A	Pub	lic	Document
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licket/Admission Distribution	15			A	Public Do	ocumer
1. Agency Name				Date Stamp	California	802
County of Alameda				2.66	Form	002
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 (Must pr	ovide explanation ii	Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors					
Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, ye	ar)
	oerkins@acgov.	the second s				
2. Function, Event, or Ceremonial	Role Informat	tion				
Title			Face \	/alue of Each Admiss	ion \$ <u>\$35</u>	
Description A's vs. Red Sox			Date(s	9 <u>12</u> <u>12</u>	/	/
			Oald	and Athlatics		
Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No 🖸	I If no: Oak	Name of	Source	
The identity of recipient(s) and Name (Last, First)	the explanatic		그는 것이 아파는 그 아무지 않는 것을 알았는 것이다.	e income box if the agency of ncome. If the agency official p		
or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Official	also prov If not inc	vide a description. ome, describe the public purp ial roles, performed by an age	ose, including	
Chan, Daren	2	Yes □ No ☑		e attendance at an eve cility in order to maximi		Income
		Yes 🗖 No 🗖	County re	venue from sales.		Income
		Yes □ No □				Income
		Yes 🗖 No 🗖				Income
		Yes □ No □				Income
	exandra Boskov	/ich		that the distribution of adr at Administrator	missions, set fo	
Signature of Agency Head or Designee	Print Nar	me		Title	(mon	th, day, year

Α	Pub	lic	Document

Agonou Nomo	And and a second se				
. Agency Name				Date Stamp	California 802
County of Alameda				.7 ⁶ (Form OU2
Division, Department, or Region (if ap	plicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Til	le)				
Cheryl Perkins, Interim Clerk, Board	d of Supervisors			Amendment (Must provide	e explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	month, day, year)
(510) 272-3882 cheryl	. perkins@acgov.	ora		(7	nonth, day, year)
. Function, Event, or Ceremonia	And a second sec				
Title			Eaco	/alue of Each Admission	¢ \$120.90
1100					
Description Ward vs. Dawson box	ing fight		Date(s) <u>8 / 31 / 12</u>	////////
Ticket(s)/Admission(s) provided I	by agency? Yes	🗆 No 🗹	If no: Gold	en State Warriors Name of Sour	rca
Was the distribution to persons in Yes ☑ No ☑ If yes: Sup	ervisor Wilma Chan		e behest of	an agency official?	
The identity of recipient(s) and		ivame (Last, I	First) and Title		
	I the explanatio		First) and Title		
Name (Last, First) or Organization (Name, Address, Description)	hthe explanation Number of Admission(s)/ Ticket(s)		 Check the taxable in also provide if not inc 	e income box if the agency official ncome. If the agency official perfo vide a description. ome, describe the public purpose, ial roles, performed by an agency tion.	rmed a ceremonial role, including
(Last, First) or Organization	Number of Admission(s)/	Agency	 Check the taxable is also provide the second second	ncome. If the agency official perfo vide a description. ome, describe the public purpose, ial roles, performed by an agency	rmed a ceremonial role, including official, individual, or held at a Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🗖	 Check th taxable is also prov If not inc ceremon organiza To promot County fac 	ncome. If the agency official perfo vide a description. ome, describe the public purpose, ial roles, performed by an agency tion. e attendance at an event	rmed a ceremonial role, including official, individual, or held at a Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🔲 No 🗹 Yes 🔲	 Check th taxable is also prov If not inc ceremon organiza To promot County fac 	ncome. If the agency official perfo vide a description. ome, describe the public purpose, ial roles, performed by an agency tion. e attendance at an event cility in order to maximize p	rmed a ceremonial role, including official, individual, or held at a Income potential Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes	 Check th taxable is also prov If not inc ceremon organiza To promot County fac 	ncome. If the agency official perfo vide a description. ome, describe the public purpose, ial roles, performed by an agency tion. e attendance at an event cility in order to maximize p	rmed a ceremonial role, including official, individual, or held at a Income potential Income

3.

/

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

0 - /	Alexandra Boskovich	Ticket Administrator	08/31/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

. Agency Name				Date Stamp	California Form	002
County of Alameda					and the second division of the second divisio	and the second se
Division, Department, or Region (if appli	cable)			1	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.)
Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number E-mail	of Supervisors			Date of Original Filing:		
	nishida@acgov.	ord		Date of Original Filing:	(month, day, yea	r)
. Function, Event, or Ceremonial						
		lion				
Title			Face \	/alue of Each Admiss	ion \$ _\$75/\$1	7-park
Description A's vs. Red Sox			Date(s	<u>9 , 2 , 12</u>	//_///_////	/
			60.40 (MAR)			
Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No 🗹	If no: Oakl	and Athletics		
				Name of S	Source	
Was the distribution to persons ide	ntified below n	nade at th	e behest of	f an agency official?		
Super	visor Wilma Chan					
Yes 🔽 No 🔲 If yes: Super	visor Wilma Chan Official's	Name (Last, I	First) and Title			
The identity of recipient(s) and t	he evolanatio					
Name		/11.	Check th	e income box if the agency off	cial claime admir	
(Last, First)	Number of	Agency	taxable in	ncome. If the agency official pe		
or Organization	Admission(s)/ Ticket(s)	Official	If not inc	vide a description. ome, describe the public purpo	ose, including	
(Name, Address, Description)	(ionot(o)			ial roles, performed by an ager		
			organizat		icy official, individ	lual, or
		Yes 🗖	To promot	tion. e attendance at an eve	nt held at a	lual, or Income
Chun, Ann	3+1 parking	Yes □ No ☑	To promot	tion.	nt held at a	
Chun, Ann	3+1 parking pass	AUTO CONTRACTOR OF A	To promot County fac	tion. e attendance at an eve	nt held at a	Income D Income
Chun, Ann		No 🗹 Yes 🗖	To promot County fac	tion. e attendance at an eve cility in order to maximiz	nt held at a	Income Income
Chun, Ann		No ☑ Yes □ No □	To promot County fac	tion. e attendance at an eve cility in order to maximiz	nt held at a	Income D Income
Chun, Ann		No Yes No Yes No Yes Yes	To promot County fac	tion. e attendance at an eve cility in order to maximiz	nt held at a	Income Income Income
Chun, Ann		No Yes No Yes No Yes No No	To promot County fac	tion. e attendance at an eve cility in order to maximiz	nt held at a	Income Income
Chun, Ann		No Yes No Yes No Yes Yes	To promot County fac	tion. e attendance at an eve cility in order to maximiz	nt held at a	Income Income Income Income

110	Al	exandra Boskovich	Ticket Administrator	8/31/2012
Signature	of Agency Head or Designee	Print Name	Title	(month, day, year)

icket/Admission Distribut	lions				A Public Do	Journer
Agency Name				Date Stamp	California	007
County of Alameda					Form	802
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)					
Cheryl Perkins, Interim Clerk, Bo				Amendment (Must	provide explanation in	n Part 3.)
Area Code/Phone Number [E-ma				Date of Original Filing	•	
					(month, day, yea	ar)
	ryl. perkins@acgov.	and the second se				
Function, Event, or Ceremor	ial Role Informa	tion				
Title			Eaco V	/alue of Each Admi	seion ¢ \$35	
1109						
Description A's vs. Red Sox			Dato/s	s) <u>9 , 1 , 12</u>	1	,
			Date(s	//	/	/
		-	- v Oakl	and Athletics		
Ticket/o/Admicsion/o) musuida						
Ticket(s)/Admission(s) provide				Name	of Source ?	
Was the distribution to persons	i identified below r upervisor Wilma Chan Official's	nade at th		Name	1.000	
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization	i identified below r upervisor Wilma Chan Official's	nade at th	First) and Title Check th taxable in also prov If not inc	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu	official claims admis al performed a cerem urpose, including	ionial role,
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or	i identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/	nade at th Name (Last, Dn: Agency Official	First) and Title Check th taxable is also prov If not inc ceremon organiza	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion.	official claims admis al performed a cerem urpose, including gency official, indivi	ionial role,
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes 🗖	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	nonial role, dual, or
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization	i identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official Yes □ No ☑	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion.	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	onial role, dual, or
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes □ Yes □ Yes □	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes □ No ☑	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	Name (Last, Dn: Agency Official Yes No Yes No Yes Yes	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanation Number of Admission(s)/ Ticket(s)	nade at th	First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County face	e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e cility in order to maxin	official claims admis al performed a cerem urpose, including gency official, indivi vent held at a	dual, or Income Income Income Income

an	Alexandra Boskovich	Ticket Administrator	08/31/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1. Agency Name					Date Stamp	California Form	003
County of Alameda						Form	002
Division, Department, or Regio	n (if applica	ble)				For Official	Use Only
Board of Supervisors							
Street Address	<u>a</u> gu u						
1221 Oak Street, Suite 536							
Designated Agency Contact (N	ame, Title)				Amendment (Must pro	vide explanation in	Part 3)
Cheryl Perkins Interim Clerk,	Board of \$	Supervisors					
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month. dav. vea	r)
(510) 272-3882	cheryl.per	kins@acgov.d	org				,
. Function, Event, or Cerer	nonial R	ole Informat	tion				
Title				Face V	/alue of Each Admiss	ion \$ _ 	,
Description <u>A's vs. Angels</u>				Data/a	9 <u>5</u> 12	1	,
				Date(S)	<i></i>	/
Ticket(s)/Admission(s) prov	idad by a			I If no. Oakl	and Athletics		
Ticket(s)/Admission(s) prov	nueu by a	igency res		_ ii no	Name of S	Source	
Was the distribution to pers	ons iden	tified below r	nade at th	e behest of	an agency official?		
····· ··· ··· ··· ··· ··· ··· ··· ···				0 0011000 01	an agonoy onioiar.		
Yes 🖸 No 🔲 If yes	s: Supervie	sor Wilma Chan					
		Official's	Name (Last, i	First) and Title			
The identity of recipient(s	s) and th	e explanatio	on:				
Name				Check th			
(Last, First) or		Number of		- Olleck ul	e income box if the agency off	icial claims admis	sion as
			Agency	taxable ir	ncome. If the agency official p		
Organization		Admission(s)/	Agency Official	taxable ir also prov If not inc	ncome. If the agency official p vide a description. ome, describe the public purpe	erformed a cerem ose, including	oníal role,
Organization (Name, Address, Descripti	ion)			taxable ir also prov If not inc	ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agei	erformed a cerem ose, including	onial role,
(Name, Address, Descripti	ion) 	Admission(s)/ Ticket(s)		taxable ir aiso prov If not inco ceremoni organizat	ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agen tion. e attendance at an eve	erformed a cerem ose, including ncy official, individ nt held at a	onial role, Iual, or
	ion)	Admission(s)/	Official	taxable ir aiso prov If not inco ceremoni organizat	ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agen tion.	erformed a cerem ose, including ncy official, individ nt held at a	onial role, iual, or
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes 🗖	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an agen tion. e attendance at an eve	erformed a cerem ose, including ncy official, individ nt held at a	onial role, Iual, or Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes □ No ☑	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	onial role, Iual, or Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	iual, or Income Income Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □ Yes □ Yes □	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	iual, or Income Income Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes □ Yes □ No □ Yes □ No □ Yes □ Yes □ Yes □ No □	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	Jual, or Income Income Income
(Name, Address, Descripti ———————————————————————————————————	ion)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □ Yes □ Yes □	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	Jual, or Income Income Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes No Yes	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	Income
(Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Official Yes □ No □ Yes □ No □	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	Income
(Name, Address, Descripti Mann, Rayma	ion)	Admission(s)/ Ticket(s)	Official Yes No Yes	taxable ir also prov If not incu- ceremoni organizat To promote County fac	ncome. If the agency official p vide a description. ome, describe the public purp lal roles, performed by an agen tion. e attendance at an eve vility in order to maximiz	erformed a cerem ose, including ncy official, individ nt held at a	Jual, or Income Income Income Income Income
(Name, Address, Descripti Mann, Rayma	°C Regulatio	Admission(s)/ Ticket(s)	Official Yes No Yes No	taxable in also prov If not incu- ceremoni- organizat To promote County fact County rev	ncome. If the agency official p ride a description. ome, describe the public purpo- lal roles, performed by an agen tion. e attendance at an eve cility in order to maximiz venue from sales.	erformed a cerem ose, including ncy official, individ int held at a ze potential	Income Income Income Income Income Income
(Name, Address, Descripti Mann, Rayma	°C Regulatio	Admission(s)/ Ticket(s)	Official Yes No Yes No	taxable in also prov If not incu- ceremoni- organizat To promote County fact County rev	ncome. If the agency official p ride a description. ome, describe the public purpo- lal roles, performed by an agen tion. e attendance at an eve cility in order to maximiz venue from sales.	erformed a cerem ose, including ncy official, individ int held at a ze potential	Income Income Income Income Income Income
(Name, Address, Descripti Mann, Rayma	PC Regulatio	Admission(s)/ Ticket(s)	Official Yes □ No □	taxable in also prov If not incu- ceremoni- organizat To promote County fac County rev County rev	ncome. If the agency official p ride a description. ome, describe the public purpo- lal roles, performed by an agen tion. e attendance at an eve cility in order to maximiz venue from sales.	erformed a cerem ose, including ncy official, individ int held at a ze potential	Income Income Income Income Income Income

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

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A Public Docume	nτ
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ckcuAdimaaton Diatributi	ona					
Agency Name				Date Stamp	California Form	002
County of Alameda						
Division, Department, or Region (if a	pplicable)				For Official	Use Only
Board of Supervisors						
Street Address					-	
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, The Context (Name, The Context of	itle)			Amendment (Musi	t provide explanation ir	n Part 3.)
Cheryl Perkins, Interim Clerk, Boar						
Area Code/Phone Number E-mail				Date of Original Filing	i:(month, day, yea	ar)
(510) 272-3882 chery	l.perkins@acgov.o	org				
Function, Event, or Ceremonia	al Role Informat	tion				
Title			E	labor of Early Adams	\$35	
Thie				/alue of Each Admi		
Description A's vs. Orioles			Date(s	<u>9 / 15 / 12</u>	1	1
			Durofo	/		
			Oakl	and Athletics		
Ticket(s)/Admission(s) provided	by agency? Yes		If no. Can	and Autorios		
Ticket(s)/Admission(s) provided Was the distribution to persons i	identified below r	nade at th		Name	of Source	
Was the distribution to persons i	identified below r pervisor Wilma Chan <i>Official's</i>	nade at the Name (Last, I		Name		
Was the distribution to persons i Yes ☑ No □ If yes: Sup	identified below r pervisor Wilma Chan <i>Official's</i>	nade at the Name (Last, I	e behest of First) and Title	Name	?	ssion as
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3.

is in accordance with the provisions. N

an	Alexandra Boskovich	Ticket Administrator	8/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A I GOILC DOCUMENT	ment	Docu	olic	Pub	AF
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. Agency Name						
				Date Stamp	California Form	000
County of Alameda					Form	004
Division, Department, or Region (if appli	icable)				For Officia	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title))			Amendment (Mu	ust provide explanation i	n Part 3.)
Cheryl Perkins, Interim Clerk, Board of	of Supervisors					
Area Code/Phone Number E-mail				Date of Original Fili	ng:(month, day, ye	ar)
(510) 272-3882 crystal.h	nishida@acgov.	org				
. Function, Event, or Ceremonial	Role Information	tion				
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Title				/alue of Each Adn		
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CN	Y	Alexandra Boskovich	Ticket Administrator	8/28/2012
Signature of A	gency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen

. Agency Name				Date Stamp	California Form	001
County of Alameda					Form	004
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)			Amendment (Mus	t provide explanation ir	n Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors					
Area Code/Phone Number E-mail				Date of Original Filing	;(month, day, yea	ar)
	perkins@acgov.o					
. Function, Event, or Ceremonia	I Role Informat	tion				
Title			Ease \	/alue of Each Admi	anian ¢ \$222/9	\$35 park
1111E						
Description Raiders vs. Lions prese	eason		Date/s	<u>8 / 25 / 12</u>		1
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Ticket(s)/Admission(s) provided b	v agency? Yes		I If no: Oakl	and Raiders		
			-	Nama	of Source	
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m	Alexandra Boskovich	Ticket Administrator	8/23/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

icket/Admission Distributio						
. Agency Name				Date Stamp	California Form	000
County of Alameda					Form	002
Division, Department, or Region (if ap	plicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Tit	le)			Amendment (Mu	ist provide explanation ii	n Part 3.)
Cheryl Perkins, Interim Clerk, Board	d of Supervisors					,
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, ye	ar)
(510) 272-3882 cheryl	.perkins@acgov.o	org				
Function, Event, or Ceremonia	I Role Information	tion				
Title			F \/		\$35	
			Face v	alue of Each Adm	hission \$ $-\frac{1}{200}$	
Description <u>A's vs. Orioles</u>			Date(s)	9 14 12	2 /	1
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				and Athlatian		
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	Alexandra Boskovich	Ticket Administrator	8/20/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Designated Agency Contact (Na	me, Title)				Amendment (Must pro	vide explanation i	Part 3)
Cheryl Perkins Interim Clerk, I	Board of	Supervisors					,
Area Code/Phone Number E	-mail				Date of Original Filing: _	(month. day. ve	ar)
(510) 272-3882	heryl.pe	rkins@acgov.o	org				,
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• Verification I have read and understand FPPC is in accordance with the provision	C Regulati	ons 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adn	nissions, set fo	rth above,
0 -	Alex	kandra Boskov	vich	Ticke	et Administrator	08/13/	2012
Signature of Agency Head or Designee		Print Na	me		Title	(mon	h, day, year,
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Cheryl Perkins, Interim Clerk, Board	l of Supervisors								
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	perkins@acgov.c	The second s		****		*******			
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is in accordance with the provisions.

M	Alexandra Boskovich	Ticket Administrator	8/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1. Agency Name Date Stamp California County of Alameda Division, Department, or Region (if applicable) For Official L Board of Supervisors Street Address For Official L Street Address 1221 Oak Street, Suite 536 Image: Cheryl Perkins, Interim Clerk, Board of Supervisors Image: Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number E-mail Date of Original Filing:	rm OU Official Use Only nation in Part 3.) day, year)
Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number [510) 272-3882 cheryl.perkins@acgov.org 2. Function, Event, or Ceremonial Role Information Title Face Value of Each Admission \$\$ \$222 Description Raiders vs. Cowboys preseason Date(s) 8 13 12	Official Use Only nation in Part 3.) day, year)
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Was the distribution to persons identified below made at the behest of an agency official?	
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Yes 🗹 No 🔲 If yes: ^{Supervisor} Wilma Chan	
Official's Name (Last, First) and Title	
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10-	Alexandra Boskovich	Ticket Administrator	8/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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California Form 802 For Official Use Only
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. /1/

	Alexandra Boskovich	Ticket Administrator	8/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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and	Alexandra Boskovich	Ticket Administrator	8/3/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Signature of Agency Head or Designee

Ti	cket/Admission Distr	ibutions	5				A	Public Do	ocument	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form	Constant States	
	Division, Department, or Region (if applicable)							For Official	Use Only	
	Board of Supervisors									
	Street Address						Υ.			
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)									
							Amendment (Must pr	ovide explanation in	Part 3.)	
	Cheryl Perkins, Interim Cler Area Code/Phone Number	k, Board of E-mail	Supervisors				Date of Original Filing:			
	(510) 272-3882		rkins@acgov.o	ara				(month, day, yea	ar)	
2	Function, Event, or Cere		Contraction of the local division of the loc	and the second se	-					
4.	r unction, event, or oere	momariy		lion						
	Title				-	Face \	/alue of Each Admiss	ion \$ <u>\$35</u>		
	Alexe Plue le	NG					s) <u>8 , 4 , 12</u>			
	Description <u>A's vs. Blue Ja</u>	ys			-	Date(s	s)//	/	/	
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oakland Athletics									
	Ticket(s)/Admission(s) pro	Name of	Source							
	Was the distribution to persons identified below made at the behest of an agency official?									
	Was the distribution to pe	rsons iden	tified below r	nade a	at th	e behest of	f an agency official?			
	Yes 🖸 No 🔲 Ify	e. Supervi	sor Wilma Chan							
			sor Wilma Chan Official's	Name (l	ast, I	First) and Title				
	The identity of recipient									
	Name					e income box if the agency of	ficial claims admis	ision as		
	(Last, First)		Number of	Age		taxable in	ncome. If the agency official p vide a description.			
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	· If not inc	ome, describe the public purp			
	(Name, Address, Descrip	otion)				ceremon organiza	ial roles, performed by an age tion.	ncy official, indivi	dual, or	
	0			Yes			e attendance at an eve		Income	
	Chan Zoe		2	No	\square	County fac	cility in order to maximi	ze potential		
				and the second second		County rev	venue from sales.		Income	
				No						
				Yes	1.1.1.1.1				Income	
	<u></u>			No						
				Yes No					Income	
				10.00070						
				No	H				Income	
2	Verification					9 Mar.				
э.	I have read and understand FP	PC Regulati	ons 18044 1 an	d 1894	216	ave verified t	hat the distribution of ad	nissions set fo	dh ahovo	
	is in accordance with the provis	ions.		u /001				113310113, 361 10	illi above,	
	Nh 1	A1	ionalia Daalaa	data		T 1-1	A A alamiata a ta u		10	
		Ale	kandra Boskov	rich		TICKE	et Administrator	8/3/20	12	

Print Name

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

(month, day, year)

Title

A Public Docume

icket/Admission Distr	nonnat	S					A Public D	ocume
. Agency Name				_		Date Stamp	Californi Form	a 00
County of Alameda							Form	80/
Division, Department, or Reg	ion (if applic	able)					For Offici	al Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment (M	unt provide avalance	la Dad O L
Cheryl Perkins, Interim Clerk	k, Board o	f Supervisors						
Area Code/Phone Number	E-mail					Date of Original Fili	ng:	aarl
(510) 272-3882	cheryl.pe	erkins@acgov.	org				(monui, day, y	sary
Function, Event, or Cere	monial F	Role Informa	tion					
Title				-	Face V	alue of Each Adr	nission \$ <u>\$35</u>	
Description A's vs. Blue Jay	/s) 8 / 3 / 1	2	
Description	-				Date(s)	/	/
Ticket/c)/Admicsion/c) and			\simeq \sim	-	r. Oaklı	and Athletics		
Ticket(s)/Admission(s) pro	vided by	agency? Yes			If no: Oakie	Nam	e of Source	
Was the distribution to per		A142 - 1 1 - 1				12.25 p. 24.5 m	22842	
The identity of recipient(s) and th			150, 7	First) and Title			
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Harris, Bill		2	1 23222 2			e attendance at an lity in order to ma		Incom
			Yes No		County rev	enue from sales.		Incom
			Yes					Incom
			No					
			15					Incom
-			No					
			2.6 25					Incom
			No [
Verification I have read and understand FPF is in accordance with the provisio	ons.	ons 18944.1 and kandra Boskov		l ha		at the distribution of Administrator		
Signature of Agency Head or Designer		Print Nan	12000				8/3/20	
grante en gener nead et Designer		Print Nan	ne			Title	(mon	th, day, year,

A Public Docume	Α	A Public	Document	
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110	cket/Aumssion Dist								
1.	Agency Name					Date Stamp	Cali	fornia	802
	County of Alameda							and designed	S 2 2 2 2
	Division, Department, or Reg	gion (if applical	ble)				Fo	or Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)				Amendment (A	Must provide expl	anation in I	Part 3.)
	Cheryl Perkins, Interim Cler		Supervisors				_		
	Area Code/Phone Number	E-mail				Date of Original Fil	ling:(month	n, day, year)
	(510) 272-3882	and the second se	kins@acgov.c	0.00					
2.	Function, Event, or Cer	emonial Re	ole Informat	tion					
	Title				Feee	Value of Each Ad	lesles ¢	\$58	
	Title								
	Description Ringling Broth	ers circus			Date	s)	12	1	1
					Ducol	o,		104	
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		I If no: Gold	den State Warriors			
							10		
			30		- Chinadata II	Nar	me of Source		
						ivar			
	Was the distribution to pe					ivar			
	Was the distribution to pe	ersons ident	t ified below r sor Wilma Chan	nade at th	ne behest o	f an agency offic			
	Was the distribution to pe	ersons ident	t ified below r sor Wilma Chan	nade at th		f an agency offic			
	Was the distribution to pe	ersons ident ves: <u>Supervis</u>	t ified below r sor Wilma Chan <i>Official's</i>	nade at th Name (Last,	ne behest o	f an agency offic			
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Title	(month, day, year)
	Title

A L abile Document	Α	Pub	lic	Document
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	cket/Aumssion Distribut							
1.	Agency Name					Date Stamp	California Form	202
	County of Alameda					÷	A REAL PROPERTY AND A REAL	
	Division, Department, or Region (if	applicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name,	Title)				Amendment (Mu	ust provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Boar							
	Area Code/Phone Number E-ma					Date of Original Fili	ng:(month, day, yea	r)
		tal.hishida@acgov	_					
2.	Function, Event, or Ceremon	ial Role Informa	ation					
	Title Ringling Brothers Circus				Face	/alue of Each Adn	aission \$ 58.00	
				_				
	Description Circus			_	Date(s) 08 , 11 , 12	2/	1.
						an Dinte Minuteur		
	Ticket(s)/Admission(s) provided	by agency? Ye	s 🗆 N	0 🗹	If no: Gold	en State Warriors	(0	
	Ticket(s)/Admission(s) provided	I by agency? Ye	s 🗖 N	0 🗹	If no: Gold	en State Warnors Nam	e of Source	
						Wan		
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	Was the distribution to persons	identified below alle, Richard- Superv	made a	at the	e behest of	Wan		
	Was the distribution to persons	identified below alle, Richard- Superv	made a	at the		Wan		
	Was the distribution to persons	identified below alle, Richard- Superv Official'	made a isor Distr s Name (I	at the	e behest of	Wan		
	Was the distribution to persons Yes ☑ No ロ If yes: <u>Va</u> The identity of recipient(s) ar _{Name}	identified below alle, Richard- Superv Official'	made a isor Distr s Name (I	at the	e behest of First) and Title	an agency officia	al? cy official claims admis	
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ILAA)	MICHELLE DIANDA	Ticket Administrator	8/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

-0	ckeuAumission Distri	Dutions	2				~	Fublic DO	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regio	on (if applica	ible)	1				For Official U	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	Vame, Title)					Amendment (Must pro	vide explanation in l	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						un oly
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.his	shida@acgov.o	org					(r
2.	Function, Event, or Cere	monial R	ole Informat	ion					
								50.00	
	Title Ringling Brothers Circus	S			-	Face \	/alue of Each Admissi	on \$ _58.00	
	- Circus						<u>, 08 / 12 / 12</u>	5	,
	Description Circus				-	Date(s	;)//	/	/
		11 E.			and a second	Gold	en State Warriors		
	Ticket(s)/Admission(s) prov	vided by a	agency? Yes		0 🛛	If no:	Name of S	Source	
	Was the distribution to pers	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
		Valle R	ichard- Supervis	or Dietr	ict 2				
	Yes 🗹 No 🔲 Ifye	S: <u>Valle, IX</u>	ichard- Supervis Official's	Name (i	ast. I	First) and Title			
	The Identity of regime of	a) and th				Ċ2			
	The identity of recipient(s) and th	e explanatio	on:					10
	Name (Last, First)		Number	A			e income box if the agency off ncome. If the agency official p		
	or		Number of Admission(s)/	Age Offic		also prov	vide a description.		
	Organization (Name, Address, Descript	tion)	Ticket(s)	1999/1802			ome, describe the public purpo ial roles, performed by an ager		ual, or
	and a second and a s			N		organiza	tion. attendance at an event held :	at a County	
	Plancarte, Luisanna		4	Yes	10.00	1983 20 Sec. 3 State 2012 - 1	er to maximize potential reve	20.89	Income
			-4	No		lacinty in orde	er to maximize potential reve	inde ironi sales.	
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
_	N 1 1949 - 224			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.

MAZ_	MICHELLE DIANDA	Ticket Administrator	8/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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A	r	up	110	DC	cu		en	ε.

