A Public Document

	0			A	Fublic Documen
1. Agency Name				Date Stamp	California 802 Form
County of Alameda					Form OUZ
Division, Department, or Region (if applic	able)				For Official Use Only
Board of Supervisors					
Street Address					÷
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)	2			Amendment (Must pro	vide explanation in Port 2 )
Crystal Hishida Graff, Clerk, Board of	Supervisors				Side explanation in Fart 5.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	org			( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
2. Function, Event, or Ceremonial F	Role Informat	tion			
Title MANA			Face \	/alue of Each Admiss	ion\$_14.05
Description			Date(s	5)/	
Ticket(s)/Admission(s) provided by	agency? Yes	DANO D	lf no:	Name of S	Source
		(			Jouroo
Was the distribution to persons ider	ntified below r	nade at the	e behest of	an agency official?	
	Alameda Co.	. Supervisor	Scott Hagg	erty, Dist. 1	
Yes 🗋 No 🔽 If yes:	Official's	Name (Last. F	- irst) and Title		
The identity of recipient(s) and th					
Name			Check th     tayable is	e income box if the agency of	icial claims admission as
(Last, First) or	Number of Admission(s)/	Agency Official	also prov	ncome. If the agency official p /ide a description.	·常志的。2017年1月1日日
Organization (Name, Address, Description)	Ticket(s)		<ul> <li>If not inc ceremon</li> </ul>	ome, describe the public purp ial roles, performed by an age	ose, including
(rearies, reacteds, possiphor)	a de la de la de la de		organizat	tion.	的复数的 · · · · · · · · · · · · · · · · · · ·
Nellaton Uplandaz	C	Yes 🗖	To promote	attendance at a county spo	Income Income
Nama Malaac	a /	No P	parking sale	Potonial County levening f	or concession and
Holdy Dugar Ct		Yes 🗍			ome
see is broght		No 🗖			
New and CA		Yes 🗖			Income
TOWNON CIT		No 🔲			
945700		Yes 🔲			Income
		No 🗖			
	4	Yes			Income
		No 🗖			
. Verification			104.0		
I have read and understand FPPC Regulat is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adn	nissions, set forth above,
$ \langle I \rangle \rangle$	1 6				
July and S	Ann ter	MING	M Ticke	t Administrator	GIL

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

A Public	Document
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							no boonnone
1.	Agency Name					Date Stamp Ca	lifornia 002
	County of Alameda						Form OUZ
	Division, Department, or Regio	on (if applicat	ole)				For Official Use Only
	Board of Supervisors						
	Street Address			9			
	1221 Oak Street, Suite 536						
	Designated Agency Contact (A	lame,Title)				Amendment (Must provide ex	nonation in Dart 2 \
	Crystal Hishida Graff, Clerk,	Board of Si	upervisors				planation in Part 3.)
	Area Code/Phone Number	E-mail			the second second second second	Date of Original Filing:	nth, day, year)
	(510) 272-3882	crystal.his	hida@acgov.	org		(110)	ini, day, yeary
2.	Function, Event, or Cerei	monial Ro	ole Informat	tion			
	Title <u>A</u> Description <u>Base</u> Ticket(s)/Admission(s) prov	s Go	ime		Face \	/alue of Each Admission \$	38.00
	Bir					a 16 17	
	Description	par	λ		Date(s	s) <u><u> </u></u>	//
	Ticket(s)/Admission(s) prov	vided by a	nency? Voc		l If no:	Davound It	hlofics
	Ticket(s)/Admission(s) prov		gency: res		II IIO	Name of Source	<u>voenn</u>
		• • • •					
	Was the distribution to pers						
	Yes 🔽 No 🔲 If ye	NC'	Alameda Co.	. Supervisor	Scott Hagg	erty, Dist. 1	
			Official's	Name (Last, I	First) and Title		
	The identity of recipient(						
	The second	sj and th	= explanation	Dir.		a na shine a shekara ku shekara ka shekara k	
	Name (Last, First)		Number of	Agency		e income box if the agency official cla ncome. If the agency official perform	THE REPORT OF A DESCRIPTION OF A DESCRIP
	or	12 Witter of	Admission(s)/	Official	We will have a	vide a description.	4.4.4.4.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4
	Organization (Name, Address, Descript	tion)	Ticket(s)			come, describe the public purpose, inc ial roles, performed by an agency offi	
					organiza	tion.	
	Michael Koj	spel	2	Yes 🗖 No 🏠	publiche	rd a community volunteer for his o r service to the	r Income
	12/12/11/1	1 - 18		Yes 🗍	t		Income
	1240 Vinthe	rwy		No 🗆	·		
	Dlanchuta.	$\cap \lambda$		Yes 🗖			Income
	Pleasanton 94566	CA		No 🗖			
	GUCL.G			Yes 🗖			Income
	94540			No 🗖			
				Yes 🗖			Income
				No 🗖			
3.	Verification						
1	I have read and understand FPF	PC Regulatio	ons 18944.1 an	nd 18942. I h	ave verified	that the distribution of admission	ns, set forth above,
	is in accordance with the provisi	ons.	1				
0	ul the	Lee	Sun te	valra	Ticke	et Administrator	9-14-12
	Signature of Agency Head or Designe	e	Print Na	me	···· \	Title	(month, day, year)

					A	
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form 802
	Division, Department, or Region (if applica	ble)				For Official Use Only
	Board of Supervisors					
	Street Address	5444-18				
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)		an a		Amendment (Must prov	ide explanation in Parl 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors				ndo explandation in r an e.y
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
ereza	(510) 272-3882 crystal.his	hida@acgov.	org			
2.	Function, Event, or Ceremonial R	ole Informa	tion			
	Title WARD VS. DAWSON			Face \	/alue of Each Admissi	on \$ 120,90
	Description MIDDLEWEIGHT					
	Ticket(s)/Admission(s) provided by agency? Yes ₩ No □ If no:				SSW Name of Sc	ource
	was the distribution to persons iden			e penest of	r an agency official?	
	,			0 11 1	Dial 4	
	Yes 🔂 No 🔲 If yes:			Scott Hagg	erty, Dist. 1	
	Yes 🔂 No 🔲 If yes:		. Supervisor Name (Last, F		erty, Dist. 1	
	Yes A No If yes: The identity of recipient(s) and th	Official's	Name (Last, F		erty, Dist. 1	
	ł	Official's	Name (Last, F	First) and Title Check th taxable i also pro If inot inc ceremon	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen	rformed a ceremonial role,
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including cy official, individual, or
	The identity of recipient(s) and th Name (Last, First) or Organization	Official's e explanatic Number of Admission(s)/	Name (Last, F Dn: Agency Official	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describte the public purpo ial roles, performed by an agen tion.	rformed a ceremonial role, se, including cy official, individual, or
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) WIMIAM BAKER 1420 VISTA GRANDEDR.	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including cy official, individual, or r his Income
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including sy official, individual, or r his Income
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) WIMIAM BAKER 1420 VISTA GRANDEDR.	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes No Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including cy official, individual, or r his Income
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) WIMIAM BAKER 1420 VISTA GRANDEDR.	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including sy official, individual, or r his Income
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) WIMIAM BAKER 1420 VISTA GRANDEDR.	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including cy official, individual, or r his Income Income Income
	The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) WIMIAM BAKER 1420 VISTA GRANDEDR.	Official's e explanatic Number of Admission(s)/	Name (Last, F on: Agency Official Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To rewa	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. ard a community volunteer fo	rformed a ceremonial role, se, including cy official, individual, or r his Income Income Income

Ticket Administrator 9 5-1 Signature of Agency Head or Designee Print Name Title (month, day, year)

A Public Document

1						
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form <b>OU</b>
	Division, Department, or Region	(if applicable)		,		For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Na	me, Title)	-		Amendment (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Bo	pard of Supervisors				
	Area Code/Phone Number E-	mail			Date of Original Filing: _	(month, day, year)
		rystal.hishida@acgov.	And and an other statements of the statements			(a) 500 (6), 9
2.	Function, Event, or Cerem	onial Role Informat	tion			
	Title_Oakland	Ais		<b>F</b>	/alue of Each Admiss	28.00
		(		Face	alue of Each Admiss	sion \$
	Description	iseball		Date(s	s) <u>9, 2, 12</u>	//
	Ticket(s)/Admission(s) provided by agency? Yes 🗖 No 🔲 If no:				Aland 19 Name of	Source Source
	Was the distribution to perso	behest of	f an agency official?			
		Alameda Co.				
	Yes 🗋 No 🖵 If yes:		Name (Last, F			
				noty and the		
	The identity of recipient(s)	and the explanation	on:			
	Name (Last, First) or	Number of	Agency		e income box if the agency of ncome. If the agency official <b>p</b>	ficial claims admission as
	Organization (Name, Address, Descriptio	Admission(s)/ Ticket(s)	Official	. If not inc	vide a description. ome, describe the public purp ial roles, performed by an age tion.	performed a ceremonial role, ose, including
	Organization	Admission(s)/ Ticket(s)		<ul> <li>If not inc ceremon organiza</li> </ul>	ome, describe the public purp ial roles, performed by an age	performed a ceremonial role, ose, including ncy official, individual, or
	Organization	n) Admission(s)/ Ticket(s)	Yes 🗖	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	ose, including ncy official, individual, or is or her service to the
	Organization	n) Admission(s)/ Ticket(s)	Yes 🗖 No 💆	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	ose, including ncy official, individual, or is or her service to the
	Organization (Name, Address, Description MC Avgula 1705 HELSINKI W	Admission(s)/ Ticket(s)	Yes D No D Yes D	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	ose, including ncy official, individual, or is or her service to the 
	Organization	Admission(s)/ Ticket(s)	Yes I No Z Yes I No I	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremonial role, ose, including ncy official, individual, or is or her service to the, 
	Organization (Name, Address, Description MC Avgula 1705 HELSINKI W	Admission(s)/ Ticket(s)	Yes No Yes No Yes Yes	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremonial role, ose, including ncy official, individual, or is or her service to the 
	Organization (Name, Address, Description MC Avgula 1705 HELSINKI W	Admission(s)/ Ticket(s)	Yes No Yes No Yes No No	<ul> <li>If not inc ceremon organiza</li> <li>To reward a</li> </ul>	ome, describe the public purp ial roles, performed by an age tion.	berformed a ceremonial role, nose, including ncy official, individual, or is or her service to the, Income

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

А	Public	Document

		APUDI	ic Documen
1. Agency Name		Date Stamp Cali	fornia 000
County of Alameda			orm 802
Division, Department, or Region (if applicable)		Fc	or Official Use Only
Board of Supervisors			
Street Address	8		
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		Amendment (Must provide expl	anation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisor	S		,
Area Code/Phone Number E-mail		Date of Original Filing:	, day, year)
(510) 272-3882 crystal.hishida@acg			
2. Function, Event, or Ceremonial Role Infor	mation		
Title DISnayoutce	Face	e Value of Each Admission \$ _	56.85
Description Ice Scating Sho	W Date	10 17 17	//
Ticket(s)/Admission(s) provided by agency?	Yes 💬 No 🎞 If no:	FSW	
	f the L there	Name of Source	
Was the distribution to persons identified belo	w made at the behast	of an aganay official?	
	Supervisor Scott Haggerty		
7 C Offic	ial's Name (Last, First) and Ti	le	
The identity of recipient(s) and the explan	ation:		
Name (Last, First) or Organization (Name, Address, Description)	of Agency taxabl n(s)/ Official also p • If not i cerem	the income box if the agency official claim e income. If the agency official performed rovide a description. ncome, describe the public purpose, inclu onial roles, performed by an agency offici- ization.	a ceremonial role, ding
Seniors Night at 4	Yes To rew No	ard a school or nonprofit organization utions to the community	for its Income
Cityof Fremont	Yes 🗋	ĩ	Income
To Alla Fiden Condition	No 🔲		
11 gird elace - Cumpton	Yes 🔲		Income
1.0 1304 5000	No 🗖		
Fremont CA	Yes 🔲 No 🔲	_	Income
04527, ETT (A	Yes 🔲		Income
	No 🔲		
3. Verification			
I have read and understand FPPC Regulations 18944.	1 and 18942. I have verifie	d that the distribution of admissions	set forth above

is in accordance with the provisions.			
flehn Artero	Lee Ann Fergerson	Ticket Administrator	9-26-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

