Ticket/Admission Distribution	S			A Public Do	cumen
1. Agency Name				Date Stamp California Form	902
County of Alameda					
Division, Department, or Region (if applic	able)			For Official	Jse Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Must provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors		_		
Area Code/Phone Number E-mail				Date of Original Filing: (month, day, yea	r)
	shida@acgov.	And in case of the local division of the loc	_		
2. Function, Event, or Ceremonial F	Role Informat	tion			
Title Oakland A's				Face Value of Each Admission \$ _26.00	
Description Baseball Game			_	Date(s) 07 / 04 / 12/	
Ticket(s)/Admission(s) provided by	agency? Yes		o ☑	If no: Oakland A's	
				Name of Source	
Was the distribution to persons ide	ntified below r	nade a	t th	e behest of an agency official?	
and an an a start of the start start and the start start start and the start and the start of the start start s				on and a second finder of a contract. Here and the and the angular that the second second second second second	
Yes 🗹 No 🔲 If yes: Valle, F	Richard- Supervis Official's	or Distri	ict 2		
	Official's	Name (L	.ast, I	-irst) and Title	
The identity of recipient(s) and t	he explanatio	on:			
Name	500 pt 500	101		 Check the income box if the agency official claims admis taxable income. If the agency official performed a cerem 	
(Last, First) or	Number of Admission(s)/	Ager Offic		also provide a description.	oniai role,
Organization (Name, Address, Description)	Ticket(s)	0.111		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individe 	lual. or
(Name, Address, Description)		204-00	_	organization.	
Archuleta, Justin	2	Yes	1000	To promote attendance at an event held at a County	Income
	2			facility in order to maximize potential revenue from sales	
		Yes			Income
		No			
					Income
		No	<u>–</u>		
		Yes No			Income
			1000		
		Yes No			Income
		NO	ш		
3. Verification		-1 400 4			
is in accordance with the provisions.	uons 18944.1 an	u 1894.	2.10	ave verified that the distribution of admissions, set for	ul above,
				-1	215
MI	CHELLE DIANI	DA		Ticket Administrator	5112
Signature of Agency Head or Designee	Print Na	me		Title (mont	h, day, year)

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

A Public D	ocument
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110	cket/Admission Distr									
1.	Agency Name			_			Date Star	np	California Form	902
	County of Alameda								contraction and a	and the second
	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)					Amendmen	t (Must pro	vide explanation i	n Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors							
	Area Code/Phone Number	E-mail					Date of Origina	l Filing:	(month, day, ye	ar)
_	(510) 272-3882	and the second se	shida@acgov.	Contraction of the local division of the loc						
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Oakland A's					Face \	/alue of Each	Admissi	on \$ 26.00	
					_					
	Description Baseball Game)			-	Date(s) <u>07</u> <u>17</u>		/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		0 🗹	lf no: Oakl	and A's	Name of S	0.000	
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗹	lf no: <u>Oakl</u>	and A's	Name of S	ource	
									ource	
	Was the distribution to per	sons iden	tified below r	nade a	at the	e behest of	an agency of		ource	
	Was the distribution to per	sons iden	tified below r	nade a	at the	e behest of	an agency of		ource	
	Was the distribution to per Yes ☑ No 🔲 If ye	r sons iden es: <u>Valle, Ri</u>	tified below r ichard- Supervis <i>Official's</i>	nade a or Distr Name (I	at the	e behest of	an agency of		ource	
	Was the distribution to per	r sons iden es: <u>Valle, Ri</u>	tified below r ichard- Supervis <i>Official's</i>	nade a or Distr Name (I	at the	e behest of	an agency of		ource	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient _{Name}	r sons iden es: <u>Valle, Ri</u>	tified below r ichard- Supervis Official's e explanatic	nade a or Distr Name (I on:	at the ict 2 Last, F	 behest of First) and Title Check th 	an agency of	ficial? agency offi	cial claims admi	
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First)	rsons iden es: <u>Valle, Ri</u> (s) and th	tified below r ichard- Supervis Official's e explanatic	nade a or Distr Name (I on: Agen	at the ict 2 Last, F	 behest of First) and Title Check the taxable in also prov. If not inc ceremon organization 	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion.	agency offi cy official po public purpo by an ager	cial claims admi erformed a ceren ose, including icy official, indiv	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipiente Name (Last, First) or Organization	rsons iden es: <u>Valle, Ri</u> (s) and th	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes	at the ict 2 Last, F	 behest of First) and Title Check the taxable in also proversion or the series of the seri	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed	agency offi cy official po public purpo by an ager	cial claims admi erformed a ceren ose, including icy official, indiv	idual, or Income
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	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipiente (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, Ri</u> (s) and th	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes	ict 2 Last, F ncy cial	 behest of First) and Title Check the taxable in also proversion or the series of the seri	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion.	agency offi cy official po public purpo by an ager	cial claims admi erformed a ceren ose, including icy official, indiv	idual, or Income Income
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MICHELLE DIANDA **Ticket Administrator** Signature of Agency Nead or Designee Print Name Title

	cket/Admission Distr	ibutions	5					A Pub	ne bocum	ent
1.	Agency Name						Date Stamp	Ca	lifornia 80	2
	County of Alameda								S III	2
	Division, Department, or Regi	ion (if applical	ble)					F	For Official Use Only	
	Board of Supervisors			_						
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Mus	st provide exp	planation in Part 3.)	
	Crystal Hishida Graff, Clerk,		upervisors						ne recorden a la cola substance en antale e record 🖝 r	
	Area Code/Phone Number	E-mail					Date of Original Filing	g:	th, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.	org				W.2702077		
2.	Function, Event, or Cere	emonial R	ole Informat	ion						
	Title Oakland A's					Face \	/alue of Each Adm	ission \$	26.00	
	1100				_					
	Description Baseball Game	Э			_	Date(s) <u>07 / 18 / 12</u>		//	
						11-4-19 (A. 1997) 11-4-19 (A. 1997)				
		1.1.1.1.1.1.1.1		200		If no. Oakl	and A's			
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		0 🗹	II 110		1		
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		0 ⊻	II 110	Name	of Source		
							Name			
	Was the distribution to per	rsons ident	tified below n	nade a	at the	e behest of	Name			
	Was the distribution to per	rsons ident	tified below n	nade a	at the	e behest of	Name			
	Was the distribution to per	rsons ident		nade a	at the	e behest of	Name			
	Was the distribution to per	rsons ident es: <u>Valle, Ri</u>	tified below n chard- Supervis Official's	nade a or Distr Name (I	at the	e behest of	Name			
	Was the distribution to per Yes ☑ No ロ If y	rsons ident es: <u>Valle, Ri</u>	tified below n chard- Supervis Official's	nade a or Distr Name (I	at the	e behest of	e income box if the agenc	l? y official cla		
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First)	rsons ident es: <u>Valle, Ri</u>	tified below n chard- Supervis Official's e explanatic Number of	nade a or Distr Name (I on: Agen	at the ict 2 Last, F	e behest of First) and Title • Check th taxable in	e income box if the agency offic	l? y official cla		
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons ident es: <u>Valle, Ri</u> (s) and the	tified below n chard- Supervis Official's e explanatic	nade a or Distr Name (I	at the ict 2 Last, F	 behest of First) and Title Check the taxable in also provise If not inc 	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p	y official cla ial performe purpose, inc	ed a ceremonial role Iuding	· ·
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IND	MICHELLE DIANDA	Ticket Administrator	7/10/12
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)

icket/Admission Distributi	ons					A Public	Documer
Agency Name					Date Stamp	Califor	^{nia} 802
County of Alameda						For	n 002
Division, Department, or Region (if a	pplicable)					For O	ficial Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, T	īitle)				Amendment (Mus	st provide explana	ion in Part 3.)
Crystal Hishida Graff, Clerk, Board						2.5)	
Area Code/Phone Number E-mai					Date of Original Filin	g:(month, da	y, year)
	al.hishida@acgov.o	A REAL PROPERTY AND INCOME.					
Function, Event, or Ceremoni	al Role Informat	tion					
Title Oakland A's			_	Face \	/alue of Each Adm	ission \$ _26	.00
Description Baseball Game			_	Date(s) <u>07 19 12</u>		_!!
				3	S		
Ticket(s)/Admission(s) provided	by agency? Yes		0 🗹	lf no: Oakl	and A's	-10	
Ticket(s)/Admission(s) provided	by agency? Yes		0 🗹	lf no: <u>Oakl</u>	and A's Name	of Source	
					Name		
Was the distribution to persons	identified below n	nade a	it the	behest of	Name		
Was the distribution to persons	identified below n	nade a	it the	behest of	Name		
Was the distribution to persons Yes ☑ No ロ If yes: <u>Va</u>	identified below n Ile, Richard- Supervis Official's i	nade a or Distri Name (L	it the	behest of	Name		
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Was the distribution to persons Yes ☑ No □ If yes: <u>Va</u> The identity of recipient(s) an _{Name}	identified below n Ile, Richard- Supervis Official's	nade a or Distri Name (L on:	ict 2 .ast, F	e behest of	Name an agency officia	I? y official claims a	
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Was the distribution to persons Yes ☑ No □ If yes: Va The identity of recipient(s) an Name (Last, First) or Organization	identified below n Ile, Richard- Supervis Official's Ind the explanation Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L on: Ager	at the ict 2 .ast, F	 behest of iirst) and Title Check the taxable in also provement If not inc ceremon organization To reward a final second second	e income box if the agenc recome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	I? y official claims a cial performed a c purpose, includin agency official, i	eremonial role, g ndividual, or
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Was the distribution to persons Yes ☑ No □ If yes: Va The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n Ile, Richard- Supervis Official's Ind the explanation Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L on: Ager Offic Yes No Yes	ict 2 .ast, F ncy cial	 behest of iirst) and Title Check the taxable in also provement If not inc ceremon organization To reward a final second second	e income box if the agenc ncome. If the agency official ride a description. ome, describe the public j ial roles, performed by an tion.	I? y official claims a cial performed a c purpose, includin agency official, i	eremonial role, g ndividual, or 1e Income D Income
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MICHELLE DIANDA Ticket Administrator 710/2 Signature of Agency Head-or Designee Print Name Title (rhonth, day, year)