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١.	Agency Name						Date Stamp		California	802
	County of Alameda						- 20 and 10 and 10 and 10 and		and the second	
	Division, Department, or Reg	ion (if applica	able)						For Official L	Jse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact ((Name, Title)					Amendment (Mu	st provi	de explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	a statement of the stat	Supervisors							
	Area Code/Phone Number	E-mail					Date of Original Filir	ıg:	(month, day, year	7
	(510) 272-3882	And in case of the other states in the local division in the local	shida@acgov.	100 ATW	_					
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Ringling Brothers Circu	JS	ē		-	Face \	/alue of Each Adm	nissio	on \$ _58.00	
	Description Circus				-	Date(s	;) 08 , 09 , 12	2	/	/
	T1 1 4/ \/A 1 - 1 - 1 / - \	wided by r			0 171	If no. Gold	en State Warriors			
	licket(s)/Admission(s) pro	prided by a	agency? Yes		<u> </u>					
	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ⊡ No □ If v	rsons iden	tified below n	nade a or Distr	it the	behest of	, vann	e of So Il?	urce	
	Was the distribution to pe	rsons iden /es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (L	it the		, vann		urce	
	Was the distribution to per Yes ☑ No ロ If y	rsons iden /es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (L	it the	 behest of irst) and Title Check th 	f an agency officia	ll? cy offic	ial claims admis:	
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is in accordance with the provisions. MICHELLE DIANDA **Ticket Administrator** Signature of Agency Head or Designee Print Name Title (month, day, year)

A Fublic Document	Α	Pub	lic	Document
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11	cket/Admission Distr									
1.	Agency Name						Date St	tamp	California Form	202
	County of Alameda								the second designed	and the second se
	Division, Department, or Region (if applicable)								For Official L	lse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (9 MARIN 6-191					Amendm	ent (Must pro	vide explanation in i	Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of Super	rvisors				Date of Origi	nal Filina:		
	202222 6 122222 122226 122220220		~				Date of Origin	nai rinng	(month, day, year)
	(510) 272-3882	crystal.hishida	the second s							
	Function, Event, or Cere	monial Role	Informat	tion						
	Title Ringling Brothers Circu	S				Face \	/alue of Eac	h Admissi	on \$ <u>58.00</u>	
	Description Circus					Date(s	s) <u>08</u> / <u>10</u>	_/	. <u> </u>	/
							2		(a)	
	Ticket(s)/Admission(s) pro	vided by agen	cv? Yes	TI No		If no: Gold	en State Warri	ors	ource	_
	Was the distribution to per							Name or a	ource	
	Was the distribution to per Yes ☑ No 🔲 If ye	sons identified es: Valle, Richard	d below n d- Supervis <i>Official's i</i>	nade at or Distric Name (La	t the			Name or a	unce	
	Was the distribution to per	sons identified es: Valle, Richard	d below n d- Supervis <i>Official's i</i>	nade at or Distric Name (La	t the	behest of	f an agency o	official?		
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	MICHELLE DIANDA	Ticket Administrator	8/1/	12
Signature of Agency Head or Designee	Print Name	Title	(month, day	y, yèar)

Agency Report of: Ceremonial Role Events and Т

Ti	cket/Admission Distr	indutions								ocumer
1.	Agency Name						Date Stamp		California	802
	County of Alameda								Form	002
	Division, Department, or Regi	ion (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 prov	ide explanation ir	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						2	
	Area Code/Phone Number	E-mail					Date of Original F	iling:	(month, day, yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org						
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Aerosmith					Fasel	Value of Each Ar	ductors	c 235.00)
					-	Face	Value of Each Ac	amissi	on \$ <u></u>	
	Description Concert					Date(s	s) <u></u>	12	1	1
					-	Dutofe				
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 17	If no: Gold	len State Warriors			
	Ticket(s)/Admission(s) provided by agency? Yes				and and a second			ame of S	ource	
							Na	anie or o	54700	
							746			
	Was the distribution to per						746		HENDINALS	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	behest of	f an agency offic			
	Was the distribution to per	rsons iden		nade a	at the	behest of	f an agency offic			
	Was the distribution to per	rsons iden es: <u>Valle, R</u> i	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at the	behest of	f an agency offic			
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	Was the distribution to per Yes ☑ No ロ If ye The identity of recipiente Name (Last, First)	rsons iden es: <u>Valle, R</u> i	tified below n ichard- 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 the taxable i	f an agency offic	cial?	cial claims admit	
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Signature of Agency Head or Designee

Print Name

Title

01 Λ (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Admi ----

A Public Document		Α	Puk	olic	Doc	ume	nt
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11	cket/Admission Distri								Public Do	
1.	Agency Name						Date S	tamp	California	802
	County of Alameda									
	Division, Department, or Regi	on (if applical	ble)						For Official U	Jse Only
	Board of Supervisors									
	Street Address								9	
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	Vame, Title)					Amendm	ent (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors							
	Area Code/Phone Number	E-mail					Date of Origi	nal Filing:	(month, day, yea	フ
_	(510) 272-3882		hida@acgov.	a second	_					
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Oakland A's					Face	alue of Eac	h Admice	ion \$ _26.00	
					-					
	Description Baseball game				_	Date(s	$)^{08} / ^{01}$, 12		
	•					1999 B.				
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	🗆 No		If no: Oakla	and A's			
	Ticket(s)/Admission(s) prov Was the distribution to pers							Name of S	Source	
	Was the distribution to per-	sons ident		nade af	t the	behest of			Source	
	Was the distribution to per-	sons ident	t ified below n chard- Supervis <i>Official's</i>	nade af or Distric Name (La	t the	behest of			Source	
	Was the distribution to pers Yes ☑ No □ If ye	sons idenf es: <u>Valle, Ri</u> s) and the	t ified below n chard- Supervis <i>Official's</i>	nade af or Distric Name (La	t the ct 2 ast, F	 behest of irst) and Title Check the taxable in also prov If not ince 	an agency e income box if the ncome. If the age ide a description ome, describe the ial roles, perform	official? the agency off ency official p n. e public purpo	icial claims admise erformed a ceremo	onial 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 idenf es: <u>Valle, Ri</u> s) and the	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/	nade af or Distric Name (La on: Agen Offici	t the ct 2 ast, F cy ial	 behest of irst) and Title Check the taxable in also prov If not inconceremoni organizat To promote a 	an agency e income box if the age ide a description ome, describe the ial roles, perform ion. ttendance at an	official? the agency offi ency official p n. te public purpore ned by an agen n event held	icial claims admis erformed a ceremo ose, including icy official, individ	onial role, ual, or
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MAD	MICHELLE DIANDA	Ticket Administrator	8/1/12
Signature of Agency Head or Designee	Print Name	Title	(mønth, day, year)

	Α	Public	Document
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1.1	cket/Admission Distributio						
1.	Agency Name				Date Stamp	California	002
	County of Alameda				-richthysis - but skielige	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)			Amendment (Mu	st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board of	f Supervisors					17
	Area Code/Phone Number E-mail				Date of Original Filin	ig:(month, day, yea	r)
_		hishida@acgov.					
2.	Function, Event, or Ceremonial	Role Informat	tion				
	Title Oakland A's			Facel	Value of Each Adm	26.00	
	1100						
	Description Baseball game			Date(s	s) <u>08 / 02 / 12</u>	2//////////	
					/		
	Ticket(s)/Admission(s) provided b	y agency? Yes		I If no: Oak	land A's		
		Name	e of Source				
	Was the distribution to persons id	entified below r	nade at th	e behest o	f an agency officia	12	
	Was the distribution to persons id	entified below r	nade at th	e behest o	f an agency officia	1?	
	12 CA	, Richard- Supervis	or District 2			1?	
	12 CA 10	, Richard- Supervis	or District 2			1?	
	12 CA 10	, Richard- Supervis <i>Official's</i>	or District 2 Name (Last,			1?	
	Yes ☑ No ☑ If yes: <u>Valle</u> The identity of recipient(s) and Name	, Richard- Supervis <i>Official's</i>	or District 2 Name (Last,	First) and Title	ne income box if the agence	ey official claims admis	
	Yes ☑ No ☐ If yes: <u>Valle</u> The identity of recipient(s) and Name (Last, First)	, Richard- Supervis <i>Official's</i> the explanatic Number of	or District 2 Name (Last, on: Agency	First) and Title		ey official claims admis	
	Yes ☑ No ☐ If yes: <u>Valle</u> The identity of recipient(s) and Name (Last, First) or Organization	, Richard- Supervis Official's the explanatic	or District 2 Name (Last,	First) and Title Check th taxable i also pro	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public	cy official claims admis Cial performed a cerem purpose, including	onial role,
	Yes ☑ No ☐ If yes: <u>Valle</u> The identity of recipient(s) and Name (Last, First) or	, Richard- Supervis Official's the explanatic Number of Admission(s)/	or District 2 Name (Last, on: Agency Official	First) and Title Check th taxable i also pro If not inc ceremon organiza	ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public ial roles, performed by an tion.	cy official claims admis cial performed a cerem purpose, including agency official, individ	onial role,
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	MICHELLE DIANDA	Ticket Administrator	8/1/2
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume	ent
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1911/014	cket/Admission Distr				_			And and a local division of the second se	the second s
۱.	Agency Name						Date Stamp	California	802
	County of Alameda								1. 1. 1. 1. A.
	Division, Department, or Regi	i on (if applica	ble)					For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Amendment (Mu	st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors				Data of Oxford and Diffe		
	Area Code/Phone Number	E-mail					Date of Original Filin	g:(month, day, year	1)
	(510) 272-3882		hida@acgov.	-					
2.	Function, Event, or Cere	emonial R	ole Informat	tion					
	Title Oakland A's				_	Face V	/alue of Each Adm	ission \$ _26.00	
	Description Baseball game					Date(s) 08 , 03 , 12	//////////	
						Onlin			
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		0 🔽	If no: Oaki	and A's Name	e of Source	
	Ticket(s)/Admission(s) pro Was the distribution to per						Name		
	Was the distribution to per	r sons iden es: <u>Valle, Ri</u>	tified below r ichard- Supervis Official's	nade a or Distr Name (I	ict 2		Name		
	Was the distribution to per Yes ☑ No 🔲 If ye	r sons iden es: <u>Valle, Ri</u>	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (I	ict 2 .ast, F	 behest of First) and Title Check the taxable in also prov If not ince 	e income box if the agency ncome. If the agency officia	I? y official claims admiss ial performed a ceremo purpose, including	onial role,
	Was the distribution to per Yes ☑ No ☑ If ye The identity of recipient(Name (Last, First) or	rsons ident es: <u>Valle, Ri</u> (s) and th	tified below r ichard- Supervis Official's e explanatic Number of	nade a or Distr Name (I on: Agen	ict 2 .ast, F	 behest of First) and Title Check the taxable in also prov If not inconceremonia 	e income box if the agency come. If the agency offic ide a description. ome, describe the public ial roles, performed by an	I? y official claims admiss ial performed a ceremo purpose, including	onial role,
	Was the distribution to per Yes ☑ No ☑ If ye The identity of recipient(Name (Last, First) or Organization	rsons ident es: <u>Valle, Ri</u> (s) and th	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (I on: Agen	ict 2 .ast, f	 behest of First) and Title Check the taxable in also prov If not inconceremonior organization 	e income box if the agency come. If the agency offic ide a description. ome, describe the public ial roles, performed by an	I? y official claims admiss ial performed a ceremo purpose, including agency official, individ	onial role, lual, or
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	Was the distribution to per Yes ☑ No ☑ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons ident 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 (L On: Agen Offic Yes No Yes No Yes	at the ict 2 .ast, f	 behest of First) and Title Check the taxable in also prov If not inconceremonio organizat To promote a 	e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion.	I? y official claims admiss ial performed a ceremo purpose, including agency official, individ neld at a County	Income
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MAD	MICHELLE DIANDA	Ticket Administrator	8/3/12
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	cket/Admission Distributions	5				A Public Do	cumer
1.	Agency Name				Date Stamp	California	802
	County of Alameda				Construction Construction In	Form	and the second second
	Division, Department, or Region (if applica		For Official U	Jse Only			
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
		•••••••			Amendment (Mus	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number [E-mail	supervisors			Date of Original Filing	a:	
	(510) 272-3882 crystal.his	shida@acgov.o	ora			(month, day, year	り
2.	Function, Event, or Ceremonial R	and the second se	1000				
	Title Oakland A's			Face	Value of Each Admi	ission \$ <u>26.00</u>	
	Description Baseball game			Detel	s) <u>08</u> ,04,12	,	,
	Description			Date(s	5)//	/	/
				J If no. Oak	land A's		
	Ticket(s)/Admission(s) provided by a						
	Ticket(s)/Admission(s) provided by a Was the distribution to persons iden Yes ☑ No ロ If yes: ^{Valle, R}	tified below n	nade at ti	te behest of	name f an agency official	of Source	
	Was the distribution to persons iden	tified below n ichard- Supervis Official's i	nade at tl or District 2 Name (Last,	First) and Title	f an agency official	? / official claims admise	
	Was the distribution to persons iden Yes ☑ No ロ If yes: ^{Valle, R} The identity of recipient(s) and th _{Name}	tified below n ichard- Supervis Official's ie explanatic	nade at tl or District 2 Name (Last, on:	First) and Title Check th taxable i also pro If not inc ceremon	name f an agency official he income box if the agency ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an	? / official claims admiss ial performed a ceremo	onial role,
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	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)	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at the or District 2 Name (Last, on: Agency Official Yes No Yes Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote a	f an agency official the income box if the agency ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an ition.	? y official claims admiss ial performed a ceremo urpose, including agency official, individ eld at a County	ual, or Income Income Income Income
	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)	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at ti or District 2 Name (Last, on: Agency Official Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote a	f an agency official the income box if the agency ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an ition.	? y official claims admiss ial performed a ceremo urpose, including agency official, individ eld at a County	ual, or Income Income Income

Agency Report of: Ceremonial Role Events and τ

A Public Docu	ment
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cket/Admission Distributio	ons				A	Public Do	cumer
Agency Name				Date Stamp		California Form	002
County of Alameda						Form	002
Division, Department, or Region (if app			For Official U	Jse Only			
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title	e)			Amendment (M	Aust prov	ide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of	of Supervisors						, art 0.)
Area Code/Phone Number E-mail				Date of Original Fil	ling:	(month, day, year	7)
(510) 272-3882 crystal	.hishida@acgov.	org					2
Function, Event, or Ceremonia	I Role Information	tion		4			
Title Oakland A's			-			+ 26.00	
Title Oakland As			Face \	/alue of Each Adı	missi	on $ \frac{20.00}{}$	
Description Baseball game			Dato/s) <u> </u>	12	,	,
			Date(s				
Ticket(s)/Admission(s) provided b	v agonev2 Voc		I If no. Oakl	anu As			
Ticket(s)/Admission(s) provided b Was the distribution to persons id	lentified below n	nade at th	e behest of	an agency offici	me of S ial?	ource	
Was the distribution to persons id	lentified below n e, Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest of	an agency offici		ource	
Was the distribution to persons id Yes ☑ No □ If yes: Valle	lentified below n e, Richard- Supervis Official's	nade at th or District 2 Name (Last,	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a	ncy offic fficial pe	cial claims admise rformed a ceremo se, including	onial role,
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Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization	lentified below n e, Richard- Supervis Official's the explanatic Number of Admission(s)/	nade at th or District 2 Name (Last, on: Agency Official	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promote a	e income box if the agen ncome. If the agency of ride a description. ome, describe the public ial roles, performed by a tion.	ncy offic fficial pe ic purpo an agen t held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	onial role, ual, or
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Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n e, Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 Name (Last, on: Agency Official Yes Yes Yes Yes	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promote a	e income box if the agen ncome. If the agency of vide a description. ome, descripte the public ial roles, performed by a tion.	ncy offic fficial pe ic purpo an agen t held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n e, Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th or District 2 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 a	e income box if the agen ncome. If the agency of vide a description. ome, descripte the public ial roles, performed by a tion.	ncy offic fficial pe ic purpo an agen t held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	Income
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n e, Richard- Supervis Official's 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	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promote a	e income box if the agen ncome. If the agency of vide a description. ome, descripte the public ial roles, performed by a tion.	ncy offic fficial pe ic purpo an agen t held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	Income
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MAD	MICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head or Designee	Print Name	Title	(rhonth, day year)

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

A Public Docur

	cket/Aumssion Distrib									
1.	Agency Name						Date Stamp)	California Form	002
	County of Alameda					8		Form	002	
	Division, Department, or Region (if applicable)							For Official U	Jse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	nme, Title)					Amendment	(Must pro	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, Bo	oard of Sup	pervisors				_	(initial pro	nee enplanditen in	
	Area Code/Phone Number E-	-mail					Date of Original I	Filing:	(month, day, year	r)
	(510) 272-3882 c	rystal.hishi	ida@acgov.	org					des constatos	
2.	Function, Event, or Cerem	nonial Rol	le Informat	tion						
	Title Oakland A's					-			26.00	
	Litle Oakland As				-	Face V	alue of Each A	dmissi	on \$ <u>20.00</u>	
	Description Baseball game				-	Date(s) 08 / 06 /	12	/	/
	Ticket(s)/Admission(s) provided by agency? Yes No If no: Oak						and A's			
	Ticket(s)/Admission(s) provid	ded by age	ency? Yes		o ☑	If no: Oak			and a second	
	Ticket(s)/Admission(s) provid	ded by age	ency? Yes		o	If no: Oak	N	ame of S	ource	
							N		ource	
	Ticket(s)/Admission(s) provid						N		ource	
	Was the distribution to perso	ons identif	ied below n nard- Supervis	nade a or Distri	i t the	e behest of	N		ource	
	Was the distribution to perso	ons identif	ied below n nard- Supervis	nade a or Distri	i t the		N		ource	
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	Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s)	ons identif : Valle, Rich) and the	ied below n nard- Supervis Official's explanatic Number of	nade a or Distri Name (L on: Ager	ict 2 .ast, F	e behest of First) and Title Check the taxable in	an agency offi	cial?	cial claims admiss	
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Mal	MICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume

11	cket/Admission Distributi	~							
1.	Agency Name					Date Stamp		California	802
	County of Alameda					0		1 51111	
	Division, Department, or Region (if a	oplicable)						For Official U	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, T	itle)				Amendment (Must prov	vide explanation in l	Part 3.)
	Crystal Hishida Graff, Clerk, Board					······			
	Area Code/Phone Number E-mail					Date of Original F	iling:	(month, day, year)
		al.hishida@acgov.	The local division in which the local division is not the local division of the local division is not the local division of the loca						
2.	Function, Event, or Ceremoni	al Role Informa	tion						
	Title Oakland A's				Eaco \	/alue of Each Ac	Imieci	on ¢ 26.00	
				-					
	Description Baseball game			2	Date(s) 08 / 07 /	12		
	and a subsect of the second				u Oakl	and A's			
	Ticket(s)/Admission(s) provided	by agency? Yes		ъИ	If no:		and the second se		
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MD	MICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head or Designee	Print Name	Title	(mqnth, day year)

Α	Publi	c Doc	ument
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1. Agency Name				Date Stamp	California	802
County of Alameda				Condition of Solid Condition and Political Politicae Pol		12 T 3812
Division, Department, or Region (if app	licable)			1	For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title				Amendment (Must)	rovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number E-mail	of Supervisors			Date of Original Filling		
				Date of Original Filing:	(month, day, yea	r)
	hishida@acgov.	The second s				
2. Function, Event, or Ceremonia	Role Informat	tion				
Title Oakland A's	1		Face V	/alue of Each Admis	sion \$_26.00	
Description Baseball game			Date(s	s) <u>08 / 08 / 12</u>	/	/
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				Name o	Source	
Was the distribution to persons id	entified below r	nada at th	a habaat at			
	cintined below i	naue at th	e penest of	f an agency official?		
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	MICHELLE DIANDA	Ticket Administrator	8/1	12
Signature of Agency Head or Designee	Print Name	Title	(month, da	y, year)

A Public	Document
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110	RetrAdmission Dist									
1. /	Agency Name						Date Stamp		California Form	002
	County of Alameda						5767		Form	002
	Division, Department, or Reg	ion (if applica	ible)						For Official U	lse Only
	Board of Supervisors						3			
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact									
	Crystal Hishida Graff, Clerk	Board of S	Supervisors				Amendment (Mi	ist prov	ide explanation in	Part 3.)
	Area Code/Phone Number	E-mail	aportiooro				Date of Original Filin	ng:	(month, day, year	
	(510) 272-3882	crystal.his	shida@acgov.	ora					(month, day, year)
	Function, Event, or Cere	No. of Concession, Name	the second s	the second se						
	0-11-11									
	Title Oakland A's			_	-	Face \	/alue of Each Adn	nissi	on \$ <u>26.00</u>	
0	Description Baseball game	Э				Dato/c	<u>, 08 , 17 , 12</u>	2	1	1
3	Description				-	Date(s	,)///////		/	/
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗹	If no: Oak	Nam	e of S	ource	
3	Was the distribution to pe	rsons iden _{/es:} <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (L	i t the		warn	a was uzer	burce	
3	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient _{Name}	rsons iden _{/es:} <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (L	ict 2 .ast, F	e behest of First) and Title ● Check th	an agency officia	al? cy offic	sial claims admiss	
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2	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient Name (Last, First)	rsons iden /es: <u>Valle, R</u> t (s) and th	tified below n ichard- Supervis Official's e explanatic	nade a or Distr Name (L	ict 2 .ast, F	 behest of First) and Title Check the taxable in also provise 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	al? cy offic cial pe purpo:	cial claims admise rformed a ceremo se, including	onial role,
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	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Valle, R</u> t (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 No	ict 2 .ast, F	 behest of First) and Title Check the taxable in also provement of the time or the taxable in also provement or the time of time of time or the time of time or time or	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by ar tion.	cy offic icial pe purpos n agend held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Income Income Income
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	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden /es: <u>Valle, R</u> t (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 No Yes No Yes	ict 2 ast, F	 behest of First) and Title Check the taxable in also provement of the time or the taxable in also provement or the time of time of time or the time of time or time or	e income box if the agent ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by ar tion.	cy offic icial pe purpos n agend held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	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.

			8/2/2
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Δ	Pub	lic	Document	
~	I UD	110	Document	

licket/Admission Distr	inducions	5				A Public Do	cumen
1. Agency Name					Date Stamp	California	802
County of Alameda	County of Alameda					Form	and the second second
Division, Department, or Regi	on (if applica	ble)				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,	and the second se	Supervisors					0.5.05
Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	r)
(510) 272-3882 2. Function, Event, or Cere	CONTRACTOR OF THE OWNER OF TAXABLE AND	shida@acgov.	A REAL PROPERTY AND A REAL				
			lion				
Title Oakland A's				Face \	/alue of Each Admis	sion \$ <u>26.00</u>	
Description Baseball game				Date(s	3) 08 / 18 / 12	/	/
Ticket/a)/Admission(a) pro	vided by a	manau? Vaa		Jane, Oakl	and A's		
Ticket(s)/Admission(s) pro	vided by a	igency? res		11 no:	Name o	f Source	
Was the distribution to per Yes ☑ No 🔲 If ye		tified below r ichard- Supervis <i>Official's</i>			1999 - 1997 - 19		
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 in also prov e If not inc	e income box if the agency on ncome. If the agency official vide a description. ome, describe the public put ial roles, performed by an age tion.	performed a cerem	onial role,
Otero, Heysell		2	Yes □ No □	- Constraint from a state	attendance at an event hel er to maximize potential re	a na sa na sa	Income
			Yes 🔲 No 🔲				Income
			Yes □ No □				Income
			Yes 🔲 No 🔲				Income
			Yes 🗖 No 🗖				Income
0 11-18-01-0			No 🗖				
3. Verification I have read and understand FPI is in accordance with the provis Signature of Agency Head of Design	ions.	ONS 18944.1 an HELLE DIANI Print Nat	DA		et Administrator	8/2	3/12
 Signature of Agency Head of Design 	00	Print Nai	ne		Title	(mont	h, day, year)

Α	Pub	lic	Document
			Doodinone

1.1	ckeuAumission Distrib								
1.	Agency Name					Date Stamp		California Form	801
	County of Alameda					2		Form	004
	Division, Department, or Region	(if applicable)						For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	me, Title)				Amendment (Must prov	ide explanation in	Part 31
	Crystal Hishida Graff, Clerk, Bo	pard of Supervisors					inder prov	ne enpianation in	, art o.y
	Area Code/Phone Number E-	mail				Date of Original F	iling:	(month, day, year	1
	(510) 272-3882 c	rystal.hishida@acgov	.org						
2.	Function, Event, or Cerem	onial Role Informa	tion						
	Oakland Ala							. 26.00	
	Title Oakland A's				Face V	alue of Each Ad	dmissi	5n <u>20.00</u>	
	Description Baseball game			ŝ	Date(s) 08 , 20 /	12	/	
	TT 1 44 148 1 1 1 4 1 4 1 1 1 1			- 10	Oakl	and A's			
	The identity of recipient(s)	ons identified below Valle, Richard- Supervis Official's	made at sor Distric Name (La	t he b t 2	ehest of and Title Check the	an agency offic	ency offic	cial claims admiss	
	Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s)	Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend	the b t 2 st, First	Check th and Title Check th taxable ir also prov If not inc. ceremoni	e income box if the ag noome. If the agency o ide a description. ome, describe the pub ial roles, performed by	cial? ency offic official pe lic purpo	cial claims admise rformed a ceremo se, including	onial role,
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	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization	Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia	t the b t 2 ast, First al To	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion.	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	onial role, ual, or
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	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	ns identified below Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia Yes No	the b t 2 ast, First al To fac	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag noome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. ttendance at an even	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Incom
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	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	ns identified below Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia Yes No Yes No	the b t 2 st, First al b cy al cy al cy al cy al cy al cy al cy al cy al cy cy al cy cy al cy cy cy cy cy cy cy cy cy cy cy cy cy	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag noome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. ttendance at an even	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Incom Incom Incom
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	ns identified below Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia Yes No Yes No Yes No	the b t 2 sst, First al To fac	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag noome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. ttendance at an even	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Incom Incom Incom Incom
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	ns identified below Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia Yes No Yes No Yes No	the b t 2 ast, First al To fac	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag noome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. ttendance at an even	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	ual, or Incom Incom Incom Incom
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	ns identified below Valle, Richard- Supervis Official's and the explanation Admission(s)/ Ticket(s)	made at sor Distric Name (La on: Agend Officia Yes No Yes No Yes No	the b t 2 ast, First al fac	Check the taxable in also prov If not ince ceremonio organization	e income box if the ag noome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. ttendance at an even	ency offic official pe lic purpor an agend nt held a	cial claims admiss rformed a ceremo se, including cy official, individ t a County	Incom

	IICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A	Pub	lic	Document

	A second s						
1. Agency Name					Date Stamp	California	802
County of Alameda					174 1	Form	3 2 5
Division, Department, or Region (if applic	cable)					For Official U	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
	Cunondooro			2	Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number [E-mail]	Supervisors				Date of Original Filing: _		
(510) 272-3882 crystal.hi	ishida@acgov.	ora				(month, day, yea	ウ
2. Function, Event, or Ceremonial F	the subscription of the local division of the local division of the local division of the local division of the	the second s					
Title Oakland A's			-	Face V	alue of Each Admiss/	ion \$ _26.00	
Description Baseball game				Datata) 08 , 21 , 12		
Description			-	Date(s	i)/		/
Ticket(s)/Admission(s) provided by	adency? Ves		. 17	If no. Oakla	and A's		
nekel(s)/Admission(s) provided by	agency: res			n no	Name of a	Source	
Was the distribution to persons ide	ntified below r	nado a	* *h.	hohost of	an agonov official?		
				e benest of	an agency official?		
Yes 🗹 No 🔲 If yes: Valle, F	Richard- Supervis	or Distr	ict 2				
	Official's	Name (L	.ast, I	First) and Title			
The identity of recipient(s) and the	he explanatio	on:					
Name (Last First)				100 C C C C C C C C C C C C C C C C C C	e income box if the agency of ncome. If the agency official p		
(Last, First) or	Number of Admission(s)/	Ager Offic		also prov	ide a description.		inar role,
Organization (Name, Address, Description)	Ticket(s)			ceremoni	ome, describe the public purp ial roles, performed by an age	ose, including ncy official, individ	ual, or
-	-	Yes	-	organizat	tion. Ittendance at an event held	at a County	Income
Jauregui, Natalie	2	No			er to maximize potential reve		
							Income
		No					
		Yes					Income
		No					
		1222					Income
		No					
		Sec. Con					Income
		No					
3. Verification							
I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	d 1894:	2. <i>I h</i>	ave verified t	hat the distribution of adr	nissions, set for	th above,
						1	1.

