest of 1 First) and Title Check th taxable i	f an agency offici	al? ncy official claims adm	
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If The identity of recipien Name	ersons iden yes: <u>Haggert</u> nt(s) and th	tified below n ty, Scott- Supervi Official's i ne explanatio	nade at th isor District Name (Last, Dn:	e behest of 1 First) and Title • Check th taxable i also pro • If not inc ceremor	f an agency offici ne income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a	al? ncy official claims adm ficial performed a cere c purpose, including	monial role,
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If The identity of recipien Name (Last, First) or Organization (Name, Address, Descr	ersons iden yes: <u>Haggert</u> nt(s) and th	tified below n ty, Scott- Supervi Official's l ne explanatio Number of Admission(s)/	nade at th isor District Name (Last, on: Agency Official	1 First) and Title • Check th taxable i also pro • If not inc ceremor organiza	f an agency officia ne income box if the ager ncome. If the agency off vide a description. come, describe the public ital roles, performed by a tition.	al? ncy official claims adm ficial performed a cere c purpose, including in agency official, indi	monial role, vidual, or
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## 3. Verification

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

$(\Lambda_{h}) \geq $	MICHELLE DIANDA	Ticket Administrator	(15/12
Signature of Agency Head or Designee	Print Name	Title	(month day, year)

A Public Docume
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cket/Admission Distributi	0110								
Agency Name					Date Stamp			fornia	802
County of Alameda								orm	
Division, Department, or Region (if a	pplicable)						Fo	r Official	Use Only
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, 7	Title)				Amendment (	Must prov	ide expl	anation ir	Part 3.)
Crystal Hishida Graff, Clerk, Board	d of Supervisors						ð		6
Area Code/Phone Number E-mai	il				Date of Original Fi	iling:	(month	, day, yea	ir)
(510) 272-3882 cryst	al.hishida@acgov.o	org							
Function, Event, or Ceremoni	ial Role Informat	tion							
Title Oakland A's Game				Face V	/alue of Each Ad	Imissi	on \$ _	75.00	
Description Baseball Game				Date(s	;) <u>06                                   </u>	12		/	/
Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No		lf no: Oakla	and A's				1
The identity of recipient(s) an	identified below n aggerty, Scott- Superv Official's and the explanatic	nade at isor Distr Name (La on:	t the rict 1 ast, Fir.	behest of st) and Title • Check th	f an agency offic	ency offi	cial clair		
Was the distribution to persons Yes ☑ No ロ If yes: Ha The identity of recipient(s) an	identified below n aggerty, Scott- Superv Official's	nade at isor Distr Name (La	t the rict 1 ast, Fir.	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc.</li> </ul>	f an agency offic e income box if the ag ncome. If the agency o vide a description. ome, describe the pub ial roles, performed by	ency offi official po llc purpc	cial clair príormed sse, inclu	l a ceren uding	ionial role,
Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization	identified below n aggerty, Scott- Superv Official's ad the explanatic Number of Admission(s)/	nade at isor Distr Name (La on: Agend	t the rict 1 ast, Fir:	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the agency of ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. altendance at an even	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	onial role, dual, or
Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n aggerty, Scott- Superv Official's ad the explanatic Number of Admission(s)/	nade at isor Distr Name (La on: Agend Offici	t the rict 1 ast, Fir:	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion.	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	ionial role, dual, or
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Was the distribution to persons Yes ☑ No □ If yes: Ha The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n aggerty, Scott- Superv Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at isor Distr Name (La on: Agend Offici Yes   No   Yes   No   Yes   No	t the l rict 1 ast, Fir:	<ul> <li>behest of</li> <li>st) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco- ceremoni organization</li> <li>o promote a</li> </ul>	f an agency offic e income box if the agency of ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. altendance at an even	ency offi official po llc purpo an agen nt held a	cial clair prformed ose, inclu cy offici at a Cou	l a ceren uding al, indivi	dual, or Income Income Income Income

 MICHELLE DIANDA
 Ticket Administrator
 U/5/12

 Signature of Agency Head or Designee
 Print Name
 Ticket Administrator
 U/5/12

A Public Docume	ent
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Ticket/Admission Distr	iputions	>					A Public De	
1. Agency Name						Date Stamp	California Form	802
County of Alameda							Name of Concession, Name of Street, or other Distances of Street,	
Division, Department, or Regi	on (if applica	ble)					For Official	Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (/	Name, Title)					Amendment (Mus	t provide ovelegation in	Dect 21
Crystal Hishida Graff, Clerk,	Board of S	Supervisors					provide explanation in	ran s.)
	E-mail					Date of Original Filing	):(month, day, yea	ar)
(510) 272-3882	crystal.his	shida@acgov.o	ora				(month, day, yee	
2. Function, Event, or Cere	A COLUMN AND A	the second s						
Title KMEL Summer Jam				-	Face \	/alue of Each Adm	ission \$ <u>50.80</u>	
						06 10 12		
Description Concert				-	Date(s	a) <u>06 / 10 / 12</u>	/	/
Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗹	If no: Gold	en State Warriors	of Source	
						Name	or source	
Was the distribution to per	sons iden	tified below n	nade a	it the	e behest of	f an agency official	?	
Yes 🗹 No 🔲 If ye	es: Haggert	y, Scott- Superv	isor Dis	trict 1				
		Official's	Name (L	.ast, F	irst) and Title			
The identity of recipient	(s) and th	e explanatio	on:					
Name				-	Check th	e income box if the agenc	y official claims admit	sion as
(Last, First)		Number of	Ager		1 M B F F F B B F F F	ncome. If the agency offic vide a description.	ial performed a cerem	ionial role,
or Organization		Admission(s)/ Ticket(s)	Offic	ial		ome, describe the public p	ourpose, including	
(Name, Address, Descrip	tion)	(increation)			ceremon organiza	ial roles, performed by an tion.	agency official, indivi	dual, or
Irvin, Armon			Yes		and the second se	attendance at an event h	eld at a County	Income
		4	No		facility in orde	er to promote maximum	potential revenue	
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
			No					
3. Verification				1177271				Parents
J. vernication								

# 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.

Mul	MICHELLE DIANDA	Ticket Administrator	$\left( e/l_{1}/l_{2}\right)$
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Amonious Montes						
Agency Name				Date Stamp	California	802
County of Alameda					Form For Officia	I Use Only
Division, Department, or Regio	on (if applicable)				Por Officia	ii Ose Oniy
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536 Designated Agency Contact (A	lome Title)					
				Amendment (Mo	ist provide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, I Area Code/Phone Number	Board of Supervisors E-mail			Date of Original Fili	na:	
					(month, day, ye	əar)
(510) 272-3882 Function, Event, or Cere	crystal.hishida@acgov	the second design of the secon				
Function, Event, or Gerei	nomai Role informa	uon				
Title Oakland A's Game			Face V	alue of Each Adn/	nission \$ _26.00	
10 N N 10						
Description Baseball Game			Date(s	.) <u>07 / 03 / 1</u> 2	/_	/
			Oald	and Ala		
				and As		
Ticket(s)/Admission(s) prov Was the distribution to pers Yes ☑ No 🔲 If ye	sons identified below	made at the	e behest of		e of Source	
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization	sons identified below as: Haggerty, Scott- Super <i>Official's</i> <b>s) and the explanati</b> Number of Admission(s)/ Ticket(s)	made at the visor District 1 Name (Last, P on: Agency	e behest of First) and Title • Check th taxable in also prov • If not inc	e income box if the agen ncome. If the agency off vide a description. ome, describe the public	al? cy official claims adm icial performed a cere purpose, including	monial role,
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Was the distribution to pers Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons identified below as: Haggerty, Scott- Super <i>Official's</i> <b>s) and the explanati</b> Number of Admission(s)/ Ticket(s)	made at the visor District 1 Name (Last, I on: Agency Official Yes I No I	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote h	e income box if the agen ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion.	al? cy official claims adm icial performed a cere purpose, including n agency official, indiv ovide expanded	monial role, vidual, or Income
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Was the distribution to pers Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	ion)	made at the visor District ↑ Name (Last, / on: Agency Official Yes □ No ☑ Yes □ No □	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote h	e income box if the agen ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. nealth, motivate and pro	al? cy official claims adm icial performed a cere purpose, including n agency official, indiv ovide expanded	nonial role, vidual, or Income Income
Was the distribution to pers Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	ion)	made at the visor District ? Name (Last, / on: Agency Official Yes No Yes No Yes Yes Yes	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote h	e income box if the agen ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. nealth, motivate and pro	al? cy official claims adm icial performed a cere purpose, including n agency official, indiv ovide expanded	nonial role, vidual, or Income Income Income
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Signature of Agency Head or Designee