Agency Report of: **Ceremonial Role Events and** Ti LAND ALA

A Public Docur	ment
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Ticket/Admission Distributi	ons				P	Public Do	
1. Agency Name					Date Stamp	California Form	802
County of Alameda							and the second
Division, Department, or Region (if a	oplicable)					For Official	Use Only
Board of Supervisors		_	_				
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, T	ille)						
					Amendment (Must p	rovide explanation ir	n Part 3.)
Crystal Hishida Graff, Clerk, Board Area Code/Phone Number E-mai					Date of Original Filing:		
(510) 272-3882 crysta	al.hishida@acgov.	ora				(month, day, ye	ar)
2. Function, Event, or Ceremoni	the second se	PARA					
						26.00	
Title Oakland A's	C		-	Face \	/alue of Each Admis	sion \$	
Description Baseball Game				Date/s	<u>, 07 , 20 , 12</u>	1	,
				Date(a	,,		
Ticket(s)/Admission(s) provided	by agency? Yes		0 17	If no: Oakl	and A's		
	, , , ,	—	- N		Name of	Source	
Was the distribution to persons	identified below r	nade a	at th	e behest of	f an agency official?		
					CT (5)		
Yes 🗹 No 🔲 If yes: 🔽	lle, Richard- Supervis Official's	or Distr	ict 2	First) and Title			
			_ast, i	-irst) and Title			
The identity of recipient(s) an	d the explanation	on:					
Name (Last, First)		A			e income box if the agency on ncome. If the agency official		
or	Number of Admission(s)/	Age Offic		also prov	vide a description.		
Organization (Name, Address, Description)	Ticket(s)	1. A A A A A A A A A A A A A A A A A A A		ceremon	ome, describe the public pur ial roles, performed by an ag		dual, or
Cardonas Pafasi		Yes		organiza To reward a	tion. community volunteer for hi	s service to the	Income
Cardenas, Rafael	2	No		public.	· · · · · · · · · · · · · · · · · · ·		
		Yes	-				Income
		No					
		Yes					Income
		No					
		Yes					Income
		No					
		1.156					Income
		No					
3. Verification I have read and understand FPPC Reg	rulations 19044 4	d 1904	211	ovo verified	that the distribution of a	Imioniona act f	th obsue
is in accordance with the provisions.	juiations 10944.1 an	u 1894	2.11	ave vermed i	that the distribution of ac	missions, set to	rui above,
		-				_	listin
IV -	MICHELLE DIANI	JA		LICKE	et Administrator	//	1011/

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

Agency Name County of Alameda Division, Department, or Region (if applied		_	_				
					Date Stamp	California	802
Division, Department, or Region (if applied							the second s
	cable)					For Official	Use Only
Board of Supervisors			_				
Street Address							
1221 Oak Street, Suite 536			_				
Designated Agency Contact (Name, Title)					Amendment (Mu	st provide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number [E-mail	Supervisors				Date of Original Filin		
					Date of Original Filin	(month, day, ye	ar)
	ishida@acgov.		_				
Function, Event, or Ceremonial	Role Informat	tion					
Title Oakland A's		_	_	Face V	/alue of Each Adm	nission \$ _26.00	
Description Baseball Game			_	Date(s) 07 <u>,</u> 21 <u>,</u> 12	2/	
Ticket(s)/Admission(s) provided by	adonev2 Vec		. 17	Lifno. Oakl	and A's		
ricket(s)/Admission(s) provided by	agency? res		0 1/	I II IIO	Name	e of Source	
Was the distribution to persons ide						1?	
	Richard- Supervis Official's	or Distr Name (I				1?	
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IMD	MICHELLE DIANDA	Ticket Administrator	7/10/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A Public Doci	ument
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110	cket/Admission Distri	induone						A Public I	
1.	Agency Name						Date Stamp	Californ	^{ia} 802
	County of Alameda						and all the first starts of the	Form	an ann an Ann an Ann
	Division, Department, or Regio	on (if applica	ble)					For Offic	ial Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Vame, Title)					Amendment (Must	provide explanatio	n in Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors						
		E-mail					Date of Original Filing	(month, day,	year)
_			shida@acgov.						
2.	Function, Event, or Cere	monial R	ole Informat	tion					
	Title Oakland A's				_	Face \	/alue of Each Admi	ssion \$ _26.0	0
	Description Baseball Game					Date(s	a) <u>07 / 30 / 12</u>	/	/
						O 11	COLOR OF A COLOR		
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		0 🗸	lf no: <u>Oakl</u>	and A's	of Source	
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		0 🗹	lf no: <u>Oakl</u>	and A's Name	of Source	
	Ticket(s)/Admission(s) prov Was the distribution to pers						Name		
	Was the distribution to per-	sons iden	tified below r	nade a	at the	e behest of	f an agency official		
	Was the distribution to per-	sons iden	tified below r	nade a	at the	e behest of	f an agency official		
	Was the distribution to pers Yes ☑ No 🔲 If ye	sons iden es: <u>Valle, R</u> i	tified below r ichard- Supervis Official's	nade a or Distr Name (I	at the	e behest of	f an agency official		
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INT	MICHELLE DIANDA	Ticket Administrator	7/10/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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۱	Agency Name						Date Stam	0	California	802
	County of Alameda								Form	002
	Division, Department, or Reg	ion (if applica	able)						For Official	Use Only
	Board of Supervisors									
	Street Address					_				
	1221 Oak Street, Suite 536									
	Designated Agency Contact	(Name,Title)					Amendment	(Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				· · · · · · · · · · · · · · · · · · ·		**************************************	numer
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day, ye	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org					PU1289782912531557973422	
	Function, Event, or Cere	emonial R	ole Informat	tion						
	Oakland A's					_			★ 26.00	
	Title Oakland A's					Face \	/alue of Each A	dmissi	on \$ <u>20.00</u>	
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	Tiakatla\/Admissionian/a) nra	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: 🖸								
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	Was the distribution to per Yes ☑ No □ If y The identity of recipient ^{Name} (Last, First) or	rsons iden es: ^{_Valle, R} : (s) and th	tified below n ichard- Supervis Official's ne explanatic Number of	nade a or Distri Name (L on: Ager	ict 2 .ast, F	 behest of First) and Title Check the taxable is also provide on the state of the st	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed b	gency offi official public purpo	cial claims admi orformed a ceren ose, including	nonial role,
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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.

	ICHELLE DIANDA	Ticket Administrator	7/10/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document	1	A	P	ub	lic	Do	ocu	m	en	it
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Cour Divis Boar Stree 1221	ncy Name nty of Alameda sion, Department, or Regi rd of Supervisors et Address 1 Oak Street, Suite 536	on (if applica	ble)				Date Stamp	California Form For Official	802 Jse Only	
Divis Boar Stree 1221	ion, Department, or Regi rd of Supervisors et Address	on (if applica	ble)							
Boar Stree 1221	rd of Supervisors et Address	on (if applica	ble)					For Official U	Jse Only	
Stree 1221	et Address									
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	1 Oak Street, Suite 536									
Desi	1221 Oak Street, Suite 536									
	gnated Agency Contact (Name, Title)					Amendment (Must pi	rovide explanation in	Part 3.)	
the second s	tal Hishida Graff, Clerk,		Supervisors							
		E-mail					Date of Original Filing: .	(month, day, yea	0	
And in case of the local division of the loc)) 272-3882	and the second s	shida@acgov.	CHARGE CO. CO.	_					
2. Fun	ction, Event, or Cere	monial R	ole Informat	tion						
Title	Oakland A's					Face	/alue of Each Admiss	sion \$ 26.00		
nue										
Desc	cription Baseball Game				_	Date(s	s) 08 / 19 / 12	/		
							•			
Tick	et(s)/Admission(s) pro	vided by a	agency? Yes		0 🗹	If no: Oak	kland A's			
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹						Name of	Source		
Was	the distribution to per	sons iden	tified below n	nade a	t th	e behest of	f an agency official?			
						e ar taitig 7.				
Y	∕es 🗹 Νο 🔲 lfyo	es: <u>Valle, R</u>	ichard- Supervis	or Distr	ict 2	Elect) and Title				
				2	ast, I	First) and Title				
The	identity of recipient	s) and th	e explanatio	on:						
	Name			1. (24.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			e income box if the agency official			
	(Last, First) or		Number of Admission(s)/	Ager Offic			exable income. If the agency official performed a ceremo- lso provide a description.		oniai role,	
	Organization (Name, Address, Descrip	tion)	Ticket(s)	5.11			ome, describe the public pur ial roles, performed by an age		lual, or	
-		liony			-	organiza	tion.			
Brion	nes, Ruben		2	Yes		to the public	County employee for his ex	cemplary service	Income	
			4		<u> </u>	to the public				
				Yes No					Income	
				Yes No					Income	
		-		Yes	-					
				No	H				Income	
				Yes					Frank	
									1000100	
				No	H				Income	