VXXX	MICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head or Designee	Print Name	Title	(nonth, day, year)

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

Α	Publ	ic l	Doc	umen	t
		1.00	000		•

licket/Admission Distribution	IS				A	Public Do	cumen
1. Agency Name					Date Stamp	California Form	002
County of Alameda							
Division, Department, or Region (if applied	cable)					For Official U	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number E-mail	Supervisors				Date of Original Filing: _		
	ishida@acgov.	ora				(month, day, yea)
2. Function, Event, or Ceremonial I			-	_			
Title Oakland A's		_	-	Face \	/alue of Each Admiss	ion \$ _26.00	
Description Baseball game			-	Date(s	s) <u>08 / 22 / 12</u>	/	
0.099.00.09270.0 (1000.0000							
Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No		If no: Oakl	and A's Name of S		
					Name or s	Source	
Was the distribution to persons ide	ntified below r	nade a	t the	e behest of	f an agency official?		
Valle	Richard- Supervis	or Distri	ct 2				
Yes 🖸 No 🔲 If yes: Valle, I	Richard- Supervis Official's	Name (L	ast, F	irst) and Title			
The identity of recipient(s) and t							
Name		1		Check th	e income box if the agency off	icial claims admiss	lon as
(Last, First)	Number of	Agen		taxable ii	ncome. If the agency official p		
or Organization	Admission(s)/ Ticket(s)	Offic	ial		vide a description. ome, describe the public purp	ose, including	
(Name, Address, Description)	(ionoi(o)			ceremon organizat	ial roles, performed by an age tion.	ncy official, individ	ual, or
Mott, Yvonne		Sector Contract			attendance at an event held		Income
	2	No		facility in orde	er to maximize potential reve	enue from sales.	
		Yes					Income
	-	-					
		100025-278					Income
	-			-			
							Income
		Yes					Income
		No					
3. Verification							
I have read and understand FPPC Regula	tions 18944.1 an	d 18942	2. I ha	ave verified t	hat the distribution of adm	nissions, set for	th above,
is in accordance with the provisions.						- 1	-11
MI	CHELLE DIANI	DA		Ticke	et Administrator	X1	3/17

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

Print Name

Signature of Agency Head or Designee

Title

(month, day, year)

A Public Docume	ent	
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11	cket/Admission Distributio						
1.	Agency Name				Date Stamp	California Form	000
	County of Alameda						Contraction in the local division of the loc
	Division, Department, or Region (if ap	plicable)			1	For Official U	Jse Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Tit	le)			Amendment (Must	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board	of Supervisors					
	Area Code/Phone Number E-mail				Date of Original Filing	i:(month, day, year	ワ
		I.hishida@acgov.					
2.	Function, Event, or Ceremonia	I Role Information	tion				
	Title Oakland A's			Face	Value of Each Admi	ssion \$ 26.00	
						24	
	Description Baseball game			Date(s	s) <u>08 / 31 / 12</u>	////////	/
					land Ala		
	Ticket(s)/Admission(s) provided I	by agency? Yes		/ If no: Oak	land A's		
	Ticket(s)/Admission(s) provided I	by agency? Yes	🗆 No [If no: Oak	Name	of Source	
					ivame		
	Was the distribution to persons i	lentified below r	nade at t	ne behest of	f an agency official		
	Was the distribution to persons i	lentified below r	nade at t	ne behest of	f an agency official		
	Was the distribution to persons i		nade at t	ne behest of	f an agency official		
	Was the distribution to persons i	dentified below r e, Richard- Supervis <i>Official's</i>	made at t or District 2 Name (Last	ne behest of	f an agency official		
	Was the distribution to persons in Yes ☑ No □ If yes: <u>Vall</u> The identity of recipient(s) and _{Name}	dentified below r e, Richard- Supervis <i>Official's</i>	made at t or District 2 Name (Last	ne behest of E First) and Title	f an agency official 	? official claims admiss	
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MD	MICHELLE DIANDA	Ticket Administrator	8/3/12
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)
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	cket/Admission Distri								
١.	Agency Name					Date Stam	р	California	001
	County of Alameda							Form	802
	Division, Department, or Region	n (if applicable)						For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	nme, Title)				Amendment	(Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, B	oard of Supervisors							
	Area Code/Phone Number E	-mail				Date of Original	Filing:	(month, day, yea	ir)
_	(510) 272-3882	crystal.hishida@acgov	.org					Lines consider citra personal	
	Function, Event, or Ceren	nonial Role Informa	ation						
	Title Oakland A's				F	(.)		♠ 26.00	
				-	Face v	alue of Each A	dmissi	on \$	
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MDD	MICHELLE DIANDA	Ticket Administrator	8/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

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10	cket/Admission Dist									
	Agency Name			10			Date Stan	np	California Form	202
	County of Alameda								Form	002
	Division, Department, or Reg	ion (if applica	ble)						For Official U	se Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact	(Name, Title)						(Must pro	vide explanation in I	Part 3 1
	Crystal Hishida Graff, Clerk	, Board of S	Supervisors						a a marcane superior de manager canaci	-3755-7675 7
	Area Code/Phone Number	E-mail					Date of Original	l Filing:	(month, day, year)
	(510) 272-3882	crystal.his	shida@acgov.o	org						
	Function, Event, or Cer	emonial R	ole Informat	tion				6		
	Pad Hat Chill Dopport					1000 (1000) (1000) (1000)			. 100.00	
	Title Red Hot Chili Peppers					Face \	/alue of Each /	Admissi	on \$	
	Description Concert				-	Date(s) <u>08</u> <u>14</u>	<u>, 12</u>		
	Ticket(s)/Admission(s) pro Was the distribution to pe Ves IZI No I⊒ If v	rsons iden	tified below n	nade a	t the)	Name of c	iource	
	Was the distribution to pe Yes ☑ No 🔲 If y	rsons iden ves: <u>Valle, R</u> i	tified below n ichard- Supervis Official's i	nade a or Distric Name (La	t the ct 2)	Name of c	iource	
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MAZ	MICHELLE DIANDA	Ticket Administrator	8/8/12
Signature of Agency Head or Designee	Prinț Name	Title	(month, day, year)

A FUDIC DOCUMENT	Α	Public	Document
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	ckeuAumission Distr	inducions	>				A	Fublic Do	
1.	Agency Name						Date Stamp	California Form	002
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ble)					For Official U	se Only
	Board of Supervisors						4		
	Street Address				-				
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in l	Dart 31
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					wide explanation in r	un o.)
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year,)
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	A REAL PROPERTY AND A REAL	President and an and a state of the second s	Sector Se			8		
	0.11.1.11							00.00	
	Title Oakland A's				-	Face \	/alue of Each Admiss	ion \$ <u>26.00</u>	
	Baseball Game						s) <u>09 / 14 / 12</u>		
	Description Baseball Game	,				Date(s	s) <u> </u>	/	/
	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No ロ If ye The identity of recipient	rsons iden es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distrie Name (L	t th e		Name or s	Source	,
	Name					DATE CONCERNMENT 40	e income box if the agency of ncome. If the agency official p		
	(Last, First) or		Number of Admission(s)/	Agen Offic		1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vide a description.	enormed a ceremo	inar role,
	Organization (Name, Address, Descrip	otion)	Ticket(s)	1.001040.000	37171		ome, describe the public purp ial roles, performed by an age tion.		ual, or
	Briones, Laura		2555	Yes		김 전 건 이 분위가 많아서 흔드 다 가 돈을 줄	attendance at an event held	김 동안 집중 한 것을 알 것을 위한 것을 받았는 것 같이 많이 다.	Income
			2	No		facility in orde	er to maximize potential rev	enue from sales.	
				Yes					Income
				No					
				Yes					Income
				-					
				Yes					Income
				Yes	100 C				Income
_				No					
3.	Verification								

3

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

10012	MICHELLE DIANDA	Ticket Administrator	8/9/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Т

A Public	Document
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Ticket/Admission Distributior	าร				/	A Public Do	cumen
1. Agency Name					Date Stamp	California Form	902
County of Alameda					887	A CONTRACTOR OF A CONTRACTOR O	and the second se
Division, Department, or Region (if appli	Division, Department, or Region (if applicable)						Use Only
Board of Supervisors			_				
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must)	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors						
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	0
	nishida@acgov.						
2. Function, Event, or Ceremonial	Role Informat	tion					
Title Oakland A's				Face \	/alue of Each Admis	sion \$ 26.00	
110e			-				
Description Baseball Game				Date(s	a) <u>09 / 15 / 12</u>		
				1942 A.M. 1947			
Ticket(s)/Admission(s) provided by	agency? Yes		D	If no: Oakl	and A's		
					Name o	of Source	
Was the distribution to persons ide						2	
Yes 🗹 No 🔲 If yes: Valle,							
The identity of recipient(s) and the explanation:							
Name (Last, First)		1.000			e income box if the agency on ncome. If the agency officia		
or	Number of Admission(s)/	Agen Offic		1	vide a description.		
Organization (Name, Address, Description)	Ticket(s)			ceremon	ome, describe the public pu ial roles, performed by an ag		tual, or
		Yes	-	organiza To reward a	tion. nonprofit organization for i	its contributions to	Income
Hayward Demos	2	and the second		the communi			
07007 D-trick Ave Universit 04 04544		Yes					Income
27287 Patrick Ave. Hayward CA 94544		100.000					
To encourage people and volunteers to get out to		100					Income
vote							
		Yes			1		Income
		No					
		Yes					Income
		No					
3. Verification							
I have read and understand FPPC Regula	ations 18944.1 an	d 18942	2. I h	ave verified i	that the distribution of a	dmissions, set fo	rth above,
is in accordance with the provisions.							1-11-
	ICHELLE DIANI	DA		Ticke	et Administrator	XI	all
Signature of Agency Head or Designee	Print Na	1997			Title	(mdnt	h, day, year)
		193620					

A Fublic Document		Α	Pub	lic	Document
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	CREUAUIIISSION DISU	induona	>			~	Fublic DO	cument		
1.	Agency Name			Date Stamp	California	802				
	County of Alameda					and a lote of the share whe	Form	002		
	Division, Department, or Regi	on (if applica	ible)			1	For Official U	lse Only		
	Board of Supervisors									
	Street Address					1				
	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				nue explanation in t	an s.j		
	However, and the second s	E-mail				Date of Original Filing: (month, day, year)				
	(510) 272-3882	crystal.his	shida@acgov.o	org						
2.	Function, Event, or Cere	and the second se	and the state of the	a have						
	Title Oakland Raiders vs. Da	allas Cowb	oys		Face	Value of Each Admissi	on \$ _222.00			
	Feedball Oerre					08 13 12				
	Description Football Game				Date(s	s) <u>08</u> <u>13</u> <u>12</u>	/	/		
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes	🗆 No 🖸	If no: Oak	land Raiders Name of S	ourse			
						Name of Source				
	Was the distribution to per-	sons iden	tified below n	nade at th	e behest of	f an agency official?				
						.				
	Yes 🗹 No 🔲 Ifye	es: <u>Valle, R</u>	ichard- Supervis	or District 2						
			Official's	Name (Last,	First) and Title					
	The identity of recipient((s) and th	e explanatio	on:						
	Name	4			Check th	e income box if the agency offi	cial claims admiss	ion as		
	(Last, First)		Number of	Agency	also provide a description					
	or Organization		Admission(s)/ Ticket(s)	Official	 If not income, describe the public purpose, including 					
	(Name, Address, Descrip	tion)			ceremon organiza	ial roles, performed by an ager tion.	cy official, individ	ual, or		
	Dutra, John			Yes 🗖	To promote a	attendance at an event held a	at a County	Income		
			3	No 🗹	facility in orde	er to maximize potential reve	nue from sales.			
				Yes 🗖				Income		
				No 🗖						
				Yes 🗖				Income		
				No 🗖						
				Yes 🗖				Income		
				No 🗖						
				Yes 🗖				Income		
				No 🗖						
-					the second s					

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 1-1-1 1

INAN	MICHELLE DIANDA	Ticket Administrator	8/13/12
Signature of Agency Head or Designee	Print Name	Title	(mpnth, day/year)

A Public I	Document
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	cket/Admission Dist	inducions	5				A	Public Do	cumen	
1.	Agency Name						Date Stamp	California	002	
	County of Alameda						10+15964332 +54015132 (3748)	Form	802	
	Division, Department, or Reg	ion (if applica	ıble)					For Official U	lse Only	
	Board of Supervisors									
	Street Address				-					
	1221 Oak Street, Suite 536									
	Designated Agency Contact ((Name, Title)					—			
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				Amendment (Must pro	vide explanation in i	Part 3.)	
	Area Code/Phone Number	E-mail	aportiooro	_			Date of Original Filing:	(month, day, year		
	(510) 272-3882	crystal his	shida@acgov.o	ara				(month, day, year)	
2.	Function, Event, or Cere	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.								
	Ookland Paidara va D	otroit Liona				12: 27				
	Title Oakland Raiders vs. D	etroit Lions		_	-	Face \	/alue of Each Admissi	on \$		
	Description Football Game					Dato/c) 08 , 25 , 12	1	,	
					-	Date(s)	/		
	Ticket(e)/Admission(e) pro	widod by s	If no. Oakl	and Raiders						
	Ticket(s)/Admission(s) pro	wided by a	igency? res		0 1	II 110	Name of S	ource		
	Yes 🛛 No 🔲 If y	Vas the distribution to persons identified below made at the behest of Yes No If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title) The identity of recipient(s) and the explanation:								
		(0) and in			-	 Check th 	e income how if the agency offi	cial claime admine	lon as	
	Name (Last, First)		Number of	Age	ncv	taxable in	eck the income box if the agency official claims admission as able income. If the agency official performed a ceremonial role,			
	or Organization		Admission(s)/	Offic		1/2-2 / 21/2	vide a description. ome, describe the public purpo	se including		
	(Name, Address, Descrip	otion)	Ticket(s)				ial roles, performed by an agen		ual, or	
	Leon, Raquel			Yes	п	the second se	ttendance at an event held a	at a County	Income	
			3	No	$\overline{\mathbf{\nabla}}$	facility in orde	er to maximize potential reve	nue from sales.		
				Yes					Income	
				No						
				Yes					Income	
				No						
				Yes					Income	
				No						
				Yes					Income	
				No						
3.	Verification									

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

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

Α	Pub	lic	Document

1.15	ckeu/kumission Dist	instations									
1.	Agency Name						Date Stamp)	California Form	002	
	County of Alameda								Form	002	
	Division, Department, or Regi	ion (if applica	ble)						For Official U	lse 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	upervisors					(iviust pro	vide explanation in l	Part 3.)	
	And the second	E-mail					Date of Original I	Filing:	(month, day, year,	1	
	(510) 272-3882	crystal.his	hida@acgov.	org					(monal, day, year,	/	
2.	Function, Event, or Cere	the second s									
	Title Oakland A's				_	Face \	/alue of Each A	dmissi	on \$ _26.00		
	Description Baseball Game	9				Dete/a) <u>09 / 01 /</u>	12	(1	
	Description	<u>.</u>			-	Date(s	;)//.				
	Ticket(s)/Admission(s) pro	vided by a	dency? Yes		icket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Vas the distribution to persons identified below made at the behes Yes ☑ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and The identity of recipient(s) and the explanation:						
	Was the distribution to per Yes ☑ No 🔲 If y	rsons ident es: <u>Valle, Ri</u>	tified below n ichard- Supervis Official's	nade a or Distri Name (L	t the	e behest of	/•	lame of S cial?	ource		
	Was the distribution to per Yes ☑ No 🔲 If y	rsons ident es: <u>Valle, Ri</u> (s) and th	tified below n ichard- Supervis Official's	nade a or Distri Name (L	it the ict 2 ast, F	 behest of First) and Title Check the taxable is also prov If not inc ceremon 	e income box if the ag ncome. If the agency vide a description. ome, describe the pui ial roles, performed b	cial? gency offi official pr blic purpc	cial claims admiss prformed a ceremo pse, including	nial role,	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident es: <u>Valle, Ri</u> (s) and th	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distri Name (L On: Agen Offic	at the act 2 ast, F	 behest of First) and Title Check the taxable in also pro- diff not inc ceremon organiza 	e income box if the ag ncome. If the agency vide a description. ome, describe the pui ial roles, performed b	cial? gency offi official pu blic purpc y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	nial role, ual, or	
	Was the distribution to per Yes ☑ No ☐ If ye The identity of recipient Name (Last, First) or Organization	rsons ident es: <u>Valle, Ri</u> (s) and th	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distri Name (L on: Ager Offic	nt the ct 2 ast, F	 behest of First) and Title Check the taxable in also pro- diff not inc ceremon organiza 	e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion. nonprofit organizatio	cial? gency offi official pu blic purpc y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	nial role,	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident es: <u>Valle, Ri</u> (s) and the	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L on: Ager Offic	t the ct 2 ast, F ial	 behest of First) and Title Check the taxable is also provide on the second second	e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion. nonprofit organizatio	cial? gency offi official pu blic purpc y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	ual, or Income Income Income	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Bay Bombs Car Club	rsons ident es: <u>Valle, Ri</u> (s) and the otion)	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L On: Agen Offic Yes No Yes No Yes	it the ct 2 ast, F	 behest of First) and Title Check the taxable is also provide on the second second	e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion. nonprofit organizatio	cial? gency offi official pu blic purpc y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	ual, or Income	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipients (Last, First) or Organization (Name, Address, Descrip Bay Bombs Car Club 1333 Decoto Road Union City, CA 94 Host fundraisers to donate scholarship	rsons ident es: <u>Valle, Ri</u> (s) and the otion)	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L on: Agen Offic Yes No Yes No Yes No Yes	t the ct 2 ast, F	 behest of First) and Title Check the taxable is also provide on the second second	e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion. nonprofit organizatio	cial? gency offi official po blic purpc y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	nial role, ual, or Income Income	

3

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

	MICHELLE DIANDA	Ticket Administrator	8/6/12
Signature of Agency Head or Designee	Print Name	Title	(month, day year)

A Fublic Document	1	4	Pu	blic	Doc	ument
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	Icket/Admission Distributions A Public Docume											
1.	Agency Name			9			Date Stamp	California Form	002			
	County of Alameda							Form	002			
	Division, Department, or Reg	ion (if applica	ble)					For Official L	lse Only			
	Board of Supervisors											
	Street Address						N					
	1221 Oak Street, Suite 536											
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in	Part 31			
	Crystal Hishida Graff, Clerk,	Board of S	upervisors									
	Area Code/Phone Number	E-mail					Date of Original Filing:					
	(510) 272-3882	crystal.his	hida@acgov.o	org								
2.	Function, Event, or Ceremonial Role Information											
	Oshiana Daidana wa T		222.00									
	Title Oakland Raiders vs. 13							ion \$ _222.00				
	Description Football Game					5	s) <u>11 / 04 / 12</u>	<i>7</i>	i.			
	Description	Date(s	5)//	/	/							
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient	es: <u>Valle, Ri</u>	chard- Supervis Official's	rict 2	e behest of		s.					
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	ncy cial	taxable in also prov e If not inc	he income box if the agency official claims admission as income. If the agency official performed a ceremonial role, ovide a description. come, describe the public purpose, including nial roles, performed by an agency official, individual, or ation.						
	St. Rose Hospital Foundation			Yes		To reward a	nonprofit organization for its	contributions to	Income			
			3	No		the communi	ty.					
	27200 Calaroga Ave. Hayward CA 94	545		Yes					Income			
				No								
	Helps support health care services			Yes					Income			
				No								
				Yes					Income			
	<u></u>			No			1					
				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.

	MICHELLE DIANDA	Ticket Administrator	8/23/12
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of \$35.

Agency Report of: Ceremonial Role Events and Ticket/Admissio

A Public Documen	A	A	P	u	b	li	С	D	0	С	u	r	n	e	n	1	c
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licket/Admission Distribution							
1. Agency Name					Date Stamp	California Form	002
County of Alameda						Form	002
Division, Department, or Region (if appli	cable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)						ust provide explanation in	D-+01
Crystal Hishida Graff, Clerk, Board of	Supervisors						
Area Code/Phone Number E-mail	- aportiooro				Date of Original Fili	ng:	c1
(510) 272-3882 crystal.t	nishida@acgov.o	ora				(monun, day, yea	0
2. Function, Event, or Ceremonial							
Title Andre Ward vs. Chad Dawson				Face V	alue of Each Adr	mission \$	
Description Boxing				Date(s) 09 , 08 , 1	2/	/
Ticket(s)/Admission(s) provided by	ugeney. res	-			Nan	ne of Source	
Was the distribution to persons ide Yes ☑ No ロ If yes: ^{Valle,}	entified below n Richard- Supervis Official's	nade at f or, District Name (Las					
Was the distribution to persons ide	entified below n Richard- Supervis Official's	nade at f or, District Name (Las	st 2 st, Fir:	e Check th taxable ir also prov If not inc. ceremoni	an agency officia e income box if the ager icome. If the agency off ide a description. ome, describe the public al roles, performed by a	al? ncy official claims admis ficial performed a cerem	onial role,
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanation Number of Admission(s)/	nade at t or, District Name (Las On: Agency Officia	st 2 st, Fir:	e Check th taxable ir also prov If not inc. ceremoni organizat	an agency officia e income box if the ager icome. If the agency off ide a description. ome, descripte the public al roles, performed by a ion.	al? ncy official claims admis ficial performed a cerem c purpose, including n agency official, individ	onial role, lual, or
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Valle,</u> The identity of recipient(s) and the Name (Last, First) or Organization	entified below n Richard- Supervis Official's the explanation Number of Admission(s)/	nade at f or, District Name (Las on: Agency Officia	st 2 st, Fir:	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including n agency official, individ	onial role,
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at f or, District Name (Las on: Agency Officia Yes D No D	t 2 st, Fir. y 11 7 7	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	ual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at f or, District Name (Las Officia Officia Yes C No Z Yes C	st 2 st, Fin	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	ual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at or, District Name (Las on: Agency Officia Yes I No I Yes I No I	st 2 st, Firs	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	ual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at f or, District Name (Las on: Agency Officia Yes D No D Yes D No D	st 2 y 1 1 1 1 1 1 1 1	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	ual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at f or, District Name (Las on: Agency Officia Yes [No [2 Yes [No [2 Yes [No [2]	tt 2 st, Fir: y 1 T fe - - - - - - - - - - - - -	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at f or, District Name (Las On: Agency Officia Yes [No [Yes [No [Yes [No [Yes [No [st 2 st, Fir.	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	Income
Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at or, District Name (Las on: Agency Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [tt 2 st, First y 1 T fa 1 1 1 1 1 1 1 1 1 1 1 1 1	st) and Title Check th taxable in also prov If not inc ceremoni organizat o maximize	an agency officia e income box if the ager iccome. If the agency off ide a description. ome, describe the public al roles, performed by a ion. attendance at an ever	al? ncy official claims admis ficial performed a cerem c purpose, including in agency official, individ nt held at a County	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. 1 - 1

IN 2	MICHELLE DIANDA	Ticket Administrator	8/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	Α	Public	c Document
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TIONGU	annission bisu								
1. Agenc	cy Name					Date Stamp		California	802
	of Alameda							Form	and the state
Divisior	n, Department, or Reg	ion (if applica	ble)					For Official U	lse Only
	of Supervisors								
Street A	Address						1		
	Dak Street, Suite 536				_				
1412 B 48	ated Agency Contact (7275 - SY - 5455				Amendment ((Must prov	ide explanation in l	Part 3.)
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INAL	MICHELLE DIANDA	Ticket Administrator	8/28/12
Signature of Agency Head or Designee	Print Name	Title	(mpnth, day, year)

Α	Pu	ıbl	ic	Do	cu	me	nt
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Agency Name County of Alameda Division, Department, or Region (// applicable) Board of Supervisors Street Address Street Address Street Address Street Address Crystal Hishida Graff. Clerk, Board of Supervisors Area Code/Phone Number E-mail Crystal Hishida Graff. Clerk, Board of Supervisors Area Code/Phone Number Crystal. Hishida@acgov.org C	1. Agency Name					Date Otama	California
County Or Mainteura For Official Use Only Division, Department, or Region (// applicable) 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 Image: Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contact (Name, Title) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2: Function, Event, or Ceremonial Role Information Face Value of Each Admission \$ 43.75 Description Baseball Game, Loge Suite Date(s) 07 21 12 Description Baseball Game, Loge Suite Date(s) 07 21 12 Ves [] No [] If yes: Carson, Keith Supervisor Name of Source Was the distribution to persons identified below made at the behest of an agency official claims admision as atmision as atmision as atmision as atmision as atmatible formad accertbe the public purpose, Including companied a description, Organization Name of Source Name (Last, First) Number of No Agency Check the Income hor /f the agenc	• •					Date Stamp	California 802
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Organization (Name, Address, Description) Admission(s)/ Ticket(s) Childral If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Sanchez, Mina 7 Yes 7 To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Alameda County Meals On Wheels 4 Yes To reward a school or nonprofit organization for its contributions Income PO Box 14002 Oakland, CA 94614 4 Yes To reward a school or nonprofit organization for its contributions Income 991 14th Street Oakland, CA 94607 4 Yes To reward a school or nonprofit organization for its contributions Income Yes Yes To reward a school or nonprofit organization for its contributions Income 991 14th Street Oakland, CA 94607 4 Yes To reward a school or nonprofit organization for its contributions Income No Yes Income Yes Income Income		Number of	Ager	ncy	1		erformed a ceremonial role,
(Name, Address, Description) Inclusive ceremonial roles, performed by an agency official, individual, or organization. Sanchez, Mina Yes Income Income Sanchez, Mina 5 Yes Income Income Alameda County Meals On Wheels 4 Yes To reward a school or nonprofit organization for its contributions Income PO Box 14002 Oakland, CA 94614 4 Yes To reward a school or nonprofit organization for its contributions Income KIPP Bridge Charter School 991 14th Street Oakland, CA 94607 4 Yes To reward a school or nonprofit organization for its contributions Income Yes Yes Yes Income Income Income Yes Yes Yes Income Income Income Yes Yes Income Income Income Income Yes Yes Income Income Income Income Income Yes Yes Income			Offic	ial			ose. includina
Sanchez, Mina 5 Yes To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Alameda County Meals On Wheels Yes To reward a school or nonprofit organization for its contributions to the community Income PO Box 14002 Oakland, CA 94614 4 Yes To reward a school or nonprofit organization for its contributions to the community Income KIPP Bridge Charter School 4 Yes To reward a school or nonprofit organization for its contributions to the community Income 991 14th Street Oakland, CA 94607 4 Yes To reward a school or nonprofit organization for its contributions to the community Income Yes Yes Income Income No Yes Income Income Yes Yes Income Income No Yes Income Income No Yes Income Income No Yes Income Income No Yes Income Income		ficket(s)			ceremon	ial roles, performed by an ager	
5 No Image: public or to encourage staff development Image: public or to encourage staff development Alameda County Meals On Wheels Yes Image: public or to encourage staff development Image: public or to encourage staff development PO Box 14002 Oakland, CA 94614 4 Yes Image: public or to encourage staff development Image: public or to encourage staff development KIPP Bridge Charter School 4 Yes Image: public or to encourage staff development <	Sanchaz Mina		Yes	[7]			ary service to the Income
Alameda County Meals On Wheels Yes To reward a school or nonprofit organization for its contributions Income PO Box 14002 Oakland, CA 94614 4 Yes To reward a school or nonprofit organization for its contributions Income KIPP Bridge Charter School 4 Yes To reward a school or nonprofit organization for its contributions Income 991 14th Street Oakland, CA 94607 4 Yes To reward a school or nonprofit organization for its contributions Income Ves No Ves Income Income Income No Yes Income Income Income Income No Ves Income Income Income Income Income No Income		5			public or to enco	urage staff development	
PO Box 14002 Oakland, CA 94614 4 No Image: Constraint of the community in the contribution of the community in the community in the contribution of the community in the community							
FO BOX 14002 Oakland, CA 94614 Image: Constraint of the community Image: Constraint of the community Image: Constraint of the community KIPP Bridge Charter School 4 Yes Image: Constraint of the community Image: Constraint of the consthe constraint of the constraint of the constraint of t	-	4				· •	
991 14th Street Oakland, CA 94607 ■ 4 No ✓ to the community □ Yes □ □ Yes □ Yes □ Income No □					to the commu	nity	
Yes Income Yes Income Yes Income		Д			To reward a s	chool or nonprofit organization	TOF ILS CONTRIDUCIONS
No Image: Constraint of the second	991 14th Street Oakland, CA 94607 🛨				to the commu	nity	
Yes D Income							Income
							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.