Print Name

(month, day, yea

Title

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

A Public Docume	ent
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11	cket/Admission Distr							
1.	Agency Name					Date Stamp	Californi	<sup>a</sup> 802
	County of Alameda					and prove the second second	Form	002
	Division, Department, or Reg	ion (if applica	able)				For Offici	al Use Only
	Board of Supervisors							
	Street Address					1		
	1221 Oak Street, Suite 536							
	Designated Agency Contact (					Amondment (4	Must provide explanation	in Deed 2.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					1000 No. 200 - 1 1 1 1 1 - 1 1
	Area Code/Phone Number	E-mail				Date of Original Fil	ling:(month, day, )	earl
	(510) 272-3882	crystal.hi:	shida@acgov.o	ora			(monin, day, )	Gary
2.	Function, Event, or Cere	AND INCOME.	and the second s					
	Title Oakland A's Game				Face	Value of Each Ad	mission \$ _75.00	)
	B 1 1 0					08 03 1	12	
	Description Baseball Game	9			Date(	s) <u>08 / 03 / 1</u>	<u> </u>	/
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oaki					land A's		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes	🗆 No 🖸	I if no: <u>our</u>	Na	me of Source	
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes	🗆 No 🖸	I If no: <u>our</u>	Nar	me of Source	
						, var		
	Was the distribution to pe	rsons iden	ntified below n	nade at th	e behest o	f an agency offic		
	Was the distribution to pe	rsons iden	ntified below n	nade at th	e behest o	f an agency offic		
	Was the distribution to pe	rsons iden		nade at th	e behest o	f an agency offic		
	Was the distribution to pe	rsons iden <sub>res:</sub> <u>Valle, R</u>	ntified below n Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest o	f an agency offic		
	Was the distribution to per Yes ☑ No ロ If y	rsons iden <sub>res:</sub> <u>Valle, R</u>	ntified below n Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest o First) and Title	f an agency offic	ial? ency official claims adm	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons iden <sub>res:</sub> <u>Valle, R</u>	ntified below n Richard- Supervis Official's ne explanatio Number of	nade at th or District 2 Name (Last, on: Agency	e behest o First) and Title	f an agency offic	ial? ency official claims adm	
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	Was the distribution to per         Yes       No         The identity of recipient         Name (Last, First) or Organization (Name, Address, Descript)         Resurrection Greek Orthodox (Content)         20104 Center Street, Castro Valley, Content)	rsons iden es: <u>Valle, R</u> t <b>(s) and th</b> <b>ption)</b> Church	Richard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offic the income box if the age income. If the agency of vide a description. come, describe the public vial roles, performed by intion. nonprofit organization	ial? ency official claims adm fficial performed a cere ic purpose, including an agency official, ind	monial role, vidual, or 0 Income 1ncome 1ncome
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### 3. Verification

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

MICHELLE DIANDA **Ticket Administrator** Signature of Agency Head of Designee Print Name Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of \$17
#### Agency Report of: Ceremonial Role Events and Ticket/Ad

Ti	cket/Admission Distri	ibutions	6					A Public Do	
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda								and the second sec
	Division, Department, or Regi	on (if applica	ible)				1	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 S	Supervisors				-	2	
	Area Code/Phone Number	E-mail				1	Date of Original Filing	(month, day, yea	ir)
	(510) 272-3882	crystal.his	shida@acgov.	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Title Oakland A's					Eaco \	/alue of Each Admis	sion \$ 26.00	
					2				
	Description Baseball Game					Date(s	s) <u>06 / 21 / 12</u>	/	/
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		> ☑	lf no: Oakl	and A's	of Source	
							ivanie c	Source	
	Was the distribution to per-	sons iden	tified below n	nade a	t the	e behest of	f an agency official?	,	
	Yes 🗹 No 🔲 Ifye	es: <u>Valle, R</u>	ichard- Supervis	or Distri	ct 2				
			Official's	Name (L	ast, F	First) and Title			
	The identity of recipient(	s) and th	e explanatio	n:					
	Name					(A) (3) (3) (3)	e income box if the agency		
	(Last, First) or		Number of Admission(s)/	Ager Offic		그는 가슴	ncome. If the agency officia vide a description.	l performed a cerem	onial role,
	Organization (Name, Address, Descrip	tion)	Ticket(s)	Onic	.141		ome, describe the public pu ial roles, performed by an a tion.		dual, or
	Briones, Joel			Yes			attendance an event held	at a county facility	Income
			2	No	7	in order to ma	aximize potential revenue	from sales.	
				Yes					Income
			· · · · · · · · · · · · · · · · · · ·	Yes					Income
				No					
				Yes					Income
				No					
				Yes			19 19		Income
				No	<b>D</b>				-

## 3.

	NO L		
Verification			
I have read and understand FPPC R	egulations 18944.1 and 18942.	I have verified that the distribution of adm	nissions, set forth above,
is in accordance with the provisions.			
122	MICHELLE DIANDA	Ticket Administrator	10/14/12
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)
			• /

## Agency Report of: Ceremonial Role Events and Т

cy Name / of Alameda n, Department, or Region (if appl of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1 ion, Event, or Ceremonial	)			F	ifornia orm 80 or Official Use Only
n, Department, or Region (if appl of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1	)				
of Supervisors Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.	)				or Official Use Only
Address Dak Street, Suite 536 ated Agency Contact (Name, Title, I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.1	n Na 1991 yang berker tanang sebarah karangan				
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I Hishida Graff, Clerk, Board of ode/Phone Number E-mail 272-3882 crystal.I	n Na 1991 yang berker tanang sebarah karangan				
ode/Phone Number E-mail 272-3882 crystal.l	f Supervisors			Amendment (Must provide exp	lanation in Part 3.)
272-3882 crystal.l			· · · · · · · · · · · · · · · · · · ·	Data of Oxformal Fillings	
				Date of Original Filing:	h, day, year)
ion Event or Coremonial	hishida@acgov.				
ion, Event, or ceremonia	Role Informat	tion			
Factor			Face	Value of Each Admission \$ .	0.00
ption TV Audition			Date(s	s) <u>06 / 16 / 12</u>	////////
(s)/Admission(s) provided by	/ agency? Yes		I If no: Gold	len State Warriors	
				Name of Source	
ne distribution to persons ide	entified below n	nade at th	e behest of	f an agency official?	
17 (A)				an agonoy ontoiait	
s 🗹 No 🔲 If yes: <u>Valle,</u>	Richard- Supervis	or District 2			
	Official's	Name (Last, i	First) and Title		
lentity of recipient(s) and	the explanation	on:			
Name			OPT STREET, STORES		
(Last, First) or	Number of Admission(s)/		100 (100 (100 (100 (100 (100 (100 (100	입장 옷 가서는 영상에 만나 있는 것을 많이 가지 못 한 것이다. 그 동네는 것이 아이지 않는 것이 가지 않는 것이 가지 않는 것이다.	a ceremonial role,
Organization (Name Address Description)	Ticket(s)		<ul> <li>If not inc ceremon</li> </ul>	come, describe the public purpose, incl nal roles, performed by an agency offic	uding ial, individual, or
(Manle, Address, Description)	_		organiza	ition.	ursanalis ir tra ta statistic s
s, Ruben	6				
	0			er to maximize potential revenue no	
		CARACTER DOLLAR			Incon
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cation					<u>L</u>
	's)/Admission(s) provided by ne distribution to persons ide is ☑ No □ If yes: Valle, lentity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	s)/Admission(s) provided by agency? Yes the distribution to persons identified below r If yes: Valle, Richard- Supervis Official's lentity of recipient(s) and the explanation Name (Last, First) or Organization (Name, Address, Description)	(as)/Admission(s) provided by agency? Yes I No I the distribution to persons identified below made at the s I No I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, I official's Name (Last, I or Name (Last, First) or Organization (Name, Address, Description) Admission(s)/ Ticket(s) Agency (Name, Address, Description) 6 No I S, Ruben 6 Yes I No I Yes No I Yes No I Yes No I Yes No I Yes I No I Yes I No I I Yes I No I No I Yes I No I Yes I No I Yes I No I Yes I No I No I No I No I Yes I No I N	(s)/Admission(s) provided by agency? Yes I No I If no: Gold         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (a) distribution to persons identified below made at the behest of         (b) distribution to persons identified below made at the behest of         (b) distribution to persons identified below made at the behest of         (b	(s)/Admission(s) provided by agency? Yes [ No [] If no: Golden State Warriors         Name of Source         re distribution to persons identified below made at the behest of an agency official?         a [] No [] If yes: Valle, Richard- Supervisor District 2         Official's Name (Last, First) and Title         Ientity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)         a, Ruben         6         Yes []         No []         Yes []

is in accordance with the provisions.