	MICHELLE DIANDA	Ticket Administrator	7/24/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

ICKEU	Aumission Distri	bullons						
. Agen	ncy Name					Date Stamp	Californ	^{nia} 802
Coun	ty of Alameda						Form	00/2
	on, Department, or Regi	on (if applicabl	e)	<u></u>	<u></u>		For Off	icial Use Only
Board	d of Supervisors							
Street	Address	· · ·		·				
1221	Oak Street, Suite 536							
Desig	nated Agency Contact (/	Vame, Title)	in circle e			Amendment (Mu	ust provide explanatio	on in Part 3)
Cryst	al Hishida Graff, Clerk,	Board of Su	pervisors					
Area (Code/Phone Number	E-mail			······	Date of Original Filir	ng:	; year)
(510)	272-3882	crystal.hish	ida@acgov.c	org				
Func	tion, Event, or Cere	monial Ro	le Informat	ion				
Title .	A'S LUXUr	y Suit	e		Face \	/alue of Each Adm	nission \$	500
Desci	ription <u>Baseba</u>	in Ga	me		Date(s	9,2(,1	2	//
	es ⊠ No ロ If ye				Super First) and Title	-VISOr Scott	Hagger	ty, Dis
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov • If not inc	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion.	cial performed a ce purpose, including	eremonial role,
Tai	Jlor Family Fou 55 Arroyo Rd	ind.	20	Yes □ No □	#11	Non-profi	÷	Income
555	55 Arroyo Rd			Yes □ No □		•		Income
Livi	ermore CA 9	4550		Yes □ No □				Income
				Yes □ No □			<u></u>	Income
********				Yes □ No □				

3. Verification

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

A Public Document

•••		•			· · · · · · · · · · · · · · · · · · ·	
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form 002
	Division, Department, or Region (if applica	ble)	*****			For Official Use Only
	Board of Supervisors					
	Street Address	, <u>, , , , , , , , , , , , , , , , </u>				
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)		*****		Amendment (Must pro	vide explanation in Part 2 1
	Crystal Hishida Graff, Clerk, Board of S	upervisors				vide explanation in Fall 5.)
	Area Code/Phone Number E-mail	1	-		Date of Original Filing: _	(month, day, year)
	(510) 272-3882 crystal.his	hida@acgov.	org			(monin, day, year)
2.	Function, Event, or Ceremonial R					
	Till Dakland A'S S	Kerbox		Face \	/alue of Each Admissi	ion \$ 1,500
	Description Basebar	1 yan	<u> </u>	Date(s	<u>, 10, 1, 12</u>	//
	Ticket(s)/Admission(s) provided by a	gency? Yes	⊠ No 🗆	If no:	akland SAh	letics
	Was the distribution to persons iden					Source
Yes XI N: If yes: Marmeda County Supervisor Scott Haggerty Dist.) Official's Nable (Last, Rirst) and Title						
	The identity of recipient(s) and th					
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ii also prov ● If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purpo lal roles, performed by an ager tion.	erformed a ceremonial role, ose, including

			organization.	
Livermore Valley Winegrowers Assoc.	20	Yes ☐ No ⊠	# 11 Non-profit	Income
Wente Family Estates		Yes □ No □		Income
5565 Jesla Ra		Yes □ No □		Income
Livermore CA: 94550		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.

Yellen Sr yn	Lee Ann Fergerson	Ticket Administrator	7-16-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	AP	Public	Documen	t
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	0			4	A Fublic Document
1. Agency Name				Date Stamp	California Form 802
County of Alameda					
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)				Amendment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				provide explanation in a de ely
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	org			
2. Function, Event, or Ceremonial F	Role Informat	tion	dan Malanda da Katalan Badan		
A's Game					3×00
Title			Face \	/alue of Each Admis	ssion \$ろどのつ
Title <u>A's</u> Game Description <u>Baschall</u>				. 8. 14. 17	2
Description	-		Date(s	i) <u> </u>	
		\ · · ·	1		
Ticket(s)/Admission(s) provided by a	agency? Yes	X No	lf no:	Name o	of Source
		(/			
Was the distribution to persons ider	ntified below n	nade at the	e behest of	an agency official?	?
		~	0	, i d	1 .
Yes 🖄 No 🗖 If yes: 🖄 🏧	reda Count	ysupp	WISOr S	cott taggerty	Dist.
i i	Official's	Naime (Laist, I	-irst) and Title		
The identity of recipient(s) and the	ne explanatio	on:			
Name					official claims admission as
(Last, First) or	Number of	Agency		ncome. If the agency officia /ide a description.	al performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public pu	
(Name, Address, Description)			ceremon organiza		gency official, individual, or
LAUREN MANNING	-	Yes 🗖	#10		Jncome
3601 KOHEN WAY	Z	No 🗖	HT P	PARTYUR	H Hunteen
DUBLIN CA 94568		Yes 🗖	140	$\overline{\mathcal{O}}$	Income
		No 🗖	1,10	Keeward S	choo (
FALLON MIDDLE SCHOOL		Yes 🗖		······································	Income
FALLAN TIMU SCHOL	-	No 🗖			
		Yes 🗖			Income
		No 🗖			
	-	Yes 🗖			
		No 🗖			
2 Varifiaation				a anna an tarainn an ta	
 Verification I have read and understand FPPC Regulat 	ions 18011 1 on	d 19012 16	ave verified	that the distribution of a	dmissions set forth shave
is in accordance with the provisions.	10113 1 0944. 1 dll	u 10342.111		กละเกอ นอเทมนแบท ปาล	amissions, set totti above,
d. I Sig					
Jum Jum ter	e Ann Fergerso	on	Ticke	et Administrator	7-16-1
V Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)

A Public Document

		utions	•			~ ~	Fublic Document
1.	Agency Name					Date Stamp	California Form 802
	County of Alameda						Form OUZ
	Division, Department, or Region	(if applica	ble)		·····		For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Nam	ne, Title)	·····			Amendment (Must pro	víde evolenation in Part 3.)
	Crystal Hishida Graff, Clerk, Bo	ard of S	upervisors				wide explanation in Fart 5.7
		mail			·····	Date of Original Filing:	(month, day, year)
	(510) 272-3882 cr	ystal.his	hida@acgov.	org			(
2.	Function, Event, or Ceremo						
	A'S GOING						2000
	Title			.	Face \	/alue of Each Admiss	ion \$
	Title <u>A's Game</u> Description <u>Baseb</u>	all				7.8.12	
	Description				Date(s	s) <u>(</u>	······································
			0 . V				
	Ticket(s)/Admission(s) provid	led by a	gency? Yes] If no:	Name of S	Source
				·			
	Was the distribution to person	ns ident	tified below n	nade at tl	ne behest of	an agency official?	
		Aluma	da Churte	Current	NG~ So H	Hamente bist	1
	Yes 🛱 No 🗖 Ifyes:	Afame	Official's	Name (Last,	First) and Title	Tuddard' - 1912	1
	The identity of recipient(s)	and th	o ovnlanatic	n,			
				/// .			
	Name (Last, First)		Number of	Agency		e income box if the agency off ncome. If the agency official p	
	or		Admission(s)/	Official		/ide a description.	
	Organization (Name, Address, Descriptior	1)	Ticket(s)		ceremon	ome, describe the public purp ial roles, performed by an age	
				Yes 🗖	organiza	tion.	Incomo
	· Wanda Thompson 2426 Rees Circle Livern		2	No 🔯	#8	Community Vo	lunteer D
	CA 9455D			Yes			
	013-17550			No 🔲			Income
				Yes 🗖			
				Yes 🗖			
				No 🗆			Income
				Yes 🗖		·······	
							Income
			L				