Ticket Administrator 08/08/12 Nacan))HRAG tray Print Name Title (month, day, year) ature of Agency flead or Designee

Ticket/Admission Distributions						A Public Documer		
1.	Agency Name				Date Stamp	California	802	
	County of Alameda						Form	- And Contraction of Contraction
	Division, Department, or Reg	ion (if applica	ble)				For Official L	Jse Only
	Board of Supervisors							
	Street Address					1		
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)		*********		Amendment (Must pro		Port 21
	Crystal Hishida Graff, Clerk,	. Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month day year	-1
	(510) 272-3882	crystal.his	hida@acgov.	org			(monal, day, year	/
2.	Function, Event, or Cere							
							40 75	
	Title Oakland A's vs. Bostor	n Red Sox			Face V	Value of Each Admiss	ion \$ <u>43.75</u>	
	Description Baseball Game	e, Loge Sui	e		Date(s	6) 07 <u>17</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		If no: Oak	land A's		
			3		/	Name of S	Source	
	Was the distribution to pe	raana idan	lified helow a	nada at th	a hahaat a	f an aganay official?		
	was the distribution to pe	ISONS IDEN	uned below i	naue at un	e penest o	i an agency Unicial?		
	Yes 🕢 No 🔲 Ify	es. Carson,	Keith Superviso Official's	r				
		007	Official's	Name (Last, I	First) and Title	, <u>, , , , , , , , , , , , , , , , , , </u>		
	The identity of recipient	(s) and th	e explanatio	on:				
	Name	(-)			Check the c	he income box if the agency off	ficial claims admiss	sion as
	(Last, First)		Number of	Agency	taxable i	ncome. If the agency official p		
	or Organization		Admission(s)/	Official		vide a description. come, describe the public purp	ose. includina	
	(Name, Address, Descri	ption)	Ticket(s)		ceremon	ial roles, performed by an age		lual, or
			Yes 🗖	organiza To reward a sch	nool or nonprofit organization for its	contributions to the	Income	
	100 Black Men of the Bay Area 1638 12th Street Oakland CA	94607	20	No 🗹	community			
	Vaula Mandanian Damiana			Yes 🗖				
				No 🗖				Income
				No 🗖				
				Yes 🗖				Income

3. Verification

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

No 🗖

Yes 🗖

No 🗖

h Magan	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Headfor Designee	Print Name	Title	(month, day, year)

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

Income

Ti	cket/Admission Distr	ibutions	A Public Docume		
1.	Agency Name County of Alameda		Date Stamp	California Form 802	
	Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536				
	Designated Agency Contact (Name, Title)		Amendment (Must pr	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supervisors			
	Area Code/Phone Number	E-mail		Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.org			
2.	Function, Event, or Cere	emonial Role Information			
	Title Oakland A's vs. Bostor	n Red Sox	Face	Value of Each Admiss	sion \$
	Description Baseball Game	e, Loge Suite	Date(s	s) <u>07 / 04 / 12</u>	/
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No	☑ If no: Oak	land A's Name of	Course
		rsons identified below made at			Source
	was the distribution to per	isons identified below fildue at	the beneat 0	an agency official	

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency / Official / If not income, lf the agency official claims admission taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, organization.		
Greene, Hannah	2	Yes ☑ No □	To reward a County employee for his or her exemplary service to the Income public or to encourage staff development	
Flores, Annie	4	Yes □ No ☑	To promote attendance at a County facility in order to maximize Income potential County revenue from parking and concession sales	
Fortini, Frances	4	Yes ☐ No ☐	To reward a community volunteer for his or her service to the Income public	
Flemming, Maggie	6	Yes ☐ No ☐	To promote attendance at a County facility in order to maximize Income potential County revenue from parking and concession sales	
		Yes 🗖 No 🗖	Income	

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 08/08/12 Title (month, day, year) nature of Agency Alead or Designee Print Name

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

1. Agency Name

Street Address

cket/Admission Distributions		A Public Doc
Agency Name	Date Stamp	California
County of Alameda		Form
Division, Department, or Region (if applicable)		For Official Us
Board of Supervisors		
Charact Address		

1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)

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

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

Title Oakland A's vs. Boston Red Sox

Description Baseball Game, Loge Suite

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

Name of Source

Amendment (Must provide explanation in Part 3.)

(month, day, year)

1 1

Date of Original Filing: ...

Face Value of Each Admission \$ 43.75

Date(s) 07 / 04 / 12

ument

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

If yes: Carson, Keith Supervisor Yes 🖸 No 🗖

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Bay Area Urban Debate League 285 17th Street Oakland, CA 94612	4	Yes □ No ☑	To reward a school or nonprofit organization for its contributions to the Income community
		Yes □ No □	
		Yes 🗖 No 🗖	
		Yes □ No □	Income
		Yes ☐ No ☐	Income

3. Verification

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

Asmage	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distribution	ns				Α	Public Documen
1. Agency Name County of Alameda Division, Department, or Region (if appl	icable)				Date Stamp	California Form 802 For Official Use Only
Board of Supervisors Street Address 1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title Crystal Hishida Graff, Clerk, Board o Area Code/Phone Number E-mail		org			Amendment (Must pro	. ,
2. Function, Event, or Ceremonial Title Oakland A's vs. Boston Red So		tion		Face \	/alue of Each Admissi	ion \$ <u>43.75</u>
Description Baseball Game, Loge Suite Date(s) Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland) 07 03 12	//	
Was the distribution to persons ide	entified below r on, Keith Supervisc Official's	made a or Name (L	at the		Name of S	Source
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Age Offic		taxable in also prov e If not inc	e income box if the agency offi ncome. If the agency official p ride a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including
Leung, Chris	4	Yes No		To promote atter	ndance at a County facility in order revenue from parking and concess	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.

Yes 🗖

No 🔲 Yes 🗖

No 🗖

Yes 🗖

No 🗖

Abhan	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Flead or Designee	Print Name	Title	(month, day, year)

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

Income

Income

Income

Ticket/Admission Dist	tributions	A	A Public Document
1. Agency Name	200 mar da antiga da	Date Stamp	California Form 802
County of Alameda			
Division, Department, or Re	gion (if applicable)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536	5		
Designated Agency Contact	: (Name, Title)	Amendment (Must p	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerl	k, Board of Supervisors		
Area Code/Phone Number	E-mail	Date of Original Filing:	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.org		
2. Function, Event, or Ce	remonial Role Information		
Title Oakland A's vs. Bosto	on Red Sox	Face Value of Each Admis	sion \$ _ ^{38.00}
Description Baseballe Ga	me	Date(s) 02 12	///////
Ticket(s)/Admission(s) p	rovided by agency? Yes 🔲 No 🖸	If no: Oakland A's	f Pourso
		Name of	Source
Was the distribution to p	ersons identified below made at the	behest of an agency official?	
Yes 🗹 No 🔲 If	yes: <u>Carson, Keith Supervisor</u> Official's Name (Last, Fi	rst) and Title	
The identity of recipier	t(s) and the explanation:		
		Check the income box if the agency of	ficial claims admission as

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Port of Oakland Asian Employee Association	2	Yes □ No ☑	To reward a school or nonprofit organization for its contributions to the Income community
		Yes □ No □	Income
		Yes □ No □	
		Yes □ No □	Income
		Yes □ No □	Income

3. Verification

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

Almergo	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agence Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributi	ket/Admission Distributions				Public Do	cument
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if a	pplicable)				For Official	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 7	Fitle)			Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board	l of Supervisors				,	,
Area Code/Phone Number E-mai				Date of Original Filing: _	(month, day, yea	r)
(510) 272-3882 cryst	al.hishida@acgov.	org				
2. Function, Event, or Ceremon	ial Role Informat	tion				
Title Oakland A's vs. Boston Red	Sox		Face \	/alue of Each Admiss	ion \$ 38.00	
1111ē						
Description Baseball Game			Date(s) 0312			
Ticket(s)/Admission(s) provided Was the distribution to persons	identified below r	nade at th	e behest of	an agency official?	Source	
Yes 🔽 No 🔲 If yes: <u>Ca</u>	arson, Keith Supervisc Official's	or				
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) an	d the explanation	on:				
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov e If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	erformed a cerem ose, including	onial role,
Brooks, Rodney	2	Yes ☑ No □	To reward a Cou	inty employee for his or her exemp purage staff development	plary service to the	Income
		Yes 🗖	1			Income
		No 🗖				
		Yes 🗖				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.

3. Verification

hSmage	Amy SHRAGO	Ticket Administrator	08/03/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

No 🔲 Yes 🗖

No 🗖

Yes 🗖

No 🗖

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

Income

Income

Ti	cket/Admission Distributior	าร			A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Region (if appli	cable)				For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)					rovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of	Supervisors				rovide explanation in Fart 6.7
	Area Code/Phone Number E-mail	•			Date of Original Filing:	(month, day, year)
	(510) 272-3882 crystal.h	nishida@acgov.	ora			
2.	Function, Event, or Ceremonial	No. COLORADO DE LA C				
	Title Oakland A's vs. Boston Red Sox				/alue of Each Admis	sion \$ _38.00
	Description Baseball Game				Date(s)	
	Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☑ No □ If yes: Carso	ntified below n	nade at th	e behest of	f an agency official?	f Source
	The identity of recipient(s) and	he explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	vide a description. come, describe the public pur ial roles, performed by an ag	performed a ceremonial role, pose, including
	Spencer, Scott	2	Yes 🗖 No 🗹	To promote atte	ndance at a County facility in ord r revenue from parking and conce	Income
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			
	······································		Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income

3. Verification

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

No 🗖

A Shrap	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Flead or Designee	Print Name	Title	(month, day, year)

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

1.

2.

ket/Admission Distr	ibutions		Α	Public Do	
Agency Name			Date Stamp	California Form	802
County of Alameda					
Division, Department, or Regi	on (if applicable)			For Official U	Jse Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)		Amendment (Must pro	vide explanation in	Part 3.)
Crystal Hishida Graff, Clerk,	Board of Supervisors			,	
Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, yea	r)
(510) 272-3882	crystal.hishida@acgov.org				
Function, Event, or Cere	monial Role Information				
Title Oakland A's vs. Seattle	Mariners	Face	/alue of Each Admissi	on \$ <u>38.00</u>	
Description Baseball Game		Date(s) <u>07</u> <u>05</u> <u>12</u>	/	/
Ticket(s)/Admission(s) pro	vided by agency? Yes 🔲 No	☑ If no: Oak	and A's Name of S	Source	

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivorganization. 	
Simpson, Jacob	2	Yes □ No ☑	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales	Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income

3. Verification

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

SAmas	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distribut	A Public Document					
1. Agency Name			Date Stamp California 802			
County of Alameda	County of Alameda					
Division, Department, or Region (if	applicable)	For Official Use Only				
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)		Amendment (Must provide explanation in Part 3.)			
Crystal Hishida Graff, Clerk, Boar	d of Supervisors					
Area Code/Phone Number E-ma			Date of Original Filing:(month, day, year)			
(510) 272-3882 crys	tal.hishida@acgov.	org				
2. Function, Event, or Ceremor	nial Role Information	tion				
Title Oakland A's vs. Seattle Mar	iners		Face Value of Each Admission \$ <u>_38.00</u>			
Description Baseball Game			Date(s)/ / ////_			
Ticket(s)/Admission(s) provided	d by agency? Yes	🔲 No 🗹	If no: Name of Source			
Was the distribution to persons	s identified below r	nade at th	e behest of an agency official?			
	arson Keith Supervise	۲.				
Yes 🗹 No 🔲 Ifyes: 🖰	arson, Keith Supervisc	" Name (Last, i	and Tille			
	e identity of recipient(s) and the explanation:					
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			
Sanchez, Mina	4	Yes ☑ No □	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
		Yes 🗖	Income			
		No 🗖				
		Income				

3. Verification

AShingo	Amy SHRAGO	Ticket Administrator	08/08/12
Signature of Agency Aead or Designee	Print Name	Title	(month, day, year)

No 🗖 Yes 🗖

No 🗖

Yes 🗖

No 🗖

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

Income

Income

A Public Document

1.	Agency Name		an ay yan Masamon Bookara (Branch Shakara Shakara			Date Stamp	California 802
	County of Alameda						Form 00/2 For Official Use Only
	Division, Department, or Regi	ion (if applicai		For Official Use Only			
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536	(A (
	Designated Agency Contact (Amendment (Must pro	vide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of S	upervisors	· · · · · · · · · · · · · · · · · · ·		Date of Original Filing:	
						Dute of original fining and	(month, day, year)
	(510) 272-3882		hida@acgov.c				
۷.	Function, Event, or Cere		ole informat	lon			
	Title Oakland A's vs. Texas	Rangers			Face \	/alue of Each Admissi	ion \$ <u>38.00</u>
Description Baseball Game Date(Date(s) <u>07 / 17 / 12</u>	//	
	Ticket(s)/Admission(s) provided by agency? Yes 🗖 No 🏹 If no: ^{Oakland A's}						Source
	Was the distribution to per Yes ☑ No □ If y		Keith Superviso	r		an agency official?	
			Official's l	Name (Last, F	First) and Title		
	The identity of recipient	(s) and th	e explanatio	n:			
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc ceremon organiza		erformed a ceremonial role, ose, including ncy official, individual, or
	Stahl, Robert		2	Yes ☑ No □		inty employee for his or her exemplourage staff development	lary service to the Income
				Yes □ No □			Income
				Yes 🗖		i len en e	Income
				No 🗖			
				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.

Yes 🗖

No 🗖

Ticket Administrator 08/08/12 re of Agency Mead or Designee Title (month, day, year) Sia

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

Income

Ti	icket/Admission Distributions				A	Public Document	
1.	Agency Name					Date Stamp	California Form 802
	County of Alameda						
	Division, Department, or Regi	i on (if applica	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must p	rovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				
	-	E-mail				Date of Original Filing: .	(month, day, year)
	(510) 272-3882	crvstal.his	hida@acgov.c	ora			
2.	Function, Event, or Cere	and the second s	State of the second				
	, ,						
	Title Oakland A's vs. Texas	Rangers			_ Face Value of Each Admission \$ <u></u>		
	Description Baseball Game	2			Det	e(s) <u>07 / 18 / 12</u>	
	Description <u>Decoder</u> Carrie				Date	9(5)//	
			0 ¥	tenan 6.1 prov		akland A's	
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		If no:	Name of	Source
	Was the distribution to per	rsons iden	tified below n	hade at the	behest	of an agency official?	
		Carcon	Kaith Suparvisa	r			
	Yes 🗹 No 🔲 Ify	es: <u>Carson,</u>	Keith Supervisor Official's I	Vame (Last F	irst) and Ti	itle	
	The identity of recipient	(s) and th	e explanatio	n:			
	Name (Last, First)		Number of	Agency	taxab	k the income box if the agency o le income. If the agency official provide a description.	
	or		Admission(s)/	Official		to a construction of the state of the second s	mana including

or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	 also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 		
Spencer, Scott	2	Yes 🗖 No 🗹	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales	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.

Asstragos	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency Alead or Designee	Print Name	Title	(month, day, year)

	ributions	A Public Document		
Agency Name County of Alameda			Date Stamp	California Form 802
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, Title)			Amendment (Must pr	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors				
Area Code/Phone Number	E-mail		Date of Original Filing: .	(month, day, year)
(510) 272-3882	crystal.hishida@acgov.org			
Function, Event, or Cere	emonial Role Information			
Title Oakland A's vs. New York Yankees			Value of Each Admiss	sion \$ <u>38.00</u>
Description Baseball Game		Date(s	s) <u>07 19 12</u>	///////
ficket(s)/Admission(s) pro	Admission(s) provided by agency? Yes D No D If no: Oakland A's			
	County of Alameda Division, Department, or Reg Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact Crystal Hishida Graff, Clerk, Area Code/Phone Number 510) 272-3882 Function, Event, or Cere Title Oakland A's vs. New Y Description Baseball Game	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 vs. New York Yankees 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 E-mail 510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. New York Yankees Face No 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 E-mail 510) 272-3882 Crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. New York Yankees Face Value of Each Admiss Date(s) 07 / 19 / 12

Yes 🖸 No 🔲 If yes: Carson, Keith Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official		
Leung, Chris	2	Yes □ No ☑	To promote attendance at a County facility in order to maximize Income potential County revenue from parking and concession sales	
		Yes ☐ No ☐	Income	
		Yes □ No □	Income	
		Yes 🗖 No 🗖	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.

An Amago	Amy Shrago	Ticket Administrator	08/08/12
Signature of Agency flead or Designee	Print Name	Title	(month, day, year)

T	icket/Admission Dist	ributions	A	Public Document	
1.	Agency Name			Date Stamp	California 802
	County of Alameda				Form 002
	Division, Department, or Reg	ion (if applicable)	,		For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536				
	Designated Agency Contact			rovide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk	Board of Supervisors			rovide explanation in Fart 5.)
	Area Code/Phone Number	E-mail		Date of Original Filing:	(month day year)
	(510) 272-3882	crystal.hishida@acgov.org			
2.	Function, Event, or Cer	emonial Role Information			
	Title Oakland A's vs. New	/ork Yankees	Face	Value of Each Admis	sion \$ _ ^{38.00}
	Description Baseball Gam	е	Date(s	s) <u>07 / 20 / 12</u>	///
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No	☑ If no: Oak	land A's Name of	(Deutrop
				Name of	Source
	Was the distribution to pe	rsons identified below made at	the behest o	f an agency official?	
	Yes 🗹 No 🔲 If y	/es: <u>Carson, Keith Supervisor</u> Official's Name (La	et Eirst) and Title		
		·	a, i nayanu inte		
	The identity of recipient	t(s) and the explanation.			

of recipient(s) and the explanation: he identity

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

3. Verification

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

Ticket Administrator 08/08/12 <u>wa</u>M Head or Designee Title (month, day, year) Print Name nature of Agene

Agency Report of: Ceremonial Role Events and Tic

Ti	cket/Admission Dist	ributions			A Public Document
1.	Agency Name			Date Stamp	California Form 802
	County of Alameda				
	Division, Department, or Reg	ion (if applicable)			For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536				
	Designated Agency Contact	Name, Title)			provide explanation in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supervisors			provide explanation in r art e.g
	Area Code/Phone Number	E-mail	· · · · · ·	Date of Original Filing	(month. day. year)
	(510) 272-3882	crystal.hishida@acgov.org			
2.	Function, Event, or Cere	emonial Role Information			
	Title Oakland A's vs. New Y	ork Yankees	Face	Value of Each Admis	ssion \$
	Description Baseball Game	9	Date(s	s) <u>07</u> <u>22</u> <u>12</u>	///
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No	☑ If no: <u>Oak</u>	land A's Name o	of Source

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

Ticket Administrator 08/08/12 traci Title (month, day, year) Signature of Agency flead or Designee

Ticket/Admission Dist	ributions			ublic Document
1. Agency Name			Date Stamp	California Form 802
County of Alameda				
Division, Department, or Reg	ion (if applicable)	4		For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact	(Name, Title)		Amendment (Must provid	e explanation in Part 3.)
Crystal Hishida Graff, Clerk,	, Board of Supervisors			
Area Code/Phone Number	E-mail	<u> </u>	Date of Original Filing:	month, day, year)
(510) 272-3882	crystal.hishida@acgov	.org		
2. Function, Event, or Cere	emonial Role Informa	ation		
Title Oakland A's vs. Tampa	a Bay Rays		Face Value of Each Admission	n \$ <u>38.00</u>
TARC	<u> </u>			
Description Baseball Game	8		Date(s)3112	///
		made at th	e behest of an agency official?	irce
	Official's	s Name (Last,	First) and Title	
The identity of recipient	t(s) and the explanati	ion:		
Name (Last, First) or Organization (Name, Address, Descri	Number of Admission(s) Ticket(s)	Agency / Official	 Check the income box if the agency official taxable income. If the agency official perfalso provide a description. If not income, describe the public purpose ceremonial roles, performed by an agency organization. 	ormed a ceremonial role, e, including
Greene, Hannah	2	Yes ☑ No □	To reward a County employee for his or her exemplary public or to encourage staff development	r service to the Income
		Yes 🗖		Income
		No 🗖		
	·	Yes 🗖		Income

3. Verification

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

Yes 🗖

No 🗖

Yes 🗖

No 🗖

Asmago	Any SHRAGO	Ticket Administrator	08/08/12
Signature of Agency bead 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 E Ticket/Admission E 1. Agency Name

Ticket/Admission Distributions	S			A Public Document
1. Agency Name			Date S	Stamp California 802
County of Alameda				Form 002
Division, Department, or Region (if application	able)			For Official Use Only
Board of Supervisors				
Street Address	X			
1221 Oak Street, Suite 536	~~			
Designated Agency Contact (Name, Title)			Amenda	nent (Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors			1 (A (A)
Area Code/Phone Number E-mail			Date of Orig	Jinal Filing:(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.c	org		
2. Function, Event, or Ceremonial F	Role Informat	ion		
Title BB & BB CIPCU	S		Face Value of Ea	ch Admission \$ _58.00
			Date(s) <u> </u>	5,12, 1
Ticket(s)/Admission(s) provided by				Name of Source
Was the distribution to persons ider			Haggerty, Dist. 1	official?
Yes 🔲 No 🔲 If yes:				
	Official's I	Vame (Last, F	irst) and Title	
The identity of recipient(s) and t	ne explanatio	on:		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable income. If the a also provide a description If not income, describe t	f the agency official claims admission as gency official performed a ceremonial role, on. the public purpose, including med by an agency official, individual, or
Laura Aguilera	4	Yes 🗖 No 🙀	To promote attendance at	a county sponsored event in order come ty revenue for concession and
Laura Aguilera 528 Clover Day Union cily		Yes 🗖 No 🗖	POT	
union city		17042000 17 -0-0		
U.		Yes □ No □		
		Yes 🗖		Income

3. Verification

(I have read and understand FPPC Regu is in accordance with the provisions.	llations 18944.1 and 18942. I have verified that th	e distribution of adı	nissions, set forth above,
Julia torans	Lee Ann Fergerson – Ticket Administrator		8-2-12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

No 🗖

Yes 🗖

No 🗖

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

Income

А	Pub	lic	Document
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			Date Stamp	California 802
				Form 002
able)				For Official Use Only
			1	
			Amendment (Must	provide explanation in Part 3.)
Supervisors			194 to 18 195 18 19 196 1966	
			Date of Original Filing:	(month, day, year)
the second se				
Role Informat	tion			571 22
us		Face \	/alue of Each Admis	ssion \$
		Date(s	8,9,1	2
			(25W)	
agency? Yes	No L	If no:	Name o	of Source
ntified below n	nade at th	e behest of	f an agency official?	•
ingeneration (them average	CASER-FEATURE SHOP OF AN	1944 (1996) ///////////////////////////////////	0151. 1	
Official's	Name (Last, I	First) and Title		
ne explanatio	on:			
Number of	Agency	taxable i	ncome. If the agency officia	
Admission(s)/ Ticket(s)	Official	• If not inc ceremon	ome, describe the public pu ial roles, performed by an a	roose including
11		organiza	tion.	gency official, individual, or
4		to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in ordercome
4	No 🔟	To promote	attendance at a county sp potential county revenue	gency official, individual, or consored event in ordercome for concession and
4	6	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in order _{come}
4	No D Yes D No D	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in ordercome for concession and
4	No D Yes D No D	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or consored event in ordercome for concession and
4	No Yes No Yes No	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in order _c ome for concession and Income Income
4	No Yes No Yes No	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in ordercome for concession and Income Income
a 	No Yes No Yes No Yes Yes	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in ordercome for concession and Income Income Income
a 4	No Yes No Yes No Yes No No	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or ponsored event in ordercome for concession and Income Income Income
4	No Yes No Yes No Yes No Yes Yes	To promote to maximize	attendance at a county sp potential county revenue	gency official, individual, or consored event in order _c ome for concession and Income Income Income
	No Yes No Yes No Yes No Yes No	To promote to maximize ṗarking sale	attendance at a county s potential county revenue s.	gency official, individual, or ponsored event in ordercome for concession and Income Income Income
	No Yes No Yes No Yes No Yes No	To promote to maximize ṗarking sale	attendance at a county s potential county revenue s.	gency official, individual, or consored event in order _c ome for concession and Income Income Income Income Income
	No Yes No Yes No Yes No Yes No d 18942. I h	To promote to maximize parking sale	attendance at a county sp potential county revenue s. that the distribution of a	gency official, individual, or consored event in order _c ome for concession and Income Income Income Income Income
ions 18944.1 an	No Yes INO Yes INO Yes INO Yes INO Yes INO INO Yes INO	To promote to maximize parking sale	attendance at a county sp potential county revenue s. that the distribution of a	gency official, individual, or consored event in order _c ome for concession and Income Income Income Income Income
	Role Information agency? Yes ntified below mameda Co. Supe Official's ne explanation Number of Admission(s)/	Supervisors shida@acgov.org Role Information CUS agency? Yes PNo D ntified below made at the ameda Co. Supervisor Scol Official's Name (Last, or ne explanation: Number of Admission(s)/ Agency Official	Supervisors shida@acgov.org Role Information Cust Face N Date(s agency? Yes No □ If no: ntified below made at the behest of ameda Co. Supervisor Scott Haggerty, I Official's Name (Last, First) and Title ne explanation: Number of Admission(s)/ Ticket(s) Agency official	Supervisors Supervisors shida@acgov.org Role Information Cus Face Value of Each Admis Date(s) Signal Filling: Number of Agency Agency Official Number of Agency Official

A Fublic Document	А	Publ	lic	Document
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ricket/Admission Distributions	·			· ·	a rubiic bocumen
I. Agency Name				Date Stamp	California Form 802
County of Alameda					Form OUZ For Official Use Only
Division, Department, or Region (if applica	ble)				For Onicial Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)					
				Amendment (Must p	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	supervisors			Date of Original Filing:	
	shida@acgov.c	ord			(month, day, year)
(510) 272-3882 crystal.his 2. Function, Event, or Ceremonial R	NAMES OF TAXABLE PARTY.	CE DATA THE .			
RR & BB (Wew		lon			5400
Title_RB & BB Circu'			Face V	Value of Each Admis	sion \$
Description	-		Date(s	<u>6,10, (</u>	2
				BSW	
Ticket(s)/Admission(s) provided by a	igency? Yes	No D	If no:		f Source
				Name o	a Source
Was the distribution to persons iden	tified below n	nade at th	e behest o	f an agency official?	6
	Alameda Co.				
Yes 🔲 No 🔲 If yes:			First) and Title	1	
		19 D	risi) and thie		
The identity of recipient(s) and the	e explanatio	on:			
Name (Last, First)	Number	Agoney		ne income box if the agency income. If the agency officia	official claims admission as I performed a ceremonial role,
or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
Organization (Name, Address, Description)	Ticket(s)	a de la composition	ceremor	come, describe the public pu nial roles, performed by an ag	
Chile Picci I la	1	Yes 🗖	To promote	attendance at a county sp	onsored event in order come
Clark & Enma Lunder		No	to maximize	potential county revenue	for concession and
7572 Calle Verde Rd	1	Yes 🗋			Income
Difference Portice De		No 🗖			
Dubun on		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗆			
		Yes 🗖	1		Income
		No 🗆			
3. Verification					
Thave read and understand FPPC Regulat	ions 18944.1 an	d 18942. I I	nave verified	that the distribution of a	dmissions, set forth above,
is in accordance with the provisions.	a 9				
Stelling Aller 14	ee Ann Fergers	on – Ticket	Administrate	or	8-2-
Signature of Agency Head or Designee	Print Na	me ()		Title	(month, day, year)

ckets Provided by gency Report	A Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name	<u>E</u>	Date Stamp	California 802
COUNTY OF ALAMEDA	şş		For Official Use Only
Division, Department, or Region (if applicable)			For Onicial Ose Only
1221 OAK STREET, #555	1		
Street Address			1
			7
OAKLAND, CA 94612 Area Code/Phone Number E-mail		Amendment (Must ex	plain in Part 5.)
	Dacgov.org		
(510) 272-3882 crystal.hishida@ Agency Contact (name and title)	guogottotg	Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Col	inty Administrator's Office		
and the second se	and and		· · · ·
Date(s) of Event: $6 \frac{2012}{7}$ De	ce Value of Ticket: \$	00 county	Fair
Agency Event Yes No (Identif	fy source of tickets below.)	a County Fe	uir Road
Name of Outside Source of Ticket(s) Provide	eu to Agency Harrister		Pursuant to Contra
Number of Tickets Received:	Ticket(s) Provided to Age	ency: Gratuitously	A Puisuant to contro
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	additional names)	acome to the Official or
Name of Official	Number State V	Vhether the Distribution is I scribe the Public Purpose	for the Distribution
(Last, First)	of Tickets De		
	4		
4. Individual or Organization Receiving	g Ticket(s) (Provided at the b	ehest of an agency official	at M
Name of Behesting Agency Official:	mala Courty-	Superviso S	car Hackyo
Name of Behesting Agency Official: Ala			00,
Name of Individual or Organization:	eis Macara	eg Nu	mber of Tickets:
Name of Individual of Organization.		/	
1 Operation:			rie -
Description of Organization.		r 12	4
Description of Organization:			
		City	State Zip (
Address of Organization:			State Zip
Address of Organization:	blic purpose for the distribution t	o the organization.)	State Zip
Address of Organization:	blic purpose for the distribution to	o the organization.)	State Zip
Address of Organization:	blic purpose for the distribution t	o the organization.)	State Zip
Address of Organization:	sice for the go	o the organization.) and of the	Sublic
Address of Organization:	ets set forth above is in accordance	o the organization.) and of the f nce with the provisions of t	Sublic
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the pul For Community Suy	ets set forth above is in accordance	o the organization.) and of the	Dublic_ =PPC Regulation 18944.1.
Address of Organization: Number and Street Purpose for Distribution: (Describe the put <i>For Community Sup</i> 5. Verification I have determined that the distribution of ticker Waldward Presignee	ets set forth above is in accordance Lee Ann Fergerson,	o the organization.) od Of the nce with the provisions of I Ticket Administrator Title	Sublic
Address of Organization:	ets set forth above is in accordance Lee Ann Fergerson,	o the organization.) od Of the nce with the provisions of I Ticket Administrator Title	Dublic_ =PPC Regulation 18944.1.