	Α	Public	Document
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Hered Admission Dist	ibutions			A	Public Documen
1. Agency Name				Date Stamp	California Form 802
County of Alameda					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (	Name, Title)			Amendment (Must pro	ovide explanation in Part 3.)
Crystal Hishida Graff, Clerk,	Board of Supervisors				
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	monial Role Informat	tion			
- A'S					4275
Title			Face \	/alue of Each Admiss	ion \$
Description	U		Date(s		///
Ticket(s)/Admission(s) provided by agency? Yes 🙀 No 🔲 If no:				Dakland J	thet tos
Was the distribution to per					
Yes 🔯 No 🔲 Ify	Alameda County Supe	ervisor Scot	t Haggerty,	District 1	
<u> </u>	Official's	Name (Last, I	First) and Title		
The identity of recipient	(s) and the explanatic	on:			
Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency of ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	performed a ceremonial role, ose, including ncy official, individual, or
Dougla A Gian	. 11	Yes 🗖	To promote	attendance at a county spo	nsored event in order ome
Vorene Gracos	2111 7	No ZD	parking sale	potential county revenue fo s.	
4863 Reno Lai	ie	Yes (			ome
		No 🗖			
El Sobrante CA	94803	Yes 🔲			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖	>		
		Yes 🛛			Income
		No 🗆			
3. Verification					
I have read and understand FP, is in accordance with the provis	PC Regulations 18944.1 an ions.	d 18942. I h	ave verified t	that the distribution of adr	nissions, set forth above,

Lee Ann Fergerson **Ticket Administrator** N ( Signature of Agency Head of Designee Print Name Title (month, day, year)

	А	Public	Document
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	cket/Admission Distributions				A	Public D	ocument
1.	Agency Name			1-31 -1	Date Stamp	Californi	<sup>a</sup> 802
	County of Alameda					Form	I TO THE OF A DESCRIPTION
	Division, Department, or Region (if applical	ble)				For Officia	al Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
	Crystal Hishida Graff, Clerk, Board of S	upondooro			Amendment (Must pro	vide explanation	in Part 3.)
	Area Code/Phone Number E-mail	upervisors			Date of Original Filing:	(month, day, y	
	(510) 272-3882 crystal.his	hida@acgov.o	org		,	(month, day, y	ear)
2.	Function, Event, or Ceremonial Re	the second s	the second se				
	Title Disney on Ice			Face \	/alue of Each Admissi	on \$ <u>5</u>	.85
	Description Tee Skat	ing		Date(s	<u>9,20,12</u>		
					(7511)		
	Ticket(s)/Admission(s) provided by a	gency? Yes	No 🗆	If no:	Name of S	Source	
Was the distribution to persons identified below made at the behest of an agency official?         Yes X       No I         If yes:       Alameda County Supervisor Scott Haggerty, District 1         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:							
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc	e income box if the agency offi ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion.	erformed a cere ose, including	monial role,
	Shepherd's Gate	4	Yes 🗖 No 🙀	To reward	a school or nonprofit organiz ns to the community	zation for its	Income
	1660 Portola Ave		Yes 🗖 No 🗖			-	Income
	Livermore CA 94551 Michelle Haubert		Yes □ No □				Income
)	Michelle Haubert		Yes □ No □				Income
			Yes □ No □				Income
3.	Verification				-		
(	I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 18942. I ha	ave verified t	that the distribution of adm	nissions, set i	forth above,
	Alelin Solars	Lee Ann F	ergerson	Ticke	et Administrator	9	-26-12

Signature of Agency Head or Designee

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

Print Name

(month, day, year)

Title

# A Public Document

					/\		
1.	Agency Name				Date Stamp	California 802	
	County of Alameda					Form OUZ	
	Division, Department, or Region (if application)	able)				For Official Use Only	
	Board of Supervisors						
	Street Address			£			
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S						
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	
	(510) 272-3882 crystal.hi	shida@acgov.o	org				
2.	Function, Event, or Ceremonial F	Role Informat	ion				
	- A's Busebul	0				38.00	
	Title	Face \	/alue of Each Admissi	on \$			
	Description Gam	L		Date(s	<u>9,14,12</u>		
	Ticket(s)/Admission(s) provided by	agency? Yes	No 🗆	If no:	akland &	thetis	
			. ( ·		Name of 2	source	
	Was the distribution to persons ider	nade at th	e behest of	f an agency official?			
	Alame	envisor Scot	t Haggerty,	District 1			
	Yes No 🔲 If yes:			First) and Title			
				noty and this			
	The identity of recipient(s) and th	ne explanatio	on:			a second a s	
	Name (Last; First)	18月2日,大学学习	Alles Contractions		ne income box if the agency off ncome. If the agency official p		
	Or	Number of Admission(s)/	Agency Official	also pro	vide a description.		
	Organization (Name, Address, Description)	Ticket(s)	Periodia da la	ceremor	come, describe the public purpo nal roles, performed by an agen ition.	ncy official, individual, or	
	Marin Cl.		Yes 🗖	To promote	attendance at a county spor	nsored event in order	
	Yong Chi	1 L	No 🔽	to maximize	potential county revenue fo	r concession and	
	337 Channel Way		Yes 🗖	1		ome	
	337 Chunnel Way		No 🗖				
	Oakland CA 94601		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.

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

Ti	cket/Admission Distribution	S		A Public Document					
1.	Agency Name					Date Stamp	California	802	
	County of Alameda						Form		
	Division, Department, or Region (if applied	cable)					For Official	Use Only	
	Board of Supervisors								
	Street Address						1.4		
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must provide explanation in Part 3.)			
	Cheryl Perkins, Interim Clerk, Board o Area Code/Phone Number [E-mail]	of Supervisors				Date of Original Filing:			
		ishide Oseran	_			Bute of original rining	(month, day, yea	ar)	
2		ishida@acgov.	And in case of the local division of the loc		tip				
۷.	Function, Event, or Ceremonial	Role Informat	lion						
	Title				Face \	/alue of Each Admi	ssion \$ <u>\$35</u>	2	
	Description <u>A's vs. Mariners</u>			_	Date(s)// /////				
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No				If no: Oakland Athletics				
	., ., ., .	0				Name	of Source		
	Was the distribution to persons ide	ntified below r	nade a	at the	e behest of	f an agency official	?		
							-		
	Yes 🖸 No 🔲 If yes: Superv	visor Wilma Chan	NI						
	Yes  No  If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title								
	The identity of recipient(s) and t	he explanation	on:					÷	
	Name					e income box if the agency			
	(Last, First) or	Number of Admission(s)/		Agency		able income. If the agency official performed a ceremonial role, o provide a description.			
	Organization (Name, Address, Description)	Ticket(s)				not income, describe the public purpose, including eremonial roles, performed by an agency official, individual, or			
			Nee		organiza		want hald at a	La processa	
	Harris, Bill	2	Yes No			e attendance at an e cility in order to maxi		Income	
			Yes		Countyrea	uanua frama a alaa		Income	
			No			venue from sales.			
			Yes					Income	
	·		No						
			Yes					Income	
			No						
			Yes					Income	
			No		}				
3.	Verification								
	I have read and understand FPPC Regula is in accordance with the provisions.	tions 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of a	admissions, set fo	rth above,	
	is in accordance with the provisions.								

	Alexandra Boskovich	Ticket Administrator	09/28/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distri	butions	;				A Public Document			
1.	Agency Name			1.1.1.1.24.244			Date Stamp	California	802	
	County of Alameda							Form		
	Division, Department, or Regio	on (if applica	ble)					For Official	Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536	( <b>T</b> itle)								
	Designated Agency Contact (N						Amendment (Mus	t provide explanation in	Part 3.)	
	Cheryl Perkins, Interim Clerk, Area Code/Phone Number	, Board of E-mail	Supervisors				Date of Original Filing:			
							Date of Original Filing:		ar)	
			hida@acgov.	A DESCRIPTION OF TAXABLE PARTY.		hi - ta		1046 J		
۷.	Function, Event, or Cerer	nomark	ole mormal	lion						
	Title					Face \	/alue of Each Admi	ission \$ _\$75/\$1	7-park	
	Description <u>A's vs. Mariners</u>				-	Date(s	s) <u>9 / 28 / 12</u>	/	/	
	Ticket(a) (A during in (a) and it at the annual 2. Yes and the constant of the Oakland Athletics									
	Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Oakland Athletics Name of Source									
	Was the distribution to pers	sons iden	tified below n	nade a	it the	e behest of	f an agency official	?		
		Supervis	sor Wilma Chan							
	Yes 🔽 No 🔲 If ye	S:	sor Wilma Chan Official's	Name (L	.ast, F	First) and Title				
	The identity of reginight	a) and th	o ovolanatic							
	The identity of recipient(s) and the explanation:						a income have if the annual	. Minint alaima admir		
	Name (Last, First) Number		Number of	lumber of Agency			ne income box if the agency ncome. If the agency			
	or Organization		Admission(s)/	Offic			rovide a description. income, describe the public purpose, including			
	(Name, Address, Descript	ion)	Ticket(s)			ceremon	onial roles, performed by an agency official, individual, or			
	· · · · · · · · · · · · · · · · · · ·			Yes	П	organiza To promot	e attendance at an e	event held at a	Income	
	Soto, Armando		7+1 parking		$\square$		cility in order to maxi			
				Yes		County rev	venue from sales.		Income	
			pass	No			venue nom sales.			
				Yes					Income	
				No						
				Yes					Income	
				No						
				Yes					Income	
_				No				1877 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
3.	Verification									
	I have read and understand FPP is in accordance with the provisio		ons 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of	admissions, set fo	rth above,	
	Un	Alex	andra Boskov	/ich		Ticke	et Administrator	09/28/	2012	
	Signature of Agency Head or Designed	e	Print Na	me			Title	(mon	th, day, year)	

	cket/Admission Distributions	5				A	Public Do	
1.	Agency Name	مىيىرىدىنى <u>بىرىغ تىلىرونى بىرى</u> ب				Date Stamp California 802		
	County of Alameda							
	Division, Department, or Region (if applica	ible)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
	Cheryl Perkins, Interim Clerk, Board of	Supervisors				Amendment (Must pro	vide explanation ir	n Part 3.)
	Area Code/Phone Number [E-mail	Supervisors				Date of Original Filing:		
	(510) 272-3882 cheryl. pe	erkins@acgov.	org				(month, day, yea	ar)
2.	Function, Event, or Ceremonial R	the second se	Statement in case of the local division of t				-14 C A C A C A C A C A C A C A C A C A C	and a set of the
	PP141 -				F )	/ · · · · · · · · · · · · · · · · · · ·	♠ \$103 8	35
	Title					/alue of Each Admissi		
	Description Justin Bieber concert				Date(s	<b>;)</b> <u>10</u> <u>6</u> <u>12</u>	/	
	· · · · · · · · · · · · · · · · · · ·	0 V		built	ur Gold	en State Warriors		
	Ticket(s)/Admission(s) provided by a	agency? Yes		0 ⊻	If no:	Name of S	ource	
	Was the distribution to persons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Yes 🗹 No 🔲 If yes: Supervi	sor Wilma Chan						
		Official's	Name (I	Last, F	First) and Title			
	The identity of recipient(s) and the	e explanatio	on:					
	Name					e income box if the agency offi ncome. If the agency official pe		
	(Last, First) or	Number of Admission(s)/	Age Offic		also prov	vide a description.	berformed a ceremonial role,	
	Organization (Name, Address, Description)	Ticket(s)				ome, describe the public purpo ial roles, performed by an agen		dual, or
			Yes		organizat	tion. a non-profit organizatio	n for ite	Income
	Girls Inc. of the Island City	2	No			ns to the community an		Income
			Yes		opportunit	ies for young women.		Income
	1721 Santa Clara Ave. Alameda, CA		No			, ,		
	Youth development services for girls.		Yes					Income
			No Yes					
			No					Income
			Yes					Income
_			No					
3.	Verification							
	I have read and understand FPPC Regulati is in accordagce with the provisions.	ons 18944.1 an	d 1894	2. I h	ave verified t	hat the distribution of adm	nissions, set fo	orth above,
	is in accordance with the provisions.							
	Alex	Ticke	et Administrator	09/27/	2012			