3. Verification

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

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

A Public Document

1	Agoncy Namo				Data Stama	California
1.	Agency Name	Date Stamp	California Form 802			
	County of Alameda Division, Department, or Region (if applicat	blo)			•	For Official Use Only
		ole)				
	Board of Supervisors Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (Mi	ist provide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors			Data of Original Fills	
	Area Code/Phone Number E-mail				Date of Original Fili	ng:(month, day, year)
		hida@acgov.o				and a second
2.	Function, Event, or Ceremonial Re	ole Informat	tion			
	Title A'S Game			Face	√alue of Each Adn	nission \$ 38^{a0}
	Description Baseball			Date(s	<u>, 7,3</u>	12
				~		í .
	Ticket(s)/Admission(s) provided by a	gency? Yes	154. No 🗖	If no: 💭	akland A	thetics
			7 –	•	Nam	e of Source
	Mas the distribution to persons ident	tified below n	nada at th	hohost of	f an agonov officir	12
	Was the distribution to persons ident	٨	<u>^</u>			1
	Yes 🕅 No 🗖 If yes:∰UMMC	la Country	Supervi	isor Soo	H Haggorty-	-Dist.
		Officia(s)	Name (Last, F	irst) and Title	00 1	ĸ
	The identity of recipient(s) and the	e explanatio	on:		4	
	Name	•		Check th	e income box if the agen	cy official claims admission as
	(Last, First)	Number of	Agency	taxable i	ncome. If the agency off	icial performed a ceremonial role,
	or Organization	Admission(s)/	Official		vide a description. come, describe the public	purpose, including
	(Name, Address, Description)	Ticket(s)			nial roles, performed by a	n agency official, individual, or
	Francipe Dawkins		Yes 🗖		- (
	450 Pinettill Lane	2	No DA	#D	Community	Volunteer D
			Yes T			Income
	Pleasanton CA 945666		No 🗖			
	· · · · · · · · · · · · · · · · · · ·		Yes 🗖			Income
			No 🗖			
	<u></u>		Yes 🔲			
			No 🗖			
	· · · · · · · · · · · · · · · · · · ·		 Yes □		······································	
			No 🔲			Income
,		l				herred. An and a second
ა.	Verification	nns 18011 1 nn	d 18010 1 h	ave verified	that the distribution o	f admissions set forth above
	is in accordance with the provisions.	515 10977.1 all	G 10042.111	avo vorniou		
(111 1-
K	Wille Xig Lee	Ann Fergerso	on	Tick	et Administrator	1-10-1-0
١	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
	Comment: (Use this space or an attachment for	or any additional i	information in	ludina emena	dment explanation)	
	Sommonic, lose this space of an attachment it	n any additional l	mornadon in	nading amond	anom explanation.	

cket/Admission Distribution	S						Public Do	Jounne
Agency Name					Date Stamp		California Form	802
County of Alameda								
Division, Department, or Region (if applic	able)						For Official	Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)		_	_	_	I			
	f Qupop Jooro				Amendment (Must prov	vide explanation in	n Part 3.)
Cheryl Perkins, Interim Clerk, Board o Area Code/Phone Number [E-mail	Supervisors				Date of Original F	iling:		
(510) 272-3882 crystal.hi	shida@acgov.o	ora				U U	(month, day, ye	ar)
Function, Event, or Ceremonial F	and the second se							
, ,								
Title			_	Face \	/alue of Each Ad	dmissi	on \$ _\$109	
Description Red Hot Chili Peppers co	ncert		_	Date(s	•) <u>8 / 15 /</u>	12	/	/
	agency? Yes	🗆 No		lf no: Gold	en State Warriors			
Ticket(s)/Admission(s) provided by Was the distribution to persons ider	n tified below n isor Wilma Chan <i>Official's i</i>	nade a	t the ast, Finner ial	 behest of rst) and Title Check the taxable in also provide If not inc ceremon organiza To promotion 	e income box if the ag ncome. If the agency o vide a description. ome, describe the pub ial roles, performed by	ency offic official pe lic purpo y an agen an ever	cial claims admis rformed a ceren se, including cy official, indivi nt held at a	ionial role,
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's / ne explanatio Number of Admission(s)/ Ticket(s)	nade a Name (La on: Agen Offici Yes No Yes	t the ast, Finite icy ial	 behest of rst) and Title Check the taxable is also provide If not inconceremon organiza To promot County face 	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. e attendance at a	ency offic official pe lic purpo y an agen an ever naximiz	cial claims admis rformed a ceren se, including cy official, indivi nt held at a e potential	dual, or Income
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Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's / ne explanatio Number of Admission(s)/ Ticket(s)	Name (Li on: Agen Offici Yes No Yes No Yes	t the	 behest of rst) and Title Check the taxable is also provide If not inconceremon organiza To promot County face 	e income box if the ag ncome. If the agency of ride a description. ome, describe the pub lal roles, performed by tion. e attendance at a cility in order to m	ency offic official pe lic purpo y an agen an ever naximiz	cial claims admis rformed a ceren se, including cy official, indivi nt held at a e potential	dual, or Income Income Income Income
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 Signature of Agency Head or Designee
 Alexandra Boskovich
 Ticket Administrator
 7/31/2012

 Print Name
 Title
 (month, day, year)

Δ	Puk	lic	Doc	ument	ŀ
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nckeu Aumss	IOII DISUI	in ortion o								
1. Agency Name							Date S	Stamp	California	802
County of Alame							1		Form	and the second second
Division, Departn	nent, or Regio	on (if applical	ble)				1		For Official	Use Only
Board of Superv	/isors									
Street Address							1			
1221 Oak Street					_					
Designated Agen	icy Contact (/	Vame, Title)					Amendm	nent (Must pro	vide explanation ir	n Part 3.)
Cheryl Perkins, I			Supervisors		_				0	
Area Code/Phone	e Number	E-mail					Date of Orig	inal Filing:	(month, day, yea	ar)
(510) 272-3882		NAME AND ADDRESS OF TAXABLE PARTY.	hida@acgov.	the set of						
2. Function, Eve	nt, or Cere	monial Re	ole Informat	tion						
Title						Ease	alue of Eac	h Adminai	on ¢ \$33	
inte					-					
Description Rin	ngling Brothe	rs circus				Date(s	$(3)^{8}$ $(^{8})^{8}$, 12	/	1
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Ticket(s)/Admis	sion(s) prov	vided by a	aencv? Yes		0 17	I If no: Gold	len State Warr	iors		
i onononon anna		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	J		head			Name of S	ource	
Was the distrib					at the	e behest of	f an agency	official?		
Was the distrib	D 🔲 lfye	s: Supervis	or Wilma Chan Official's	Name (L		e behest of		official?		
Was the distribe Yes ☑ No The identity of (L Or	D ☐ If ye f recipient(Name .ast, First) or ganization	s: <u>Supervis</u> s) and the	or Wilma Chan Official's	Name (L	Last, I	First) and Title Check th taxable i also pro- If not inc	e income box if ncome. If the ag vide a descriptio some, describe th	the agency offi ency official po n. he public purpo	cial claims admis erformed a cerem ese, including cy official, indivi	ionial role,
Was the distribe Yes ☑ No The identity of (L Or	D ☐ If ye f recipient(Name .ast, First) or	s: <u>Supervis</u> s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/	Name (L on: Agei Offic	.ast, F ncy cial	 First) and Title Check the taxable is also provide the second secon	e income box if ncome. If the ag vide a descriptio come, describe th ial roles, perform tion.	the agency offi tency official po n. he public purpo ned by an agen	erformed a cerem ese, including cy official, indivi	nonial role, dual, or
Was the distribe Yes ☑ No The identity of (L Or	D If ye f recipient(Name .ast, First) or ganization dress, Descript	s: <u>Supervis</u> s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/	Name (I on: Agen Offic Yes	.ast, F ncy cial	 First) and Title Check the taxable is also provide the second secon	e income box if ncome. If the ag vide a descriptio come, describe th ial roles, perform	the agency offi ency official po n. he public purpo ned by an agen e at an eve	erformed a cerem ese, including icy official, indivi nt held at a	nonial role, dual, or
Was the distribut Yes ☑ No The identity of (L (Name, Add	D If ye f recipient(Name .ast, First) or ganization dress, Descript	s: <u>Supervis</u> s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes	Last, F	 First) and Title Check the taxable is also provide to the second se	e income box if ncome. If the ag vide a descriptio come, describe th ial roles, perform tion. te attendance	the agency offi lency official po n. he public purpo ned by an agen e at an eve to maximiz	erformed a cerem ese, including icy official, indivi nt held at a	dual, or
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Was the distribut Yes ☑ No The identity of (L Or (Name, Add	D If ye f recipient(Name .ast, First) or ganization dress, Descript	s: <u>Supervis</u> s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No	Last, F	 First) and Title Check the taxable is also provide the second secon	e income box if ncome. If the ag vide a descriptio rome, describe th ial roles, perform tion. te attendance cility in order	the agency offi lency official po n. he public purpo ned by an agen e at an eve to maximiz	erformed a cerem ese, including icy official, indivi nt held at a	dual, or Income Income Income
Was the distribut Yes ☑ No The identity of (L (Name, Add	D If ye f recipient(Name .ast, First) or ganization dress, Descript	s: <u>Supervis</u> s) and the	or Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (I on: Ager Offic Yes No Yes No Yes	Last, F	 First) and Title Check the taxable is also provide the second secon	e income box if ncome. If the ag vide a descriptio rome, describe th ial roles, perform tion. te attendance cility in order	the agency offi lency official po n. he public purpo ned by an agen e at an eve to maximiz	erformed a cerem ese, including icy official, indivi nt held at a	dual, or Income Income Income