	Α	Pu	blic	Document
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1.	Agency Name						Date Stamp	California	802
	County of Alameda			_				Form	
	Division, Department, or Regi	on (if applica	able)					For Official	Use Only
	Board of Supervisors				_		-		
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (/	Name Title)		_					
		ne de la contra de la compañía.					Amendment (Must )	provide explanation i	n Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of a	supervisors				Date of Original Filing:		
			hide@eegov	250				(month, day, ye	ar)
2	(510) 272-3882 Function, Event, or Cere	M	shida@acgov.	and the second second					
6.	Function, Event, or Cere	momarr	tole information	lion					
	Title Oakland A's				_	Face	Value of Each Admis	sion \$ _26.00	
	Description Baseball Game	•			_	Date(s	s) <u>06 / 15 / 12</u>	/_	/
	Ticket(s)/Admission(s) prov	vided by :	agency? Ves		0.17	If no. Oak	land A's		
		VIGGG DY C							
	Was the distribution to per-						Name o		
	Was the distribution to per-	sons iden əs: <u>Valle, R</u>	t <b>ified below n</b> ichard- Supervis <i>Official's</i>	nade a or Distr Name (I	at the	e behest o	f an agency official?		
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 MICHELLE DIANDA
 Ticket Administrator

 Signature of Agency Head or Designee
 Print Name

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

A Public	Document
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cket/Admission Distribut	lions					
Agency Name				Date Stamp	California	002
County of Alameda					Form	802
Division, Department, or Region (if	applicable)				For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)					
Crystal Hishida Graff, Clerk, Boar	d of Supervisors			Amendment (Mu	ist provide explanation in	Part 3.)
Area Code/Phone Number  E-ma	the second se			Date of Original Filin	ng:	
(510) 272-3882 crys	stal.hishida@acgov.	ora		257	ng:(month, day, yea	ar)
Function, Event, or Ceremon						_
Function, Event, or Geremon		lion				
Title Oakland A's			Face	Value of Each Adn	nission \$_26.00	
						0
Description Baseball Game			Date(s	s) <u>06 , 16 , 1</u> 2	2/	/
	d hu aganau? Vac		I If no: Oak	land A's		
Ticket(s)/Admission(s) provided	u by adency ries					
Ticket(s)/Admission(s) provided	identified below r	nade at th	ie behest o	f an agency officia	e of Source	
Was the distribution to persons Yes ☑ No ロ If yes: <u>V</u>	s identified below n 'alle, Richard- Supervis Official's	nade at th or District 2 Name (Last,	ie behest o	f an agency officia		
Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) a	s identified below n 'alle, Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest o	f an agency officia	11?	
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Was the distribution to persons Yes ☑ No ☐ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n 'alle, Richard- Supervis Official's nd the explanatic Number of Admission(s)/	nade at th or District 2 Name (Last, on: Agency Official	First) and Title	f an agency officia ne income box if the agen ncome. If the agency offi vide a description. some, descripte the public hal roles, performed by an tion.	N? cy official claims admis cial performed a cerem purpose, including n agency official, indivi	ionial role, dual, or
Was the distribution to persons Yes ☑ No ☐ If yes: ⊻ The identity of recipient(s) an Name (Last, First) or Organization	s identified below n 'alle, Richard- Supervis Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes 🗖	First) and Title  Check th taxable also pro If not inc ceremor organiza To reward a	f an agency officia ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ial roles, performed by ar	N? cy official claims admis cial performed a cerem purpose, including n agency official, indivi	dual, or
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Was the distribution to persons Yes ☑ No ☐ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	s identified below n 'alle, Richard- Supervis Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	First) and Title  Check th taxable also pro If not inc ceremor organiza To reward a	f an agency officia ne income box if the agen ncome. If the agency offi vide a description. some, descripte the public hal roles, performed by an tion.	N? cy official claims admis cial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income
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#### 3. Verification

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

MICHELLE DIANDA **Ticket Administrator** Signature of Agency Head or Designee Print Name Title

A	Public	: Document
~	1 GIOTIC	Document

cket/Admission Distri	putions	5			A	Public De	bcumen
Agency Name					Date Stamp	California	002
County of Alameda					n na h	Form	802
	on (if applica	ble)				For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
	lame, Title)					uida avalanation ir	. Doct 2.)
Crystal Hishida Graff, Clerk, I	Board of S	Supervisors					
No. of Concession, Name of Street, Name of Str					Date of Original Filing: _	(month day yes	ar)
(510) 272-3882	crvstal.his	shida@acoov.o	ora			(monin, day, yea	<i>ar)</i>
		the second se					
Title Oakland A's				Face \	/alue of Each Admiss	ion \$ <u>26.00</u>	
					00 17 12		
Description Baseball Game				Date(s	s) <u> </u>	/	/
Yes ⊡ No 🔲 Ifye	s: <u>Valle, R</u>	ichard- Supervis Official's i	or District 2 Name (Last,				
Name (Last, First) or Organization (Name, Address, Descript	ion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc ceremon	ncome. If the agency official p vide a description. ome, describe the public purpo ial roles, performed by an ager	erformed a cerem	ionial role,
Rodrigues, Robert			Yes 🗖	Contraction of the local data and the local data an	the state of the	service to the	Income
		2	No 🗹	public.			
			Yes 🗖				Income
			No 🗖				
			29952			2	Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
	Agency Name         County of Alameda         Division, Department, or Region         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (A         Crystal Hishida Graff, Clerk, I         Area Code/Phone Number         (510) 272-3882         Function, Event, or Cereer         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) prov         Was the distribution to pers         Yes       No         Yes       No         The identity of recipient(strest)         or       Organization         (Name, Address, Description	Agency Name         County of Alameda         Division, Department, or Region (if applical         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of S         Area Code/Phone Number         (510) 272-3882         Crystal.his         Function, Event, or Ceremonial R         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) provided by a         Was the distribution to persons iden         Yes ☑       No □       If yes: Valle, R         The identity of recipient(s) and th         Name (Last, First) or       Organization (Name, Address, 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         crystal.hishida@acgov.o         Function, Event, or Ceremonial Role Informate         Title         Oakland A's         Description         Baseball Game         Ticket(s)/Admission(s) provided by agency? Yes         Was the distribution to persons identified below models         Yes       No         If yes:       Valle, Richard- Supervise Official's i         Official's i         Name (Last, First) Organization (Name, Address, Description)       Number of Addmission(s)/ Ticket(s)         Rodrigues, Robert       Number of	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       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Function, Event, or Ceremonial Role Information         Title       Oakland A's         Description       Baseball Game         Ticket(s)/Admission(s) provided by agency? Yes □ No [2]         Was the distribution to persons identified below made at the         Yes □ No □ If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First) or Organization (Name, Address, Description)       Agency Official         Rodrigues, Robert       2       No □         Rodrigues, Robert       2       No □         Yes □ No □       Yes □ No □       No □	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       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Function, Event, or Ceremonial Role Information         Title       Oakland A's         Description       Baseball Game         Description       Baseball Game         Date(s         Ticket(s)/Admission(s) provided by agency? Yes [] No [] If no: Oakl         Was the distribution to persons identified below made at the behest of or or organization or organization (Name, Address, Description)         Number of or Organization (Name, Address, Description)       Number of Admission(s)/Ticket(s)         Rodrigues, Robert       2       Yes []         Yes []       No []       To reward at public.         Yes []       No []       Yes []         No []       Yes []       No []	Agency Name       Date Stamp         County of Alameda       Division, Department, or Region (If applicable)         Board of Supervisors       Street Address         Street Address       1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)       Amendment (Must process)         Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filling:	Agency Name       California         County of Alameda       Date Stamp       California         Division, Department, or Region (# applicable)       Board of Supervisors       For Official         Board of Supervisors       Image: County of Alameda       Image: County of Alameda       For Official         Street Address       Image: County of Alameda       Image: County of Alameda       For Official         1221 Oak Street, Suite 536       Image: County of Alameda       Image: County of Alameda       For Official         Crystal Hishida Graff, Clerk, Board of Supervisors       Image: County of Alameda       Image: County of Alameda       Image: County of Alameda         Area Code/Phone Number       E-mail       Image: County of Alameda       Image: County of Ala

#### 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.

MAD	MICHELLE DIANDA	Ticket Administrator	6/15/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Document		Α	Ρ	ub	lic	Document	
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Ticket	Admission Distr									
1. Ager	ncy Name						Date Stam	np	California	002
Coun	ty of Alameda							ŝ.	Form	802
	on, Department, or Reg	ion (if applica	ible)						For Official	Use Only
Board	d of Supervisors									
	t Address									
1221	Oak Street, Suite 536									
	inated Agency Contact (	(Name, Title)								2.0920
Cryst	al Hishida Graff, Clerk,	Board of S	Supervisors				Amendment	t (Must pro	vide explanation in	Part 3.)
	Code/Phone Number	E-mail	aper visors				Date of Original	Filing:		
	) 272-3882	crystal his	shida@acgov.o	ora					(month, day, yea	(r)
	ction, Event, or Cere		the second se	-				_		
Title .	Oakland A's				_	Face V	/alue of Each /	Admissi	on \$_26.00	
	Beeckell Com						06 19	12		
Desc	ription Baseball Game	9			-	Date(s	)/	1	/	/
Ticke	et(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗹	If no: Oakl	and A's	Name of C		
Was f	et(s)/Admission(s) pro the distribution to pe es ⊡ No □ If y identity of recipient	rsons iden es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at the		'	Name of S ficial?	Source	
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Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (L on: Agen Offic	at the ict 2 Last, F	e behest of First) and Title Check th taxable in also prov of fnot inco- ceremoni organizat	e income box if the a ncome. If the agency ride a description. ome, describe the pu ial roles, performed	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	onial role,
Was f Ye The i	the distribution to per es ☑ No ☑ If y identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (I on: Agen	ict 2 Last, f	e behest of First) and Title Check th taxable in also prov of fnot inco- ceremoni organizat	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	onial role, dual, or
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No	ict 2 Last, F Cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes	ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Ager Offic Yes No Yes No	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	ual, or Income
Was f Ye The i	the distribution to per es 🖸 No 🗋 If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> (s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prove</li> <li>If not inconceremonic organization</li> <li>To reward a conceremonic organization</li> </ul>	e income box if the a ncome. If the agency ride a description. ome, describe the pri ial roles, performed tion.	ficial? agency offi y official po ublic purpo by an agen	cial claims admis erformed a cerem ose, including ccy official, individ	anial role, dual, or Income Income Income Income
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