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

#### **Agency Report of:** nial Pala nte and C

Chan, Daren 2 No 🗹 County facility in order to maximize potential		cket/Admission Distr		6					Public Do	cumen
County of Atameda       For Official Use Only         Division, Department, or Region (if applicable)       Board of Supervisors         Street Address       1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)       Amendment (Must provide explanation in Part 3.)         Cheryl Perkins Interim Clerk, Board of Supervisors       Area Code/Phone Number         Fernall       bate of Original Filling:	1.	Agency Name				20 C - 18		Date Stamp	California	002
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         E-mail         (510) 272-3882         cheryl, perkins Interim Clerk, Board of Supervisors         Area Code/Phone Number         E-mail         (510) 272-3882         cheryl, perkins (main Clerk, Board of Supervisors)         Description A's vs. Rangers         Date(s) 10 / 12 / 12         Yes Intelection to persons identified below made at the behest of an agency official Claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency official claims admission as tasable noome. If the agency officia		County of Alameda								
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Cheryl Perkins Interim Clerk, Board of Supervisors         Arac Code/Phone Number         (510) 272-3882         Cheryl Perkins Interim Clerk, Board of Supervisors         Arac Code/Phone Number         (510) 272-3882         Cheryl Perkins Interim Clerk, Board of Supervisors         Arac Code/Phone Number         (510) 272-3882         Cheryl Perkins Interim Clerk, Board of Supervisors         Title		Division, Department, or Regi	ion (if applica	ble)					For Official	Use Only
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 Interim Clerk, Board of Supervisors         Area Code/Phone Number         (510) 272-3882         Cheryl Perkins (Must provide explanation in Part 3.)         Date of Original Filing:         (510) 272-3882         Cheryl Perkins (Must provide explanation in Part 3.)         Date of Original Filing:         (510) 272-3882         Description A's vs. Rangers         Date(s) 10 / 12         Description A's vs. Rangers         Date(s) 10 / 12         Ticket(s)/Admission(s) provided by agency? Yes No If no:         Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes No Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First)       Number of Courty facility in order to maximize potential claims admission as travels income. If the agency official claims admission as travels income. If the agency official claims admission as travels income. If the agency official claims admission as travelation.         (Mame, Address, Descripti		Board of Supervisors								
Designated Agency Contact (Name, Title)       Amendment (Must provide explanation in Part 3.)         Cheryl Perkins Interim Clerk, Board of Supervisors       Date of Original Filing:		Street Address								
Cheryl Perkins Interim Clerk, Board of Supervisors       Immediate (Must provide explanation in Part 3.)         Area Code/Phone Number (510) 272-3882       E-mail cheryl.perkins@acgov.org       Date of Original Filing:		1221 Oak Street, Suite 536								
Cheryl Perkins Interim Clerk, Board of Supervisors       Date of Original Filing:       mathematical control (manth), day, year)         Area Code/Phone Number       E-mail       Date of Original Filing:       manth, day, year)         2. Function, Event, or Ceremonial Role Information       Face Value of Each Admission \$ \$35       Description A's vs. Rangers       Date(s) 10 / 12 / / / 2         Description A's vs. Rangers       Date(s) 10 / 12 / / / 12       / / / / / / 2         Ticket(s)/Admission(s) provided by agency? Yes Date(s) 10 / 12 / / / / 2       Name of Source         Was the distribution to persons identified below made at the behest of an agency official?       Name of Source         Yes D       No D       If yes:       Supervisor Wilma Chan         Official's Name (Last, First) or or or or antization (Name, Address, Description)       Number of Admission(s)       Agency or Admission(s)         Ves D       No D       Yes D       To promote attendance at an event held at a lncome or monal role, at agency official, individual, or or promote attendance at an event held at a lncome No D       Income         Chan, Daren       2       Yes D       County facility in order to maximize potential       Income         Yes D       No D       Yes D       Income       Income       Income         No D       Yes D       No D       Income       Income       Income </td <td></td> <td>Designated Agency Contact (</td> <td>Name, Title)</td> <td></td> <td></td> <td></td> <td></td> <td>Amendment (Must p</td> <td>rovide explanation in</td> <td>Part 3.)</td>		Designated Agency Contact (	Name, Title)					Amendment (Must p	rovide explanation in	Part 3.)
(510) 272-3882       cheryl.perkins@acgov.org         2. Function, Event, or Ceremonial Role Information         Title				Supervisors						,
2. Function, Event, or Ceremonial Role Information         Title		Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	ar)
Title		(510) 272-3882	cheryl.per	kins@acgov.c	org			μ.		
Description A's vs. Rangers       Date(s) 10 / 12 /         Ticket(s)/Admission(s) provided by agency? Yes Do I If no: Oakland Athletics         Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes No Diff yes: Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) Organization (Name, Address, Description)         Name (Last, First) Organization (Name, Address, Description)         Yes Difficial	2.	Function, Event, or Cere	emonial R	ole Informat	ion					
Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: <u>Oakland Athletics</u> Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes _ No _ If yes: <u>Supervisor Wilma Chan</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       • Check the income box if the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.       • If the agency official performed a ceremonial role, also provide a description.         Chan, Daren       2       Yes _       To promote attendance at an event held at a No _       Income         Ves _       Yes _       County revenue from sales.       Income         No _       Yes _       Income       Income         No _       Yes _       Income       Income		Title					Face \	/alue of Each Admis	sion \$ _ <del>\$35</del>	
Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: <u>Oakland Athletics</u> Name of Source         Was the distribution to persons identified below made at the behest of an agency official?         Yes _ No _ If yes: <u>Supervisor Wilma Chan</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       • Check the income box if the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.       • If the agency official performed a ceremonial role, also provide a description.         Chan, Daren       2       Yes _       To promote attendance at an event held at a No _       Income         Ves _       Yes _       County revenue from sales.       Income         No _       Yes _       Income       Income         No _       Yes _       Income       Income		Description A's vs. Ranger	S						Ì	1
Name of source         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency official       • Check the income box if the agency official performed a ceremonial role, also provide a description.       • If not income. If the agency official performed a ceremonial role, also provide a description.         Chan, Daren       2       Yes       To promote attendance at an event held at a No       Income         Yes       County facility in order to maximize potential       Income         Yes       County revenue from sales.       Income         No       Yes       Income         No       Yes       Income         Yes       Income       No		Description				-	Date(s	)///	]	/
Name of source         Was the distribution to persons identified below made at the behest of an agency official?         Yes       No       If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency official       • Check the income box if the agency official performed a ceremonial role, also provide a description.       • If not income. If the agency official performed a ceremonial role, also provide a description.         Chan, Daren       2       Yes       To promote attendance at an event held at a No       Income         Yes       County facility in order to maximize potential       Income         Yes       County revenue from sales.       Income         No       Yes       Income         No       Yes       Income         Yes       Income       No		Ticket(s)/Admission(s) pro	vided by a	aencv? Yes		0 🗖	If no: Oakl	and Athletics		
Yes       No       If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:       Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • 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.         Chan, Daren       2       Yes       To promote attendance at an event held at a No       Income         Yes       County facility in order to maximize potential       Income         Yes       Income       Yes       Income         Yes       Income       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income			, <b>,</b> .					Name of	Source	
Yes       No       If yes:       Supervisor Wilma Chan Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:       Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • 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.         Chan, Daren       2       Yes       To promote attendance at an event held at a No       Income         Yes       County facility in order to maximize potential       Income         Yes       Income       Yes       Income         Yes       Income       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income		Was the distribution to persons identified below made at the behest				hehest of	an agency official?			
Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission 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.         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Ves       Yes       County revenue from sales.       Income         No       Yes       Income       Income         Ves       Ves       Income       Income         Ves       Income       Ves       Income		was the distribution to persons identified below made at the benest of				Solicor of	an agency official.			
Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official Ticket(s)       • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.         Organization (Name, Address, Description)       • Yes       • Check the income box if the agency official performed a ceremonial role, also provide a description.         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Yes       Yes       County revenue from sales.       Income         Yes       Yes       Income       Income         No       Yes       Income       Income         Yes       Yes       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income		Yes 🗹 No 🔲 lfy	es: Supervis	sor Wilma Chan						
Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.         • Check the income describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Ves       Yes       County revenue from sales.       Income         Yes       Yes       Income         Yes       Income       Income         Yes       Yes       Income         Yes       Income       Income         Yes       Income       Income         Yes       Income       Income         Yes       Income       Income				Official's	Name (L	.ast, F	first) and Title			
(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.         Mathematication (Name, Address, Description)       Prestore       Income         Mathematication (Name, Address, Description)       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Ves       Yes       County revenue from sales.       Income         Ves       Yes       Income       Income         Ves       Income       Income       Income         Ves       Income       Income       Income       Income         Ves       Income       Income       Income       Income		The identity of recipient	(s) and th	e explanatio	n:					
or Organization (Name, Address, Description)       Number of Admission(s)/ Ticket(s)       Agency Official       also provide a description.         Ves       If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Ves       Yes       County revenue from sales.       Income         Ves       Yes       Income       Income       Income         Ves       Yes       Income       Income       Income										
Organization (Name, Address, Description)       Ticket(s)       If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.         Chan, Daren       2       Yes       To promote attendance at an event held at a County facility in order to maximize potential       Income         Yes       Yes       County revenue from sales.       Income         Yes       Yes       Income       Income							<ul> <li>also provide a description.</li> <li>If not income, describe the public purpose, including</li> </ul>			onial role,
Image: constraint of the second se		Organization	(i.e.w)		Onic	7101				dual or
Chan, Daren       2       No       I       County facility in order to maximize potential       Income         Yes       Yes       County revenue from sales.       Income         No       Yes       Income       Income         Yes       Yes       Income       Income         No       Yes       Income       Income         Yes       Yes       Income       Income         Yes       Yes       Income       Income         No       Yes       Income       Income         No       Income       Income       Income         No       Income       Income       Income         No       Income       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income         Yes       Income       Income       Income       Income         Yes       Income       Income       Income       Income       Income		(Name, Address, Descrip	5000)				organiza	tion.		
Yes     County revenue from sales.     Income       No     Yes     Income		Chan Daron		0						Income
No     No     Income       Yes     Income       No     Income       Yes     Income       Yes     Income       Yes     Income       Yes     Income       Yes     Income				2						
Yes     Income       No     Income       Yes     Income       Yes     Income       No     Income       Yes     Income       No     Income       Yes     Income       Yes     Income							County rev	venue from sales.		Income
No         Image: Constraint of the second seco										
Yes     Income       No     Income       Yes     Income       Yes     Income										
No     I       Yes     Income										
Yes D Income										
No. 17										
						A COLUMN				
3. Verification	2	Varification	50년 21년 CINA 882			Frankli Maria andre				

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.