	Alexandra Boskovich	Ticket Administrator	7/31/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Public	Document

							1943		
1.	1. Agency Name						Date Stamp California		
	County of Alameda							Form	002
	Division, Department, or Region	(if applica	ble)					For Official	Use Only
	Board of Supervisors						1		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nat	me, Title)		Amendment (Must pr	ovide explanation ir	Part 3.)			
	Cheryl Perkins, Interim Clerk, E	and the second se	Supervisors						8
	Area Code/Phone Number E-	-mail					Date of Original Filing:	(month, day, yea	ar)
_	(510) 272-3882 c	rystal.his	shida@acgov.o	org					
2.	Function, Event, or Cerem	onial R	ole Informat	ion					
	Title					E		\$235	
	l itte						/alue of Each Admiss		
	Description Aerosmith-Cheap	Trick cc	oncert		_	Date(s	a) <u>8 / 4 / 12</u>		
							7		
	Ticket(s)/Admission(s) provi	ded by a	agency? Yes		0 🕅	If no: Gold	en State Warriors		
	(-),(-),			—	hind		Name of	Source	
	Was the distribution to perso	ne iden	tified below n	ahee	at the	a hoheet of	an agency official?		
	was the distribution to perse	nis iden	thed below h	laue a	at the	e benesi ol	an agency official?		
	Yes 🗹 No 🔲 If yes:	Supervi	sor Wilma Chan Official's i						
	anana mita dalar mita ana katalar		Official's	Name (I	last, I	First) and Title			
	The identity of recipient(s)	and th	e explanatio	n:					
	Name			1	Check t		e income box if the agency of	ficial claims admis	ssion as
	(Last, First) or		Number of	Age		and the second se	ncome. If the agency official p vide a description.	performed a cerem	ionial role,
	Organization		Admission(s)/ Ticket(s)	/ Official		 If not income, description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			
	(Name, Address, Descriptio	n)							dual, or
			2.54	Yes			e attendance at an eve		Income
	Falcon, Ernesto		4	No	7	County fac	cility in order to maximi	ze potential	
				Yes		County re	venue from sales.		Income
				No					
				Yes		2			Income
				No					
				Yes					Income
				No					
				Yes					Income
_				No					
3	Verification								

3. Verification

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

all s	Alexandra Boskovich	Ticket Administrator	7/31/2012
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

noncertainiooron biotin	o di ci o i i o							
1. Agency Name					Date Stamp		ifornia	802
County of Alameda						10 March 10	onn	
Division, Department, or Region	n (if applicable)					Fo	or Official Us	e Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Na	ame, Title)				Amendment (M	ust provide expl	lanation in P	art 3)
Crystal Hishida Graff, Clerk, B	loard of Supervisors							un 0.7
Area Code/Phone Number E	E-mail				Date of Original Fili	ng:(month	h. dav. vear)	_
(510) 272-3882	crystal.hishida@acgov.	org					.,,, ,,	
2. Function, Event, or Ceren	nonial Role Informat	tion						
							075/047	1122/112102 8 /201
Title			-	Face \	/alue of Each Adn	nission \$ _	\$75/\$17	-park
A's vs Vankees				-) 7 / 19 / 12	2		
Description A's vs. Yankees			-	Date(s)//		/	_/
Ticket(s)/Admission(s) provi	ided by agency? Yes			If no. Oakl	and Athletics			
Ticket(s)/Admission(s) provi Was the distribution to perse Yes ☑ No ロ If yes The identity of recipient(s	ons identified below n : Supervisor Wilma Chan Official's	nade a _{Name (L}	it the		Nam	e of Source		
Was the distribution to personant of the service o	ons identified below n S: Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a _{Name (L}	at the ast, F	 behest of First) and Title Check the taxable is also provide on the second second	e income box if the agen come. If the agency offi de a description. ome, describe the public ial roles, performed by a	al? cy official clair icial performed purpose, inclu	d a ceremon uding	ial role,
Was the distribution to perse Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below n S: Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a ^{Name (L} on: Agen	at the ast, F	 behest of First) and Title Check the taxable is also provide on the second or the second	e income box if the agen ncome. If the agency officia ride a description. ome, describe the public ial roles, performed by an tion. e attendance at an	al? cy official clain icial performed purpose, inclu n agency offici event helc	d a ceremon uding ial, individu d at a	ial role, al, or
Was the distribution to perse Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	ons identified below n S: Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic	at the ast, F	 behest of First) and Title Check the taxable is also provide on the second or the second	e income box if the agen ncome. If the agency offi ride a description. ome, describe the public ial roles, performed by a tion.	al? cy official clain icial performed purpose, inclu n agency offici event helc	d a ceremon uding ial, individu d at a	ial role, al, or
Was the distribution to perse Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below n <u>S</u> : Supervisor Wilma Chan <i>Official's</i> and the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes	at the ast, F	 behest of irst) and Title Check the taxable is also provide to the taxable is also prove taxable is also prove taxable is also provide to taxable i	e income box if the agen ncome. If the agency officia ride a description. ome, describe the public ial roles, performed by an tion. e attendance at an	al? cy official clain icial performed purpose, inclu n agency offici event helc	d a ceremon uding ial, individu d at a ential	ial role, al, or Income
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Was the distribution to perse Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below n 3: Supervisor Wilma Chan Official's 5) and the explanation Number of Admission(s)/ Ticket(s) 3+1 parking	nade a Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the	 behest of irst) and Title Check the taxable is also provide to the taxable is also prove taxable is also prove taxable is also provide to taxable i	e income box if the agen noome. If the agency officia ride a description. ome, describe the public ial roles, performed by an tion. e attendance at an cillity in order to ma:	al? cy official clain icial performed purpose, inclu n agency offici event helc	d a ceremon Ial, individu d at a ential	al, or Income Income Income Income
Was the distribution to perse Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below n 3: Supervisor Wilma Chan Official's 5) and the explanation Number of Admission(s)/ Ticket(s) 3+1 parking	nade a Name (L on: Agen Offic Yes No Yes No Yes No	at the	 behest of irst) and Title Check the taxable is also provide to the taxable is also prove taxable is also prove taxable is also provide to taxable i	e income box if the agen noome. If the agency officia ride a description. ome, describe the public ial roles, performed by an tion. e attendance at an cillity in order to ma:	al? cy official clain icial performed purpose, inclu n agency offici event helc	d a ceremon Ial, individu d at a ential	ial role, al, or 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.

mo	Alexandra Boskovich	Ticket Administrator	07/18/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

-									
1.	Agency Name						D a te 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 p	rovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org					·
2.	Function, Event, or Cere	emonial R	ole Informat	tion					
								. .	
	Title					Face V	/alue of Each Admis	sion \$	
	Description <u>A's vs. Yankee</u>	s				Datala	<u>, 7 , 19 , 12</u>	,	,
	Description <u>Horter reinice</u>		- <u> </u>		-	Date(s	i)///	/	
	T:		0 . V		_	ur Oakl	and Athletics		
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		o ⊡	If no:	Name o	f Source	
	Was the distribution to pe	rsons iden	tified below r	nade a	t the	e behest of	an agency official?		
		0							
	Yes 🗹 No 🔲 Ify	es: <u>Supervis</u>	sor Wilma Chan <i>Official's</i>	Namo (I	oot f	First) and Title			
					.ası, 1	nsi) and mie			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name						e income box if the agency o		
	(Last, First) or		Number of	Ager Offic			come. If the agency official ide a description.	performed a cerem	onial role,
	Organization		Admission(s)/ Ticket(s)		iai	If not ince	ome, describe the public pur		
	(Name, Address, Descrip	otion)	n jage in de la companya de la comp Nome de la companya d			ceremoni organizat	ial roles, performed by an ag lion.	ency official, indivi	dual, or
				Yes			e attendance at an ev		Income
	Baria, Peter		3	No		County fac	ility in order to maxim	ize potential	
				Yes		County rev	venue from sales.		Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
3.	Verification								