IVXV-	MICHELLE DIANDA	Ticket Administrator	10/18/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### **A Public Document**

110	Red Addition Dist	ibutions	,					oounon
1. /	Agency Name					Date Stamp	California	802
(	County of Alameda						Form	
Ī	Division, Department, or Reg	ion (if applica	ble)				For Officia	l Use Only
I	Board of Supervisors							
3	Street Address							
	1221 Oak Street, Suite 536							
Ī	Designated Agency Contact	(Name, Title)	- 10 ANNO100				lust provide explanation i	in Part 3.)
(	Crystal Hishida Graff, Clerk	, Board of S	Supervisors					
7	Area Code/Phone Number	E-mail				Date of Original Fil	i <b>ng:</b> (month, day, ye	ear)
(	(510) 272-3882	crystal.his	shida@acgov.o	org				,
2. F	unction, Event, or Cer	emonial R	ole Informat	ion				**************************************
							фо <i>г</i>	
	Fitle			<u></u>	Fac	e Value of Each Adı	mission \$	
_	A's vs Red Sc	NV.			_	e(s) <u>9 / 2 / 1</u>	2 .	
	Description <u>A's vs. Red Sc</u>	<u></u>			Dat	e(s)//	/	/
						akland Athletics		
	Γicket(s)/Admission(s) pro	ovided by a	igency? Yes	🛛 No	🖸 lf no: 🗠	Nan	ne of Source	
١	Nas the distribution to pe	rsons iden	tified below n	nade at	the behest	of an agency offici	al?	
	Yes 🗹 No 🔲 Ify	es: <u>Supervis</u>	sor Wilma Chan	NI	-1 [incl) 17			
			Official s	Name (La	st, First) and 7	<i>nie</i> .		
٦	The identity of recipient	t(s) and th	e explanatio	on:				
-	Name					k the income box if the age	•	
	(Last, First) or		Number of	Agenc Officia	iy alaa	le income. If the agency of provide a description.	ficial performed a cerer	nonial role,
	Organization		Admission(s)/ Ticket(s)	Unicia	<ul> <li>If not</li> </ul>	income, describe the publi		
_	(Name, Address, Descri	ption)				nonial roles, performed by a nization.	in agency official, indiv	idual, or
				Yes [		note attendance at a		Income
-	Falcon, Ernesto		2	No [	☑ County	facility in order to ma	iximize potential	
				Yes [	☐ Countv	revenue from sales.		Income
				No [	ן ב			
-				Yes [				Income
				No [				
-				Yes [				Income
				No [	ב			
-				Yes [	]			Income
				No [				
processories and					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.

m	Alexandra Boskovich	Ticket Administrator	06/25/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### A Public Document

		induona	,				~ ~		vamont
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ble)					For Official	Use Only
	Board of Supervisors						·		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Must pro	vide explanation ir	Part 31
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					,	,
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month_day_yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(111011111, 003), 900	.,,
2.	Function, Event, or Cere		and a second						
	Title					Face \	/alue of Each Admissi	on \$ <u>\$75/</u> \$1	7-park
		<i>(</i> <b>)</b>					8 2 12		
	Description <u>A's vs. Blue Jay</u>	/5				Date(s	<b>a)</b> <u>8</u> <u>2</u> <u>12</u>	/	/
						Oald			
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗸	If no: Oaki	Name of S	Source	
	Was the distribution to per	sons iden	tified below n	nade	at the	e behest of	an agency official?		
	Yes 🔽 No 🔲 If ye	es: Supervis	sor Wilma Chan	Nama	Loot	First) and Title			
				-	Lasi, r				
	The identity of recipient	(s) and th	e explanatio	n:					
	Name						e income box if the agency offi		
	(Last, First) or		Number of	Age Offi			ncome. If the agency official pe vide a description.	erformed a cerem	ionial role,
	Organization		Admission(s)/ Ticket(s)	UIII	Ciai		ome, describe the public purpo ial roles, performed by an agen		dual av
	(Name, Address, Descrip	tion)				organiza			
				Yes			e attendance at an eve		Income
	Marino, Pat		4+1 parking	No	$\checkmark$	County fac	cility in order to maximiz	e potential	
				Yes		County rev	venue from sales.		Income
			pass	No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
		200230000100000000000000000000000000000		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.

$\mathcal{P}$	Alexandra Boskovich	Ticket Administrator	06/25/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and T

۲i	cket/Admission Distribu	tions								ocumer
	Agency Name					Date	e Stamp		Californi Form	a QNS
	County of Alameda									
	Division, Department, or Region (#	applicable)	-						For Offici	al Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name	, Title)				Ameno	dment (M	lust provi	ide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk, Boa	· · · · · · · · · · · · · · · · · · ·					lational Cit	•		
	Area Code/Phone Number E-m					Date of Or	iginai Fil	ing:	(month, day, y	'ear)
01/00		stal.hishida@acgov.c			2703-00-00-00-00-00-00-00-00-00-00-00-00-0					
•	Function, Event, or Ceremo	nial Role Informat	ion							
	Title				Face V	alue of Ea	ach Adı	missio	on \$ _\$75/3	617-park
				_						
	Description A's vs. Angels				Date(s)	87	<u>1</u>	2	/_	/
	Ticket(s)/Admission(s) provide	s identified below n	nade a	at the	e behest of		Ivan	ne of So ial?	ource	
	Was the distribution to person	<b>s identified below m</b> Supervisor Wilma Chan Official's I	nade a Name (l	at the	e behest of		Ivan		ource	
	Was the distribution to person Yes ☑ No □ If yes: _	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s)	nade a Name (l	at the Last, F	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni	an agenc income box come. If the de a descript me, describe al roles, perfo	if the age agency of tion.	ial? ncy offic fficial per c purpos	ial claims adr formed a cere	emonial role,
	Was the distribution to persons Yes ☑ No □ If yes: The identity of recipient(s) a Name (Last, First) or Organization	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s)	nade a Vame (l on: Age Offic Yes	at the Last, F ncy cial	e behest of First) and Title • Check the taxable in also provi • If not inco	income box come. If the de a descript me, describe al roles, perfo on.	If the age agency of tion. the public prmed by a	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	emonial role, vidual, or
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s)	nade a Name (l on: Age Offici	at the Last, f	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	nade a Vame (l on: Age Offic Yes No Yes	at the Last, F ncy Ccial	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote County fac	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income Income
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (l on: Age Offic Yes No Yes No	at the Last, f	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote County fac	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income Income
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	nade a Name (l on: Age Offic Yes No Yes No Yes	at the Last, F	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote County fac	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income Income Income
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	Name (I Vame (I on: Age Offic Yes No Yes No Yes No	at the	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote County fac	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income Income Income
	Was the distribution to persons Yes I No I If yes: <u>-</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below m Supervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 20+4 parking	nade a Vame (l on: Age Offi Yes No Yes No Yes	at the Last, f	e behest of First) and Title • Check the taxable in also prov • If not inco ceremoni organizat To promote County fac	income box come. If the de a descript me, describe al roles, perfo on. e attendan lity in orde	if the ager agency of tion. the public ormed by a nce at an er to ma	ncy offic fficial per c purpos an agenc n even	ial claims adr formed a cero se, including sy official, ind theld at a	vidual, or Income Income Income Income

## 3.

is in accordance with the provisions.