04		Alexandra Boskovich	Ticket Administrator	09/26/2012
Signature of Agency H	lead or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distribution	IS		A Public Documen						
1. Agency Name				3. 91 <del>3 3.4</del> 96	Date Stamp	California Form	802		
County of Alameda Division, Department, or Region (if appli	cable)				~	Form For Official			
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, Title)					Amendment (Must pr	ovide explanation in	Part 3.)		
Cheryl Perkins, Interim Clerk, Board o	of Supervisors								
Area Code/Phone Number E-mail					Date of Original Filing: _	(month, day, yea	nr)		
	erkins@acgov.	the second s	atur tur			1-1			
2. Function, Event, or Ceremonial	Role Informa	tion							
Title				Face V	Value of Each Admiss	sion \$ _\$35			
Description <u>A's vs. Mariners</u>			_	Date(s	s) <u>9 / 30 / 12</u>	/	/		
Ticket(s)/Admission(s) provided by	agency? Yes		o 🗸	If no: Oak	land Athletics				
					Name of	Source			
Was the distribution to persons ide	ntified below r	nade a	at the	e behest of	f an agency official?				
					an agonoy ontotali				
Yes 🗹 No 🔲 If yes: Super	visor Wilma Chan				· · · · · · · · · · · · · · · · · · ·				
	Official's	Name (I	Last, F	First) and Title					
The identity of recipient(s) and t	The identity of recipient(s) and the explanation:								
Name				1 0 8 0	ie income box if the agency of				
(Last, First) or	Number of Admission(s)/	Age Offic		8	e income. If the agency official performed a ceremonial role, rovide a description. ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or				
Organization (Name, Address, Description)	Ticket(s)								
(Name, Address, Description)				organiza	tion.				
Chan, Wilma	2	Yes No			te attendance at an eve cility in order to maximi		Income		
		Yes		County re	venue from sales.		Income		
-		No							
		Yes No		(*).		_	Income		
		Yes					Income		
		No							
		Yes				ż.	Income		
		No							
3. Verification									
I have read and understand FPPC Regula is in accordance with the provisions.	tions 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of adı	missions, set fo	rth above,		
Ale	exandra Boskov	/ich		Ticke	et Administrator	09/26/	2012		

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

Ti	cket/Admission Distribution	cet/Admission Distributions						A Public Document		
1.	Agency Name					Date Stamp	California	802		
	County of Alameda						Form	The second second		
	Division, Department, or Region (if application	able)					For Official	Use Only		
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Musi	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)		
		erkins@acgov.	the second s				The second s			
2.	Function, Event, or Ceremonial F	ole Information	tion							
	Title					lalua of Each Adus	\$114 (	)5		
	Inte				Face V	/alue of Each Admi	ssion \$			
	Description Mana concert				Date(s	<b>9</b> <u>14</u> <u>12</u>	1	1		
					2000(0					
	Ticket(s)/Admission(s) provided by	agency? Yes		0 🔽	I If no: Gold	en State Warriors				
						Name	of Source			
	Was the distribution to persons ider		nade a	at th	e behest of	an agency official	?			
	Yes 🔽 No 🗋 If yes: Supervi	Official's	Name (l	ast. I	First) and Title					
	The identity of recipient(s) and th									
	Name (Last, First)		•		200 200 200 200	e income box if the agency ncome. If the agency offici				
	or	Number of Admission(s)/	Official also pro			also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.				
	Organization (Name, Address, Description)	Ticket(s)								
		orga								
	Navarro, Sofia	4	Yes No			e attendance at an e cility in order to maxi		Income		
		·	Yes							
			No		County rev	venue from sales.		Income		
							No. 2 Alter I strategiere baseder Ball of Antonio South	Income		
			No							
			Yes	$\frac{1}{1}$						
			No					Income		
			Yes		1	-				
			No					Income		
3.	Verification	and the second state of the second						for all		
	I have read and understand FPPC Regulat	ions 18944.1 an	d 1894.	2. I h	ave verified t	hat the distribution of a	admissions, set fo	rth above,		
	is in accordance with the provisions.									
	Ale	xandra Boskov	vich		Ticke	ket Administrator 09/13/2012				
	Signature of Agency Head or Designee					Title		th, day, year)		
	Sighature of Agency Head or Designee Print Name						(mon	, day, year)		

Ti	cket/Admission Distributions	S					A Public Do	ocument
1.	Agency Name	1		NACESSARY SALES		Date Stamp	California	802
	County of Alameda						Form	ALS STREET
	Division, Department, or Region (if application)	able)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)			1				
						Amendment (Must	provide explanation in	n Part 3.)
	Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number [E-mail	Supervisors				Date of Original Filing:		
						Date of original rining	(month, day, yea	ar)
2		rkins@acgov.c	SCHOOL STREET, STREET, ST		na premio de como com como d			ent y Martin y
۷.	Function, Event, or Ceremonial F	cole informat	lion					
	Title				Face \	/alue of Each Admis	sion \$ <u>\$35</u>	
						0 16 12		
	Description <u>A's vs. Orioles</u>				Date(s	) <u>9</u> <u>16</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oakland Athletics							
	Ticket(s)/Admission(s) provided by	agency? Yes	ΠN	0 🖸	If no: Oak	Name c	of Source	
	Was the distribution to persons iden	ntified below n	nade a	at the	e behest of	an agency official?	<b>*</b>	
	Vac 17 No. 17 Kupery	isor Wilma Chan						
	Yes 🗹 No 🗋 If yes: Superv	Official's	Name (I	Last, I	First) and Title			
	The identity of recipient(s) and the	ne explanatio	m:					
	Name					Check the income box if the agency official claims admission as		
	(Last, First)	Number of	Age	aency taxable i		ncome. If the agency officia		
	or Organization	Admission(s)/ Ticket(s)	Offic	cial	1	to provide a description. not income, describe the public purpose, including remonial roles, performed by an agency official, individual, or ganization.		
	(Name, Address, Description)	Lioneda)						
	· · · · · · · · · · · · · · · · · · ·		Yes		To promot	e attendance at an e	vent held at a	Income
	Hirota, Sherry	2	No	$\overline{\checkmark}$	County fac	ility in order to maxir	nize potential	
			Yes		County re	venue from sales.		Income
			No					
			Yes					Income
			No			-		
			Yes					Income
			No	<u> </u>				
			Yes No					Income
_		AP KARABEERS DE BERRETT WYST A			Distantinarina mastro-considerari			
3.	Verification	iuma 10011 1	-14004	0.14			destant and the	
	I have read and understand FPPC Begulat is in accordance with the provisions.	ions 18944.1.2h	u 1394	2.11	ave veniled l	nat the distribution of a	umissions, set fo	nin above,

Ce		Alexandra Boskovich	Ticket Administrator	9/13/2012
Signature of Agen	cy Head or Designee	Print Name	Title	(month, day, year)

All aprilo Boodinent	А	Public	Document
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	•					
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
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)				Amendment (Must pro	vide explanation in	Part 3.)
Cheryl Perkins Interim Clerk, Board of	Supervisors			Data a Codeda a LEVIL		
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	r)
	erkins@acgov.c	In call the second have been seen			an and a first of Products and	ing and the same second
2. Function, Event, or Ceremonial I	Role Informat	ion				
Title			Face \	/alue of Each Admissi	ion \$ _ <del>\$35</del>	
Description <u>A's vs. Rangers</u>			Date(s	) <u>10 2 12</u>		
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes I No I If yes: Superv	ntified below n	nade at the		Name of C	Source	
The identity of recipient(s) and t		•	,			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov fl not inc	e income box if the agency offi ncome. If the agency official pr vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a cerem	onial role,
Quick, John	2	Yes 🗖 No 🔽	To promot	e attendance at an eve cility in order to maximiz		Income
		Yes 🗖 No 🗖	County rev	venue from sales.		Income
		Yes □ No □				Income
		Yes 🔲 No 🔲				Income
		Yes 🔲 No 🗇				Income
3. Verification		suspend to an other type, while	· ender all teal interesting			

I have read and understand FPPC Regulations 18944.1 and 13942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

my	Alexandra Boskovich	Ticket Administrator	09/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distributio	ons					A Public Do	ocument
1.	Agency Name					Date Stamp	California	802
	County of Alameda					10 1	Form	
	Division, Department, or Region (if app	plicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Titl	le)				Amendment (Must	provide explanation in	n Part 3.)
	Cheryl Perkins, Interim Clerk, Board	l of Supervisors						
	Area Code/Phone Number E-mail					Date of Original Filing	(month, day, ye	ar)
		. perkins@acgov.	_				the state of the s	
2.	Function, Event, or Ceremonia	I Role Informat	tion					
	Title				Eaco \	/alue of Each Admis	soion ¢ \$120.9	90
	Title			-				
	Description Ward vs. Dawson boxi	ng fight		_	Date(s	9 8 12	/	/
					(-	/		
	Ticket(s)/Admission(s) provided k	ov agency? Yes	□ No		If no: Gold	en State Warriors		
	(-)	,,		- Insul		Name o	of Source	
	Was the distribution to persons id         Yes ☑       No □       If yes: Supplement	ervisor Wilma Chan			e behest of	an agency official?	·	
	The identity of recipient(s) and				,			
	Name					e income box if the agency		
	(Last, First) or	Number of Admission(s)/	Agen Offici			ncome. If the agency officia vide a description.	ll performed a ceren	ionial role,
	Organization	Ticket(s)				ome, describe the public pu ial roles, performed by an a		dual or
	(Name, Address, Description)				organiza	tion.		
	McCorreick Tom		Yes			e attendance at an e cility in order to maxir		Income
	McCormick, Tom	4		1			nize potential	
			Yes		County rev	venue from sales.		Income
			Yes	_				Income
			Yes No					Income
					·			
			Yes No					Income
_			110			10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000 - 10.000	T I Diotica contactore managet for a the fatter enter	
3.	Verification I have read and understand FPPC Regu	lations 18011 1 on	d 12010	) I h	ave verified t	bot the distribution of a	dmissions action	with chouse
	is in accordance with the provisions.		u 10942	. 1110	ave vermeu i		umissions, set ic	nn above,
		Alexandra Boskov			Ticke	t Administrator	08/31	2012
	Signature of Agency Head or Designee	Print Na	me			Title	(mon	th, day, year)