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ickets Provided by gency Report		A Public I	Document		TICKETS PROVIDED BY AGENCY REPORT
Agency Name		1		Date Stamp	California Form 802
COUNTY OF ALAMEDA			1		For Official Use Only
Division, Department, or Regio	n (if applicable)				
1221 OAK STREET, #555					
Street Address					
THE PERSON PROPERTY AND A DESCRIPTION OF			. 1		
OAKLAND, CA 94612	E-mail			Amendment (Must e	xolain in Part 5.)
Area Code/Phone Number		aou ora	1		
(510) 272-3882	crystal.hishida@ac	,gov.org		Date of Original Filing:	(month, day, year)
Agency Contact (name and title)		. Administrator	s Office		
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrator	s Office		· · · · ·
2. Event For Which Tickets Date(s) of Event:	DI 12 Desci	a iption of Event: Value of Ticket	1	Da Coier Ly	Fair
Agency Event 🗌 Yes	No (Identify s	11	Hame Da	Courty F	air Board
Name of Outside Source of	Ticket(s) Provided				Pursuant to Contract
Number of Tickets Receive		Ticket(s) Prov			LA Pursuant to constact
3. Agency Official(s) Rec	eiving Ticket(s)	use a continuatio	n sheet for add	itional names)	to the Official or
Name of O (Last, Firs	fficial	Number of Tickets		ther the Distribution is ribe the Public Purpose	Income to the Official or e for the Distribution
			- K		
				est of an agency officia	al.)
4. Individual or Organiz Name of Behesting Ager Name of Individual or Or	ncy Official: <u>Alum</u> rganization:	atthen	rty Suy	oum >	umber of Tickets: _S
Description of Organiza	tion:				
Address of Organization				City	State Zip Code
Purpose for Distribution	: (Describe the publi	c purpose for the	distribution to t	the organization.)	2 11
for Commin	ity Servi	ie fort	the goo	I of the	public
5. Verification	/		0	e	
			is in accordanc	e with the provisions o	of FPPC Regulation 18944.1.
5. vermeation	a distribution of tickate	s set forth above	S III GOODIGGING		
5. Verification	e distribution of tickets	s set forth above	praereon Tic	ket Administrator	8-2-1
I have determined that th	e distribution of ticket:	Lee Ann Fe	ergerson, Tic	cket Administrator	8-2-1 (month, day, year

Tickets Provided by	A Public I	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report		1	Date Stamp	California 802
1. Agency Name			Date start	Form OUZ
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (if applicable)				
1221 OAK STREET, #555	1			
Street Address				
OAKLAND, CA 94612		· · · · ·		
Area Code/Phone Number E-mail			Amendment (Must exp	olain in Part 5.)
(010) 212 0002	Judgetterg		Date of Original Filing: _	(month, day, year)
Agency Contact (name and title)		s Office		
Crystal Hishida Graff, Principal Analyst, Cou	inty Authinistrator	d Office	0	
2. Event For Which Tickets Were Distribution Date(s) of Event: 6 90 (2 Des 7 8 (2 Fac	ited scription of Event: ce Value of Ticket		Da Courty	tain_
Agency Event ☐ Yes ☐ No (Identif Name of Outside Source of Ticket(s) Provide	y source of tickets	s below.) Vameba	Courty Fair	Board
	, a to , .g , - , - ,			Pursuant to Contract
Number of Tickets Received:	17 M	1	ncy: Gratuitously	- Ali and
3. Agency Official(s) Receiving Ticket(s		n sheet for ad	iditional names) nether the Distribution is I	ncome to the Official or
Name of Official	Number of Tickets	State VVI Des	scribe the Public Purpose	for the Distribution
(Last, First)	OT HOKEIS			
		ided at the be	best of an agency official	l.)
4. Individual or Organization Receiving Name of Behesting Agency Official:	indy Of	ty Su 13m	forma to	mber of Tickets:
Description of Organization:	/			
Address of Organization:			City	State Zip Code
Purpose for Distribution: (Describe the pu for Community Sec	blic purpose for the	distribution to	o the organization.)	public
5. Verification	0	0	1	
5. Verification	ets set forth above	is in accordar	nce with the provisions of	FPPC Regulation 18944.1.
Citation of Approv Head or Designee	Lee An Print Name	n Fergerso	n, Ticket Administrate	or
Comment: (Use this space or an attachment f	for any additional infor	mation includin	у атенотен сураналону	

Tickets Provided by Agency Report		A Public I	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
				Date Stamp	California 802
1. Agency Name					Form OUL
COUNTY OF ALAMEDA	- (Iflieable)				For Official Use Only
Division, Department, or Region (if applicable)			1		
	1221 OAK STREET, #555				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-3882	crystal.hishida@acg	ov.org		Date of Original Filing: .	
Agency Contact (name and title)				Date of original rung.	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County /	Administrator	s Office		
the set of the set of the set	Mara Distributed		11	DA Dott	Fail
2. Event For Which Tickets Date(s) of Event:	DI 12 Descrip	tion of Event:	Mam	ora county	Fut
71	812 Face Va	alue of Ticket	\$_5	00 '	
Agency Event Yes	🗆 No (Identify so		1	County F	air Board
Name of Outside Source of	Ticket(s) Provided to	Agency:	ameo		In the Contract
Number of Tickets Receive	d:	Ticket(s) Prov	ided to Ager	ncy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rec	eiving Ticket(s) (us	e a continuatio	n sheet for ac	iditional names)	
Name of Of		Number	Ctate M/	hether the Distribution is scribe the Public Purpose	Income to the Official or of the Distribution
(Last, Firs		of Tickets	Des	scribe the rubic rupper	
4. Individual or Organiz Name of Behesting Ager	ation Receiving Tie	cket(s) (Prov	ided at the be	ehest of an agency official	al.) Cott Haggarly
		ilyn 7	4 he	munod N	umber of Tickets:
Name of Individual or Or	ganization:	0			
Description of Organizal	tion:				1
Address of Organization				City	State Zip Code
Purpose for Distribution	: (Describe the public p	ourpose for the	distribution to	o the organization.)	A D. Mi
	unity Sou	vice fo	The a	good of	the puone
		V	(,	4
5. Verification		of forth above	is in accorda	nce with the provisions o	f FPPC Regulation 18944.1.
I have determined that th	e distribution of tickets s				4-2-17
Signature of Agency Head o	CAM-	Lee Anr Print Name	h Fergerson	n, Ticket Administrate	or (month, day, year)
Comment: (Use this spa	ce or an attachment for any		mation includin	g amendment explanation.)	

	FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-3772)

kets Provided by	A Public Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
ency Report		Date Stamp	California 802
Agency Name			Form
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida	a@acgov.org	Date of Original Filing: .	
Agency Contact (name and title)		Date of original trans	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	ounty Administrator's Office		
Event For Which Tickets Were Distributed Date(s) of Event: 6,20, 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	buted Description of Event: Alam Face Value of Ticket: \$	00 a Courty	Fair O
, (9-11-1)	ntify source of tickets below.)	la Courty F	air Board
Name of Outside Source of Ticket(s) Provi			Pursuant to Contrac
Number of Tickets Received:	Ticket(s) Provided to Ager		Da Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuation sheet for ac	ditional names)	official of
Name of Official	Number State W	hether the Distribution is scribe the Public Purpose	for the Distribution
(Last, First)	of Tickets Des		
	The test of the based of the ba	abest of an agency officia	al.)
4. Individual or Organization Received Name of Behesting Agency Official:	And Courty Su Kim Caleja	pulme-2	umber of Tickets: 10
Description of Organization:			
Address of Organization:		City	State Zip C
Purpose for Distribution: (Describe the	public purpose for the distribution to	o the organization.)	the public
For Community -	since for th	good of	/
5. Verification			CODO Regulation 18044.1
5. Verification	ickets set forth above is in accorda	nce with the provisions o	TEPPC Regulation 10944.1.
Selle VAr -	Lee Ann Fergerson	, Ticket Administrato	r $-\frac{\&-2}{(month, day,}$
Signature of Agency Head or Designee Comment: (Use this space or an attachme		a amendment explanation.)	

Tickets Provided by		A Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Report		ATublic Determine	Date Stamp	California 002
1. Agency Name			Duro oranip	Form OUZ
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Regi	on (if applicable)			
1221 OAK STREET, #555			_	
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must e	xplain in Part 5.)
	crystal.hishida@acg	lov.org		
(510) 272-3882 Agency Contact (name and titl			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Prin	cinal Analyst County	Administrator's Office		
Crystal Hishida Grail, Phil	Jalana Distributor	1 .	0 0	* * A
2. Event For Which Ticke Date(s) of Event:	ts were Distributed	Alou	10 Da Mounty	FAIR
Date(s) of Event:	201 (2 Descrip	ption of Event:	a comp	
フィ	Q12 Face V	/alue of Ticket: \$,00	
			02	0
Agency Event 🛛 Yes	No (Identify so	burce of tickets below.)	a County Fa	i Board
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Name of Outside Section	10	Ticket(s) Provided to Ag	opey: I Gratuitously	Pursuant to Contract
Number of Tickets Receiv	ed:/_/	Ticket(s) Provided to Ag		×
		tinuation shoot for	additional names)	
3. Agency Official(s) Re	ceiving Ticket(s) (us	se a continuation sheet for	Whether the Distribution is	Income to the Official or
Name of (Official	Number State	escribe the Public Purpos	e for the Distribution
(Last, F	rst)	of Tickets D		
26				
		- hatte V (Denvided at the	behest of an agency offic	ial.)
4. Individual or Organi	zation Receiving T	icket(s) (Provided at the	Denest of an ugeney	11 11
	Official A Gample	la Courty Su	ouvisa co	at Haggarly
4. Individual or Organi Name of Behesting Age	ncy Official: presented	11 .		00 10
		je Caleja		Number of Tickets:
Name of Individual or C	Jiganization.	0		
Description of Organiz	ation:			
Description of Organiz				
A Linear of Organizatio	20'		Ob	State Zip Code
Address of Organization	Number and offect		City	
Durana for Distributio	n: (Describe the public	purpose for the distribution	to the organization.)	
Purpose for Distributio	II. (Describe the parts	in In the	and of	The puletic
For Oomm	unity Ser	vice por ca	- Jooe of	0
7-0	/	D	(/	
5. Verification				of FPPC Regulation 18944.1.
I have determined that t	he distribution of tickets	set forth above is in accord	ance with the provisions	of FPPC Regulation 18944.1.
	(1)	Lee Ann Fergerso	n, Ticket Administrate	
July on	or Designee	Print Name	Title	(month, day, year)
Signature of Agency Head	or pesignee	ny additional information includ	ling amendment explanation	.)
Comment: (Use this sp	ace of an attachment for an	y additional internation interac	aan Caasaa C	

kets Provided by	A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
jency Report			alifornia 802
Agency Name			Form OUZ
COUNTY OF ALAMEDA		For Official Use Only	
Division, Department, or Region (if applicable	e)		
1221 OAK STREET, #555	Y		
Street Address			
OAKLAND, CA 94612		1	
Area Code/Phone Number E-mail		Amendment (Must explain	n in Part 5.)
	nida@acgov.org		
Agency Contact (name and title)		Date of Original Filing:	'month, day, year)
Crystal Hishida Graff, Principal Analyst	, County Administrator's Offic	e	
. Event For Which Tickets Were Dis	tributed	11 0 1	
Date(s) of Event: 10 20 12	— Description of Event: — Face Value of Ticket: \$	Jameda Courty 5.00	, Fair
Agency Event	dentify source of tickets belov rovided to Agency:A_a	meda County	Fair Board
Number of Tickets Received:	Ticket(s) Provided to		Pursuant to Contract
3. Agency Official(s) Receiving Ticl	ket(s) (use a continuation shee	t for additional names)	to the Official of
Name of Official	Number St	ate Whether the Distribution is Inc Describe the Public Purpose for	the Distribution
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1	L L	the behest of an agency official.)	
4. Individual or Organization Reco	eiving licket(s) (Provided at		Cont lacart.
		TI A. HAND	
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Name of Behesting Agency Official: Name of Individual or Organization:	12 1. 100	pleel Num	ber of Tickets:
Name of Behesting Agency Official:	12 1. 100	pleel Num	ber of Tickets:
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Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: _{Number and S}	faula Cam	City	State Zip Co
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Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: <u>Number and S</u> Purpose for Distribution: (Describe <u>For Community</u>	faula Campose for the distrib	City ution to the organization.)	State Zip Co
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	FPPC Form 802 (Feb/09)				
FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-3772)				
Agency Name Date Staffip Other Buck COUNTY OF ALAMEDA Difficion Opanization: For Official Use Orly 1221 OAK STREET, #555 Street Address Difficion Opanization: For Official Use Orly 1221 OAK STREET, #555 Street Address Difficion Opanization: For Official Use Orly 0AKLAND, CA 94612 Area Code/Phone Number E-mail Difficial Control of Control of Part 5 Area Code/Phone Number E-mail Difficial Control of Control of Part 5 Date of Original Filling: (mooth, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filling: (mooth, day, year) Event For Which Tickets Were Distributed Date(s) of Event: Difficial County Administrator's Office Date of Original Filling: (mooth, day, year) Agency Event Yes No (Identify source of ticket's science) Agency Advention for the Distributed to Agency: Date of Original Filling: (mooth, day, year) Number of Tickets Received: Ticket(s) Provided to Agency: Gratuitously Operation Booth Agency Ufficial(s) Receiving Ticket(s) (provided to Agency: Gratuitously Operation Booth Operatical or Describe the Public Purpose for the Distribution Agency Official	ckets Provided by jency Report	A Public	Documer	and the second se	TICKETS PROVIDED BY AGENCY REPORT
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COUNTY OF ALAMEDA For Oficial Use Coly Division, Department, or Region (# applicable) For Oficial Use Coly 1221 CAK STREET, #555 Street Address OAKLAND, CA 94612 Image: Address Area Code/Phone Number E-mail (ctystal hishida@acgov.org) Date of Original Filing: Agency Contact (name and title) Crystal hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Offical Date of Original Filing: Event For Which Tickets Were Distributed Date(s) of Event: Image: Administrator's Official Date(s) of Event: Image: Administrator's Official Image: Administrator's Official Agency Event Yes No (identify source of ticket's image: Administrator's Official Source of Ticket(s) Provided to Agency: Image: Administrator's Official Contract Number of Ticket's Received: Ticket(s) Provided to Agency: Image: Administrator's Official Contract Number of Ticket's Received: Ticket(s) Provided to Agency: Image: Administrator's Official Contract Number of Ticket's Received: Ticket(s) (Provided at the benest of an agency official) Number of Ticket's Contract Agency Official(s) Receiving Ticket(s) (Provided at the benest of an agency official) Number of Ticket's Social Hastor	and the second distribution of the second			Date Stamp	
Division, Department, or Region (if applicable) 1221 OAK STREET, 4855 Streat Address OAKLAND, CA 94612 Area CoddePhone Number Email crystal.hishida@acgov.org Jagency Contact (name and tote) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date of Original Filing: T					
1221 OAK STREET, #555 Street Address OAKLAND; CA 94612 Area Code/Phone Number Crystal Hishida Graft, Principal Analyst, County Administrator's Office Agency Event Crystal Hishida Graft, Principal Analyst, County Administrator's Office Agency Event Ves Ves No (Identify source of tickets pelow.) Name of Outside Source of Ticket(s) Provided to Agency: Gratuitously Number of Tickets Received: Ticket(s) Provided to Agency: Official Number Number of Official Number Number of Official Number Name of Official Number Name of Individual or Organization: EAAA Courty Address of Organization: FAAA Courty Address of Organization: FAAA Courty Address of Organization: Number and Street <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
Street Address OAKLAND, CA 94612 Area Gode/Phone Number E-mail Cray State (name and Kite) Crystal.hishida@acgov.org Agency Contact (name and Kite) Date of Original Filing: Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: Event For Which Ticktek Were Distributed Date of Original Filing: Date(s) of Event: G_1_2_1_2					
OAKLAND, CA 94612 Area Code/Phone Number Email (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Contact (name and title) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing: Event For Which Tickets Were Distributed Image: Contact (name and title) Date(s) of Event: Graft, Agy, were Agency Contact (name and title) Image: Contact (name and title) Agency Contact (name and title) Image: Contact (name and title) Agency Contact (name and title) Image: Contact (name and title) Agency Contact (name and title) Image: Contact (name and title) Agency Event Image: Contact (name and title) Agency Event Image: Contact (name and title) Name of Otiside Source of Ticket(s) Provided to Agency: Gratuitously Number of Tickets Received: Image: Contact (name and title) Mumber of Tickets Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contact (name and title) Number of Tickets Image: Contact (name and title) Image: Contact (name and title) Image: Contact (name and title) Image: Contact (name and title) Image: Contact (name and title) <					
Area Code/Phone Number E-mail Amendment (Made explain in Part 5) (510) 272-3882 crystal hishida@acgov.org Date of Original Filling:					
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2. Event For Which Tickets Were Distributed Date(s) of Event: 6 , 2D, 12 Description of Event: <u>Mampha (Darty Frik)</u>	Agency Contact (name and the)	County Administrator	's Office		
Date(s) of Event: 6 20 12 Description of Event: 21 20 12 Description of Event: 20 20 12 Description of Event: 20 20 20 20 20 20 20 20 20 20 20 20 20 2	Crystal Hishida Graff, Principal Analyst,	during Administration	T (T (MARATA)	0.0	1 1 1
Name of Outside Source of Ticket(s) Provided to Agency: Mame Mark Mark Mark Mark Mark Mark Mark Mark	Data(a) of Event: 6 120112	Description of Event	: <u>Alam</u> :::\$_ <u>5</u> ,	00 County	FAIR
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Dispute of Access Head of Designee Print Name Title (month, day, y	I have determined that the distribution of	Lee Ann	Fergerson,	Ticket Administrato	5-2-
	Jully Xi ham				(month, day,)
Comment: (Use this space of an attachment for any additional information including diversities appendix	Signature of Agency Head or Designee		mation including	amendment explanation.)	
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					EPPC Form 802 (

	FPPC Form out (i ebios	1
FPPC Toll-Free Helplin	e: 866/ASK-FPPC (866/275-377)	2)

Agency Report Art ubic Document Date Stamp California & Form 200 COUNTY OF ALAMEDA Division, Department, or Region (# applicable) Division, Department, or Region (# applicable) Per Official Use or 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Amendment (Must explain in Part 5) Agency Contact (name and title) Crystal hishida @acgov.org Date of Original Filing: (maskin, day, yee?) 2, Event For Which Tickets Were Distributed Date (Source of Ticket) Date of Original Filing: (maskin, day, yee?) 2, Event For Which Tickets Were Distributed Date (Source of Ticket) Date (Source of Ticket) Print Board Agency Contact (name and title) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing: (maskin, day, yee?) 2, Event For Which Tickets Were Distributed Date (Source of Ticket) Description of Event: # Address Date of Original Filing: Agency Contact (name and title) Crystal Hishida Councy (Frain Board) The Source of Ticket (So Provided to Agency: @ Gratuitously @ Pursuant to 1 Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) 3. Agency Official Number of Tickets (So Provided at the behest of an agency official) Number of Tickets (ED BY
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Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail crystal.hishida@acgov.org Agency Contact (name and life) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 1201_12_ Description of Event:	
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [S10] 272-3882 Crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date (s) of Event: 2.2.1.2 T.S.I.Z. Face Value of Ticket's below.) Name of Outside Source of Ticket(s) Provided to Agency: Mam. M. County Frain Roam. Number of Ticket Received: Ticket(s) Provided to Agency: Gratuitously Number of Ticket Receiving Ticket(s) (use a continuation sheet for additional names) Describe the Public Purpose for the Distribution Agency Official (ust Frain) of Ticket(s) (provided at the behest of an agency official.) Name of Official (ust Frain) Number State Whether the Distribution is Income to the Official (ust Frain) Name of Behesting Agency Official: Mam. Mam. Dat. Mam. Soft Hagger, Number of Tickets: Describe the Public Purpose for the Distribution Address of Organization: Church Cam. Address of Organization: Mam. Cam. Address of Organization: Number of Tickets) Address of Organization: Mam. Cam. Address of Organization: Number on the official: <	,y
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Area Code/Phone Number E-mail crystal.hishida@acgov.org Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: (month, day, year) 2. Event For Which Tickets Were Distributed Date (s) of Event: (G. 1.2.0.1.1.2) Description of Event: Affause Add. Date (type) Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Affause Add. Date (type) Previne Bade Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to interfause 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official (tast First) of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Adverse County Coun	
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Address of Organization: City State	
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
For Community Service for the good of the public	
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5. Verification	8944.1.
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined termined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation of the termined	
Lee Ann Fergerson, Ticket Administrator	onlh, day, year)
Signature of Agency Head or Designed Print Name	onin, uay, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	
Comment, loss and space an	

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377

Fickets Provided by Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Tomin .
Division, Department, or Regi	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					- E
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			D A 444	available in Deal 5)
(510) 272-3882	crystal.hishida@acg	aov.ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)		99		Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Princ		Administrato	r's Office		(monur, day, year)
2. Event For Which Tickets	the same of the			0	
Date(s) of Event:	0112 Descrip	otion of Event	:: <u>Alam</u> ::\$	00 Durte	Fair
Agency Event Yes	□ No (Identify so				
Name of Outside Source of					
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Number of Tickets Received	і: <u></u> т	ïcket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	M Pursuant to Contrac
3. Agency Official(s) Recei	iving Ticket(s) (use	a continuation			
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is I ibe the Public Purpose	ncome to the Official or for the Distribution
4. Individual or Organizati	on Receiving Tick	et(s) (Provide	ed at the behes	t of an agency official.))
Name of Behesting Agency	Official: Alames	la Cour	Ty Sug	owin Sco	H Haggerey
Name of Individual or Orgar	nization: <u>Bill</u>	flan	uson	Num	ber of Tickets: <u>20</u>
Description of Organization:					-
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public purp	ose for the dis	tribution to the	organization.)	
For Comminut	ty Surice	por the	1 3000	2 of the	public
	/	V	0	0	V
5. Verification					
	ribution of tickets set fo	rth above is in	accordance wi	th the provisions of FP	PC Regulation 18944.1.
I have determined that the dist					
I have determined that the dist		e Ann Ferge	erson, Ticket	Administrator	9-2-
I have determined that the dist	Le	ee Ann Ferge rint Name	erson, Ticket	Administrator	(month, day, year)

Tickets Provided by		A Public Docun	nent	TICKETS PROVIDED BY
Agency Report				AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Regi	on (if applicable)			Tor official ose only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must e	volain in Part 51
(510) 272-3882	crystal.hishida@a	acgov.org		April III I III O.I
Agency Contact (name and title)		0 0	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		ty Administrator's Office		(monut, day, year)
2. Event For Which Tickets	Were Distribute	ed		* * * *
Date(s) of Event:	101 12 Desc	ription of Event		
	and the second se	Value of Ticket: \$		
Agency Event		ource of tickets below.)		Λ
Name of Outside Source of	NU 2		a County Fa	in Board
			1 1 1	
Number of Tickets Received	:	Ticket(s) Provided to Age	ncy: Gratuitousiy	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation sheet for a	dditional names)	
Name of Offic (Last, First)	sial		hether the Distribution is In scribe the Public Purpose f	
		of Tickets Des	scribe the rublic rupose i	
4. Individual or Organization	on Receiving Tic	ket(s) (Provided at the beh	nest of an agency official.)	
Name of Behesting Agency	A1.	D. D L		H Haacetu
Name of Behesting Agency	Official: <u>Alame</u>	NA COUNTY 21	perun to	Thag going
Name of Individual or Orgar	MA	y Kopell		per of Tickets:
	<i>i</i> .	1 1		i2 ⊫.
Description of Organization:				
Address of Organization:				
Nur	mber and Street		City	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distribution to the	e organization.)	8 Y
For Communi	ty Service	for the good	- of the pulli	lic
E Marification	1	0	0 1	
5. Verification				O Description 190111
I have determined that the distr	ibution of tickets set	ionn above is in accordance	with the provisions of PPP	C Regulation 18944.1.
Julhi Jere	Ar	Lee Ann Fergerson, Tio	우리 그 것도 아파가 바람이 가장했다. 다 안가에	8-2-12
Signature of Agency Head or Design		Print Name	Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ac	iditional information including an	endment explanation.)	

Tickets Provided by				195.03 # 0	TICKETS PROVIDED BY
Agency Report	,)	A Publi	ic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regi	on (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address				<i>\$</i>	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	acqov.org			(plan in r alt o.)
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrate	or's Office		(1101111, 00), jour,
2 Event For Which Tickets	Were Distribut	ed			
Date(s) of Event:	Or 17-D		. Alame	da Comita	Fair
Date(s) of Event:	Desc	ription of Even	r: <u>Alame</u>	and approxy	1 - 1.2
	<u>} 12</u> Face	Value of Ticke	et: \$	00	
Agency Event 🛛 Yes	□ No (Identify s	source of ticket	ts below.)		2
			Alamol	a Doute F	ain Board
Name of Outside Source of	ficket(s) Provided	to Agency:	TIAMERA	County P	and page
Number of Tickets Received	-12	Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	ise a continuatio	n sheet for add	itional names)	
Name of Offic	ial	Number	State Whe	ther the Distribution is In	come to the Official or
(Last, First)	12 <u>-</u>	of Tickets	Descr	ibe the Public Purpose for	or the Distribution
				-	
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4. Individual or Organization	on Receiving Ti	cket(s) (Provid	led at the behes	st of an agency official.)	
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Name of Behesting Agency	Official: <u>Mame</u>	da Cour	4 ×upt	When xoll	Magging
	11.1		ncour	4	17
Name of Individual or Organ	ization:	(Settle	naour	Numb	per of Tickets:
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Purpose for Distribution: (De	escribe the public pu	irpose for the dis	stribution to the	organization.)	
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For Commun	ily Dervi	ce por	we good	Dia fa	-ucc
5. Verification		U	0		
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I have determined that the distr					S Regulation 10944.1.
yellin h	A /	Lee Ann Ferg	erson, rickei	t Administrator	8-2-12
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	dditional informatic	on including amen	idment explanation.)	

Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA			Λ		Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			
Agency Contact (name and title,				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Cour	nty Administrat	or's Office		
2. Event For Which Tickets	Were Distribut	ted	141	n n i	
Date(s) of Event:	0112 Desc	cription of Ever	nt: Hame	Cacounty_	PAIR
718	3112 Face	Value of Tick	et: \$	0	
Agency Event 🛛 Yes	🗌 No (Identify :			A 1	0
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Number of Tickets Received				;y: □ Gratuitously	Rursuant to Contrac
Number of lickets Received		ficket(s) Pio	vided to Agenc		A ruisuant to contrac
3. Agency Official(s) Recei	ving Ticket(s) (use a continuatio	on sheet for addi	itional names)	
Name of Offic	sial	Number		ther the Distribution is In	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Ti	cket(s) (Provi	ded at the behes	st of an agency official.)	
Name of Behesting Agency	Official: Alaman	Da Cious	Tu Sur	win Scor	4 Haccarta
Name of Benesting Agency		Jan Clour	1.	at the fight for a second	00
Name of Individual or Orgar	nization:	e Da	VIS	Numb	er of Tickets: <u>2</u>
	1				
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	urpose for the di	stribution to the	organization.)	
	Til California		The a	A Atto	Du bliz
FOC COMMIL	uly sal	nce po	the fo	and of the	prodec
5. Verification	1		0		
I have determined that the distr	ibution of tickets set	forth above is in	n accordance wi	th the provisions of FPP	C Regulation 18944 1
	ibution of tickets set				logulaton 10044.1.
Thave determined that the dist	-	· / / /	per la companya de la	-last A durate interester	0 0 10
Signature of Agency Head or/Design		Lee Ann Print Name	Fergerson, Ti	cket Administrator	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					ronin
Division, Department, or Regi	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				Isla is Dard 5 \
(510) 272-3882	crystal.hishida@a	icaov ora		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	locarthe day word
Crystal Hishida Graff, Princ		tv Administrato	r's Office		(month, day, year)
2. Event For Which Tickets	The second se			1	4.1
Date(s) of Event:		ription of Event		00 County	tai
Agency Event Yes	□ No (Identify s	1/	s below.) Hameda	Apunto Frain	Royal
Name of Outside Source of	Ticket(s) Provided to	to Agency:	TANGERA	Dung PHI	<u>CSCCEYA</u>
Number of Tickets Received	:	Ticket(s) Prov	ided to Agenc	y: □Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatior	n sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is Inco ibe the Public Purpose for	
4. Individual or Organizati	A .				
Name of Behesting Agency	Official: <u>Ham</u>	ula Cou	uty S.	upervina SC.	ott flaggetty
Name of Individual or Organ	nization:	Ice L	una	Numbe	r of Tickets:
Description of Organization:	-			i.	1
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dist	tribution to the	organization.)	
For Community	Service	forth	le zoos	1 of the fu	elic
5. Verification			6		
I have determined that the dist	ribution of tickets set :	forth above is in	accordance wi	th the provisions of FPPC	Regulation 18944.1.
Leelingue	\mathcal{V}			cket Administrator	8-2-12
Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	in attachment for any ad	lditional informatio	n including amen	dment explanation.)	

Tickets Provided by Agency Report		A Public	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612			1		
Area Code/Phone Number	E-mail			Amendment (Must ex	nlain in Part 51
(510) 272-3882	crystal.hishida@a	acgov.org			plain in Part 3.7
Agency Contact (name and title)		-99		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi		ty Administrato	r's Office	~ ~	(monin, day, your)
2 Event For Which Tickets	Were Distribute	ed		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Date(s) of Event:	DI 12 Desci	ription of Event	Alam	eda County	Fain
	81.12 Face	Value of Licket	: \$	100	
Agency Event 🛛 🗌 Yes	🗌 No (Identify s			0	x
Name of Outside Source of	Ticket(s) Provided t	to Agency:	lameda	County Fai	ip Board
Number of Tickets Received	:	Ticket(s) Provi	ided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei					to the Official or
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
		1 1			
4. Individual or Organizati					
Name of Behesting Agency	Official: Alame	da Count	y Super	Visn Scott	Hazzarty
Name of Individual or Orgar	ization:	oria O,	son	Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dist	ribution to the	organization.)	
For Commis	ity Spile	ice for to	he Sood	of the pu	blic
5. Verification	1		U		
I have determined that the dist	ribution of tickste act	forth about is in	accordance wi	th the provisions of EPPC	Regulation 18944 1
r have determined that the dist	ibution of tickets set				a logeration roott. It
felle Xi a	2	A MUSE AND ADDRESS AND	gerson, Ticke	et Administrator	8-2-12
Signature of Agency Head or Design)	Print Name	5 8 4	Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	dditional information	n including amen	dment explanation.)	

gency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Must ex)	plain in Part 5.)
Agency Contact (name and title)		aogeriorg		Date of Original Filing: _	lower the designed
Crystal Hishida Graff, Princi		ty Administrat	or's Office		(month, day, year)
Event For Which Tickets	Were Distribut	ed			
Date(s) of Event:	01 / 2 Desc	ription of Ever	nt: <u>Alame</u> et:\$_5,0		FAIR
<u> </u>	5				
Agency Event 🛛 Yes	□ No (Identify s			12 .1	
Name of Outside Source of	Ficket(s) Provided	to Agency: 上	Hameda (Ournity I=A	in Board
Number of Tickets Received					Pursuant to Contract
Agency Official(s) Recei	ving Ticket(s) (u	ise a continuatio	Contemporary works and weather sort		
Name of Offic (Last, First)	ial	Number of Tickets	그 가게 알려야 합니다 좋아 관람이 많이 많이 했다.	her the Distribution is Inc be the Public Purpose fo	
. Individual or Organizatio	on Receiving Ti	cket(s) (Provid	led at the behest	t of an agency official.)	
Name of Behesting Agency	Official: <u>Alan</u>	no Da Ce	urty -	Superine-	Scott Hazza
Name of Individual or Organ	ization: <u>Har</u>	Every Ke	night	Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pu	rpose for the di	stribution to the o	organization.)	124
For Community		e for	the goo	I of the p	ublic
Varification		U	()	· · ·	
Verification					Deviden and the
I have determined that the distr	ibution of tickets set				Regulation 18944.1.
A CN					
Juli Xvin		Lee Ann Fe	ergerson, Tick	et Administrator	8-2-12

gency Report	4	A Publ	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					ronni,
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				velate in Bood 51
(510) 272-3882	crystal.hishida@a	acaov ora		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)		aogonioig		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi		tv Administrat	or's Office		(monin, day, year)
. Event For Which Tickets				0 0	
	0112 Desc	ription of Eve	nt: <u>Alam</u> et: \$		FAIR
Agency Event	🗌 No (Identify s			20 0	
Name of Outside Source of	Ficket(s) Provided	to Agency: 🙏	Jameda	County E	Air Board
Number of Tickets Received	G 2.9			y: 🔲 Gratuitously	🕅 Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (u	ise a continuati	on sheet for addi	itional names)	ī
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Ir ibe the Public Purpose	
				,	
. Individual or Organizati	on Receiving Ti	cket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: <u>Alame</u>	eda Con	nfy Su	perin Se	of Haggart
Name of Individual or Orgar	ization: <u>FRAN</u>	cyne	Dawle	, <u>n < </u>	ber of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Cod
Purpose for Distribution: (D	escribe the public pu	rpose for the di	istribution to the	organization.)	
	4 Suvie			od of the	public
. Verification	/	V			
I have determined that the distr	ibution of liekets est	forth above is i	in accordance wi	th the provisions of EPE	C Regulation 18044 1
i have determined that the disti	ibution of tickets set				C Regulation 10044.1.
man Aiga		Lee Ann F	ergerson, Lick	cet Administrator	8-2-1

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	<i>.</i> ,			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator's	s Office		
2. Event For Which Ticket	s Were Distribut	ed			,
Date(s) of Event:	201 12 Desc	ription of Event:	Alans	da Courty	Fair
	0112-5		+ 51	00 1	
	81/2 Face	Value of Ticket: 3	\$		
Agency Event 🛛 Yes		source of tickets t	/1	County FI	a in Provel
Name of Outside Source of	Ticket(s) Provided	to Agency: Ala	imena	County F	TR Deaver
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	ise a continuation s	sheet for addi	tional names)	
Name of Offi		Number	the second second	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets		ibe the Public Purpose fo	
4. Individual or Organizati	on Receiving The	CKet(S) (Provided	at the benes	st of an agency official.)	
Name of Behesting Agency	Official: Alama	ela Cour	Ty Si	pervino -C	ott Haggarly
	11	1 1	(/	00 _
Name of Individual or Orga	nization:	t Li	ina	Numb	er of Tickets:
Description of Organization	;				
Address of Organization:	imber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distrib	bution to the	organization.)	
For Commu	inity Serve	ice for the	e que	I of the PI	Alic
5. Verification				*	
I have determined that the dist	tribution of tickets set	forth above is in ac	ccordance wil	th the provisions of FPPC	C Regulation 18944.1.
Juli ruh-	_			et Administrator	8-2-1
Signature of Agency Head or Desig	nee	Print Name		Title	(month,
Comment: (Use this space or a	an attachment for any ac	dditional information i	ncluding amen	dment explanation.)	

Ti	cket/Admission Distrib	utions						A Public I	
1.	Agency Name						Date Stamp	Californ	^{ia} 802
	County of Alameda							Form	002
	Division, Department, or Region	(if applical	ble)					For Offic	cial Use Only
	Board of Supervisors								
	Street Address								
	221 Oak Street, Suite 536								
	Designated Agency Contact (Na		Amendment (Must provide explanation in Part 3.)						
	Crystal Hishida Graff, Clerk, Be	oard of S	upervisors						
	Area Code/Phone Number E-	-mail					Date of Original Filing	g:(month, day,	year)
	(510) 272-3882 c								
2.	Function, Event, or Cerem				9				
	Title Red Hot Chil	ii Per	pers		_	Face \	/alue of Each Admi	ssion \$ 10	900
	Description Concer-	1					CIVI	7	
	Description	1			_	Date(s	s) <u>8/17/1</u>		/
						C	GUI		
	Ticket(s)/Admission(s) provi	ded by a	gency? Yes		0	I lf no:	Name	of Source	
				C			Vanie	01 300/08	
	Was the distribution to perso	ons ident	ified below n	nade	at th	e behest of	f an agency official	?	
		1	Alameda Co. S	upervi	sor S	Scott Hagger	tv. Dist. 1		
	Yes 🖾 No 🔲 If yes	·		- Ø		First) and Title	.,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	l				Last, I	rist) and the			
	The identity of recipient(s)) and the	e explanatio	on:					
	Name					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 ncome. If the agency offici		
	(Last, First) or		Number of Admission(s)/	Age Offi	ncy cial	Constitution and the second	vide a description.	ai periornica a con	emomai role,
	Organization		Ticket(s)				ome, describe the public p ial roles, performed by an a		lividual, or
	(Name, Address, Descriptio	/iti)	CONTRACTOR OF			organiza	tion.		
	Alluca Davel	A	1	Yes	1	contributions	school or nonprofit orga to the community	mzation for its	Income
	14119501 VONOV	ann		No	9	Legender of the second			
	A.			Yes	_				Income
				No					
				Yes					Income
				No					
				Yes	1000				Income
				No	_				
				Yes	1111				Income
_		2		No					
3.	Verification								
1	Thave read and understand FPPC is in accordance with the provisior		ons 18944.1 an	d 1894	12. I h	ave verified i	that the distribution of a	admissions, sei	t forth above,
1	is in accordance with the provision	<i>i</i> s. ,	¥.	• ~					7 I
1	pilla torne	Le	e Ann Fergerso	on – T	icket	Administrato	pr	5	1511
4	Signature of Agency Head or Designee	2	Print Na	me	71	$- \prec$	Title		nonth, day, year)
١					0			÷	/
	Comment: (Use this space or an at	tachment fo	or any additional i	nforma	tion in	cluding amend	lment explanation.)		

Agency Report of: Ceremonial Role Events and Т

Ø

Signature of Agency Head or Designee

Ticket/Admission Distributions	5			A	Public Documen		
1. Agency Name				Date Stamp	California		
County of Alameda			Form 802				
Division, Department, or Region (if applica			For Official Use Only				
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
Crystal Hishida Graff, Clerk, Board of S	Supervisors			Amendment (Must pro	vide explanation in Part 3.)		
Area Code/Phone Number E-mail	apornooro			Date of Original Filing:	(month, day, year)		
(510) 272-3882 crystal.his	shida@acgov.	org			(monin, day, year)		
2. Function, Event, or Ceremonial R	a state of the local data and th	ALC: NOT ALL OWNERS AND ALC: NOT ALL OWNERS AND ALC: NOT ALL OWNERS AND ALC: NOT ALC					
Title Red Hot Chili Pep	pers		Face \	/alue of Each Admissi	ion \$ 10900		
Description Concert	`		Date(s	\$ 15.12	//		
			0	- 1			
Ticket(s)/Admission(s) provided by a	agency? Yes	No D	If no: 🕒	SU			
		l		Name of S	Source		
Was the distribution to persons iden	tified below r	nade at th	e behest of	f an agency official?			
	Alameda Co. S			n na ann an a s aichte a sh e ir ann ann an an an ann an an an an an an			
Yes 🛱 No 🔲 🛛 If yes: 💻							
	Official's	Name (Last, I	=irst) and Title				
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	e income box if the agency offi ncome. If the agency official po vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including		
Kevin Baskin	4	Yes 🗖 No 🔽	and the second sec	community volunteer for his	s or her service to thecome		
338 Erica Ct	t	Yes 🔲 No 🗖			ome コ		
Livermore CA		Yes 🔲 No 🔲			Income		
-(15)0		Yes 🗆					
	Ŧ	No 🗆			Income		
		Yes 🗖			Income		
		No 🗖					
3. Verification							
(I have read and understand FPPC Regulati	ons 18944.1 an	d 18942. I h	ave verified	that the distribution of adn	nissions, set forth above,		
is in accordance with the provisions.	1						
John Aren x 10	& Ann F	lacal a	ANA Ticke	et Administrator	8/15/1		

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

Print Name

Title

b

(month, day, year)

1.	Agency Name	Date Stamp	California 802			
	County of Alameda		10	Form OUZ		
	Division, Department, or Region (if applica			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.o	org			
2.	Function, Event, or Ceremonial R	ole Informat	tion			
	Title A'S Game			Face \	/alue of Each Admiss	ion \$ <u>38,00</u>
	Description Basel	sall		Date(s	9,1512	
				Duto(c	/	
	Ticket(s)/Admission(s) provided by a	gency? Yes		If no		
		gonoy: rea			Name of S	Source
	Was the distribution to persons iden	tified below n	nado at the	a hohost of	f an agoncy official?	
	Yes 🗋 No 🗋 If yes:	ameda Co. Sup		12435 13672		
		Official's i	Name (Last, F	First) and Title		
	The identity of recipient(s) and th	e explanatio	on:			
	Name	12	6-11-1		e income box if the agency off	
	(Last, First) or	Number of	Agency		ncome. If the agency official p vide a description.	erformed a ceremonial role,
	Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purp	
	(Name, Address, Description)			organiza	ial roles, performed by an ager tion.	ncy official, individual, or
	Mel Luna	2	Yes 🗖 No 🖾	to maximiz	ze potential county revenue	for concession and
	11570 Dadre 104		Yes 🗖	— parking sa	les.	come
	Diele Factore wy		No 🗖			
	Dublin CA		Yes 🗖			Income
	94568		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.

8121 **Ticket Administrator** Title Signature of Agency Head or Designee Print Name (month, day, year)

TIC	ket/Admission Distri		A Public Docu						
1. 7	Agency Name		Date Stamp)	California 80				
1	County of Alameda		Fo		I GIIIII				
Ĩ	Division, Department, or Regio				For Official Use Onl				
	Board of Supervisors								
3	treet Address						÷.		
	1221 Oak Street, Suite 536				3				
Ĩ	Designated Agency Contact (/	Vame, Title)					Amendment	(Must prov	ide explanation in Part 3.)
1	Crystal Hishida Graff, Clerk,	Board of S	upervisors				ц	(muct prov	inter enplorence, mit en en
7	Area Code/Phone Number	E-mail					Date of Original F	Filing:	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.	org					
2. 1	Function, Event, or Cere	monial R	ole Informat	tion					
	Aig								24 2
	Title	t			-	Face \	alue of Each A	dmissi	on\$_ <u>38.</u> 3
)	Description	lhie	0		_	Date(s	$\frac{9}{4}$	12	//
	1022	1				8	1 A 1 A 1		
	Ticket(s)/Admission(s) provided by agency? Yes No 🔲 If no: _								
1	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	No		lf no:	N	ame of S	ource
1	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	(No		lf no:	N	ame of S	ource
	Ticket(s)/Admission(s) prov Was the distribution to per-			(. /v		ource
	Was the distribution to per	sons iden Alam		(nade at	t the	behest of	f an agency offi		ource
	Was the distribution to per-	sons iden	tified below n eda Co. Super	(nade at visor Sc	t the	behest of laggerty, Di	ہر f an agency offi st. 1		ource
	Was the distribution to per-	sons iden Alam	tified below n eda Co. Super Official's	(nade af visor Sc Name (La	t the	behest of	ہر f an agency offi st. 1		ource
	Was the distribution to per	sons iden Alam	tified below n eda Co. Super Official's	(nade af visor Sc Name (La	t the	e behest of laggerty, Di first) and Title	∾ f an agency offi ist. 1 	cial?	
	Was the distribution to per Yes I No I If ye The identity of recipient(Name	sons iden Alam	tified below n leda Co. Super <i>Official's</i> e explanatic	(visor Sc Name (La on:	t the cott I- ast, F	 behest of laggerty, Di first) and Title Check th 	f an agency offi ist. 1 	cial?	cial claims admission as
	Was the distribution to pera Yes I No I If ye The identity of recipient(Name (Last, First) or	sons iden Alam	tified below n eda Co. Super <i>Official's</i> e explanatic Number of	(nade af visor Sc Name (La	t the cott l- <i>ast, F</i>	e behest of laggerty, Di first) and Title Check th taxable in also prov	// f an agency offi st. 1 e income box if the ag ncome. If the agency vide a description.	cial? gency offic official pe	cial claims admission as rformed a ceremonial ro
	Was the distribution to pera Yes I No I If ye The identity of recipient(Name (Last, First)	sons ident Alam s: s) and th	tified below n leda Co. Super <i>Official's</i> e explanatic	nade at visor Sc Name (La on: Agen	t the cott l- <i>ast, F</i>	 behest of laggerty, Di irst) and Title Check th taxable is also prov If not inc ceremon organiza 	f an agency offi ist. 1 e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion.	cial? gency offic official pe blic purpo y an agen	cial claims admission as rformed a ceremonial ro se, including cy official, individual, or
	Was the distribution to pera Yes I No I If ye The identity of recipient(Name (Last, First) or Organization	sons ident Alam s: s) and th	tified below n eda Co. Super <i>Official's</i> e explanatic Number of Admission(s)/	nade at visor Sc Name (La on: Agen Offici	t the cott F ast, F	 behest of laggerty, Di lirst) and Title Check the taxable is also provide organiza If not inc ceremon organiza To promote 	f an agency offi ist. 1 e income box if the ag ncome. If the agency vide a description. ome, describe the pul ial roles, performed b tion. attendance at a co	cial? gency offic official pe blic purpo y an agen	cial claims admission as rformed a ceremonial ro se, including cy official, individual, or
	Was the distribution to pera Yes I No I If ye The identity of recipient(Name (Last, First) or Organization	sons ident Alam s: s) and th tion)	tified below n eda Co. Super <i>Official's</i> e explanatic Number of Admission(s)/	nade at visor Sc Name (La on: Agen Offici	t the cott F ast, F	 behest of laggerty, Di lirst) and Title Check th taxable is also prov If not inc ceremon organiza To promote 	f an agency offi ist. 1 e income box if the agency vide a description. ome, describe the pul ial roles, performed b tion. attendance at a cor potential county re	cial? gency offic official pe blic purpo y an agen	cial claims admission as rformed a ceremonial ro se, including cy official, individual, or
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is jh accordance with the provisions.

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

A Public Document

					ublic Document
1. Agency Name				Date Stamp	California
County of Alameda					Form OUZ
Division, Department, or Region ((if applicable)			-	For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Nam	e, Title)				
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors		Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-n				Date of Original Filing:	······································
(510) 272-3882 cry	/stal.hishida@acgov.		(month, day, year)		
2. Function, Event, or Ceremo					
Title_Oakland	A's	Value of Each Admissio	ons_38.00		
Decil	. 1			A	
Description	all		Date(s	(1, 2, 12)	//
0			E		(\cap)
Ticket(s)/Admission(s) provide	ed by agency? Yes	NNO TI	If no:	alland St	hletics
	, , ,	7		Name of So	urce
Was the distribution to person	a identified between			(
Was the distribution to persor					
Yes 🕼 No 🔲 If yes: .	Alameda Co.	Supervisor	Scott Hagg	jerty, Dist. 1	
	Official's	Name (Last, F	irst) and Title		
The identity of recipient(s)	and the explanatic				
A TALK MILLARD TO BE AND A MULLING AND A MULLING AND A	and the explanatio	n. Istoriczadze	Internet and the		
Name (Last, First)	Number of	Agency		ne income box if the agency offici income. If the agency official per	
ог	Admission(s)/		also prov	vide a description.	Save State Make
Organization (Name, Address, Description)	Ticket(s)		 If not inc ceremon 	come, describe the public purpos hial roles, performed by an agenc	e, including y official, individual, or
the second second second second second second second	and the second	3.4 State	organiza	ition.	
Emma Coughlin 15532 LarkSt	2-	Yes 🔲		vard a community volunteer fo er service to the public	moonic
J		No 🙀	1115 01 11		
15532 LarkSt		Yes 🗖			Income
-		No 🗖	-		
SAN Leandro 94578	CA	Yes 🗖			Income
94578	5-	No 🗖			
20	27	Yes 🗖			Income
	-/	No 🗖			
		Yes 🗖			Income
		No 🗖	50 mm		
3. Verification					hand .
I have read and understand FPPC F	Regulations 18944 1 an	d 18942 1 h	ave verified i	that the distribution of admis	ssions set forth above
is in accordance with the provisions.		G 10042. (III	ave vermeu i	and and distribution of duffits	salona, set ionn above,
$ V()\rangle$	k				
Jun Alis	Leedunter	raeri	Ticke	et Administrator	8-28-1

A Public Document

Agency Name					Date Stamp	California 802
County of Alameda						Form OU2
Division, Department, or Region	(if applica			For Official Use Only		
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nar	ne, Title)		Amendment (Must provide explanation in Part 3.)			
Crystal Hishida Graff, Clerk, Bo	ard of S			r provide explanation in Part 3.)		
	mail		Date of Original Filing	g:(month, day, year)		
(510) 272-3882 cr	ystal.his			(1101111, 04), your		
Function, Event, or Cerem						
Title AEROSM IT		/alue of Each Adm	ission\$ <u>235.</u> 00			
						<u>а</u>
Description Rock (DNC	七151		Date(s	;) <u> </u>	2
Ticket(s)/Admission(s) provid	led by a	gency? Yes	₩ No 🗆	lf no:		
	-		<i> </i>		Name	of Source
The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description				taxable in also prov • If not inc	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p	y official claims admission as ial performed a ceremonial role, purpose, including agency official, individual, or
	•	,	Yes 🗖	organiza		r his or her service to the OME
TODD PADDE	N _	4	No D	public	community volumeer to	
		}	Yes 🗖			Income
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	<u></u>		Yes □ No □			Incom
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Verification I have read and understand FPPC is in/accordance with the provision	Regulati	ons 18944.1 an	No Yes No Yes No	ave verified t	that the distribution of	Incom Incom Incom Incom
Verification I have read and understand FPPC	Regulati	ons 18944.1 an	No Yes No Yes No d 18942. I h			Incom Incom Incom Incom
Verification I have read and understand FPPC	Regulati	ons 18944.1 an 2CLUNT Print Nat	No Yes No Yes No d 18942. I h		that the distribution of et Administrator Title	Incom Incom Incom Incom

Agency Report of: Ceremonial Role Events and Ti

Ti	cket/Admission Distrib	outions						A Public Do	cument	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form	and the second se	
	Division, Department, or Region	i (if applical	ole)					For Official	Use Only	
	Board of Supervisors			E.						
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	ii - 174					Amendment (Mus	t provide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, Bo Area Code/Phone Number	oard of S -mail	upervisors				Date of Original Filin	a.		
			hide@easer				buto of original film	(month, day, yea	nr)	
2	(510) 272-3882 c Function, Event, or Cerem	hida@acgov.o								
4.			sie mormat	.1011				70	100	
	Title Insneye	MIC	e		F	Face V	alue of Each Adm	ission \$	10	
	Description Ice Sk	g Shoi	N	C	Date(s)	oct, 18,21	012			
)			1	2011)			
	Ticket(s)/Admission(s) provid	ded by a	gency? Yes	No 🗆	lf no	:	Name	of Source		
				C						
	Was the distribution to perso	ons ident	ified below n	nade at the	beh	est of	an agency officia	1?		
	Vers D No D Kurse		la Co. Supervi	sor Scott Ha	ggerl	ty, Dist	.1			
	Yes 🔽 No 🔲 If yes	i	Official's	Name (Last, F	irst) ar	nd Title				
	The identity of recipient(s)) and the	e explanatio	on:						
	Name	, and m	o oripramatio		• 0	check the	income box if the agenc	v official claims admis	sion as	
	(Last, First)	1 and	Number of	Agency	ti	axable in	come. If the agency offic			
	or Organization		Admission(s)/ Ticket(s)	Official	• If	f not inco	ide a description. ome, describe the public (
	(Name, Address, Descriptio	on)	Honor(b)	A STATE		eremoni organizat	al roles, performed by an ion.	agency official, indivi	dual, or	
	111 1 101	1	1	Yes 🗖			l a school or nonprofit o	organization for its	Income	
	Holy Spirit Sche		4	No 🖉	CC	ontributio	ons to the community			
	Yo Kenneth Boggel		1	Yes 🔽					Income	
	3930 Parish Ave Fremont CA 94531			No 🗖					6 —	
	Fremont CA 94531	Ç		Yes 🗖					Income	
)			No 🗖						
				Yes 🔲					Income	
				No 🗖						
				Yes □ No □					Income	
-										
31	Verification			a constant have						

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

A Public Document

1.	Agency Name						Date Stamp		California	802
	County of Alameda								Form	0074
	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 (A	Aust prov	ide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, Board of Supe	rvisors								
	Area Code/Phone Number E-mail						Date of Original Fi	ling:	(month, day, year)
	(510) 272-3882 crystal.hishida									
2.	Function, Event, or Ceremonial Role	Informat	ion							
	Title <u>A'S Game</u>				Fac	e Va	alue of Each Ad	missio	on \$ <u>175</u>	00
	Description LUXURY BOX				Dat	e(s)	09,01,	12	/	/
	Ticket(s)/Admission(s) provided by ager	Ver		-					tics	
	ricket(s)/Admission(s) provided by ager	icyr res	YEI NO		II 110. 		Nai	me of So	ource	
	Was the distribution to persons identifie Yes 只(No □ If yes:	da Co. Sup Official's i	ervisor S Name (Las	coti	Hagger	ty, E				
	Name	•			• Chec	k the	income box if the age	ncy offic	cial claims admiss	sion as
	(Last, First) N or Adi	umber of mission(s)/ Ticket(s)	Agenc <u>y</u> Officia	Am 1949 A.	also If not cerei	provie t inco	come. If the agency o de a description. me, describe the publ I roles, performed by on.	ic purpo	se, including	
	Diabetic Youth Foundation 5167 Clayton Rd. #F	20	Yes 🖸 No 🖸		#1	[]	Reward	Nor	, profit	Income
("mard (A 94521		Yes [ב						Income
			No 🗖	ב						
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			Yes [ן ב						Income
			No 🛛] [
			Yes 🕻	- 1			. —			Income
kenter			No []						
3	Verification									

ification

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

Agency Report of: Ceremonial Role Events and

Ti	cket/Admission Distributio	ons				A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Region (if ap)	olicable)			For Onicial Ose Only	
	Board of Supervisors Street Address			-		
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Tit	(e)		Amendment (Must	provide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk, Board	of Supervisors			de la sue de la Câna de Câna de Câna de la Crétic T	
	Area Code/Phone Number E-mail				Date of Original Filing	:(month, day, year)
-	(510) 272-3882 crysta Function, Event, or Ceremonia	I.hishida@acgov.				
2.	Title Raiders VS Det					ssion \$ 222.00
	Description Football			Date(s	s) 08, 25, 1	2
	Ticket(s)/Admission(s) provided b	oy agency? Yes	No E] If no:	Name	of Source
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a 1945 and 1	<u>.</u>		5 <u>22</u> 8 3	
	Was the distribution to persons io					?
	Yes D No D If yes:	Alameda Co. Supe				
	New 방법 2007 18 19 19 19 20 19 20 19 19 19 19 19 19 19 19 19 19 19 19 19			First) and Title	6	
	The identity of recipient(s) and	I the explanation	on:			
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro	income. If the agency officia vide a description. come, describe the public pu	official claims admission as al performed a ceremonial role, urpose, including ngency official, individual, or
	Kelly Luntry	ы L (Yes 🗖 No 🔯	To promote a to maximize parking sales	attendance at a county sp potential county revenue	for concession and
	7317 Dublin, CA		Yes 🗖	purrung cure		come
	Thereader		No 🗖			
	Stavuard #46		Yes □ No □			Income
			Yes 🗖			Income
			No 🗖	-		
			Yes □ No □			Income
3.	Verification Thave read and understand FPPC Register in accordance with the provisions.	1 - 1 -	nd 18942. I I			
D	Signature of Agency Head of Designage	Lee Ann Ferg		Ket Administ		4-13-12
V	Signature of Agency Head of Designee	Print Na	0		Title	(month, day, year)
	Comment: (Use this space or an attachme	ent for any additional i	information ir	cluding amend	dment explanation.)	