	Alexandra Boskovich	Ticket Administrator	06/22/2012
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

### **A Public Document**

Agency Name						Date Stamp	California	000
County of Alameda						4	Form	002
Division, Department, or Regio	on (if applica	ble)					For Officia	I Use Only
Board of Supervisors								
Street Address						1		
1221 Oak Street, Suite 536								
Designated Agency Contact (A	Vame, Title)					Amendment (Must pro	vide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors								
	E-mail					Date of Original Filing:	(month, day, ye	ar)
(510) 272-3882	crystal.his	shida@acgov.o	org					
Function, Event, or Cere	monial R	ole Informat	tion	1				
			5				• • ¢/1 0	5
Title				-	Face	Value of Each Admiss	sion \$ $_{\phi 41.3}$	
Description Sesame Street	Live			_	Date(	s) <u>6 / 22 / 12</u>	/	/
					<u>(96. %</u>			
Ticket(s)/Admission(s) prov	vided by a	agency? Yes		0 🗹	lf no: <u>Gol</u>	den State Warriors	Source	
Name of Source								
Was the distribution to per-								
	əs: <u>Supervi</u>	sor Wilma Chan Official's i	Name (l					
Yes ☑ No □ If ye The identity of recipient( Name	əs: <u>Supervi</u>	sor Wilma Chan Official's i	Name (l		irst) and Title	e he income box if the agency of		
Yes ☑ No □ If ye The identity of recipient( Name (Last, First)	əs: <u>Supervi</u>	sor Wilma Chan Official's e explanatic Number of	Name (l on: Agen	Last, F	irst) and Title • Check ti taxable	2		
Yes ☑ No □ If ye The identity of recipient( Name	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ne explanatic	Name (L	Last, F	<ul> <li>First) and Title</li> <li>Check ti taxable also pro</li> <li>If not inc</li> </ul>	he income box if the agency of income. If the agency official p ovide a description. come, describe the public purp nial roles, performed by an age	performed a cerer	monial role,
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ne explanatic Number of Admission(s)/	Name (l on: Agen	Last, F ncy cial	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	monial role,
Yes ☑ No ☐ If ye The identity of recipient( Name (Last, First) or Organization	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ne explanatic Number of Admission(s)/	Name (L on: Agei Offic	Last, F ncy cial	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p ovide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	monial role, vidual, or
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Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes No	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	monial role, vidual, or Income
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	monial role, vidual, or Income Income Income
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	vidual, or Income
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No Yes	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	monial role, vidual, or Income Income Income
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	vidual, or Income Income Income Income
Yes I No I If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	es: <u>Supervi</u> s) and th	sor Wilma Chan Official's ae explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No Yes	Last, F	<ul> <li>Check ti taxable also pro</li> <li>If not inc ceremon organiza</li> <li>To reward</li> </ul>	he income box if the agency of income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an age ation.	performed a cerer pose, including ency official, indiv er for her	vidual, or Income Income Income Income Income

## 3

is in accordance with the provisions,

	Alexandra Boskovich	Ticket Administrator	6/21/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## **A Public Document**

	onour termooron brou	noencome						
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	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 prov	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month day yes	r.l
	(510) 272-3882	crystal.his	shida@acgov.o	org			(month, day, yea	.,
2.	Function, Event, or Cere	And a local design of the	And in case of the local division of the loc	CONTRACTOR OF CONT				
							075104	-
	Title				Face \	/alue of Each Admissi	on \$ <u>\$75/\$1</u>	7-park
	A's vs. Orioles					;) <u>9,16,12</u>	2	
	Description A's vs. Orioles				Date(s	s) <u> </u>	/	
						and Athletics		
	Ticket(s)/Admission(s) pro	Name of Source						
	Was the distribution to per	rsons iden	tified below n	nade at th	e behest of	an agency official?		
		Supervis	sor Wilma Chan					
	Yes 🗹 No 🔲 Ify	es:	sor Wilma Chan Official's	Name (Last I	First) and Title			
					ney and this			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name					e income box if the agency offi ncome. If the agency official pe		
	(Last, First) or		Number of Admission(s)/	Agency Official		vide a description.		onia role,
	Organization		Ticket(s)	omola		ome, describe the public purpo ial roles, performed by an agen		dual or
	(Name, Address, Descrip	otion)			organiza	tion.	and second and the second	
				Yes 🗖		e attendance at an ever		Income
	Oddie, Jim		8+1 parking	No 🗹	County lac	cility in order to maximiz	e potential	
				Yes 🗖	County re-	venue from sales.		Income
			pass	No 🗖				
				Yes 🗖				Income
	¥			No 🗖				
				Yes 🗖				Income
	x			No 🗖				
				Yes 🗖				Income
				No 🗖				

#### 3. Verification

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

m	Alexandra Boskovich	Ticket Administrator	6/19/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

### A Public Document

1.	Agency Name						Date Stamp		California	000
	County of Alameda								Form	<b>6</b> 02
	Division, Department, or Regio	on (if applicab	le)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (A	lame, Title)			_		Amendment (M		le evolution in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of Su	pervisors							
	Area Code/Phone Number	E-mail					Date of Original Fili	ing:	(month. day, yea	ar)
	(510) 272-3882	crystal.hish	nida@acgov.o	org				,		
2.	Function, Event, or Cere	monial Ro	le Informat	ion						
									¢00.50	6
	Title				-	Face \	/alue of Each Adr	nissio	n \$ <u>\$92.50</u>	
	Description New Edition cor	ncert			-	Date(s	<b>6</b> <u>23</u> <u>1</u>	2	/	/
					-	Gold	len State Warriors			
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons identi es: <u>Supervisc</u> s) and the tion)	ified below n or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name (La on: Agen Offici	t the ast, F icy ial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide the second seco</li></ul>	f an agency offici ne income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a	ncy officia ficial perf c purpose n agency ר פעפחל	al claims admis formed a cerem e, including y official, individ	onial role, dual, or Income
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# 3.

is in accordance with the provisions.

0 -	Alexandra Boskovich	Ticket Administrator	6/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## Public Docume

110	;ket/Admission Distr								
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ible)					For Official	Use Only
	Board of Supervisors								
3	Street Address				-				
	1221 Oak Street, Suite 536								
9	Designated Agency Contact (	Name, Title)					Amendment (Mus	t provide explanation in	Part 3 )
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					r provide explanation in	ren 5.)
1.1		E-mail			_		Date of Original Filing	g:(month_day_vea	ar)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(month), day, yet	
2.	Function, Event, or Cere								
								¢or	
	Title				1		alue of Each Adm		
	Description <u>A's vs. Padres</u>					Date(s	) 17 12	/	/
						•			
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes	□ No		If no: Oakl	and Athletics		
	· · · · · · · · · · · · · · · · · · ·				-		Name	of Source	
							Namo	01 000100	
	Was the distribution to per	rsons iden	tified below n		t the	behest of			
	Was the distribution to per	rsons iden	<b>tified below n</b> sor Wilma Chan	nade at		behest of			
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Thave read and understand FPPC Regulations 18944.1 and 18942. Thave verified that the distribution of admissions, set forth above is in accordance with the provisions.

Ch	Alexandra Boskovich	Ticket Administrator	06/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## A Public Document

10										
	Agency Name						Date Stamp		California	802
	County of Alameda								Form	
Ĵ	Division, Department, or Regi	on (if applica	ible)						For Official	Use Only
	Board of Supervisors									
1	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	Name, Title)					Amendment (M	ust provi	de explanation ir	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					2	76	
1	Area Code/Phone Number	E-mail					Date of Original Fili	ng:	(month, day, yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org					A 5.0	
	Function, Event, or Cere	monial R	ole Informat	tion						
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	Title				-	Face V	/alue of Each Adn	nissio	n \$ <u>\$35</u>	
ſ	Description <u>A's vs. Mariners</u>	S			-	Date(s	) <u>7 / 8 / 1</u> 2	2	/	/
						Oakl	and Athletics			
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		17	If no: Oak	and Athenes			
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# 3.

C Regulations is in accordance with the provisions.

1 pm	Alexandra Boskovich	Ticket Administrator	6/8/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## A Public Document

110	ket/Admission Distri						
1.	Agency Name				Date Stamp	California Form	802
	County of Alameda						and the second se
	Division, Department, or Regio	n (if applicable)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Na	ame, Title)			Amendment (Must pr	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, B						
	Area Code/Phone Number E	E-mail			Date of Original Filing: .	(month, day, yea	ir)
_		crystal.hishida@acgov.o					
	Function, Event, or Ceren	nonial Role Informat	tion				
	Title			Eaco V	alue of Each Admiss	sion \$ \$50.80	
	Inde						
	Description 106 KMEL Sumr	ner Jam concert		Date(s	) <u>6 / 10 / 12</u>	/	
	/						
	Ticket(s)/Admission(s) prov	ided by agency? Yes	🗆 No 🖂	If no: Gold	en State Warriors		
					Name of	Course	
	Was the distribution to pers	ons identified below n			Name of	Source	
	Was the distribution to pers	ons identified below n s: Supervisor Wilma Chan Official's I	nade at the Name (Last, F		Name of	300168	
	Was the distribution to pers Yes ☑ No □ If yes	ons identified below n s: Supervisor Wilma Chan Official's I	nade at the Name (Last, F	e behest of First) and Title	an agency official?	ficial claims admis	
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is in accordance with the provisions.

w p	Alexandra Boskovich	Ticket Administrator	6/8/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and Ţ