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

1 L	Alexandra Boskovich	Ticket Administrator	07/19/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1 10	Reumannission Distributions						
۱.	Agency Name				Date Stamp	California	802
	County of Alameda					Form	
	Division, Department, or Region (if application)	able)				For Official	Use Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Mu	st provide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	Supervisors					
	Area Code/Phone Number E-mail				Date of Original Filin	ig:(month, day, yea	ar)
		shida@acgov.o				an shear	
2.	Function, Event, or Ceremonial R	tole Informat	ion				
	Title			Eaco	Value of Each Adm	sincion ¢ \$75/\$	17-park
	Description A's vs. Yankees			Date(s	s) <u>7 / 19 / 12</u>	2	1
	Ticket(s)/Admission(s) provided by a	agency? Yes		I If no: Oak	land Athletics		
						e of Source	
	301.0 A 120.5 A				Name	e or source	
					Ivanie		
	Was the distribution to persons iden				Ivanie		
		itified below n sor Wilma Chan	nade at tl	ne behest o	f an agency officia		
	Was the distribution to persons iden	itified below n sor Wilma Chan	nade at tl		f an agency officia		
	Was the distribution to persons iden	tified below n sor Wilma Chan <i>Official's l</i>	nade at ti Name (Last,	ne behest o	f an agency officia		
	Was the distribution to persons iden Yes ☑ No ロ If yes: ^{Supervi} The identity of recipient(s) and th _{Name}	tified below n sor Wilma Chan <i>Official's l</i>	nade at ti Name (Last,	First) and Title	f an agency officia	I? cy official claims admis	
	Was the distribution to persons iden Yes ☑ No ロ If yes: Supervi The identity of recipient(s) and th Name (Last, First)	ntified below n sor Wilma Chan Official's I ne explanatio Number of	nade at ti ^{Vame} (Last, n: Agency	First) and Title	f an agency officia	I? cy official claims admis	
	Was the distribution to persons iden Yes ☑ No □ If yes: ^{Supervi} The identity of recipient(s) and th Name (Last, First) or Organization	ntified below n sor Wilma Chan Official's I ne explanatio	nade at tl ^{Name (Last,} n:	First) and Title	f an agency officia ne income box if the agency ncome. If the agency offic vide a description.	I? cy official claims admis cial performed a ceren purpose, including	ionial role,
	Was the distribution to persons iden Yes ☑ No □ If yes: ^{Supervi} The identity of recipient(s) and th Name (Last, First) or	sor Wilma Chan Official's I De explanatio Number of Admission(s)/	nade at ti ^{Vame} (Last, n: Agency	First) and Title	f an agency officia ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public ial roles, performed by an	I? cy official claims admis cial performed a ceren purpose, including	ionial role,
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D	7	Alexandra Boskovich	Ticket Administrator	07/19/2012
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.)

Bublic Document

icket/Admission Distri	Matione	•									
Agency Name			*****			Γ	Date Sta	mp	Са	lifornia	802
County of Alameda								•		Form	802
Division, Department, or Regio	n (if applica	ble)								For Official	
Board of Supervisors											
Street Address		d (* 1007,000,000,000,000,000,000,000,000,000	<u>, 110 Baaussessessessesses</u>								
1221 Oak Street, Suite 536											
Designated Agency Contact (N	ame. Title)			,							
						🗖 Am	endmer	nt (Musti	orovide ex	planation ir) Part 3.)
Crystal Hishida Graff, Clerk, E Area Code/Phone Number	Board of S	oupervisors				Data of	Origina	d Filing:			
	c-man					Date Of	Ongina	a rinny.	(mor	nth, day, yea	ar)
		shida@acgov.									
Function, Event, or Cerer	nonial R	ole Informat	tion								
500 L / K										¢75/¢4	7 pork
Title				-	Face V	alue of	f Each	Admis	sion \$	\$75/\$1	r-park
- · · · A's vs Yankees						. 7	, 19	. 12			
Description <u>A's vs. Yankees</u>				-	Date(s	·)	_/			/	/
Ticket(s)/Admission(s) prov	vided by a	igency? Yes	🗆 No		lf no: <u>Oakl</u>	and Athle	etics	Name o	f Source		
Was the distribution to pers Yes ☑ No ☐ If yea	sons iden s: Supervis	tified below n sor Wilma Chan Official's	nade at Name (La	t the	behest of	an age					
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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.

Men	Alexandra Boskovich	Ticket Administrator	07/18/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name						Date Stamp		California	202
	County of Alameda								Form	002
	Division, Department, or Reg	jion (if applical	ble)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact						Amendment (A	Must prov	ide evolution i	Part 3)
	Crystal Hishida Graff, Clerk,	, Board of S	upervisors					nust provi	ide explanation il	r i an 0.)
	Area Code/Phone Number	E-mail	····		· ·		Date of Original Fi	ling:	(month day ye	arl
	(510) 272-3882	crystal.his	hida@acgov.	org					(month, day, ye	
2.	Function, Event, or Cere	and the second	and the second se	And the second second second						
									675 M	
	Title			TO MORE THAT IS A DESCRIPTION OF THE OWNER OWNE		Face	Value of Each Ad	missio	on \$ <u>\$75/\$</u>	17-park
	A's vs Vankee	20					s) <u>7 / 19</u>	12		
	Description <u>A's vs. Yankee</u>				-	Date(s	s)//	·	/	/
						Oak	land Athlatics			
	Ticket(s)/Admission(s) pro						iva	me of So ial?	burce	
	Was the distribution to pe	rsons ident	t ified below n	nade at	t the		f an agency offic		burce	
	Was the distribution to pe	rsons ident	t ified below n for Wilma Chan Official's	nade af Name (La	t the	e behest o	f an agency offic		<i>purce</i>	
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons ident	tified below n for Wilma Chan Official's e explanatic Number of	nade at Name (La on: Agen	at the	e behest o irst) and Title • Check th taxable i	f an agency offic	ial?	cial claims admí	
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3. Verification

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

mex	Alexandra Boskovich	Ticket Administrator	07/18/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (Board of Supervisors Street Address	if applica	ble)			Date Stamp	California Form	802	
Division, Department, or Region (Board of Supervisors Street Address	if applica	ble)				Eorm		
Board of Supervisors Street Address	if applica	ble)						
Street Address		•			For Official	Use Only		
1221 Oak Street, Suite 536								
Designated Agency Contact (Nam	e, Title)			Amendment (Must provide explanation in Part 3.)				
Crystal Hishida Graff, Clerk, Boa	ard of S	upervisors				t provide explanation l	n Paπ 3.)	
Area Code/Phone Number E-n		<u></u>			Date of Original Filing	J:	o 4)	
(510) 272-3882 cry	etal his	hida@acdov o	ara			(month, day, ye	ar)	
2. Function, Event, or Ceremo			Anno a contra manda da farance de					
Title				Face \	/alue of Each Admi	ssion \$ <u>\$35</u>		
Description <u>A's vs. Yankees</u>				Date(s	s) <u>7 / 19 / 12</u>	/	/	
Ticket(s)/Admission(s) provide	ed by a	dency? Yes		Z If no [.] Oakl	and Athletics			
		genegi ree			Name	of Source		
Was the distribution to person Yes 🖸 No 🔲 If yes: .		sor Wilma Chan		, First) and Title				
The identity of recipient(s)	and th	e explanatio	n:					
Name (Last, First) or		Number of Admission(s)/	Agency Official	taxable i	e income box if the agency ncome. If the agency offici vide a description.			
Organization (Name, Address, Description)		Ticket(s)	Official		ome, describe the public p ial roles, performed by an a tion.		idual, or	
			Yes 🔽		e attendance at an e		Income	
Flanagan, Tara		2	No 🗖	County fac	cility in order to maxi	mize potential		
			Yes □ No □	100 any 10	venue from sales.		Income	
			Yes 🗖		····			
			No 🗖				Income	
							Income	
			Yes 🗖					
							D Income	
			Yes 🗖					

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.

dr.	Alexandra Boskovich	Ticket Administrator	07/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

IncrevAumission Dist		>			A		
1. Agency Name					Date Stamp	California Form	009
County of Alameda						Form	6 02
Division, Department, or Re	gion (if applica	ble)				For Official	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536	3						
Designated Agency Contact					Amendment (Must pro	uide evolution in	Dart 21
Crystal Hishida Graff, Clerl	k. Board of S	Supervisors				viue explanation in	ran s.j
Area Code/Phone Number		· · · · · · · · · · · · · · · · · · ·			Date of Original Filing:	(month, day, yea	r)
(510) 272-3882	crystal.his	shida@acgov.o	org			(month, day, yea	')
2. Function, Event, or Cei			a and a second				
Title	·····			Face \	/alue of Each Admissi	on \$ <u>\$35</u>	
Ala va Vanka					7 20 12		
Description <u>A's vs. Yanke</u>	es			Date(s	;) 7 / 20 / 12	/	/
				0.11			
Ticket(s)/Admission(s) pr	ovided by a	igency? Yes	🗖 No 🗹	If no: Oaki	and Athletics Name of S	Cource	
					Numb of C	.00/00	
Was the distribution to pe	ersons iden	tified below n	nade at th	e behest of	f an agency official?		
					0,		
Yes 🗹 No 🔲 If	yes: <u>Supervis</u>	sor Wilma Chan					
		Official's	Name (Last, I	First) and Title			
The identity of recipien	t(s) and th	e explanatic	on:				
Name				1	è income box if the agency offi		
(Last, First)		Number of	Agency	1	ncome. If the agency official pe vide a description.	erformed a cerem	onial role,
or Organization		Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purpo		
(Name, Address, Descr	iption)			ceremon organiza	ial roles, performed by an agen tion.	icy official, individ	lual, or
			Yes 🔽	To promot	e attendance at an eve	nt held at a	Income
Kyle, James		2	No 🗖	County fac	cility in order to maximiz	e potential	
			Yes 🗖	County rev	venue from sales.		Income
	- Anno		No 🗖	y			
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
		100000000000000000000000000000000000000	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.