A Public Document

1.	Agency Name						Date St	amp		Californi	
	County of Alameda						Duit di	ч.,,р		Form	302
	Division, Department, or Region (For Offici	al Use Only				
	Board of Supervisors	ard of Supervisors									
	Street Address	sors									
	1221 Oak Street, Suite 536	e 536									
	Designated Agency Contact (Nam	e, Title)					Amendm	ent (A	Aust prov	vide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk, Boa	ard of Superv	visors					("			
	Area Code/Phone Number E-n	nail					Date of Origi	nal Fil	ling:	(month, day, y	ear)
	(510) 272-3882 cry	/stal.hishida(@acgov.o	org							
2.	Function, Event, or Ceremo	onial Role II	nformat	ion							
	THE A'S Grame					E \	alue of Eacl	6 A J		. 39	GO.)
	Title <u>A S OAVAC</u>				_	Face \		n Ad	missi	on \$ <u> </u>	
	DescriptionBaSe	ball of	Rom	L	_	Date(s)(<u>]/</u>	12	´l_	/
		(\bigcirc			\cap	Ariano	Nr	1114	TVS	
					_			1 11		ふんシン	
	Ticket(s)/Admission(s) provide	ed by agenc	y? Yes	Þ⊈ No		If no: <u>Ly</u>	ANNINY	Nar	ne of S	ource	
	Ticket(s)/Admission(s) provide	ed by agenc	;y? Yes	₩ M		If no:	HENNY	Nar	ne of S	ource	
	Ticket(s)/Admission(s) provide Was the distribution to persor			-			an agency			ource	
	Was the distribution to persor	ns identified	below n	nade a	it the	e behest of		offic	ial?	Jagel	rter,
	Was the distribution to persor		belown de (nade a OU	it the wfr	e behest of	an agency $an (S \partial r)$	offic	ial?	Hage	rtez,
	Was the distribution to person Yes 17 No □ If yes 2	ns identified Name	below n de (Official's i	nade a OU Name (L	it the wfr	e behest of A Supe		offic	ial?	Hages Dist 1	ritez,
	Was the distribution to person Yes 7 No □ If yes? The identity of recipient(s) a	ns identified Name	below n de (Official's i	nade a OU Name (L	it the wfr	behest of Supe lyst) and Tytle		offic SC	ial? SCC -	Hagqg Dist1	rtez,
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	Was the distribution to person Yes I No I If yes? The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description DAJID ROMERO 35 29 FIRSTST.	ns identified	below n Official's (planatic mber of ission(s)/	nade a OW Name (L On: Agen Offic Yes No	ncy ial	 behest of Superior Stip and Tytle Check the taxable is also provide to the taxable of the taxable is also provide the taxable of the taxable is also provide to the taxable of the taxable is also provide to the taxable of the taxable of the taxable of taxab	e income box if the age ride a description ome, describe the ial roles, perform tion.	offic <u> </u> he age ancy of h. e publi red by	ial?	Haggf Dr S+ 1 cial claims adm rformed a cere se, including cy official, indi	vidual, or
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 Lee Ann Fergerson
 Ticket Administrator
 7-16-12

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

Α	Public	Document
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1. Agency Name				Date Stamp	California	802
County of Alameda					Form	$\underline{004}$
Division, Department, or Region (if applic	able)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Mus	t provide explanation in	Part 2)
Anna Gee, Operations Manager					i provice explanation in	ran 5.)
Area Code/Phone Number E-mail				Date of Original Filing	g:	-)
510-891-5585 anna.ge	e@acgov.org				(,	/
2. Function, Event, or Ceremonial I		tion				
					00.00	
Title Athletics vs. Indians			Face V	alue of Each Admi	ission \$ <u>38.00</u>	<u></u>
- Baseball Game) 08 018 12	08,19	. 12
Description Baseball Game			Date(s)		/
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Ticket(s)/Admission(s) provided by	agency? Yes	🔲 No [If no: Oakia	and Athletics	of Source	
				Ivanie	of cource	
Was the distribution to persons ide	ntified below r	nado at tl	he hehest of	an agency official	2	
was the distribution to persons ide	Tuned Delow I		ne benest of	an agency official	•	
Yes 🔲 No 🗹 If yes: <u>Miley, I</u>	Nate - Alameda C Official's	County Supe	ervisor			
- Baueri - R22238 - J	Official's	Name (Last,	First) and Title			
The identity of recipient(s) and t	he explanatio	on:				
Name			Check the	e income box if the agency	v official claims admiss	ion as
(Last, First)	Number of	Agency	taxable ir	come. If the agency offici		
or	Admission(s)/	Official		ide a description. ome, describe the public p	urnoso includina	
Organization (Name, Address, Description)	Ticket(s)		ceremoni	al roles, performed by an		ual, or
		Yes 🗖	organizat To promote atter	ion. idance for an event held at a (County facility in order to	Income
United Seniors of Oakland & Alameda County	4	No 🗹	maximize potenti	al County revenue from parkir	ng and concession sales.	
		Yes 🗖			<u></u>	Income
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		No 🖸				
				una		
		Yes □ No □				Income
					····,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Yes	1			Income
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		Yes 🗖				Income
		No 🗖				
3. Verification						

3

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

· AAA	Anna Gee	Operations Manager	08/22/2012
Signature of Agency Nead or Designee	Print Name	Title	(month, day, year)
0			

Α	Publi	ic Do	cum	ent
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1. A	gency Name				N		Date Stamp		Califor	nia one
C	ounty of Alameda								Form	
Di	vision, Department, or Regior	n (if applica	able)						For Of	ficial Use Only
B	oard of Supervisors									
St	reet Address									
12	221 Oak Street, Suite 536									
	esignated Agency Contact (Na	ame, Title)						/ h .	· · · · · · · · · · · · · · · · · · ·	
Ar	nna Gee, Operations Manag	ier					Amendment	(wust prov	vide explanati	on in Part 3.)
		-mail			x.co		Date of Original F	iling:	(month, day	(voast
51	10-891-5585 a	anna.gee	@acgov.org						(month, day	, year)
2. Fi	unction, Event, or Cerem		for the second second second second second second	tion						
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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.

Start 1.	Anna Gee	Operations Manager	08/22/2012
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.) 2 tickets to each date

A Public Document

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Agency Na	ame	and a second					Date	Stamp		Californ	ia ong
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Division, De	partment, or Reg	ion (if applica	able)							For Offic	ial Use Only
Board of Su	ipervisors										
Street Addre	SS										
	Street, Suite 536										
Designated /	Agency Contact	(Name, Title)					Amend	ment (Mu	ıst provi	de explanatio	n in Part 3.)
	Operations Man	ager									,
Area Code/P	hone Number	E-mail					Date of Ori	ginal Filir	ng:	(month, day,	year)
510-891-55	85	anna.gee	@acgov.org								
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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.

SAX1	Anna Gee	Operations Manager	08/22/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Do	cument
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1. Agency Name					Date Stamp	California	009
County of Alameda						Form	002
Division, Department, or Region (if applica	able)					For Official U	lse Only
Board of Supervisors							
Street Address				·····			
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)							
Anna Gee, Operations Manager					Amendment (Must	rovide explanation in	Part 3.)
Area Code/Phone Number E-mail					Date of Original Filing:		Guideren 1994
	0					(month, day, year) .
	@acgov.org	L	*****		al a construction and a construction of the construction of	na na sanan sa sana na manana na manana sa	
2. Function, Event, or Ceremonial R	cole information	tion					
Title Athletics vs. Twins				Face \	/alue of Each Admis	sion \$ 38.00	
Description Baseball Game				Date(s) <u>08</u> , <u>20</u> , <u>12</u>	0822	12
				(-	,		
Ticket(s)/Admission(s) provided by a	agency? Ves	FT N	o 171	If no. Oakl	and Athletics		
	igeney. res			II 110,	Name o	f Source	
Was the distribution to persons iden	itified below r	nade a	at the	e behest of	an agency official?		
Milov	lata Alamada C	Sauntu C					
Yes 🔲 No 🗹 Ifyes: Miley, N	Official's	Name (I	ast F	First) and Title			
The identity of recipient(s) and th				nety and Thio			
the substantial of the second state source of the second state second		///. 		a Obash th	- Income how if the opening		
Name (Last, First)		٨٩٥	101/		e income box if the agency on noome. If the agency official		
or	Number of Admission(s)/	Age: Offic			ride a description.	영양 관계 같	
Organization (Name, Address, Description)	Ticket(s)				ome, describe the public pu ial roles, performed by an ag		ual. or
(wanie, Address, Description)				organizat	tion.	ine ekk Berak Egit (s. 1	
United Seniors of Oakland & Alameda		Yes		1 .	ndance at an event held at a Cou ial County revenue from parking		Income
County	4	No			ar ooung revenue non punning		
7200 Bancroft Ave, Ste 536-Oakland, CA 94605		Yes					Income
· · · · ·		No	\Box				D
		Yes					Income
		No					
		Yes					Income
		No					
		Yes		Ì			Income
		1					
$\mathbf{x} = \mathbf{x} + $	-1	L		I			andari atini a Atini atini ati

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.

SAAL!	Anna Gee	Operations Manager	08/22/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

А	Publi	ic Do	cum	ent
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1. Agency Name				Date Stamp		Californ	nia 🕞	ഹം
County of Alameda						Form		$\mathbf{U}^{\mathbf{Z}}$
Division, Department, or Region (if applied	cable)					For Off	icial Use (Dnly
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536					·			
Designated Agency Contact (Name, Title)		Lada (1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997		Amendment (M		do ovolanativ	on in Dad	21
Anna Gee, Operations Manager					usi provic	е ехрапац	uninran	3.)
Area Code/Phone Number E-mail				Date of Original Fili	ing:	(month, day	vear)	-
510-891-5585 anna.ge	e@acgov.org					(monin, day,	, year,	
. Function, Event, or Ceremonial		tion						
Title Athletics vs. Twins, Athletics vs.	Red Sox		Face \	/alue of Each Adr	nissio	n \$ <u></u> 8.(00	
				00 22 1	r	08	31	, 12
Description Baseball Game			Date(s	s) <u>08 / 22 / 1</u>	2		/	/
Ticket(s)/Admission(s) provided by Was the distribution to persons ide				INdit	ne of Sou al?	urce		
Was the distribution to persons ide Yes □ No ☑ If yes: ^{Miley,}	ntified below r Nate - Alameda C Official's	nade at th County Super Name (Last, 1	e behest of	an agency officia		urce		
Was the distribution to persons ide	ntified below r Nate - Alameda C Official's	nade at th County Super Name (Last, 1	e behest of rvisor First) and Title • Check th taxable i also prov • If not inc ceremon	e income box if the agen ncome. If the agency off vide a description. orme, describe the public ial roles, performed by a	al? ncy officia ficial perf	al claims ac formed a ce e, including	eremonial I	role,
Was the distribution to persons ide Yes □ No ☑ If yes: <u>Miley,</u> The identity of recipient(s) and t Name (Last, First) or Organization	ntified below r Nate - Alameda C Official's he explanatic Number of Admission(s)/	made at th County Super Name (Last, o On: Agency	e behest of rvisor First) and Title • Check th also prov • If not inc ceremon organiza To promote atte	e income box if the agen ncome. If the agency off vide a description. orme, describe the public ial roles, performed by a	al? ncy officia incial perf c purpose n agency a County fa	al claims ac formed a ce e, including y official, in acility in orde	eremonia I Idividual, ^{er to} Ir	role,
Was the distribution to persons ide Yes □ No ☑ If yes: Miley, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r Nate - Alameda C Official's he explanatic Number of Admission(s)/ Ticket(s)	nade at th County Super Name (Last,) On: Agency Official Yes 🔲	e behest of rvisor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atle maximize potent	e income box if the agen ncome. If the agency off vide a description. ome, description. ome, descripte the public ial roles, performed by a tion. ndance at an event held at a ial County revenue from par	al? ncy officin ficial perf c purpose a County fi rking and o	al claims ac formed a ce e, including y official, in acility in orde concession s ounty facility	eremonial Idividual, er to Ir ales y in Ir	role, or COME
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Was the distribution to persons ide Yes No If yes: Miley, The identity of recipient(s) and t Name Name Name (Last, First) or Organization Organization (Name, Address, Description) Miley, Sarah Dunlap, Kamika Dunlap, Kamika	ntified below r Nate - Alameda C Official's he explanatic Number of Admission(s)/ Ticket(s) 2	nade at th County Super Name (Last, o on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	e behest of rvisor First) and Title • Check th also prov • If not inc ceremon organiza To promote atte maximize poten To promote at order to maxi	e income box if the agen ncome. If the agency off vide a description. orme, describe the public ial roles, performed by a tion. ndance at an event held at a ial County revenue from par ttendance at an event he	al? acy official incial perf a County fr a County fr rking and o eld at a County fro ld at a County fro ld at a County fro	al claims ac formed a ce e, including y official, in acility in orde concession s ounty facility m parking a ounty facility	eremonial adividual, erto Ir ales Ir y in Ir and Ir and Ir	role, or come come come
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Was the distribution to persons ide Yes No If yes: Miley, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address; Description) Miley, Sarah Dunlap, Kamika	ntified below r Nate - Alameda C Official's he explanatic Number of Admission(s)/ Ticket(s) 2	nade at th County Super Name (Last, or Con: Agency Official Yes No Yes No Yes No Yes No Yes No Yes Yet Yes	e behest of rvisor First) and Title • Check th also prov • If not inc ceremon organiza To promote atte maximize poten To promote at order to maxi	e income box if the agen ncome. If the agency officia vide a description. orme, description. orme, descripte the public ial roles, performed by a tion. ndance at an event held at a ial County revenue from par ttendance at an event he nize potential County revenue the county revenue from par	al? acy official incial perf a County fr a County fr rking and o eld at a County fro ld at a County fro ld at a County fro	al claims ac formed a ce e, including y official, in acility in orde concession s ounty facility m parking a ounty facility	eremonial adividual, er to Ir aad Ir and Ir and Ir and Ir Ir	role, or come come come

3. Verification

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

A(1)	Anna Gee	Operations Manager	08/22/2012
Signature of Agency Bead or Designee	Print Name	Title	(month, day, year)

A Public Documer	۱t
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1.	Agency Name			Date Stamp	California 000	
	County of Alameda				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact	(Name, Title)		Amendment (Must prov	vide evelopation in Dart 2.)	
	Anna Gee, Operations Man	ager			vice explanation in Part 3.)	
	Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, year)	
	510-891-5585	anna.gee@acgov.org			(monan, day, yodr)	
2.	Function, Event, or Cere	emonial Role Information			na ana da kana kana kana kana kana kana	
	Title Athletics vs. (Action of A	thletics vs. printer	Face V	/alue of Each Admissi	on \$ 1500.00	
	Description Baseball Game	3	Date(s) 09 , 01 , 12	09 03 12	
	-		·			
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🗗	If no: Oakl	and Athletics		
			_	Name of S	ource	
	Was the distribution to persons identified below made at the behest of an agency official?					
	Yes 🗖 No 🗹 Ify	es. Miley, Nate - Alameda County Supe	rvisor			
	тез Цано Цану	es: <u>Miley, Nate - Alameda County Supe</u> Official's Name (Last,				
	The identity of recipient	(s) and the explanation:				
	Name		Check th	e income box if the agency offi	cial claims admission as	

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official				alco prouida a danaviation	
Henry Levy	20	Yes No		To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income		
Alameda County Healthcare Agency - Oral History	20	Yes No		To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income		
1000 san leandro blvd, ste 300-san leandro 94577		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.

AAL	Anna Gee	Operations Manager	08/22/2012
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.) each entity received 20 tickets and 3 parking passes to each date

A Public Documen	ent
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1. /	Agency Name				Date Stamp	California	രഹം
	County of Alameda					Form	ΘU^{\prime}
Ī	Division, Department, or Region (if applica	able)				For Official I	Jse Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
Ī	Designated Agency Contact (Name, Title)				Amondmont (Mu	st provide explanation in	Dorf 21
1	Anna Gee, Operations Manager					st provide explanation in	ran S.)
7	Area Code/Phone Number E-mail				Date of Original Filin	ig:	r)
ļ	510-891-5585 anna.gee	@acgov.org				(/
2. P	Function, Event, or Ceremonial R	And the second se	tion				
						75.00	
]	Fitle Athletics vs. Orioles			Face \	/alue of Each Adm	nission \$5.00 &	\$38.00
ſ	Description Baseball Game	-		Date(s	;) <u> </u>	2//_//_//_//_//_//_//_///_///_////	
	•			(-			
		aancy? Vas		J If no. Oakl	and Athletics		
٦	UCKETISVAATAISSIAAISI AYAVIAAA AV 3					e of Source	
	Ficket(s)/Admission(s) provided by a Nas the distribution to persons iden Yes □ No ☑ If yes: ^{Miley, N}	tified below n	nade at th	ne behest of	f an agency officia		
١	Nas the distribution to persons iden Yes	tified below n late - Alameda C <i>Official</i> 's i	nade at th county Supe Name (Last,	ne behest of	f an agency officia		
١	Nas 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	tified below n late - Alameda C <i>Official</i> 's i	nade at th county Supe Name (Last,	ervisor First) and Title Check th also prov If not inc	e income box if the agency roome. If the agency offic vide a description. ome, describe the public	1? cy official claims admis: cial performed a ceremo purpose, including	onial role,
١	Nas the distribution to persons iden Yes □ No ☑ If yes: <u>Miley, N</u> The identity of recipient(s) and th Name (Last, First) or	tified below n late - Alameda C Official's e explanatic Number of Admission(s)/	nade at th county Supe Name (Last, on: Agency Official	First) and Title Check th taxable ii also prov If not inc ceremon organiza	e income box if the agency e income box if the agency ncome. If the agency offic vide a description. orne, description. ial roles, performed by an tion.	I? cy official claims admiss cial performed a ceremo purpose, including agency official, individ	onial role, ual, or
	Nas 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	tified below n late - Alameda C Official's i e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes 🗖	 behest of rvisor First) and Title Check the taxable in also prov If not inc ceremon organization To promote attempoint 	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an	I? y official claims admissical performed a ceremon purpose, including agency official, individ County facility in order to	ual, or Income
	Nas 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 n late - Alameda C Official's e explanatic Number of Admission(s)/	nade at th county Supe Name (Last, on: Agency Official Yes 🗖 No 🗹	 behest of rvisor First) and Title Check the taxable in also prov If not inc ceremon organization To promote attempoint 	e income box if the agency e income box if the agency ncome. If the agency offic vide a description. orne, describe the public ial roles, performed by an tion. ndance at an event held at a	I? y official claims admission cial performed a ceremon purpose, including agency official, individ County facility in order to	ual, or Income
	Nas 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 n late - Alameda C Official's i e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes 🗖	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To promote atter maximize potent	e income box if the agency e income box if the agency ncome. If the agency offic vide a description. orne, describe the public ial roles, performed by an tion. ndance at an event held at a	I? by official claims admissival performed a ceremon purpose, including agency official, individ County facility in order to ing and concession sales d at a County facility in	ual, or Income
	Nas the distribution to persons iden Yes D No M If yes: Miley, N The identity of recipient(s) and th (Last, First) or Organization (Name, Address, Description) Quintero, Barbara	tified below n late - Alameda C Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes No Yes Yes Yes Yes	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To promote atter maximize potent	e income box if the agenc e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public fal roles, performed by an tion. ndance at an event held at a f ial County revenue from park ttendance at an event held nize potential County reve	I? by official claims admissival performed a ceremon purpose, including agency official, individ County facility in order to ing and concession sales d at a County facility in	ual, or Income Income Income
	Was the distribution to persons iden Yes No If yes: Miley, N If he identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Quintero, Barbara Hayward Democratic Club	tified below n late - Alameda C Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To promote atter maximize potent To promote al order to maxin	e income box if the agenc e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public fal roles, performed by an tion. ndance at an event held at a f ial County revenue from park ttendance at an event held nize potential County reve	I? by official claims admissival performed a ceremon purpose, including agency official, individ County facility in order to ing and concession sales d at a County facility in	ual, or Income Income Income
	Was the distribution to persons iden Yes No If yes: Miley, N If he identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Quintero, Barbara Hayward Democratic Club	tified below n late - Alameda C Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To promote atter maximize potent To promote al order to maxin	e income box if the agenc e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public fal roles, performed by an tion. ndance at an event held at a f ial County revenue from park ttendance at an event held nize potential County reve	I? by official claims admissival performed a ceremon purpose, including agency official, individ County facility in order to ing and concession sales d at a County facility in	ual, or Income Income Income Income
	Was the distribution to persons iden Yes No If yes: Miley, N If he identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Quintero, Barbara Hayward Democratic Club	tified below n late - Alameda C Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade at th county Supe Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	e behest of First) and Title Check th taxable in also prov If not inc ceremon organizar To promote atter maximize potent To promote al order to maxin	e income box if the agenc e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public fal roles, performed by an tion. ndance at an event held at a f ial County revenue from park ttendance at an event held nize potential County reve	I? by official claims admissival performed a ceremon purpose, including agency official, individ County facility in order to ing and concession sales d at a County facility in	ual, or Income Income Income

is in accordance with the provisions.

1 J BB HE	Anna Gee	Operations Manager	08/22/2012
Signature of Agensy Head of Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Quintero received skybox and Hayward Demos received Plaza

A Public	Document
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City City of								cumen
1.	Agency Name					Date Stamp	California	202
	County of Alameda	-					Form	0074
	Division, Department, or Region (if	applicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name,	Title)				Amendment (Must	provide explanation in	Part 3.)
	Anna Gee, Operations Manager							
	Area Code/Phone Number E-ma	ail				Date of Original Filing:	(month, day, yea	r)
		a.gee@acgov.org						
2.	Function, Event, or Ceremor	nial Role Informa	tion					
	Title Athletics vs. Orioles				5 1	/	·- 🚓 1500.0	0
					Face v	alue of Each Admis	sion \$	<u> </u>
	Description Baseball Game				Date(s) 09 , 15 , 12	1	1
					Duce)		
	Ticket(s)/Admission(s) provide	d hy agency? Yes		- 17	I If no. Oakla	and Athletics		
		a sy ageney. Tes				Name c	f Source	
	187- (I I' ('I (' (
	Was the distribution to persons	identified below r	nade a	t th	e benest of	an agency official?		
	Yes 🔲 No 🕢 Ifyes: 💆	liley, Nate - Alameda C	County S	uper	rvisor			
		liley, Nate - Alameda C <i>Official</i> 's	Name (L	ast, i	First) and Title			
	The identity of recipient(s) a	nd the explanatio	on:					,
	Name				Check the	the income box if the agency official claims admission as		sion as
	(Last, First)	Number of	Agen	icy	taxable in	ncome. If the agency officia		
	or Organization	Admission(s)/ Ticket(s)	Offic	ial		ide a description. ome, describe the public pu	pose, including	
	(Name, Address, Description)				ceremoni organizat	al roles, performed by an ag ion.	ency official, individ	lual, or
	Black Women Organized for Political		Yes		To promote atter	idance at an event held at a Co	• •	Income
	Action-Hayward/South County Chapt			\square	maximize potenti	ial County revenue from parking	and concession sales	
	920 Peralta Street, Suite 2A-Oakland 94607		Yes					Income
			No					
			Yes					Income
			Yes					Income
			No					
			Yes			ere versen versen en e	en alle the second and second and a second	Income
			No					
3	Verification		4					
	I have read and understand FPPC Re	egulations 18944.1 an	d 18942	2. I h	ave verified t	hat the distribution of a	Imissions, set for	th above,
	is in accordance with the provisions.							
	$\cap (V X)$							

A A A	Anna Gee	Operations Manager	08/22/2012
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.)

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

1. A С

cket/Admission Dist	ributions		A	Public Document
Agency Name		1	Date Stamp	California 802
County of Alameda				Form OUZ
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact	(Name, Title)		Amendment (Must prov	vide explanation in Part 3.)
Anna Gee, Operations Man	ager			
Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, year)
510-891-5585	anna.gee@acgov.org			
Function, Event, or Cer	emonial Role Information			

2.	Function, Event, or Ceremonial Role Information	nno socio dell'Assertazione e con esta e con esta dell'Asserta dell'Asserta dell'Asserta della della della dell Nel seguente	
	Title Chesney & McGraw	Face Value of Each Admission \$	125.50
	Description	Date(s)	
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No	If no: Golden State Warriors Name of Source	

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

If yes: Miley, Nate - Alameda County Supervisor Yes 🔲 No 🖸

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Wong, Melissa	4	Yes 🗖 No 🗹	To promote attendance at an event held at a County facility in order to Income maximize potential County revenue from parking and concession sales
		Yes 🗖 No 🗖	Income
		Yes 🔲 No 🔲	Income
		Yes 🔲 No 🔲	Income
		Yes □ No □	Income

3. Verification

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

i I and	Anna Gee	Operations Manager	08/01/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

		ID ALIONO	•					oodinon
1.	Agency Name					Date Stamp	Californ	
County of Alameda							Form	
	Division, Department, or Reg	ion (if applica	ble)				For Offic	cial Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)				Amendment (Must pr	ovide explanatio	n 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 Cer	emonial R	ole Informat	ion				
	Title Oakland A's vs. Tamp	a Bay Rays	and LAA		Face	/alue of Each Admiss	sion \$ <u>38.0</u>	0
	Rasahall Cam	0				6) 08 01 12	08,	.08 , 12
	Description Baseball Gam	5			Date(s	s)/		//
	Was the distribution to pe Yes ☑ No 🔲 If y		Keith Superviso	r	e behest o First) and Title			
	The identity of recipient	t(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descri	ption)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	te income box if the agency o ncome. If the agency official vide a description. come, describe the public purp ial roles, performed by an ago tion.	performed a cei bose, including	remonial role,
	Spencer, Scott		4	Yes □ No ☑	To promote atte	ndance at a County facility in orde revenue from parking and conce		Income
				Yes 🗖				Income
				No 🗖			ana an	
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income

3. Verification

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

No 🔲

A Marino	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

A Public Document

	okea/Admission bisa	is a none							•
1.	Agency Name						Date Stamp	California	2
County of Alameda						Form OU	14		
	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	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)	
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Ookland Alaya Minna	acto Turino						38.00	
	Title Oakland A's vs. Minnes	Sola TWINS			-	Face \	/alue of Each Admiss	ion \$	
	Description Baseball Game	ė				Dete/e) 08 22 12	1 1	
	Description		**************************************		-	Date(s)		
		م بينا الم المراجع				urna, Oakl	and A's		
	Ticket(s)/Admission(s) pro	vided by a	igency? res			If no:	Name of Source		
	Was the distribution to per	rsons iden	tified below n	nade af	t the	e behest of	an agency official?		
	Yes [2] No [] If y	. Carson,	Keith Superviso	r					
	Yes 🗹 No 🔲 If y	es	Official's	Name (La	ast, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	'n					
				////.		Cheak th	a income hay if the apopoly off	icial claims admission as	
	Name (Last, First)		Number of	Agen	cv		k the income box if the agency official claims admission as ble income. If the agency official performed a ceremonial role,		
	or		Admission(s)/	Offici	-		vide a description. ome, describe the public purp	ose including	
	Organization (Name, Address, Descrip	otion)	Ticket(s)				ial roles, performed by an age		
	Spencer, Scott			Yes	Π	To promote atte	ndance at a County facility in order	1100	me
			4			potential County	revenue from parking and conces	sion sales]
				Yes				Inco	me
								Ľ	
				Yes				Inco	me
								C	
				Yes				Inco	me
				No				E	
		***		Yes			anan ya kanan k	Inco	
				No				Ľ	

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 Magoo	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

•••		Почноне								
1.	Agency Name						Date Stamp	Californi	a 802	
County of Alameda							Form			
	Division, Department, or Regi	on (if applica	ble)				:	For Offici	al Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation	n in Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					•	,	
	Area Code/Phone Number	E-mail	20410-00-00-00-00-00-00-00-00-00-00-00-00-0				Date of Original Filing: _	(month, day, y	/ear)	
	(510) 272-3882	crystal.his	shida@acgov.o	org					,	
2.	Function, Event, or Cere	monial R	ole Informat	ion						
		_						00.00	0	
	Title Oakland A's vs. Toront	o Blue Jays	5			Face \	/alue of Each Admiss	ion \$ _ <u>38.00</u>	<u> </u>	
	Deschall Cam						. 08 . 02 . 12			
	Description Baseball Game	2			_	Date(s	s) <u>08 / 02 / 12</u>			
						Oald	and Ala			
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		0 🖸	If no: Oak	Name of	Source	, ,	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	f an agency official?			
	Yes 🗹 No 🔲 Ify	es: <u>Carson,</u>	Keith Superviso	r						
			Official's i	Name (L	_ast, F	First) and Title				
	The identity of recipient	(s) and th	e explanatio	on:						
	Name					1	e income box if the agency of			
	(Last, First)		Number of	Age	-		taxable income. If the agency official performed a ceremonial role, also provide a description.			
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	If not inc	ome, describe the public purp	•		
	(Name, Address, Descri	otion)				ceremon organiza	ial roles, performed by an age tion.	ency official, ind	ividual, or	
	Leung, Chris			Yes		To promote attendance at a County facility in order to maximize		Income		
			2	No	\checkmark	potential County	revenue from parking and conces	Ision sales		
				Yes					Income	
				No						
				Yes			******		Income	
				No						
				Yes					Income	
				No						
	таланнык-барайлардындар жарар жар			Yes	П		aniana any amin'ny tanàna mandritra dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia k	**************************************	Income	
				No						
-			1	L					less. A market and a market	

3. Verification

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

An Strango	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

IICKEU/AUIIISSIUII DIS	unputions	5				~ ~		Cumer	
1. Agency Name						Date Stamp	California	000	
County of Alameda							Form	802	
Division, Department, or R	egion (if applica	nble)					For Official	Use Only	
Board of Supervisors									
Street Address	***************************************		244-411-1-20		****************				
1221 Oak Street, Suite 53	36								
Designated Agency Contac						Amendment (Must pro	vide explanation in	Part 3)	
Crystal Hishida Graff, Cle	rk, Board of S	Supervisors					wae explanation in	1 411 0.9	
Area Code/Phone Number	E-mail	•		*******		Date of Original Filing: _	(month, day, yea	ar)	
(510) 272-3882	crystal.his	shida@acgov.c	org				(,,, ,		
. Function, Event, or Ce									
Title Oakland A's vs. Toro	onto Blue Jay	S			Face \	/alue of Each Admiss	ion \$ <u>38.00</u>		
Data ball Oa						08 03 12			
Description Baseball Ga	me				Date(s) <u>08</u> , <u>03</u> , <u>12</u>	/	/	
Yes ☑ No □ □	-		Vame (La	ist, F	irst) and Title				
Name (Last, First) or Organization (Name, Address, Des		Number of Admission(s)/ Ticket(s)	Agenc Officia	-	taxable i also prov ● If not inc	the income box if the agency official claims admission as income. If the agency official performed a ceremonial role ovide a description. ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or ration			
McWilson, Marlon			Yes			ndance at a County facility in orde		Income	
		2	No	\checkmark	potential County	revenue from parking and conces	SION SAIES		
			Yes					Incom	
			No [
na an ann an			Yes	۵				Income	
	199 7 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 97 - 199		Yes				999949419799999999799999999999999999999	Income	
	·		No						
ali na liyo ya shi na kiya na kiya ya ya na			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.