⁻icket/Adm	lission Disti	indutions	>								A			ocumer
. Agency Na	ame								Date S	tamp		Ca	iforni	<sup>a</sup> 802
County of A	lameda													
Division, De	partment, or Reg	ion (if applica	ble)									F	or Offici	al Use Only
Board of Su	pervisors													
Street Addre	ess		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		ACCOUNT ON AUTO-									
1221 Oak S	Street, Suite 536													
	Agency Contact	(Name, Title)							nondm	ent (M	lust prov	uide ev	alanation	in Part 3.)
Crvstal Hisł	nida Graff, Clerk	, Board of S	Supervisors					_						
-	hone Number							Date o	of Origi	inal Fil	ing:	(mon	th, day, y	ear)
(510) 272-3	882	crystal.his	shida@acgov.o	org								(mon	.,, uuj, j	ui)
	Event, or Cer											******		
						_							¢75 '	05
Title					<b>-</b> '	Fa	ace V	alue o	of Eac	h Ad	nissi	on \$	<u>φησ.</u>	
Description	LMFAO conce	rt				D	ate(s)	)	8		2		/_	/
Ticket(s)/A	dmission(s) pro	ovided by a	igency? Yes		o ☑	If no:	Golde	en State	e Warr	iors				
Was the di	dmission(s) pro	rsons iden	tified below n	nade a	it the	behe	st of	an ag		Nar	ne of S al?	ource		
Was the dis Yes <i>⊡</i>	stribution to pe No □ If y	<b>rsons iden</b> ves: <u>Supervis</u>	<b>tified below n</b> sor Wilma Chan <i>Official's i</i>	n <b>ade a</b> Name (L	it the	behe	st of	an ag		Nar		ource		
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#### **Ticket Administrator** 6/72012 Alexandra Boskovich Title Signature of Agency Head or Designee Print Name (month, day, year)

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1. Agency Name					Date Stamp	California	202
County of Alameda						Form	
Division, Department, or Region (if appli	Division, Department, or Region (if applicable)						Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must p	rovide explanation in	Part 3)
Anna Gee, Operations Manager					kanad Filler Control (1990) p		un oly
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	r)
510-891-5585 anna.ge	e@acgov.org					, , ,,,,	,
2. Function, Event, or Ceremonial	Role Informa	tion					
Adeleties and Oiserts							
Title <u>Athletics vs. Giants</u>			-	Face V	alue of Each Admis	sion \$ <u>38.00</u>	
Baseball Game				<b>-</b>	) 06 23 12		
Description Baseball Game	*****		D40	Date(s	)	//	/
Ticket(s)/Admission(s) provided by	agency? Yes		o 🖸	If no: Oakla	and Athletics Name of	0	
					Name of	Source	
Was the distribution to persons ide	ntified below r	mada a	4 4h	a habaat of	an agonou official?		
was the distribution to persons ide	Intilled below I	naue a		e nenest of	an agency official?		
Yes 🔲 No 🗹 If yes: Miley,	Nate - Alameda C	County S	Super	visor			
	Official's	Name (L	.a <b>s</b> t, I	First) and Title			
The identity of recipient(s) and t	he explanatio	on:					
Name		123.36		Check the	e income box if the agency o	fficial claims admis	sion as
(Last, First)	Number of	Ager	•		come. If the agency official ide a description.	performed a ceremo	onial role,
or Organization	Admission(s)/ Ticket(s)	Offic	ial	<ul> <li>If not inco</li> </ul>	ome, describe the public pur		
(Name, Address, Description)				ceremoni organizat	al roles, performed by an ag ion.	ency official, individ	ual, or
United Seniors of Oakland & Alameda	·····	Yes	П	To promote atten	idance for an event held at a Co	• •	Income
County	2	No	$\Box$	maximize potenti	al County revenue from parking	and concession sales.	
7200 Bancroft Ave, Ste 251-Oakland, CA 94605		Yes					Income
7200 Bancion Ave, Sie 201-Oanianu, CA 94000		No					
		Yes	п			16 C II. I	Income
		1					
		Yes					Income
~		Yes		<u> </u>		de a de cale ana de la cale de cale de de cale de de de de la cale	Income
		No					
2 No. 115	a management and an				and a first state of the second		lecel .
3. Verification I have read and understand FPPC Regula	ntions 18944 1 an	d 1894:	2 I h	ave verified ti	hat the distribution of ac	Imissions, set for	th above.
is in accordance with the provisions.							
$\sim \sim \sim \sim 1 (N)$							

: ABAS.	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Pub	lic	Document
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1. Agency Name				Date Stamp	California	202
County of Alameda					Form	
Division, Department, or Region (if	applicable)				For Official U	se Only
Board of Supervisors						
Street Address	na n					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)			Amendment (Must pro		7-401
Anna Gee, Operations Manager					ovide explanation in F	Рап 3.)
Area Code/Phone Number E-ma	il			Date of Original Filing:	(month day your	
510-891-5585 ann	a.gee@acgov.org				(monin, day, year,	'
2. Function, Event, or Ceremon		tion				
		aon				
Title Athletics vs. Giants			Face \	/alue of Each Admiss	ion \$	
				00 04 40		
Description Baseball Game			Date(s	) <u>06</u> <u>24</u> <u>12</u>	/	/
Ticket(s)/Admission(s) provided	I by agency? Yes	🗆 No 🖸	If no: Oakl	and Athletics Name of S		
				Name of S	Source	
Was the distribution to persons	identified below r	nado at th	a habart of	an agoney official?		
Mas the distribution to persons	Identified below I	naue at th	e penest of	an agency official?		
Yes 🔲 No 🗹 If yes: 💆	iley, Nate - Alameda C Official's	County Super	visor			
	Official's	Name (Last, i	First) and Title			
The identity of recipient(s) ar	nd the explanation	on:				
Name	Realization of the second s	lih selere orgån	Check th	e income box if the agency off	icial claims admiss	ion as
(Last, First)	Number of	Agency	taxable ir	ncome. If the agency official p		
or Organization	Admission(s)/	Official	내 이 것 안 생각적이 있	ide a description. ome, describe the public purp	ose including	
(Name, Address, Description)	Ticket(s)		ceremon organizat	al roles, performed by an age ion.	ncy official, individu	ial, or
Miley, Christopher		Yes 🔽	1 '	idance for an event held at a Cour al County revenue from parking a		Income
	1	No 🗖	maximize potent	al County revenue nom parking a	IU CONCESSION Sales.	
Stewart, Darryl		Yes 🗹	To promote at	tendance for an event held at	a County facility in	Income
	1	No 🗖		nize potential County revenue		
Gee, Anna		Yes 🗹		tendance for an event held at a	E	Income
	1	No 🗖		nize potential County revenue		
		Yes 🗹		tendance for an event held at		Income
Ng, Eileen	1	No 🗖	1 1	nize potential County revenue		
		Yes 🔽	1			~
Miley, Nate	1	No 🗖	1 '	tendance for an event held at a		Income
Na dama manina wanana manazina na pangana da kana manazina na kana manazina manazina manazina manazina manazin			Lorder to maxin	nize potential County revenue	nom parking and p	