A I UDITE DOCUMENT	А	Pub	lic	Document
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	oncurrannission Distributions					A	Public Doc	
1.	Agency Name					Date Stamp	California Form	202
	County of Alameda							
	Division, Department, or Region (if applicable)					-	For Official Us	e Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Must prov	vide explanation in Pa	art 3.)
	Crystal Hishida Graff, Clerk, Board of Supe Area Code/Phone Number IE-mail	rvisors				Data of Original Filing		
		-				Date of Original Filing:	(month, day, year)	-
0	(510) 272-3882 crystal.hishida	Statement of the local division of the local	Statement of the local division of the	-				
۷.	Function, Event, or Ceremonial Role	Informat	ion					~
	Title UARD VS. DAWS	ON		_	Face V	alue of Each Admissi	on \$_120	.90
	Description MIDDLEWEIGHT WD	RUD (	CHAI	112		9,8,12	/////	/
	Ticket(s)/Admission(s) provided by agen	icy? Yes	PNO					
			7	nue de la companya de		Name of S	ource	
	Was the distribution to persons identifie	d below n	nade a	t the	behest of	an agency official?		
	Al	ameda Co.	Super	visor	Scott Hagge	erty, Dist. 1		
	Yes 🜠 No 🔲 If yes:	Official's I	Vame (L	ast. F	irst) and Title			
	The identity of recipient(s) and the ex				- 0.1103/001014200000000000000000000000000000000			
	Name	in an	n year		Check the	e income box if the agency offi	cial claims admissio	nas
	The second se	umber of	Agen	1 2. Cr (1 - Con-Co)	taxable in	ncome. If the agency official period a description.		
	Ormanization	nission(s)/ licket(s)	Offic	a	• If not inco	ome, describe the public purpo ial roles, performed by an agen	se, including cy official, individua	il, or
	CLARIN CHARLE	1	Yes		To promote a	attendance at a county spor	sored event in or	der;ome
	CHETH'S SHEKRIE	L	No	文	to maximize	potential county revenue for s.	concession and	
	VDAUSE		Yes	6				come
	ALAM JE		No					
	24514 Recipital		Yes	2				Income
			No					
	214314 Regar Ave Hayward CA 94544		Yes					Income
			No					
			Yes No					Income
2	Varification		110					
۰.	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 Signature of Agency Head or Designee Title Print Name (month, day, year)

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

Ti	cket/Admission Distr	ibutions	;			A	Public Do	cument
1.,	Agency Name				CONTRACTOR OF A DECK OF A DECK OF	Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regi	ion (if applica	ble)				For Official L	Jse Only
	Board of Supervisors			£.			×	
	Street Address							
	1221 Oak Street, Suite 536				÷			
	Designated Agency Contact (	Name, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Cheryl Perkins, Interim Cleri	the second se	Supervisors					
	Area Code/Phone Number	E-ma <sup>i</sup> l				Date of Original Filing:	(month, day, year	r)
	(510) 272-3882	cheryl.per	kinsP@acgov	.org				
2.	Function, Event, or Cere	emonial R	ole Informat	tion				
	Title				Enco	alue of Each Admissi	on ¢ \$35	
	The	,						
	Description A's vs. Mariner	S			Date(s	9,29,12	/	
	Ticket(s)/Admission(s) pro	🗆 No 🖸	If no: Oak	and Athletics				
	Was the distribution to persons identified below made at the bel					Name of S	ource	
					e behest of	st of an agency official?		
		0						
	Yes 🗹 No 🔲 Ify	es: <u>Supervis</u>	sor Wilma Chan Official's	Name (Last	First) and Title			
					noty and this			
	The identity of recipient(s) and the explanation:							
	Name (Last First)				1	e income box if the agency offi ncome. If the agency official pe		
	(Last, First) or		Number of Admission(s)/	Agency Official	also pro	vide a description.		sinui roic,
	Organization (Name, Address, Descrip	otion)	Ticket(s)			one, describe the public purpo ial roles, performed by an agen tion.		lual, or
	N			Yes 🗖		e attendance at an eve		Income
	Yamashiro-Omi, Diane		2	No 🗹	County fac	sility in order to maximiz	e potential	
				Yes 🗖	County re	venue from sales.		Income
				No 🗖		1 JUN 14 4 17 March 1980 JA 1980 J 1 March 1990 J 1990 J 1990 J 1990 J 1990 J 1990 J		
				Yes 🛛				Income
				No 🔲				
				Yes 🗖				Income
				No 🗆				

#### 3. Verification

I have read and understand FPPC Regulations 18944.1 and 13942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Yes 🔲

No 🖸

- W	Aexandra Boskovich	Ticket Administrator	09/28/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

	Α	Public	Document
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	cket/Admission Distri	putions	6					A Public Do	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regio	on (if applica	ble)					For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	lame, Title)					Amendment (Mus	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, E		upervisors						
		E-mail					Date of Original Filing	g:(month, day, yea	0
			hida@acgov.						
2.	Function, Event, or Cerer	nonial R	ole Informat	tion					
	Title Oakland A's					Face \	/alue of Each Adm	ission \$ 26.00	
	Description Baseball Game				_	Date(s	<b>)</b> <u>09</u> <u>03</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		0 🗹	If no: Oakl	and A's		
							Name	of Source	
	Was the distribution to pers	ons iden	tified below r	nade a	it th	e behest of	f an agency official	?	
			ahand Quantum	an Diata	-+ 0				
	Yes 🗹 No 🔲 If yes	s: <u>valle, Ri</u>	chard- Supervis Official's	Name (I	ast I	First) and Title			
						noty and the			
	The identity of recipient(s	s) and th	e explanatio	on:					
	Name (Last, First)		Number of	Ager	2014		e income box if the agency ncome. If the agency offic		
	or		Admission(s)/	Offic		also prov	vide a description.		
	Organization (Name, Address, Descripti	ion)	Ticket(s)			ceremon	ome, describe the public p ial roles, performed by an		ual, or
	Phillips, Jeremy			Yes		organizat	tion. attendance at an event h	eld at a County	Income
	Filmps, Jerenty		2				er to maximize potential		
	1			Yes	$\overline{\Pi}$				Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
_				No					
3.	Verification								
	I have read and understand FPP is in accordance with the provisio	C Regulatio	ons 18944.1 an	d 1894	2. <i>I h</i>	ave verified t	hat the distribution of	admissions, set for	th above,
	is a doordanee with the provisio								

MAD	MICHELLE DIANDA	Ticket Administrator	9/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distr	ibutions	i		A	Public Do	cument		
1.	Agency Name County of Alameda Division, Department, or Regi	on (if applica	ble)			Date Stamp	California Form For Official	802 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, Area Code/Phone Number (510) 272-3882	E-mail	upervisors hida@acgov.o	ora		Date of Original Filing: _	(month, day, yea	r)	
2.	Function, Event, or Cere			_					
						e Value of Each Admission \$ _26.00			
	Description Baseball Game				Date(s	) 09 / 04 / 12		/	
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no					and A's Name of S	Source		
	Was the distribution to per	e behest of	an agency official?						
	Yes I No I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title								
	The identity of recipient								
	Name (Last, First) or Organization (Name, Address, Description)				taxable in also prov If not inc	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			
	Saucedo, Gilberto	2	2	Yes 🗖 No 🗖	To promote a	ization. e attendance at an event held at a County Income order to maximize potential revenue from sales.			

#### 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 🔲

Yes 🗖

No 🔲

INP	MICHELLE DIANDA	Ticket Administrator	9/4/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

Income

Income

Income

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

Ti	icket/Admission Distribu	utions	;		A Public Document					
1.	Agency Name					Date Stamp	802			
	County of Alameda						Form	002		
	Division, Department, or Region (	if applica	ble)				For Official U	lse Only		
	Board of Supervisors					7				
	Street Address					· ·				
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name	Amendment (Must provide explanation in Part 3.)								
	Crystal Hishida Graff, Clerk, Boa									
	Area Code/Phone Number E-mail					Date of Original Filing:				
	(510) 272-3882 crystal.hishida@acgov.o					(month, day, your)				
2.	Function, Event, or Ceremo	nial R								
	Title Oakland A's	<b>F</b>								
		Face \	/alue of Each Admissi	on \$						
	Description Baseball Game				Date(s	<u>, 09 , 05 , 12</u>		/		
	Ticket(s)/Admission(s) provide	ed by a	gency? Yes	🗆 No 🗹	If no: Oakl	and A's				
						Name of S	Source			
	Was the distribution to person	e behest of	an agency official?							
		Valle, Ri	chard- Supervis	or District 2						
	Yes 🗹 No 🔲 If yes: _		Official's	Name (Last, I	-irst) and Title					
	The identity of recipient(s)	and th	e explanatic	on:						
	Name					heck the income box if the agency official claims admission as xable income. If the agency official performed a ceremonial role,				
	(Last, First) or		Number of Admission(s)/	Agency Official		vide a description.	enormed a ceremo	ina role,		
	Organization (Name, Address, Description)	)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.		ual, or		
	Gonzales, Daniel			Yes 🗖	To promote a	attendance at an event held a	at a County	Income		
			2	No 🗖	facility in orde	er to maximize potential reve	nue from sales.			
				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. 1.

No 🔲

Ind	_ MICHELLE DIANDA	Ticket Administrator	9/4/12
VSignature 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.)

1

	cket/Admission Distri		A Public Document							
1.	Agency Name						Date Stamp		California Form	802
	County of Alameda					5				
	Division, Department, or Regio	on (if applica	ble)						For Official U	se Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536 Designated Agency Contact (A	lame, Title)								
	Crystal Hishida Graff, Clerk, Board of Supervisors					Amendment (	Must prov	vide explanation in I	Part 3.)	
Area Code/Phone Number E-mail			Date of Original F	iling:	(month day year	<del>)</del>				
(510) 272-3882 crystal.hishida@acgov.org						(,,,,				
2.	Function, Event, or Cerei	monial R	ole Informat	tion						
	Title Oakland A's					Eaco \	/alue of Each Ac	Imicol	on ¢ 26.00	
	Description Baseball Game Date						;) <u> </u>	12		/
	Ticket(s)/Admission(s) prov	If no: Oak	and A's Na	me of S	ource					
	Was the distribution to persons identified below made at the behest o						f an agency offic	ial?		
	Yes I No I If yes: Valle, Richard- Supervisor District 2									
			Official's	Name (l	Last, F	First) and Title				
	The identity of recipient(	s) and th	e explanatic	on:						
	Name						the income box if the agency official claims admission as e income. If the agency official performed a ceremonial role,			
	(Last, First) or		Number of Admission(s)/	Official also pro If not inc ceremor			so provide a description. not income, describe the public purpose, including eremonial roles, performed by an agency official, individual, or			
	Organization (Name, Address, Descript	ion)	Ticket(s)							ual, or
	Christian Church Homes			Yes		organiza To reward a	tion. nonprofit organizatior	n for its o	contributions to	Income
	Christian Church Homes		2	No	$\square$	the communi				
	303 Hegenberger Rd. #201, Oakland C	CA 94621		Yes						Income
				No						
	To assist with low income seniors in ne	ed		Yes						Income
				No						
				Yes No						Income
				Yes	_					
				No						Income
3.	Verification									
	I have read and understand FPF		ons 18944.1 an	d 1894	2. I h	ave verified t	that the distribution	of adm	issions, set for	th above,
	is in accordance with the provision	ons.							1	Culi
	MICHELLE DIANDA						et Administrator		41	417

Signature of Agency Head or Designee Print Name Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

(month, day, year)