A Smago	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

				and the second second	2010 - N J.2					
1.	Agency Name					Date Stamp	California	a 802		
	County of Alameda						Form			
	Division, Department, or Region (if applicable)								al Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	Vame, Title)					Amendment (Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk,	Board of S	upervisors							
	Area Code/Phone Number	E-mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Date of Original Filing:	(month, day, y	ear)	
	(510) 272-3882	crystal.his	hida@acgov.c	org						
2.	Function, Event, or Cere	monial R	ole Informat	ion						
									ı	
	Title Oakland A's vs. Toronto	o Blue Jays	3		-	Face V	/alue of Each Admiss	ion $ = \frac{30.00}{2} $, 	
	– Baseball Game					Date(s)/////////				
	Description Baseball Game	•			-					
					Painty	ur	and A's			
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🔽 If no: Oakland A's					Name of S	Source				
Was the distribution to persons identified below made at the behest of an agency official?										
Caroon Keith Supervisor										
	Yes 🗹 No 🔲 If yes: <u>Carson, Keith Supervisor</u> Official's Name (Last, First) and Titl					irst) and Title				
	The identity of recipient									
	Name				•	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,				
	(Last, First) or		Number of Admission(s)/	Agency Official		also provide a description.				
	Organization (Name, Address, Descrip					 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 				
	Watts, Alfred	atts. Alfred	2	Yes □ No ☑		1 '	ndance at a County facility in order		Income	
					\square	potential County	County revenue from parking and concession sales		۵	
		100-0000-000-0		Yes					Income	
				No						
	na de la construction de la constru La construction de la construction d	an ann an		Yes					Income	
				No						
	py			Yes					Income	
				No						
	NAN DATABAN MANANA M			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.

A Aneran?	Amy Shrago	Ticket Administrator	08/31/12	
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)	

A Public Document

	cket/Aumission Distr	isationo						•••••••	
1.	Agency Name					Date Stamp	California	802	
	County of Alameda						Form		
	Division, Department, or Regi	Division, Department, or Region (if applicable)					For Official U	lse 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	upervisors						
	Area Code/Phone Number	E-mail				Date of Original Filing: _)		
-	(510) 272-3882	crystal.his	hida@acgov.c	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Title Oakland A's vs. Los An	naeles Anae	ale		E	Value of Each Admission \$ <u>38.00</u>			
		igoloo / iligo	//0						
	Description Baseball Game	9			Date(s	s) <u>08</u> 07 12	/	/	
	Ticket(s)/Admission(s) pro	vided by a	aencv? Yes		If no: Oak	land A's			
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no:					Name of Source				
Was the distribution to persons identified below made at the behest of an agency official?									
was the distribution to persons identified below made at the					i un ugonoy omolari				
	Yes 🔽 No 🔲 If yes: Carson, Keith Supervisor Official's Name (Last, First) and								
					First) and Title	and litle			
	The identity of recipient(s) and the explanation:								
	Name				Check the income box if the agency official claims admission as				
	(Last, First) or Organization (Name, Address, Description)		Number of Admission(s)/ Ticket(s)	Agency Official	taxable income. If the agency official performed a ceremonial role, also provide a description.			onial role,	
					If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To reward a school or nonprofit organization for its contributions to the				
	Ella Baker Center for Human Rights		_	Yes 🗖	l o reward a scl community	nool or nonprofit organization for its	contributions to the	Income	
	1970 Broadway, Suite 450	Ð	2	No 🗹					
				Yes 🗖				Income	
				No 🗖			Weining	D	
				Yes 🗖				Income	
				No 🗖					
				Yes				Income	
				No 🗖			References		
				Yes				Income	
			1	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.

A. Mago	Amy Shrago	Ticket Administrator	08/31/12	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
A Public Document

ncket/Aumissie	on Distrib	utions				A	F UDIIC DO	/cument
1. Agency Name						Date Stamp	California	802
County of Alameda							Form	
Division, Departme	ent, or Region	(if applical	ble)				For Official	Use Only
Board of Supervis	ors							
Street Address			ann an an an ann an an an an An Ann ann a	ari 110 ya wa wazao ana ananya				
1221 Oak Street,	Suite 536							
Designated Agenc		ne, Title)	, ^{, , ,} , , , , , , , , , , , , , , ,			Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida G	raff, Clerk, Bo	bard of S	upervisors					i art oi)
Area Code/Phone		mail				Date of Original Filing: _	(month, day, yea	ar)
(510) 272-3882	C	rystal.his	hida@acgov.c	org				
2. Function, Even			And a second					
							20.00	
Title Oakland A's	vs. Cleveland	d Indians			Face \	/alue of Each Admiss	ion \$ <u>38.00</u>	
Base						3) <u>08</u> <u>17</u> <u>12</u>		,
Description Base					Date(s	;)//		
						kland A's		
Ticket(s)/Admiss	ion(s) provid	ded by a	gency? Yes	□ No 🛛	If no:	Name of	Source	
Was the distribut	tion to perso	ons ident	tified below n	nade at the	e behest of	f an agency official?		
		Carson	Keith Superviso	r				
Yes 🗹 No	L If yes:		Keith Superviso Official's I	Name (Last, F	=irst) and Title			
The identity of	ve einient/e)	ما فام	o ovulovotio					
The identity of	recipient(s)	and the	e explanatio	on:				
	Name st, First)			A	1	ne income box if the agency of income. If the agency official		
•	or		Number of Admission(s)/	Agency Official	also prov	vide a description.		
÷	anization ress, Descriptio	n)	Ticket(s)		ceremon organiza	not income, describe the public purpose, including eremonial roles, performed by an agency official, individua rganization.		
Sanchez, Mina				Yes 🔽	1	unty employee for his or her exemployee for his or her exemployee	plary service to the	Income
,			4	No 🗖	public of to enco	ourage staff development		
En la construction de la const				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
Man Galer Statement and an an an and a statement of the Stat	an a		and the second se	Yes 🗖				Income

3. Verification

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

No 🔲

A Shrango	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A Public Document

	cket/Admission Distr	inutions				~ ~	Fublic Document
1.	Agency Name					Date Stamp	California Form 802
	County of Alameda						
	Division, Department, or Regi	on (if applicat	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.o	org			
2.	Function, Event, or Cere	monial R	ole Informat	ion			
	Title Oakland A's vs. Minnes	ota Twins			Face \	/alue of Each Admiss	ion \$ <u>38.00</u>
	Description Baseball Game					b) <u>08</u> <u>21</u> <u>12</u>	
Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title							
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro∙ ● If not inc	ne income box if the agency off ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an agention.	erformed a ceremonial role, ose, including
	Ella Baker Center for Human R	ights		Yes 🗖		nool or nonprofit organization for its	contributions to the Income
	1970 Broadway, Suite 450		2	No 🗹	community		
	advezimi individual de al de calendario da contra de citado da de la decimiente de contra de contra de contra d			Yes 🗖			Income
				No 🗖			
	NEED-TO-TO-TO-NEED-TO-ARE-CARDE-IN-NEED-TO-ARE-CARDE-IN-			Yes 🗖			Income
				No 🗖			
	an an an an an air an			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.

A Shrago	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

TICKEL/AUTIISSION DISTIL			A Fublic Do	cument	
1. Agency Name			Date Stamp California	802	
County of Alameda			Form	002	
Division, Department, or Region	ı (if applicable)		For Official	Use Only	
Board of Supervisors					
Street Address	<u>ца с 2007 година и постави со постави и постави со постави и постави и постави и постави и постави и постави и по</u>				
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	ıme, Title)		Amendment (Must provide explanation in	Part 3)	
Crystal Hishida Graff, Clerk, B	oard of Supervisors				
REPAIR OF THE TANK TH	-mail		Date of Original Filing:	r)	
(510) 272-3882	crystal.hishida@acgov.c	ora	(.,	
2. Function, Event, or Cerem					
Title Oakland A's vs. Boston F	Red Sox		Face Value of Each Admission \$ <u>38.00</u>		
			Date(s)///		
Description Baseball Game					
Yes 🕢 No 🔲 If yes	Carson, Keith Superviso	r Name (Last, I	e behest of an agency official?		
The identity of recipient(s) and the explanatic) . 			
Name (Last, First)	Number of	Agency	Check the income box if the agency official claims admis taxable income. If the agency official performed a cerem		
or	Admission(s)/	Official	 also provide a description. If not income, describe the public purpose, including 		
Organization (Name, Address, Descriptio	on) Ticket(s)		ceremonial roles, performed by an agency official, indivi- organization.	dual, or	
Brown, Aisha		Yes 🔽	To reward a County employee for his or her exemplary service to the	Income	
	2	No 🗖	public or to encourage staff development		
		Yes 🗖		Income	
		No 🗖) · · · ·		
<u>E & A / A / A / A / A / A / A / A / A / A</u>		Yes 🗖		Income	
		No 🗖			
		Yes 🗖		Income	
		No 🗖			
		Yes 🗖		Income	

3. Verification

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

No 🗖

A Shrago	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A Public Document

	CREWAUMISSION DISTIN	Dutions					i ubiic Document
1.	Agency Name					Date Stamp	California
	County of Alameda						Form OU
	Division, Department, or Regio	on (if applical	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (N	lame, Title)		, , , , , , , , , , , , , , , , , , ,		Amendment (Must pro	wide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors				
		E-mail		CENTRO AND CARDON CONTRACTOR AND		Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org			(
2.	Function, Event, or Cerei	monial R	ole Informat	ion			na na na haran na n
							10 75
	Title Oakland A's vs. Tampa	Bay Rays		and the second	Face \	/alue of Each Admiss	ion \$ <u>43.75</u>
	Resoballo Com		ito			. 08 . 01 . 12	///
	Description Baseballe Game	e, Loye Su	ite	12010-110-10-10-10-10-10-10-10-10-10-10-10	Date(s	5)	
					Oald	and A's	
	Ticket(s)/Admission(s) prov	/ided by a	gency? Yes	🗌 No 🔽		Name of S	Source
	Was the distribution to pers	sons ident	tified below n	nade at th	e behest of	f an agency official?	
		0					
	Yes 🗹 No 🔲 If ye	s: <u>Carson,</u>	Keith Superviso	r Nome (Leet	First) and Title		
					riisti anu nite		
	The identity of recipient(s) and th	e explanatio	on:			
`	Name					e income box if the agency of	
	(Last, First) or		Number of	Agency Official		ncome. If the agency official p vide a description.	bertormed a ceremonial role,
	Organization		Admission(s)/ Ticket(s)	Unicial		come, describe the public purp	
	(Name, Address, Descript	tion)			organiza	ial roles, performed by an age ition.	•
	Downtown Oakland Senior Cent	ter		Yes 🗖	To reward a sch community	ool or nonprofit organization for its	contributions to the Income
	200 Grand Ave. Oakland CA	G	10	No 🗹	community		
	East Bay Korean American Senior Serv	vices Center		Yes 🗖	To reward a s	school or nonprofit organization	for its contributions Income
	1723 Telegraph Ave. Oakland CA		10	No 🗹	to the commu		
				Yes 🗖			Income
				No 🗖			
				Yes 🗖			Income
				No 🗖			
	kocznonowania z od włada kiela da bali w 2000 kiela kiela kiela w 1000 w 1000 w 1000 w 1000 w 1000 w 1000 w 100			Yes 🗖	1990 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		Income
				No 🗖			
Real Property lies							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.

HS Mago	Amy Shrago	Ticket Administrator	08/31/12	
Signature of Agency bead or Designee	Print Name	Title	(month, day, year)	

A Public Document

•••	oket/Admission Bist	IN ALIONO							
1.	Agency Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date Stamp	California	802	
	County of Alameda						Form	ry a	
	Division, Department, or Regi	on (if applical	ble)				For Official L	lse Only	
	Board of Supervisors								
	Street Address	ann ann an Anna							
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Ookland Ale ve Minner				_ 、		t ¢ 38.00		
	Title Oakland A's vs. Minnes	50ta 1 Will5			Face	/alue of Each Admiss	ion \$		
	Description Baseball Game	Э			Dato/c	s) <u>08 / 03 / 12</u>	1	1	
	Description		amagaanan on ee ahaan		Date				
	Ticket(s)/Admission(s) pro	wided by a	aanau? Vaa		Jufno, Oak	land A's			
	neket(s)/Admission(s) pro	wided by a	gency: res			Name of Source			
	Was the distribution to per	rsons ident	tified below n	nade at th	ne behest o	f an agency official?			
	Yes [∕] No [] If y	oc. Carson,	Keith Superviso	r					
		cs	Official's i	Name (Last,	First) and Title				
	The identity of recipient	(s) and th	e explanatio	on:					
					Check the c	ne income box if the agency of	ficial claims admis	sion as	
	Name (Last, First)		Number of	Agency	taxable i	ncome. If the agency official p	performed a ceremo	onial role,	
	or Organization		Admission(s)/	Official			/ide a description. ome, describe the public purpose, including		
	(Name, Address, Descrip	otion)	Ticket(s)			nial roles, performed by an age		lual, or	
	Ella Baker Center for Human R	2iahts		Yes 🗖	To reward a sch	nool or nonprofit organization for its	contributions to the	Income	
	1970 Broadway, Suite 450		4	No 🗹	community				
	- <u>0-111-01-04040</u>	<u>1001-000000000000000000000000000000000</u>		Yes 🗖		антин		Income	
				No 🗖					
	WHEN YOU CONTRACTOR OF THE CONTRACTOR OF	an an ann an an thar an		Yes 🗖		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		Income	
				No 🗖					
				Yes 🗖		99991999999999999999999999999999999999		Income	
				No 🗖					
		annanna ann air no la maile a dheann ann ann ann ann ann ann ann ann ann		Yes 🗖		in the second		Income	
				No 🗖					
-			And a second	descent of the second s	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.

A Marian	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

			Date Stamp	California 802	
				Form OUZ	
icable)				For Official Use Only	
)	<u></u>	201102	Amendment (Must pr	ovide explanation in Part 3.)	
f Supervisors				· · ·	
			Date of Original Filing: .	(month, day, year)	
hishida@acgov.o	org				
Role Informat	ion				
				40 75	
าร		Face \	/alue of Each Admise	sion \$	
Suite		m / /	. 08 , 21 , 12	, ,	
Juite		Date(s	;)//	////	
		u Oakl	and A's		
y agency? Yes	□ No 🖸	If no: Out	Name of Source		
entified below n	nade at the	e behest of	f an agency official?		
n Kaith Supaniaa					
Official's	l Namo (Last F				
	•	nay una mio			
the explanation	on:				
Number of				performed a ceremonial role,	
Ticket(s)	Cilibiai				
		organiza	tion.		
	Yes 🗖		ool or nonprofit organization for it		
140		oonnunng		meome	
10	No 🖸			s contributions to the Income	
	Yes	To reward a s	school or nonprofit organizatio		
10		To reward a stot to the commu	school or nonprofit organizatio		
10	Yes 🗖			n for its contributions Income	
10	Yes 🔲 No 🔲			n for its contributions Income	
10	Yes No Yes			n for its contributions Income	
10	Yes No Yes No No			n for its contributions Income	
10	Yes Yes Yes Yes Yes Yes Yes Yes			n for its contributions Income	
	Role Informations Suite Suite y agency? Yes entified below mon, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s)) f Supervisors hishida@acgov.org Role Information ns Suite y agency? Yes □ No ☑ entified below made at the on, Keith Supervisor Official's Name (Last, F the explanation: Number of Admission(s)/ Ticket(s) Yes □	acgov.org hishida@acgov.org Role Information ns Face N Suite Date(s y agency? Yes No If no: Oakl entified below made at the behest of on, Keith Supervisor Official's Name (Last, First) and Title the explanation: Number of Admission(s)/ Ticket(s) Yes To reward a sch Yes To reward a sch community	iicable)) f Supervisors hishida@acgov.org Role Information 1s Suite Date of Original Filing: - bishida@acgov.org Role Information 1s Suite Date of Each Admiss Suite Date(s) 08 y agency? Yes No If no: Oakland A's Name of entified below made at the behest of an agency official? on, Keith Supervisor Official's Name (Last, First) and Title the explanation: Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official also provide a description. • If not income, describe the public purceremonial roles, performed by an age organization.	

3. Verification

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

15 mag	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	cket/Aumission Distri	Dutions	1			~		cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda							
	Division, Department, or Region (if applicable)						For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (/	Vame, Title)				Amendment (Must prov	vide explanation in l	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.o	org			, , , , , ,	
2.	Function, Event, or Cere	monial R	ole Informat	ion				an a
	- · · ·						000	
	Title Oakland Raiders vs. Da	allas Cowbo	oys	CONTRACTOR AND A CONTRACT	Face \	/alue of Each Admissi	on \$ <u></u>	
	- Eoothall Game				.) <u>08</u> <u>13</u> <u>12</u>	,	,
	Description Football Game		arumaana4944++++++		Date(s			
			• • • •		Oakl	and A's		
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		If no: Oak	Name of S	ource	
	Was the distribution to per	sons ident	tified below n	hade at the	e behest of	an agency official?		
		Carcon	Kaith Supanica	r				
	Yes 🖸 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso Official's I	Vame (Last. F	First) and Title			
					, , , , , , , , , , , , , , , , , , , ,			
	The identity of recipient	s) and th	e explanatio	on:				
	Name (Last First)					e income box if the agency offin ncome. If the agency official p		
	(Last, First) or		Number of Admission(s)/	Agency Official	also prov	vide a description.		· · · · ·
	Organization (Name, Address, Descrip	tion)	Ticket(s)		ceremon organiza	ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or zation.		
	Brown, Aisha			Yes 🔽		unty employee for his or her exempl purage staff development	ary service to the	Income
			2	No 🗖	public of to effor	bulage stall development		
	Simpson, Jacob			Yes 🗖	To promote a	ttendance at an event held at a	County facility in	Income
			2	No 🗹		mize potential County revenue f	rom parking and	
				Yes 🗖		ał		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.

A Ana D	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	ckel/Aumission Distri	Dutions				-		•••••••
1.	Agency Name					Date Stamp	California	202
	County of Alameda						Form	0074
	Division, Department, or Regi	on (if applical	ble)			1	For Official L	lse Only
	Board of Supervisors							
	Street Address		an a	an san an an an an an an an an An Aring Aring	999799-99-69-69-69-69-69-69-69-69-69-69-69-6]		
	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.c	org				
2.	Function, Event, or Cere	monial R	ole Informat	ion				
	Title <u>Aerosmith</u> Fac					Value of Each Admis	sion \$ _235	
	Description Concert					s) <u>08</u> / 04 / 12		/
				Name (Las	pervisor t, First) and Title	,		
	The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/ Ticket(s)	Agency Official	 taxable also pro If not increment ceremotion 		performed a ceremo pose, including ency official, individ	onial role,
	DeCarlo, Katie		2	Yes ⊑ No ⊡	J	mmunity volunteer for his or her s	ervice to the public	Income
	Shrago, Amy	10, 10, 11, 11, 11, 11, 11, 11, 11, 11, 	2	Yes [∕ No [To reward a	County employee for his or he or to encourage staff develop		Income
				Yes 🖸 No 🗖]			Income
				Yes [Income
				No [a and an and a state of the state	
				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.

Andmann	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

licket/Admission Distribut	ions			A	Public Doc	
1. Agency Name				Date Stamp	California Form	802
County of Alameda						and contractions
Division, Department, or Region (if a	applicable)				For Official U	se Only
Board of Supervisors						
Street Address	, 1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 1	Title)			Amendment (Must pro	vide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, Board	d of Supervisors				,	,
Area Code/Phone Number E-ma	il	omaala (111 - 11 - 11 - 11 - 11 - 11 - 11 - 1		Date of Original Filing:	(month, day, year)	
(510) 272-3882 cryst	tal.hishida@acgov.o	org				
2. Function, Event, or Ceremon	ial Role Informat	ion				
Title Ringling Brothers Barnum &	Bailey Circus DRA	GONS	Face	Value of Each Admiss	ion \$ _33	
Description Circus		MODELING BILLING	Date(s	s) <u>08 / 08 / 12</u>	/	/
Was the distribution to persons Yes ☑ No □ If yes: <u>Ca</u> The identity of recipient(s) ar	arson, Keith Alameda (Official's (County Supe Name (Last, F				
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro ● If not inc	ne income box if the agency off income. If the agency official p vide a description. come, describe the public purp nial roles, performed by an agention.	erformed a ceremo ose, including	nial role,
Lopez, Juan	4	Yes □ No ☑	1 '	ndance at a County sponsored even n order to maximize potential Count neession sales		Income
		Yes □ No □				Income
		Yes □ No □				Income
		Yes No			<u>, - , - , - , - , - , - , - , - , - , -</u>	Income
		Yes 🔲 No 🔲		<u>A COMPANY</u> CONTRACTOR OF THE STREET ST	ng mana ang mang mang mang mang mang man	

3. Verification

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An Anago	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	cket/Aumission Dist	induciona	•					Journoin	
1.	Agency Name					Date Stamp	California	202	
	County of Alameda						Form		
	Division, Department, or Reg		For Official	Use Only					
	Board of Supervisors								
	Street Address	асти сала такио красси на соста оконције ок			*******				
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)			, <u>, , , , , , , , , , , , , , , , , , </u>	Amendment (Must pr	ovide explanation ir	n Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	Date of Original Filing: -	(month, day, yea	ar)					
	(510) 272-3882	crystal.his	hida@acgov.c	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Disalis a Death and Dama			. 50					
	Title Ringling Brothers Barn	um & Balle	y Circus DRAC	SONS	Face V	Value of Each Admiss	sion \$	01	
	- Circus				D ((s) <u>08 / 09 / 12</u>	1	,	
	Description Circus		(S)///////						
	Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden State Warriors								
	licket(s)/Admission(s) pro	ovided by a	igency? Yes		If no:	Name of	Source		
	Was the distribution to per Yes ☑ No □ If y		Keith Alameda (County Supe		9, 19, 19			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Descrij	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not ind ceremor organiza	the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role, provide a description. income, describe the public purpose, including ionial roles, performed by an agency official, individual, or ization.		nonial role, idual, or	
	Evans, Rodney			Yes 🗖		endance at a County sponsored ev n order to maximize potential Cour		^a Income	
			4	No 🗹	parking and cor		ity revenue nom		
				Yes 🗖				Income	
				No 🗖				D	
			Yes 🗖				Income		
				No 🗖					
			-	Yes 🗖				Income	
				No 🗖					
	An in the analysis of the second s			Yes 🗖				Income	
		No 🗖							

3. Verification

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1 Amago	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

11	cket/Aumission Dist	inations				~	Fublic Do	cumen
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if applicable)						For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					·
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	ir)
	(510) 272-3882	crystal.his	hida@acgov.c	org				
2.	Function, Event, or Cere	emonial R	ole Informat	ion				
	Title Ringling Brothers Barnum & Bailey Circus DRAGONS Face					/alue of Each Admiss	ion \$ <u>58</u>	
	Description Circus				Date(s) 08 10 12	/	/
				Name (Last, F	rvisor First) and Title			
	i ne identity of recipient	The identity of recipient(s) and the explanation:					// / L L I / T L	
	Name (Last, First)		Number of	Agency	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,			
	or		Admission(s)/	Official	· ·	vide a description.	ide a description.	
	Organization (Name, Address, Descri	otion)	Ticket(s)		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			
	Williams, Sharifa			Yes 🗖	1 '	ndance at a County sponsored even n order to maximize potential Coun		Income
			4	No 🗹	parking and cor			
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				

3. Verification

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

An Strings	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head-or Designee	Print Name	Title	(month, day, year)

A Public Document

	CREUAUIIISSIOII DISU	ibutions	•				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Jannon
1.	Agency Name						Date Stamp	California	202
	County of Alameda						Form	<u>ura</u>	
	Division, Department, or Region (if applicable)							For Official U	se Only
	Board of Supervisors								
	Street Address			*****					
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in l	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.c	org	******				
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Dingling Brothors Born	um & Bailey		PINC				•••• 5 8	
	Title Ringling Brothers Barn		y Circus DRAC	50113			/alue of Each Admiss		
	Description Circus					Dato/s	s) <u>08 / 11 / 12</u>	1	1
	Description					Date	>)		,
	Ticket(s)/Admission(s) pro	annav? Van		. 57	If no. Gold	len State Warriors			
	ricket(s)/Admission(s) pro	wideu by a	igency res			II 110	Name of	Source	
				_					
	Was the distribution to per	rsons iden	tified below n	nade a	it the	e behest of	f an agency official?		
		co. Carson,	Keith Alameda (County	Supe	rvisor			
	Yes 🗹 No 🔲 If y	cs	Official's l	Vame (L	ast, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	n.					
						A Chock th	a income how if the grappy of	ficial claims admiss	ion as
	Name (Last, First)		Number of	Agei	ncv	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,			
	or		Admission(s)/	Offic		also provide a description. If not income, describe the public purpose, including			
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ceremor	nial roles, performed by an age		ual, or
	Hutobing Michael	HOLDING		Yes	171		endance at a County sponsored ev		Income
	Hutchins, Michael		4	No	\Box	County facility in parking and cor	n order to maximize potential Cour	ity revenue from	
				Yes		parking and cor			Income
						ania di Mala di Seconda di Managina di M	an manana katala kat		Income
				No Yes					Income
				No					
	n china bada ku 			Yes			<u>an an a</u>		Income
				No					
						A construction of 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.

the Mieron)	Amy Shrago	Ticket Administrator	08/31/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)