## 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.

Stall's	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1. Agency Name				Date Stamp	)	California	009
County of Alameda						Form	00/4
Division, Department, or Region (if ap	oplicable)					For Official U	se Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Ti	tle)			<b>D</b> Amerikansat	/ <b>h f</b>	land and the second	2
Anna Gee, Operations Manager				Amendment	(wust pro	vide explanation in F	чап 3.)
Area Code/Phone Number E-mail				Date of Original I	iling:	(month, day, year)	
510-891-5585 anna.	gee@acgov.org					(month, day, year)	
2. Function, Event, or Ceremonia	CONTRACTOR AND A CONTRACTOR ADDRESS OF THE OWNER ADDRESS OF THE OWNER ADDRESS OF THE OWNER ADDRESS OF THE OWNER	tion	nan pilon <b>, e</b> ta filméra b				
Title Athletics vs. Giants			-	Face Value of Each A	dmissi	ion \$ _75.00	
- Baseball Gamo				Date(s)////////	12		
Description Baseball Game		,	-	Date(s)/////////		//	/
				Ookland Athletics			
Ticket(s)/Admission(s) provided	by agency? Yes	🗋 No		f no: <u>Cakiand Attieucs</u>	ame of S	Source	
Was the distribution to persons i	dentified below r	nade af	t the	behest of an agency offi	cial?		
				······································			
Yes 🔲 No 🗹 If yes: Mile	ey, Nate - Alameda C Official's	County Su	upervi	SOF			
	Official's	Name (La	ast, Fir	st) and Title			
The identity of recipient(s) and	d the explanation	on:					
Name		Costa da s		Check the income box if the age	jency offi	cial claims admiss	ion as
(Last, First)	Number of	Agen		taxable income. If the agency also provide a description.	official pe	erformed a ceremo	nial role,
or Organization	Admission(s)/ Ticket(s)	Offici	al	<ul> <li>If not income, describe the pul</li> </ul>	olic purpo	ose, including	
(Name, Address, Description)	TICKEL(S)			ceremonial roles, performed b organization.	y an agen	ncy official, individu	ual, or
Dunlap, Kamika	nister ann i stàith duct na chiùin aird à thian chud	Yes	IVI I	p promote attendance for an event held			Income
	1	No	m	aximize potential County revenue from	parking an	d concession sales.	
Eitzaarold Amu		Yes					Income
Fitzgerald, Amy	1			To promote attendance for an even order to maximize potential County			
		Yes				E.	Income
Rodrigues, Angelina	1	1		o promote attendance for an even			
		Yes	<del>n Ì</del>	order to maximize potential County			-
Hickey, Neal	1			To promote attendance for an even		• •	Income
		·		order to maximize potential County			
Gee, Terrence	1	Yes		o promote attendance for an even		• •	Income
		No		order to maximize potential County	revenue f	from parking and 📕	
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.A.	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Put	olic	Docur	nent
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Agency Name				Date Stamp		California	ON
County of Alameda						Form	$\mathbf{OU}$
Division, Department, or Region (if appl	licable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title	;)			<b>[</b> ] A		······································	
Anna Gee, Operations Manager				Amendment (M	ust provid	e explanation in	Part 3.)
Area Code/Phone Number E-mail		······		Date of Original Fili	ing:	month, day, yea	-1
510-891-5585 anna.ge	ee@acgov.org				()	топат, аау, уег	"
Function, Event, or Ceremonial	the second se	tion					
Title <u>Athletics vs. Giants</u>	· · · · · · · · · · · · · · · · · · ·		Face V	alue of Each Adn	nissior	<b>ו \$</b> <u>75.00</u>	
				06 24 1	<b>っ</b>		
Description Baseball Game			Date(s)	06 _ 24 _ 12		J	/
Ticket(s)/Admission(s) provided by	y agency? Yes	🔲 No 🖸	If no: Oakia	Nam	ne of Sou	100	
Was the distribution to persons ide				an agency officia	al?		
-	, Nate - Alameda C Official's i	County Super Name (Last, I		an agency officia	al?		
Yes No If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization	, Nate - Alameda C Official's i	County Super Name (Last, I	rvisor First) and Title • Check the taxable ind also provi • If not inco	income box if the agen come. If the agency offi de a description. me, describe the public	ncy officia icial perfo purpose	ormed a cerem , including	onial role,
Yes I No ☑ If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or	, Nate - Alameda C Official's the explanatic Number of Admission(s)/	County Super Name (Last, ) D <b>n:</b>	First) and Title  Check the taxable im also provi If not inco ceremonia organizati	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by an on.	ncy officia icial perfo purpose n agency	ormed a cerem , including official, individ	onial role,
Yes No If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s)	County Super Name (Last, ) D <b>n:</b>	First) and Title • Check the taxable im also provi • If not inco ceremonia organizati To promote attend	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by a on. dance for an event held at a	icy officia Icial perfo : purpose n agency a County fa	ormed a cerem , including official, individ acility in order to	onial role,
Yes I No If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	, Nate - Alameda C Official's the explanatic Number of Admission(s)/	County Super Name (Last, / On: Agency Official	First) and Title • Check the taxable im also provi • If not inco ceremonia organizati To promote attend	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by an on.	icy officia Icial perfo : purpose n agency a County fa	ormed a cerem , including official, individ acility in order to	onial role, lual, or
Yes I No If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s) 2	County Super Name (Last, ) On: Agency Official Yes No Yes Yes	First) and Title  Check the taxable ine also provi If not inco ceremonia organizati To promote attence maximize potentia	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by a on. dance for an event held at a	ncy officia icial perfo n agency a County fa king and co	ormed a cerem , including official, individ acility in order to oncession sales.	ual, or Incom
Yes No If yes: <u>Miley</u> The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Sanftner, Paul	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s)	County Super Name (Last, ) On: Agency Official Yes 🗖 No 🗹	Prist) and Title  Check the taxable ine also provi If not inco ceremonia organizati To promote attent To promote attent To promote attent	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by al on. dance for an event held at a al County revenue from par	ncy official icial perfo purpose n agency a County fa king and co eld at a Co	ormed a cerem , including official, individ acility in order to oncession sales. 	Incom Incom Incom
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Yes No If yes: Miley. The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Sanftner, Paul Ramirez, Coco	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s) 2	County Super Name (Last, ) On: Agency Official Yes No Yes No Yes No	Prist) and Title  Check the taxable in also provi  If not inco ceremonia organizati To promote attend maximize potentia  To promote attend To promote attend To promote attend	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by al on. dance for an event held at a al County revenue from par endance for an event he ize potential County rev endance for an event he	ncy official icial perfo purpose n agency a County fa king and co king and co eld at a Co renue from	ormed a cerem , including official, individ acility in order to oncession sales. ounty facility in n parking and ounty facility in	Incom Incom Incom
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Yes No If yes: Miley. The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Sanftner, Paul Ramirez, Coco	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s) 2	County Super Name (Last, ) On: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Z	Prist) and Title  Check the taxable in also provi  If not inco ceremonia organizati To promote attend maximize potentia  To promote attend To promote attend To promote attend	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by al on. dance for an event held at a al County revenue from par endance for an event he ize potential County rev endance for an event he	ncy official icial perfo purpose n agency a County fa king and co king and co eld at a Co renue from	ormed a cerem , including official, individ acility in order to oncession sales. ounty facility in n parking and ounty facility in	Incom Incom Incom Incom
Yes No If yes: Miley. The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Sanftner, Paul Ramirez, Coco	, Nate - Alameda C Official's the explanatic Number of Admission(s)/ Ticket(s) 2	County Super Name (Last, ) On: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	Prist) and Title  Check the taxable in also provi  If not inco ceremonia organizati To promote attend maximize potentia  To promote attend To promote attend To promote attend	income box if the agen come. If the agency offi de a description. me, describe the public al roles, performed by al on. dance for an event held at a al County revenue from par endance for an event he ize potential County rev endance for an event he	ncy official icial perfo purpose n agency a County fa king and co king and co eld at a Co renue from	ormed a cerem , including official, individ acility in order to oncession sales. ounty facility in n parking and ounty facility in	Income Income Income Income Income
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, MANC	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)

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	Board of Supervisors Street Address				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-			
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	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·							
						Amendment	(Must prov	vide explanation in l	Part 3.)
	Anna Gee, Operations Manager Area Code/Phone Number   E-mail					Date of Original F	Filina:		
		Concert ora						(month, day, year,	)
2	Function, Event, or Ceremonial R	@acgov.org	tion					inite installational of the literature of the second sec	
۷.	runction, Event, or ceremonial R		uon						
	Title Athletics vs. Red Sox			_	Face V	/alue of Each A	dmissi	on \$ _75.00	
	Description Baseball Game				Date(s	s) <u>07</u> <u>02</u>	12	/	/
	Ticket(s)/Admission(s) provided by a					N	ame of S	ource	
	Was the distribution to persons iden Yes ☐ No ☑ If yes: <sup></sup> Miley, N	<b>tified below r</b> late - Alameda C Official's	nade a County S Name (L	t the	e behest of	™ f an agency offi		ource	
	Was the distribution to persons iden	<b>tified below r</b> late - Alameda C Official's	nade a County S Name (L	uper ast, F	<ul> <li>behest of visor</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inccceremonia</li> </ul>	A an agency office the income box if the agency vide a description. orme, description. orme, descripte the put ial roles, performed by	cial? gency offic official pe blic purpo	cial claims admiss rformed a ceremo se, including	nial role,
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	Was the distribution to persons iden Yes □ No ☑ If yes: <u>Miley, N</u> The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	tified below r late - Alameda C Official's e explanatic Number of Admission(s)/	nade a County S Name (L On: Agen Offic	upen ast, F	<ul> <li>behest of visor</li> <li>irst) and Title</li> <li>Check this taxable in also provide also provide also organization</li> </ul>	An agency offine the income box if the agency ride a description. ome, describe the put ial roles, performed by tion.	cial? gency offic official pe blic purpo y an agen at a Count	cial claims admiss rformed a ceremo se, including cy official, individi y facility in order to	nial role, ual, or
	Was the distribution to persons iden Yes □ No ☑ If yes: Miley, N The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) Deputy Sheriff's Activities League	tified below r late - Alameda C Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a County S Name (L On: Agen Offic	t the upen ast, F cy ial	<ul> <li>behest of visor</li> <li>irst) and Title</li> <li>Check this taxable in also provide also provide also organization</li> </ul>	A agency offine the income box if the agency ride a description. ome, describe the put ial roles, performed by tion. ndance for an event held	cial? gency offic official pe blic purpo y an agen at a Count	cial claims admiss rformed a ceremo se, including cy official, individi y facility in order to	nial role, Jal, or Income
	Was the distribution to persons iden Yes □ No ☑ If yes: <u>Miley, N</u> The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	tified below r late - Alameda C Official's re explanatic Number of Admission(s)/ Ticket(s)	nade a County S Name (L On: Agen Offic Yes No	t the upen ast, F	<ul> <li>behest of visor</li> <li>irst) and Title</li> <li>Check this taxable in also provide also provide also organization</li> </ul>	A agency offine the income box if the agency ride a description. ome, describe the put ial roles, performed by tion. ndance for an event held	cial? gency offic official pe blic purpo y an agen at a Count	cial claims admiss rformed a ceremo se, including cy official, individi y facility in order to	nial role, Jal, or Income
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AMA	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