	Α	Pub	lic D	)ocum	nent
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	ckel/Aumosion Distri	Natione	,				,		ounion	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form	002	
	Division, Department, or Regio					For Official L	lse Only			
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (A	lame, Title)					Amendment (Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, I	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 Cerei	nonial R	ole Informat	ion						
	Ophianal Debiane version	1								
	Title Oakland Raiders vs. Ste	elers			_	Face V	alue of Each Admis/	sion \$ _222.00		
	Football Game					5.4	) /	,	,	
	Description Football Game	Date(s	)///	/	/					
		and Raiders								
	Ticket(s)/Admission(s) prov	If no:	Name of	Source						
	Was the distribution to pers	e behest of	an agency official?							
	Yes 🖸 No 🔲 Ifye	S: <u>Valle, IX</u>	ichard- Supervis Official's	Name (L	ast. F	-irst) and Title				
	The identity of recipient(	s) and th	e explanatio	on:		•				
	Name					<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,</li> </ul>				
	(Last, First) or		Number of Admission(s)/	Ager Offic		also provide a description.				
	Organization (Name, Address, Descript	ion)	Ticket(s)				ome, describe the public pur ial roles, performed by an ag		ual. or	
	(Name, Address, Descript			organi		organizat	tion.	-		
	Dianda, Michelle		4	Yes		1 ·	Ittendance at an event hele	•	Income	
	······		1			nacility in orde	er to maximize potential re	venue from sales.		
				Yes					Income	
				No						
				Yes					Income	
				No						
				Yes					Income	
				Yes					Income	
	na na mana mana mangana na mangana			No				2140312-21406-21406-21406-21406-21406-2140-2140-2140-2140-2140-2140-2140-2140		
2	Varification									

# 3. Verification

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

Julie Arvie	Ruben Briones	Chief of Staff	9/13/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and Τ

Ti	icket/Admission Distri	butions	5				A	Public Do	ocument	
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					a:				
	1221 Oak Street, Suite 536 Designated Agency Contact (A	lame,Title)								
			uponvisore				Amendment (Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, Board of Supervisors           Area Code/Phone Number         E-mail					Date of Original Filing: _				
(510) 272-3882 crystal.hishida@acgov.org						(month, day, yea	<i>ir)</i>			
2.	Function, Event, or Cerer	the second se	The second s	-						
	Title Oakland Raiders vs. Ste	eelers				Face \	/alue of Each Admiss	ion \$ _222.00		
	Description Football Game Date						<b>b)</b> 09 / 23 / 12	/		
	Ticket(s)/Admission(s) prov	If no: Oak	and Raiders Name of S	Source						
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s									
	Name			, e		10. 10. 10. 111	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			rovide a description.			
	Organization (Name, Address, Descript	ion)	Ticket(s)	<ul> <li>If not inc ceremon</li> </ul>		ceremon	income, describe the public purpose, including ionial roles, performed by an agency official, individual, or			
	Aro-Valle, Barbara			Yes	Π	organiza To reward a	community volunteer for her	service to the	Income	
			2	No		public.				
				Yes					Income	
				No						
				Yes					Income	
	2 2			No		~				
				Yes					Income	
				No	<u> </u>					
				Yes No					Income	
3.	Verification									
	I have read and understand FPP is in accordance with the provisio		ons 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of adr	nissions, set fo	rth above,	
	ILAL	MIC	HELLE DIANI	DA		Ticke	et Administrator	9/1	7/17	

Print Name

Title

(month, day, year)

Α	Public	Document
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	TICKet/Admission Distributions A Public Document								
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda								
	Division, Department, or Region (if a	applical	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 Supervisors				Data of Original Filings				
	Area Code/Phone Number E-ma						Date of Original Filing:	(month, day, yea	nr)
			hida@acgov.	-					
2.	Function, Event, or Ceremon	ial Re	ole Informat	tion					
	Title Oakland Raiders vs. Steelers	5			_	Face \	/alue of Each Admissi	on \$ _222.00	1
	Fasthall Camp						00 23 12		
Description Football Game Date						Date(s	s) <u>09 / 23 / 12</u>	/	/
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no:						and Raiders Name of S	ource	
	Was 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) ar	nd the	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Description)			Agency taxable i Official also pro			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.		
	Sims, Steven		2	Yes No		To reward a opublic.	community volunteer for his	service to the	Income
				Yes					Income
				No					
				Yes				4	Income
				No			8		
				Yes					Income
				Yes					Income
-				No					
3.	Verification I have read and understand FPPC Re is in accordance with the provisions.	gulatic	ons 18944.1 an	d 1894:	2. I h	ave verified t	that the distribution of adm	nissions, set fo	rth above,

	MICHELLE DIANDA	Ticket Administrator	9/17/12
Signature of Agency Head or Designee	Print Name	Title	(mønth, day, year)

A Public Do	cument
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	CREWAUIIISSION DISTINUT	IUII3	>				71		oannon		
1.	Agency Name					Date Stamp California					
	County of Alameda							002			
	Division, Department, or Region (if	applica	ble)					For Official U	ise Only		
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Name,	Title)					Amendment (Must prov	vide explanation in I	Part 3.)		
	Crystal Hishida Graff, Clerk, Boar		Supervisors								
	Area Code/Phone Number E-ma	ull .					Date of Original Filing:	(month, day, year	)		
	(510) 272-3882 crys	tal.his	shida@acgov.o	org							
2.	Function, Event, or Ceremon	ial R	ole Informat	ion							
	Title Oakland Raiders vs. Steeler	9					/alue of Each Admissi	an ¢ 222.00			
	Litle Oditiana Handers VS. Otobier	0			-				Form OU2 For Official Use Only E explanation in Part 3.) month, day, year) n \$ 222.00 // month, day, year) n \$ 222.00 // month, day, year) n \$ 1222.00 // month, day, year) month, da		
	Description Football Game					Date(s	09 / 23 / 12	1	1		
	Description				_	Butole					
	Ticket(s)/Admission(s) provided	ndency? Yes		0 17	If no <sup>. Oakl</sup>	land Raiders					
	Ticket(3)/Admission(3) provided				Name of S	Source					
		tified below a	aada a	ماه هام	hohoot o	f an aganay official?					
	Was the distribution to persons	aen	tified below h	naue a	at trie	e penest o	i an agency official?				
	Yes 🔽 No 🔲 If yes: 🗸	alle, R	ichard- District 2	8							
			Official's	Name (l	ast, F	First) and Title					
	The identity of recipient(s) a	nd th	e explanatio	n:							
	Name					Check the content of the conten	ne income box if the agency offi	cial claims admiss	sion as		
	(Last, First)		Number of	Age		y taxable income. If the agency official performed a ceremoni					
	or Organization		Admission(s)/ Ticket(s)	Official also pro		If not inc	rovide a description. income, describe the public purpose, including				
	(Name, Address, Description)					ceremor organiza	nial roles, performed by an ager ntion.	icy official, individ	ual, or		
	Riener, Eileen			Yes			attendance at an event held a	•	Income		
			2	No	1	facility in ord	er to maximize potential reve	enue from sales			
				Yes					Income		
¢.				No							
				Yes							
				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.

	VX	MICHELLE DIANDA	Ticket Administrator	9/17/12
1	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	icket/Admission Distributions				A	Public Do	cument	
1.	Agency Name					Date Stamp	California	802
	County of Alameda					v.	Form For Official	
	Division, Department, or Reg	ion (if applica	ble)				For Official	Use Only
	Board of Supervisors	8						
	Street Address							
	1221 Oak Street, Suite 536 Designated Agency Contact	(Mana Title)						
						Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	Board of S	upervisors			Date of Original Filing: _		
							(month, day, yea	<i>r</i> )
	(510) 272-3882		hida@acgov.c					
2.	Function, Event, or Cere	emonial R	ole informat	ion				
	Title Oakland Raiders vs. S	teelers		-	Face \	/alue of Each Admiss	ion \$ _222.00	P
	Description Football Game				Date(s	<b>3)</b> <u>092312</u>	/	/
	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No □ If y The identity of recipient	rsons iden es: <u>Valle, Ri</u>	tified below n ichard- Supervis Official's i	n <b>ade at the</b> or District 2 Name (Last, F		f an agency official?	Source	
	Name (Last, First) or Organization (Name, Address, Descri	<u> </u>	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency of ncome. If the agency official p vide a description. come, describte the public purp ial roles, performed by an age tion.	erformed a cerem ose, including	onial role,
	Valle, Andrew			Yes 🗖		community volunteer for his	service to the	Income
			2	No 🗹	public.			
		v.		Yes 🔲				Income
				No 🗖				
				Yes 🔲 No 🔲				Income
				Yes 🔲				
				No 🔲				Income
			-	Yes 🗖				Income
				No 🗖				

#### 3. Verification

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

INAD	MICHELLE DIANDA	Ticket Administrator	9/18/12
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.)* Includes 1 parking pass at the value of \$35

Ti	cket/Admission Distributi	ons				Α	Public Do	
1.	Agency Name					Date Stamp	California Form	802
	County of Alameda						Form For Official U	
	Division, Department, or Region (if a	pplicable)				а. С	For Official C	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536	5/(1-)						
	Designated Agency Contact (Name, 7					Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board Area Code/Phone Number E-mai					Date of Original Filing: _		
		-					(month, day, year	r)
_		al.hishida@acgov.	and the owner where the party is not the party of the par	_				
2.	Function, Event, or Ceremon	ial Role Informa	tion					
	Title Oakland Raiders vs. Steelers	3		_	Face V	/alue of Each Admiss	ion \$ _222.00	
	Description Football Game	7		_	Date(s	<b>6)</b> <u>09</u> <u>23</u> <u>12</u>	/	/
						and Raiders		
	Ticket(s)/Admission(s) provided by agency? Yes ☐ No Was the distribution to persons identified below made at			0 🗹	If no:	Name of S	Source	
				at the	e behest of	f an agency official?		
		alle, Richard- Supervis	or Dist	ict 2				
	Yes 🗹 No 🔲 If yes: 🗸	alle, Richard- Supervis Official's	Name (	Last, F	First) and Title			
	The identity of recipient(s) ar	nd the explanation	on:					
	Name					e income box if the agency of		
	(Last, First) or	Number of	Age			ncome. If the agency official p vide a description.	erformed a cerem	onial role,
	Organization	Admission(s)/ Ticket(s)	Offi	ciai		come, describe the public purp ial roles, performed by an age		tual or
	(Name, Address, Description)	5			organiza	tion.		
	Valle, Raul		Yes			community volunteer for his	service to the	Income
		2	No	1	public.			
			Yes					Income
			No					
			Yes					Income
			No					
			Yes No					Income
			Yes					Income
			No					
3.	Verification							
	I have read and understand FPPC Re	gulations 18944.1 ar	nd 1894	2. I h	ave verified	that the distribution of ad	missions, set fo	rth above,
	is in accordance with the provisions.							2

# Michelle Dianda Ticket Administrator 1/2/2 Signature of Agency Head or Designee Print Name Title 1/2/2

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

A Public Documen	A	Public	Document
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	cket/Admission Distri	innutions				A	Public Do	
1.	Agency Name					Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Regi	on (if applical	ble)				For Official U	use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536	Nome Title		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:		
			hide			Date of Original Filing:	(month, day, yea	r)
	(510) 272-3882		hida@acgov.c	the second s				
2.	Function, Event, or Cere	monial R	ole informat	ion				
	Title Oakland Raiders vs. St	eelers			Face V	Value of Each Admissi	on \$ _222.00	
	Description Football Game	3			Date(s	<b>6)</b> 09 <u>23</u> 12	/	/
	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No □ If ye	sons ident		nade at th			Source	
			Official's	Name (Last,	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc ceremon organiza		erformed a cerem ose, including ncy official, individ	onial role,
	Austria, Mangee			Yes 🗖	1	community volunteer for her	service to the	Income
			2	No 🗹	public.			
				Yes □ No □				Income
				Yes 🗖				Income
				No 🗖		41. 		
				Yes 🗖				Income
		0		No 🗖				
	2 · · ·			Yes 🔲 No 🔲				Income