any	Alexandra Boskovich	Ticket Administrator	07/13/2012
Signature of Agency Aead or Designee	Print Name	Title	(month, day, year)

A Public Document

ICKE	Aumission Dist							
Ag	ency Name					Date Stamp	California Form	002
Co	unty of Alameda						Form	002
Divi	ision, Department, or Reg	ion (if applica	ıble)				For Official	Use Only
	Board of Supervisors							
Stre	Street Address							
	1221 Oak Street, Suite 536							
Des	signated Agency Contact ((Name, Title)				Amendment (Mu	st provide explanation in	Part 3.)
	/stal Hishida Graff, Clerk,		Supervisors					
Are	a Code/Phone Number	E-mail				Date of Original Filin	ig:(month, day, yea	ar)
			shida@acgov.					
, Fui	nction, Event, or Cere	emonial R	ole Informat	tion				
T:+1	e					/alue of Each Adm	stanton (* \$35	
1111	C							
Des	scription <u>A's vs.</u> Ranger	S			Date(s	;) / <u>18</u>	2//	1
	•				(-	,		
	ket(s)/Admission(s) pro	vided by a	agency? Yes	⊓ No F	I If no: Oaki	and Athletics		
Tic								
						Name	e of Source	
Wa	s the distribution to pe	rsons iden	tified below r sor Wilma Chan	nade at th	e behest of	Name		
Wa	s the distribution to pe	rsons iden es: <u>Supervi</u>	tified below r sor Wilma Chan Official's	nade at th		Name		
Wa	s the distribution to per Yes ☑ No ☐ If y e identity of recipient Name (Last, First)	rsons iden es: <u>Supervi</u>	tified below r sor Wilma Chan Official's	nade at th	First) and Title	Name F an agency officia 	I? cy official claims admis	
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Wa:	s the distribution to per Yes ☑ No ☐ If y e identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden _{es:} <u>Supervi</u> (s) and th	tified below r sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade at th Name (Last, On: Agency	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot	Name f an agency officia the income box if the agenc ncome. If the agency offic vide a description. ome, describe the public ial roles, performed by an tion. e attendance at an	I? cy official claims admis cial performed a cerem purpose, including agency official, individ event held at a	onial role, dual, or
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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.

	Alexandra Boskovich	Ticket Administrator	07/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	Division, Department, or Reg	ion (if applica	ble)				For Official	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Amendment (Must pr	ovide explanation in	Part 3.)			
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				·	
	Area Code/Phone Number	E-mail		1.022 (C.1.0.700-20-00-00-00-00-00-00-00-00-00-00-00-0		Date of Original Filing: .	(month, day, yea	r)
	(510) 272-3882	crystal.his	shida@acgov.o	org				
2.	Function, Event, or Cere	emonial R	ole Informat	tion				
							. ¢95	
	Title				Face \	/alue of Each Admiss	sion \$ _ \$35	
	Description <u>A's vs.</u> Yankees				Data/-	s) <u>7 / 22 / 12</u>	1	,
					Date(s	5)//		/
					<u> </u>			
	Ticket(s)/Admission(s) provided by agency? Yes				If no: Oaki	Name of	Source	
						Nume of	Gource	
	Was the distribution to pe	rsons iden	tified below n	nade at tl	ne behest of	f an agency official?		
	Yes 🗹 No 🔲 lfy	es: Supervi	sor Wilma Chan		First) and Title			
			Official's	Name (Last,	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name		· · · · · · · · ·		Check th	e income box if the agency o	fficial claims admis	sion as
	(Last, First)		Number of	Agency	1	ncome. If the agency official vide a description.	performed a cerem	onial role,
	or Organization		Admission(s)/ Ticket(s)	Official		ome, describe the public pur	oose, including	
	(Name, Address, Descrij	otion)	Tierce(3)		ceremon organiza	ial roles, performed by an age tion.	ency official, individ	lual, or
				Yes 🔽		e attendance at an ev	ent held at a	Income
	McCormick, Mike		2	No 🗖	County fac	cility in order to maxim	ize potential	
				Yes 🗖	County re	venue from sales.		Income
				No 🗖		venue nom sales.		
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
3.	Verification	2004-00-00-00-00-00-00-00-00-00-00-00-00-	•					

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

u p	Alexandra Boskovich	Ticket Administrator	07/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
(

A Public Document

	on our fulliouron protinoutione					i dione a oodinoni	
1.	Agency Name		Date Stamp	California 802			
	County of Alameda					Form OUZ	
	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 pro	vide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk, Board of S	upervisors			and a successful and a successful successful and the successful and the successful and the successful and the s		
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)	
	(510) 272-3882 crystal.his	hida@acgov.o	org				
2.	Function, Event, or Ceremonial R	ole Informat	tion		n	1224.00	
	Title A's Game			Face \	/alue of Each Admiss	ion\$ <u>38.20</u>	
	Presta	0					
	Description	X		Date(s	<u>8,8,12</u>	//	
	Ticket(s)/Admission(s) provided by a Was the distribution to persons iden Yes □ No □ If yes:	tified below n Alameda Co. S	nade at the Supervisor S	e behest of	f an agency official?	LETICS	
	The identity of recipient(e) and the			noy and this			
	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 ceremon organiza		erformed a ceremonial role, ose, including ncy official, individual, or	
	Dougherty Valley H.S.	2	Yes 🗖 No 🗖	To rew Coutril	and a school +	for its Income bounded ity []	
	10550 Albion Rd		Yes 🗖			Income	
	,	No 🗖					
	San Ramon CA 94562				×	Income	
	Micalann Coulan		No Ves			Income	
			No 🗆				
			Yes □ No □			Income	
3	Verification						
	Vortication						

cation

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.

Gers Micket Administrator 0R 0 Print Name (month, day, year) Signature of Agency Head or Designee

Α	Puk	olic	Do	cu	me	nt

				(Active)		The second second second
1. Agency Name				Date Stamp	California	802
County of Alameda	F 4 . 1				Form For Official U	Ise Only
Division, Department, or Region (if applica	ble)					
Board of Supervisors Street Address						
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)				(ba=W		
				Amendment (Must pro	vide explanation in I	Part 3.)
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	upervisors			Date of Original Filing:		
	hide				(month, day, year)
(510) 272-3882 crystal.his 2. Function, Event, or Ceremonial R	hida@acgov.o					
2. Function, Event, or Ceremoniar K					1	(1)
Title A 2 MXMY	SUITE		Face \	/alue of Each Admissi	on \$	000
N'L DOCOLO	NU Ecclocul					
Description 75 Dasev	ian		Date(s			/
			m	alper Q De	1 anti-	-
Ticket(s)/Admission(s) provided by a	gency? Yes		If no:	Name of S	Source	2
		C				
Was the distribution to persons iden	tified below n	nade at the	e behest of	f an agency official?		
Ala Ala	ameda Co. Sup	pervisor Sco	tt Haggerty,	Dist. 1		
Yes 🔽 No 🔲 If yes:	Official's	Name (Last, F	First) and Title			
The identity of recipient(s) and th						
	c explanatic		e Check th	e income box if the agency off	cial claims admiss	lon as
Name (Last, First)	Number of	Agency	taxable i	ncome. If the agency official p		
or Organization	Admission(s)/	Official	100000000000000000000000000000000000000	vide a description. ome, describe the public purpo	ose, including	
(Name, Address, Description)	Ticket(s)	Sugara 1		ial roles, performed by an ager		ual, or
Descrip Diverse	-1-7	Yes 🗖	and the second sec	Javd a comm	remoty	Income
DOMINIC Regard	10	No 🔽	tohi	uteer for h	9	
5598 Crook VIGWDY		Yes 🗖	Servi	ice to the Pi	ble	Income
55 is Creekinger		No 🗖		0		
Dublin CA 94568		Yes 🗖				Income
TILES		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗆				Income
		No 🗖				