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	ounty of Alameda					Form	00/2
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	oard of Supervisors						
St	reet Address				7		
	221 Oak Street, Suite 536						
De	esignated Agency Contact (Name,	Title)			Amendment (Mu	st provide explanation in	Part 3)
	nna Gee, Operations Manager						
Ār	ea Code/Phone Number E-ma	il			Date of Original Filir	g:(month, day, year	r)
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Dut 12	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1. Agency Name				Date Stamp	California	000
County of Alameda					Form	$\mathbf{OUZ}$
Division, Department, or Region (if appli	icable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)	)			Amendment (Mus		Dart 21
Anna Gee, Operations Manager					a provide explanation in	Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing	g:(month, day, yea	<u>r)</u>
510-891-5585 anna.ge	e@acgov.org				(1101111, 24), you	·/
2. Function, Event, or Ceremonial	Role Informa	tion	na seconda de la companya de la comp			
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· AAA	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### **A Public Document**

Agency Name County of Alameda				Data Ctamp	
•				Date Stamp	California Form 802
Division, Department, or Region (iii	f annlicable)				For Official Use Only
	applicable)				
Board of Supervisors Street Address		<u></u>			
1221 Oak Street, Suite 536	T <sup>1</sup> (1 - )				
Designated Agency Contact (Name	, Htte)			Amendment (M	ust provide explanation in Part 3.)
Anna Gee, Operations Manager					
Area Code/Phone Number E-ma	ail			Date of Original Fili	ng:(month, day, year)
510-891-5585 ann	na.gee@acgov.org				
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County of Alameda					Fo	ornia rm 80
Division, Department, or Region (if applicab	ole)				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 provide explanation in Part 3.		
Area Code/Phone Number E-mail				Date of Original Filin	1g:	day, year)
510-891-5585 anna.gee@	Dacaov.ora				(monur, )	uay, year
Function, Event, or Ceremonial Ro		ion				
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· NGA	Anna Gee	Operations Manager	06/29/12
Signature of gency Head or Designee	Print Name	Title	(month, day, year)
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Was the distribution to p Yes ☐ No ☑ I The identity of recipie Name (Last, First) or Organization (Name, Address, Dest	f yes: <u>Miley, N</u> nt(s) and th cription)	late - Alameda C Official's ne explanatic Number of Admission(s)/ Ticket(s)	County S Name (L Dn: Ager Offic Yes No Yes No Yes No Yes No	Superv.	<ul> <li>Check th taxable is also provide attern maximize potent</li> <li>To promote attern maximize potent</li> <li>To promote a a order to maximize</li> </ul>	te income ncome. If vide a des iome,	box if the f the agen acription. cribe the performe an event h revenue fr for an ev ntial Cour for an ev	fficial? agency c cy official public pur d by an ag eld at a Co om parking ent held a ily revenu ent held a	officia perfo pency unty fa and c t a Co e fror	al claims ormed a official, acility in or concession ounty fac <u>n parkinc</u> ounty fac	rder to n sales. illity in and illity in	al, 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.

· JAL	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
<b>A A</b>			

A Public Document

Contraction of the						-	
1.	Agency Name					Date Stamp	California 000
	County of Alameda						Form 002
	Division, Department, or Region (if applicable)						For Official Use Only
	Board of Supervisors						
	Street Address	**************************************					
	1221 Oak Street, Suite 536						
	Designated Agency Contact (N	ame, Title)				Amondmont (Must	provide explanation in Part 3.)
	Anna Gee, Operations Manag	ger					novice explanation in Part 3.)
		E-mail				Date of Original Filing:	(month, day, year)
	510-891-5585	anna.gee(	@acgov.org				(monin, day, year)
2.	Function, Event, or Ceren		the second state is not be being an	tion			
							00.00
	Title Athletics vs. Yankees				Face \	/alue of Each Admis	sion \$ <u>38.00</u>
	Baseball Game				<b>-</b>	) 19 12	07 , 20 , 12
	Description Baseball Game				Date(s	)	
	<b></b>		<b>.</b>		– Oakl	and Athletics	
	Ticket(s)/Admission(s) prov	ided by ag	gency? Yes	No 🖸	If no: Out	Name o	f Source
	Was the distribution to pers	ons ident	ified below n	nade at th	ne behest of	an agency official?	
		Miloy Ma	to Alemada O	ountu Ouno	- do on		
	Yes 🔲 No 🗹 Ifyes	S	ate - Alameda C Official's	Name (Last	First) and Title	de seus accordance de contrat	
					r noty and mic		
	The identity of recipient(s	s) and the	e explanatio	on:			
	Name		가 같이 있는 것은 것 일부를 가 같이 같이 것이다.			e income box if the agency official	official claims admission as performed a ceremonial role,
	(Last, First) or		Number of Admission(s)/	Agency Official		ide a description.	
	Organization		Ticket(s)			ome, describe the public pu ial roles, performed by an ag	
	(Name, Address, Descripti	on)			organizat	tion.	
	United Seniors of Oakland & Alar	meda		Yes 🗖	1 .	ndance for an event held at a Co ial County revenue from parking	income
	County - 7200 Bancroft Ave, Ste	. <u>5:16</u> , ~	4	No 🖸			
	Dakland, CA 94605	-		Yes 🗖	To promote at	tendance for an event held a	It a County facility in Income
	Cutlading (A) 1900			No 🖸	1 .	nize potential County revenu	
				Yes 🗖	To promote at	tendance for an event held a	t a County facility in
				No 🖸	order to maxir	nize potential County revenu	e from parking and
				Yes 🗖			Income
				No 🗖			
				Yes 🗖			Income
				No 🗖			
2	Varification						

#### 3. verification

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

Joseph .	Anna Gee	Operations Manager	06/29/12
Signature of Agenty Head or Designee	Print Name	Title	(month, day, year)

-

**A Public Document** 

-								oannonn	
1.	Agency Name				Date S	stamp	California	രഹം	
	County of Alameda						Form	1002	
	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				<b>Amendment</b> (Must provide explanation in Part 3.)			n Part 3.)	
	Area Code/Phone Number E-mail			Date of Original Filing:(month, day, year)					
	510-891-5585 an	na.gee@acgov.org					(month, day, ye	ar)	
2.	Function, Event, or Ceremo	And the second	tion						
	Title Athletics vs. Yankees	·		Face V	Value of Each Admission \$				
					07 21	10	07,2	2 , 12	
	Description Baseball Game			Date(s	)	/	.07 _2	/	
				<b>2</b> 11					
	Ticket(s)/Admission(s) provide	ed by agency? Yes	🗌 No 🖸	If no: Oakla	and Athletics	Name of S	Sourco		
						Nume of	500100		
	Was the distribution to person	s identified below n	nade at th	e behest of	an agency	official?			
					0 1				
	Yes 🔲 No 🗹 If yes:	Miley, Nate - Alameda C Official's i	ounty Super	visor					
		Official's I	ivame (Last, i	rst) and little					
	The identity of recipient(s) a	and the explanatio	on:						
	Name						ficial claims admis		
	(Last, First) or	Number of	Agency	taxable income. If the agency official performed a ceremonial role, also provide a description.					
	Organization	Admission(s)/ Ticket(s)	Official	• If not inco	me, describe th	e public purp			
(Name, Address, Description) ceremonial roles, performe organization.						ied by an age	ncy official, indivi	dual, or	
	United Seniors of Oakland & Alame	da	Yes 🗖				nty facility in order to	Income	
	United Seniors of Oakland & Alame County - 7200 Bancroft Ave, Ste 53	<sup>25</sup> 4	No 🗹	maximize potentia	al County revenue	from parking a	nd concession sales		
		-	Yes 🗖	To promoto ott	andonao far an	overt held at	o County facility in	Income	
	Dakland, CA 941005		No 🗹				a County facility in from parking and		
		1997 in	Yes 🗖				a County facility in	Income	
			No 🗹				from parking and		
			Yes 🗖		nzo potorniur oo	ung revenue	nom parking and	Income	
			No 🗖						
			Yes 🗖					Income	
			No 🗖						
2	Verification								
	I have read and understand FPPC F	Regulations 18944 1 and	d 18942 I h	ave verified th	nat the distrih	ution of adr	nissions set fo	rth above	
	is in accordance with the provisions.		u 10072.111	aro romou (r					
	$\sim \wedge \vee \wedge$								

. And	Anna Gee	Operations Manager	06/29/12
Signature of Agency Head or Degignee	Print Name	Title	(month, day, year)