#### 3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 1 011

INNE	MICHELLE DIANDA	Ticket Administrator	9/18/12
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.) Includes 1 parking pass at the value of \$35

Ti	cket/Admission Distr	ibutions	5					A Public Do	ocument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Reg	ion (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Mus	st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors				Deter (Original Fills		
	Area Code/Phone Number	E-mail					Date of Original Filin	g:(month, day, yea	ar)
_	(510) 272-3882		hida@acgov.c	the second s					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Title Oakland Raiders vs. S	teelers				Face V	alue of Each Adm	ission \$ _222.00	)
	Football Game	r					)23 12		
	Description Football Game					Date(s	)//		/
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes	🗆 No	∠ If	no: <u>Oakl</u>	and Raiders	of Source	
	Was the distribution to per Yes ☑ No □ If y		tified below n ichard- Supervis <i>Official's i</i>				an agency officia	1?	
	The identity of recipient	(s) and th	e explanatio	on:				÷	
	Name (Last, First) or		Number of Admission(s)/	Agency Official		taxable i	e income box if the agenc ncome. If the agency offic vide a description.		
	Organization (Name, Address, Descri	ption)	Ticket(s)		0		ome, describe the public   ial roles, performed by an tion.		dual, or
	Chui, Becky			Yes 🗖			community volunteer for	her service to the	Income
			2	No 🗹	pub	olic.		B	
				Yes 🗖					Income
				No 🗖					
				Yes 🗖 No 🗖					Income
				No 🗖 Yes 🗖	_				
					-				Income
				Yes 🗖	1				Income
				No 🗖	1				

#### 3. Verification

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

	IN AP	-MICHELLE DIANDA	Ticket Administrator	9/18/12
T	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.)

L

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

Ti	cket/Admission Distributior	IS				ŀ	Public Do	cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda					-		
	Division, Department, or Region (if appli	cable)				· · ·	For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536	а.						
	Designated Agency Contact (Name, Title)					Amendment (Must )	provide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, Board of	Supervisors						
	Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, year,	)
		nishida@acgov.	_					
2.	Function, Event, or Ceremonial	Role Informat	ion					
	Title Oakland Raiders vs. Steelers				Ecco V	/alue of Each Admis	sion ¢ 222.00	
				-				
	Description Football Game				Date(s	<b>6)</b> <u>09</u> <u>23</u> <u>12</u>	/	1
					2000/0			
	Ticket(s)/Admission(s) provided by	agency? Yes			l lf no <sup>. Oakl</sup>	and Raiders		
		agoney. 100				Name o	f Source	
	Was the distribution to persons identified below mad Yes I No I If yes: Valle, Richard- Supervisor D Official's Nam				a habaat a	f an aganay official?		
				at tri	e penest o	an agency official?		
				ict 2				
		Official's	Name (l	.ast, I	First) and Title			
	The identity of recipient(s) and	the explanation	on:					
	Name	1			Check the income box if the agency official claims admission			
	(Last, First)	Number of	Age		CONTRACTOR AND A CONTRACT	ncome. If the agency officia vide a description.	l performed a ceremo	onial role,
	or Organization	Admission(s)/ Ticket(s)	Offic	cial	If not inc	ome, describe the public pu		
	(Name, Address, Description)	nonot(o)			ceremon organiza	ial roles, performed by an ag tion.	gency official, individ	ual, or
	Briones, Ruben		Yes	√	To promote a	attendance at an event he	d at a County	Income
		1	No		facility in ord	er to maximize potential re	evenue from sales.	
			Yes					Income
			No					
	Personal and the second s		Yes					Income
			No					
		14	Yes					Income
			No					
			Yes					Income
			No					
3	Verification							
	I have read and understand FPPC Regul	ations 18944.1 an	d 1894	2. I h	ave verified	that the distribution of a	dmissions, set for	th above,
	is in accordance with the provisions.							

# 3. Veri

P		MICHELLE DIANDA	Ticket Administrator	9/18/12
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A	Public	Document
		Document

licket/Admission Distributi	ions				A	Public Do	
1. Agency Name					Date Stamp	California Form	802
County of Alameda							
Division, Department, or Region (if a	Division, Department, or Region (if applicable)						se Only
Board of Supervisors					a.		
Street Address					>		
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, 7				_	Amendment (Must pro	vide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, Board					Date of Original Filing:(month, day, year)		
Area Code/Phone Number E-mai					Date of Original I mild.	(month, day, year)	)
	al.hishida@acgov.	and the second se					
2. Function, Event, or Ceremon	ial Role Informat	lion					
Title Oakland Raiders vs. Steelers	3		-	Face \	/alue of Each Admissi	ion \$ _222.00	
Description Football Game				Date(s	<b>6)</b> <u>09</u> <u>23</u> <u>12</u>	/	/
Ticket(s)/Admission(s) provided	by agency? Yes	ΠN	0 🗹	If no: <u>Oakl</u>	and Raiders Name of S	Source	
					Name of c	Jource	
Was the distribution to persons	identified below r	nade a	at the	e behest of	f an agency official?		
	allo Dichard Suponvic	or Distr	ict 2				
Yes 🗹 No 🔲 If yes: 💆	alle, Richard- Supervis Official's	Name (I	Last. I	- irst) and Title			
The identity of recipient(s) ar		on:	_				
Name (Last, First)	Number of	Age	ncv	0 0.00 0	e income box if the agency off ncome. If the agency official p		
or	Admission(s)/	Offi		1.554	vide a description. come, describe the public purp	ose, includina	
Organization (Name, Address, Description)	Ticket(s)			ceremon organiza	ial roles, performed by an agen tion.	ncy official, individ	ual, or
Nate, Glenn	-	Yes			attendance at an event held	•	Income
	2	No	1	facility in orde	er to maximize potential reve	enue from sales.	
		Yes					Income
		No					
	-	Yes	_				Income
·		No					
		Yes No					Income
		Yes No					Income
3. Verification I have read and understand FPPC Re	aulations 18011 1 an	d 1801	214	ave verified	that the distribution of adr	nissions set for	th above
is in accordance with the provisions.	guiations 10544.1 dil	u 1094	<b>L</b> . 111		and the detablication of dur		00000,

Ind	MICHELLE DIANDA	Ticket Administrator	9/19/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

11	CREUAUIIISSIOII DISU	induolis	2				A		sument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ble)					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 F	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						
	Area Code/Phone Number	E-mail				2	Date of Original Filing: _	(month, day, year,	<u>,                                     </u>
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Juotin Pichor							• • 103.85	
	Title Justin Bieber		1		-	Face \	/alue of Each Admiss	$\sin $ <u>100.00</u>	
	Description Concert					Dato	<b>)</b> <u>10</u> <u>06</u> <u>12</u>	1	1
	Description				-	Date(s	»)/		
	Ticket(s)/Admission(s) pro	vided by a	Nonova Voo			If no. Gold	en State Warriors		
	ficket(s)/Admission(s) pro	vided by a	igency? res		0 1	II 110	Name of S	Source	
			4						
	Was the distribution to per	sons iden	tified below n	nade a	it the	e behest of	f an agency official?		
	Yes 🗹 No 🗖 If ye	. Valle, R	ichard- Supervis	or Distr	ict 2				
	Yes 🗹 No 🔲 If ye		Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	m.					
		(3) ана сп			v	e Check th	e income box if the agency off	icial claims admiss	ion as
	Name (Last, First)		Number of	Ager	ıcv	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,			
	or Organization		Admission(s)/	Official also pro			provide a description. t income, describe the public purpose, including		
	(Name, Address, Descrip	otion)	Ticket(s)				ial roles, performed by an age		ual, or
	New Haven Schools Foundatio	n		Yes	Π		non-profit organization for its	s contributions to	Income
			4		$\checkmark$	the communi	ty		
	22277 Mostern Ave. Union City CA 0	4597		Yes	Π				Income
	33377 Western Ave., Union City CA 9	4007		No					
	Supports schools in New Haven Unifie	od Sahaal		Yes					Income
	District	301001		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.

	MICHELLE DIANDA	Ticket Administrator	9/19/12
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.)

×

Ti	cket/Admission Distributi	ions						A Public Do	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda		Form						
	Division, Department, or Region (if a		For Official U	lse Only					
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)						Amendment (Mu	ist provide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, Board								
	Area Code/Phone Number E-mai	il					Date of Original Filing:		)
	(510) 272-3882 crysta	al.hish	ida@acgov.o	org					
2.	Function, Event, or Ceremoni	ial Ro	le Informat	ion					
	Title Kevin Hart					Face \	/alue of Each Adm	nission \$ _92.60	
	Description Comedy Show					Date(s	<b>s)</b> <u>10</u> <u>05</u> <u>12</u>	2////////	/
	Ticket(s)/Admission(s) provided	by ag	jency? Yes	🗆 No	7	lf no: <u>Gold</u>	len State Warriors Nam	e of Source	
	Was 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:								
	Name						e income box if the agen		
	(Last, First) or		Number of Admission(s)/	Agenc Officia			ncome. If the agency offi vide a description.	cial performed a ceremo	onial role,
	Organization (Name, Address, Description)	ľ	Ticket(s)			<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>			ual, or
	Sims, Angel			Yes [	٦.		attendance at an event	held at a County	Income
			4			facility in orde	er to maximize potentia	I revenue from sales.	
				Yes [					Income
				No [					
				Yes					Income
				No [					
				Yes [					Income
				No					
			*	Yes [					Income
				No [					
3.	Verification								
	I have read and understand FPPC Reg	gulatio	ns 18944.1 an	d 18942.	. I ha	ave verified i	that the distribution of	f admissions, set for	th above,
	is in accordance with the provisions.	MICH	IELLE DIANI	DA		Ticke	et Administrator	91	70/17
	Signature of Agency Head or Designee Print Name					Title	(mǫ́nth	, day, year)	

#### Agency Report of: Ceremonial Role Events and leat/A duala ala Ph. 4 11

Α	Public	Document
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licket/Admission Distributions						A	Public Document		
1.	Agency Name					Date Stamp	California 802		
	County of Alameda								
	Division, Department, or Regio	n (if applica	ble)					For Official Use Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536				4				
	Designated Agency Contact (N	ame,Title)					Amendment (Must pro	vide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk, E		upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)	
	the state of the s		hida@acgov.o	_					
2.	Function, Event, or Cerer	nonial R	ole Informat	ion					
	Title Oakland A's Game				_	Face \	/alue of Each Admissi	on \$ _26.00	
	Description Baseball Game				_	Date(s	s) <u>09 / 28 / 12</u>		
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oaklan						and A's		
	.,						Name of S	Source	
	Was the distribution to pers	ons iden	tified below n	nade a	at the	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If yes	s: <u>Valle, Ri</u>	chard- Supervis Official's	or Distr	ict 2				
			Official's	Name (l	.ast, I	-irst) and Title			
	The identity of recipient(s	s) and th	e explanatio	on:					
	Name						k the income box if the agency official claims admission as		
	(Last, First) or		Number of Admission(s)/	Adency			e income. If the agency official performed a ceremonial role, rovide a description.		
	Organization (Name, Address, Descripti	ion)	Ticket(s)	-			come, describe the public purpo ial roles, performed by an ager tion.		
	SAVE			Yes			non-profit organization for its	contributions to Income	
			2	No	1	the communi	ity.		
	1900 Mowry Ave, #204, Fremont CA 94	1538	2	Yes				Income	
	• •			No					
	Provides services to victims of domestic	c violence	s	Yes				Income	
				No					
				Yes No				Income	
				Yes				Income	
				No					
							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.