3. Verification

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

A Public Document

å h I					
Agency Name				Date Stamp	California QQ2
County of Alameda					Form OUZ
Division, Department, or Region (if a	Division, Department, or Region (if applicable)				
Board of Supervisors					
Street Address	<u>88 99,0029, 4, 12 70,000, 12 8, 100 0, 10 80,000, 100 0, 100 0, 100 0, 100 0, 100 0, 100 0, 100 0, 100 0, 100 0</u>				
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, T	Amendment (Mus	st provide explanation in Part 3.)			
Crystal Hishida Graff, Clerk, Board	of Supervisors				,
Area Code/Phone Number E-mai				Date of Original Filin	g:(month, day, year)
(510) 272-3882 chery	l.perkins@acgov.c	org		1	
Function, Event, or Ceremoni	al Role Informat	ion	****		
Title A'S MXKry	Suite		Face V	/alue of Each Adm	ission \$ <u>1,580</u>
- BASERA	<().		D ((7,20,1	7
Description Darbert			Date(s)	
			\square	$ \Delta \Delta $	1110
Ticket(s)/Admission(s) provided Was the distribution to persons Yes ⋈ No □ If yes:	identified below n Immedia Cou Official's	nade at the Mame (fast, F	e behest of	ian agency officia	effecty
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1.	Agency Name					Date Stamp	California	<u> </u>
	County of Alameda						Form	974
	Division, Department, or Reg	ion (if applica	ble)		······································		For Official Use	e Only
	Board of Supervisors							
	Street Address		19					
	1221 Oak Street, Suite 536							
	Designated Agency Contact ((Name, Title)				Amendment (Must p		
	Anna Gee, Operations Mana	ager					rovide explanation in Pa	IT 3.)
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)	
	510-891-5585	anna.gee	@acgov.org				(month, day, year)	
2.	Function, Event, or Cere		and the second se	tion				
	Title Athletics vs. Yankees				Face \	/alue of Each Admis	sion \$ 75.00	
	Description Baseball Game	9			Date(s	07 / 22 / 12		
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	TI No F	If no: Oakl	and Athletics		
			0,	Lensed Rose		Name of	Source	
	Nee the distribution to per							
	Was the distribution to per	sons iden	linea below r	nade at tr	ie benest of	an agency official?		
	Yes 🔲 No 🗹 lfy	es. Miley, N	ate - Alameda C	ounty Supe	rvisor			
			ate - Alameda C <i>Official's</i>	Name (Last,	First) and Title	**************************************		
	The identity of recipient	(s) and th	e explanatio	on:				
		(0) and in		line i tert av Aper	e Check th	e income box if the agency o	fficial claims admissio	n 4c
	Name (Last, First)		Number of	Agency		ncome. If the agency official		
	Or O-manipation	188일 관람은 17 1993년 - 1993년 - 1993년 1993년 - 1993년	Admission(s)/	Official		ide a description. ome, describe the public pur	nose including	
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ial roles, performed by an ag		l, or
	United Seniors of Oakland & Al	lameda	/	Yes 🗖	To promote atter	ndance for an event held at a Cou		Income
	County - 7200 Bancion Ave, Si	te 5367, 27	2	No 🖸	maximize potent	ial County revenue from parking	and concession sales.	
	Dallar 9 44005 Sanftner, Paul			Yes 🗖	To promoto of	tendance for an event held at	a County facility in	Income
	oanaisi, raa		2	No 🗹		nize potential County revenue	a county facility in	
	Pete, Geoffrey			Yes 🗖		-lan		Income
	r etc, deonicy		2	No 🗹	order to maxin	tendance for an event held at nize potential County revenue		
		·		Yes 🗹		nize potential obdity toveride		Income
	Stewart, Darryl		1	No 🗖				
	Stewart, Tyler			Yes 🗹				Income
			1	No 🗖				
3	Verification /							

3. Verific

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. N

THAN!	Anna Gee	Operations Manager	07/09/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Parking pass given, to Paul, Darryl, and United Seniors

A Public Document

			-						vanioni
1.	Agency Name						Date Stamp	California	രഹം
	County of Alameda							Form	\mathbf{OUZ}
	Division, Department, or Regi	on (if applic	able)			· · · · · · · · · · · · · · · · · · ·		For Official L	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)							
	Anna Gee, Operations Mana	aor					Amendment (Must	provide explanation in I	Part 3.)
		E-mail					Date of Original Filing	:	
			0					(month, day, year)
	510-891-5585	Contraction of the second s	@acgov.org	(•					
۷.	Function, Event, or Cere	moniai F	cole informat	lion					
	Title Athletics vs. Yankees					Eaco V	alue of Each Admi	anian ¢ 75.00	
						Face v	arue of Each Auffil	SSION \$	
	Description Baseball Game	:				Date(s) 07 / 22 / 12	1	,
				d 10 0000000000000000000000000000000000		Date(S)		
						, v Oakla	and Athletics		
	Ticket(s)/Admission(s) pro-	vided by a	agency? Yes		٥Ľ		Name	of Source	
	Yes No 🗹 If ye		Nate - Alameda C Official's i ne explanatio		ast,	First) and Title	e alfon de les de las recentes de las se		
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov e If not inco	e income box if the agency icome. If the agency officia ide a description. ome, describe the public pu al roles, performed by an a ion.	al performed a ceremo urpose, including	nial role,
	Dones, Alan			Yes		To promote atter	idance for an event held at a C	• •	Income
			2	No	\checkmark	maximize potenti	al County revenue from parkin	g and concession sales.	
	Kennedy, James			Yes		To promoto at	tendance for an event held	at a County facility in	Income
	remedy, valles		2		$\overline{}$	1 1	nize potential County reven	• •	
	Dobbins, Christopher			Yes	Π		1	· · · ·	Income
	Dobbins, Christopher		2				tendance for an event held		
			+	Yes		1	nize potential County reven		
	Miley, Christopher		1	No		1 .	tendance for an event held		Income
						order to maxin	nize potential County reven	ue from parking and	
	Hickey, Neal		6	Yes			tendance for an event held		Income
				No	Z	order to maxin	nize potential County reven	ue from parking and	<u>, D</u>
3.	Verification								
_	I have read and understand FPF is in accordance with the provisi		ions 18944.1 an	d 1894:	2. I h	ave verified ti	hat the distribution of a	dmissions, set fort	th above,
		ons.	ions 18944.1 and na Gee	d 1894:	2. I h		hat the distribution of a ations Manager	ndmissions, set fort 07/09/1	

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

Parking paces given to Paul Darry Land United Services

FPPC Form 802 (2/11) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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А	Public	Document

Agency Name					Date	Stamp	Cal	ifornia	രഹം
County of Alameda							, F	orm	07
Division, Department, or Region (if applied	cable)						F	or Official L	lse Only
Board of Supervisors									
Street Address	an a								
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, Title)					L'i Amandi			(D- + 0.)
Anna Gee, Operations Manager					🔲 Amendı	ment (wust	provide exp	ianation in i	2aπ 3.)
Area Code/Phone Number E-mail					Date of Orig	ginal Filing	:	h, day, year	-)
510-891-5585 anna.ge	e@acgov.org						(mont)	n, day, year	'
2. Function, Event, or Ceremonial I		tion		and a subsection of the subsec		anna taonaisean an marsaina a			
								00.00	
Title <u>Athletics vs. Angels</u>				Face V	alue of Ea	ch Admis	ssion\$.	38.00	
Description Baseball Game				D ((08 00	6,12	08	8,07	, 12
Description <u>Description</u>			-	Date(s)			/	/
Ticket(s)/Admission(s) provided by	agency? Yes		0 [1]	If no: <u>Jama</u>		Name o	of Source		
Was the distribution to persons iden Yes ☐ No ☑ If yes: ^{Miley,} The identity of recipient(s) and to Name	ntified below n Nate - Alameda C Official's the explanatic	nade a County S Name (L	at the Superv	behest of visor irst) and Title Check the		y official?	? official clai		
Was the distribution to persons ide Yes	ntified below n Nate - Alameda C Official's	nade a County S Name (L	at the Superv Last, F	 behest of visor irst) and Title Check the taxable in also prov If not incc ceremoni 	an agency e income box if come. If the a de a descriptio me, describe t al roles, perfor	f the agency gency officia on.	official clai al performen urpose, incl	d a ceremo uding	onial role,
Was the distribution to persons ide Yes □ No ☑ If yes: <u>Miley</u> . The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	ntified below n Nate - Alameda C Official's the explanatic Number of Admission(s)/	nade a County S Name (L On:	Superv ast, F	 behest of visor irst) and Title Check the taxable in also prov If not incc ceremoni organizat To promote atten 	an agency income box il come. If the a ide a descripte al roles, perfor ion. dance for an eve	f the agency gency officia on. the public pu med by an a	official clai al performen urpose, incl gency offic ounty facility	d a ceremo uding ial, individ in order to	onial role,
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Jok V.	Anna Gee	Operations Manager	07/09/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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A Public	Document
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Agency Name County of Alameda Division, Department, or Region (if applic				D (0)		
	Agency Name			Date Stamp	California	K•Y4K
Division, Department, or Region (if applic					Form	$\underline{\mathbf{o}}$
	able)				For Official U	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must	provide explanation in	Part 3)
Anna Gee, Operations Manager					provide explanation m	1 0/1 0.)
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, yea	r)
510-891-5585 anna.gee	@acgov.org				(,
Function, Event, or Ceremonial F	Role Informat	tion				
Athletice ve Appela					00.00	
Title Athletics vs. Angels			Face \	/alue of Each Admis	ssion \$ _ <u>38.00</u> _	
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			Oakl	and Athlatica		
Ticket(s)/Admission(s) provided by a	agency? Yes	No 🖸	If no: Our	Mame (of Source	
-	late - Alameda C Official's i			an agency official?		
Yes ☐ No ☑ If yes: <u>Miley, N</u> The identity of recipient(s) and the Name		County Supe Name (Last,	rvisor First) and Title	e income box if the agency	official claims admiss	
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-NAA.	Anna Gee	Operations Manager	07/09/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)