NAD	MICHELLE DIANDA	Ticket Administrator	9/27/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
А	Publ	ic	Document
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11	ckeuAumission Distri	putions							Junen
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regio	n (if applica	ble)					For Official U	se Only
	Board of Supervisors						2		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	ame, Title)					Amendment (Must pi	rovide explanation in F	Part 3)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors					ende explanaden mi	
	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 Cerer	nonial R	ole Informat	ion					
								26.00	
	Title Oakland A's Game				-	Face \	/alue of Each Admiss	sion \$ _20.00	
	- Baseball Game					<b>D</b> ( )	<u>, 09 , 29 , 12</u>	,	,
	Description Baseball Game				-	Date(s	s)//	/	/
						u Oakl	and A's		
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oak					If no:	Name of	Source	
	Was the distribution to persons identified below made at the behest o					e behest of	an agency official?		
	Yes 🔽 No 🔲 If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Th				First) and Title				
						noty and Thio			
	The identity of recipient(	s) and th	e explanatio	n:					
	Name						the income box if the agency official claims admission as income. If the agency official performed a ceremonial role,		
	(Last, First) or		Number of Admission(s)/	Ager Offic			vide a description.	performed a ceremo	marrole,
	Organization		Ticket(s)	Onic	//ul		If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or		
	(Name, Address, Descript	ion)				organiza	tion.		
	SAVE			Yes			non-profit organization for i	ts contributions to	Income
			2	No	$\checkmark$	the communi	ty.		
	1900 Mowry Ave, #204, Fremont CA 94	1538		Yes					Income
	All a set a			No					
	Provides services to victims of domesti	c violence		Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
3	Verification								3

### 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.  $\int$ 1

	NZ	MICHELLE DIANDA	Ticket Administrator	9/27/12
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	А	Pub	lic	Document
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11	cket/Admission Distri	putions					A	Public Do	
1.	Agency Name						Date Stamp	California Form	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 (A	lame, Title)					Amendment (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors						~
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)	
			hida@acgov.o	_					
2.	Function, Event, or Ceren	nonial R	ole Informat	ion					
	Title Oakland A's Game				_	Face \	/alue of Each Admiss	ion \$ _26.00	
	Description Baseball Game				_	Date(s	<u>, 09 , 30 , 12</u>	/	/
	Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: ○         Was the distribution to persons identified below made at the behest         Yes ☑ No □       If yes: Valle, Richard- Supervisor District 2         Official's Name (Last, First) and The identity of recipient(s) and the explanation:					e behest of	Name or S	Source	
	Name (Last, First) Number of Agency taxable					taxable i	the income box if the agency official claims admission as income. If the agency official performed a ceremonial role,		
	or Admission(s)/ Official also pro- Organization Ticket(s) • If not in (Name, Address, Description)			If not inc	rovide a description. ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or zation.				
	SAVE			Yes			non-profit organization for its	s contributions to	Income
			2	No	$\checkmark$	the communi	ty.		
	1900 Mowry Ave, #204, Fremont CA 94	1538		Yes					Income
				No					
	Provides services to victims of domesti	c violence		Yes					Income
	-			No					
				Yes No					Income
				Yes					Income
_				No					

## 3. Verification

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

Instr	MICHELLE DIANDA	Ticket Administrator	9/27/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

<b>Ticket/Admission Distributions</b>	6				A	Public Doo	cument
1. Agency Name					Date Stamp	California	802
County of Alameda							
Division, Department, or Region (if applica	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 p	rovide explanation in F	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 Ceremonial R	ole Informat	tion					
Title Oakland A's Game			_	Face \	/alue of Each Admis	sion \$ _26.00	
Description Baseball Game			_		<u>, 10 , 01 , 12</u>		/
				~			
Ticket(s)/Admission(s) provided by a	ngency? Yes		0 🗹	lf no: Oakl	and A's Name of	Source	
					Name of		
Was the distribution to persons iden	tified below n	nade a	at the	e behest of	an agency official?		
	ishand Cupomis	or Diotr	int D				
Yes 🗹 No 🔲 If yes: Valle, R	Official's	Name (I	ast F	First) and Title			
			-001, 1	noty and theo			
The identity of recipient(s) and th	e explanatio	on:					
Name			tavablo		e income box if the agency on ncome. If the agency official		
(Last, First) or	Number of Admission(s)/	Age Offic		also prov	vide a description.		,
Organization (Name, Address, Description)	Ticket(s)			ceremon organiza		ency official, individu	ual, or
SAVE	3	Yes			non-profit organization for	its contributions to	Income
	2	No	1	the communi	ty.		
1900 Mowry Ave, #204, Fremont CA 94538		Yes					Income
		No			~		
Provides services to victims of domestic violence		Yes					Income
		No					
		Yes					Income
		No					
		Yes					Income
		No					
3. Verification		1 1 0 0 1	0.14		that the distribution of a	dmissions act for	th above
I have read and understand FPPC Regulati is in accordance with the provisions.	UNS 10944.1 an	u 1894	2.11	ave vermed i	inal the distribution of ac	iniissions, sei 1011	n above,

Ind	MICHELLE DIANDA	Ticket Administrator	9/27/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ti	cket/Admission Distributions	Α	Public Do	cument				
1.	1. Agency Name County of Alameda Division, Department, or Region ( <i>if applicable</i> )					Date Stamp	California Form For Official U	802 se Only
	Board of Supervisors Street Address 1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         (510) 272-3882    Crystal.hishida@acgov.org						Amendment (Must pro	1	,
2. Function, Event, or Ceremonial Role Information         Title Oakland A's Game         Face Value of Each Admission \$ _26.00								
Description Baseball Game Date(s						) <u>10 , 02 , 12</u>		/
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oal         Was 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:					e behest of	Name of S	Source	
(Last, First) Number of Agency taxable i or Admission(s)/ Official elifont inc Organization Ticket(s) elifont inc					e income box if the agency off ncome. If the agency official p ide a description. ome, describe the public purp- ial roles, performed by an agen ion.	erformed a ceremo ose, including	nial role,	
	SAVE	2	Yes No		the second s	non-profit organization for its	s contributions to	Income
1900 Mowry Ave, #204, Fremont CA 94538     Yes □       No □							Income	

is in accordance with the provisions.

3. Verification

Provides services to victims of domestic violence

Inal	MICHELLE DIANDA	Ticket Administrator	9/27/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Yes 🗖

No 🗖

Yes 🔲

No 🔲

Yes 🗖

No 🔲

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

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

Income

Income

Income

1

<b>Ticket/Admission Distributions</b>	A	Public Document			
1. Agency Name				Date Stamp	California 802
County of Alameda					
Division, Department, or Region (if applicat	ole)				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	nida@acgov.o	org			
2. Function, Event, or Ceremonial Re	ole Informat	ion			
Oakland A's Game					
Title Oakland A's Game			Face \	/alue of Each Admiss	ion \$
Description Baseball Game			Date(s	<b>)</b> <u>10</u> <u>03</u> <u>12</u>	//
Ticket(s)/Admission(s) provided by a	gency? Yes	🗆 No 🗹	If no: Oakl	and A's	
				Name of S	source
Was the distribution to persons ident	ified below n	nade at the	e behest of	an agency official?	
	-hand Oursenie	on District O			
Yes 🗹 No 🔲 If yes: Valle, Ri	Official's	Name (Last F	irst) and Title		
·		under die Welder fall fühlten in die Bernhammer der Hinzer Bernhalten (d. 15. m. 5			
The identity of recipient(s) and the	e explanatio	on:			
Name (Loot First)		•		e income box if the agency off ncome. If the agency official p	
(Last, First) or	Number of Admission(s)/	Agency Official	also prov	vide a description.	
Organization (Name, Address, Description)	Organization Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.	
SAVE		Yes 🗖	To reward a	non-profit organization for its	contributions to Income
	2	No 🗹	the communi	ty.	
1900 Mowry Ave, #204, Fremont CA 94538 Yes 🔲					Income
Provides services to victims of domestic violence		Yes 🗖			Income
		No 🗖	÷		
		Yes 🗖			Income
		No 🗖			

### 3. Verification

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

Yes 🗖

No 🔲

	AD	MICHELLE DIANDA	Ticket Administrator	9/27/12
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

# A Public Document

1	Agency Name					D 1 0		
••	County of Alameda		Date Stamp	California Form	<sup>a</sup> 802			
	Division, Department, or Region (if app				l Use Only			
	Board of Supervisors					,		
	Street Address	-						
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title	e)						
	Crystal Hishida Graff, Clerk, Board c	f Supervisors				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mail	reuperneere				Date of Original Filing:		
	(510) 272-3882 crystal.	hishida@acgov.	ora			, , , , , , , , , , , , , , , , , , ,	(month, day, ye	ear)
2.	Function, Event, or Ceremonial							
Title DISNEY ON ICE Face Value of Each Admission \$ 54								.85
	Description Ice Skatu	Date(s	10 1015	2				
	Ticket(s)/Admission(s) provided b	If not	-SW					
	nekel(s)/Admission(s) provided b	II 110	Name o	f Source				
	Was the distribution to nervene id							
	Was the distribution to persons id							
	Yes 🕅 No 🔲 If yes:	District 1						
		Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient(s) and	the explanation	on:					
	Name (Last, First) or	Number of Admission(s)/	Ager Offic	ARE ALL REAL PROPERTY.	taxable in also prov	e income box if the agency o noome. If the agency officia vide a description.	performed a cerer	
	Organization (Name, Address, Description)	Ticket(s)			ceremon organizat		jency official, indiv	idual, or
	Holy Spirit School	4	Yes No			school or nonprofit organ s to the community	ization for its	Income
	Golf Tournament		Yes	6				Income
			No					
	No Kenneth F. Bogel	, ,	Yes No					Income
	3930 Parish Ave		Yes					
			No					Income
	Fremont CA 94536		200.00					Income
-			No			:		
3.	Verification		1 4 0 0 4					

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.

-26-12 Lee Ann Fergerson **Ticket Administrator** Q1 Signature of Agency Head or Designee Print Name Title (month, day, year)

# A Public Document

	chet/Aumssion Dist	indutiona	2				~ ~		Jocument		
1.	Agency Name						Date Stamp	Californ	<sup>iia</sup> 802		
	County of Alameda							Form	002		
	Division, Department, or Region (if applicable)							For Offic	cial Use Only		
	Board of Supervisors										
	Street Address	****									
	1221 Oak Street, Suite 536										
	Designated Agency Contact	(Name, Title)					Amendment (Must provide explanation in Part 3.)				
	Crystal Hishida Graff, Clerk	, Board of S	Supervisors				hand internet internet pro		in in r ar e.y		
	Area Code/Phone Number	E-mail	anan kanan kanan kanan kanan kanan ana ana				Date of Original Filing: _	(month, day,	vear)		
	(510) 272-3882	crystal.his	shida@acgov.o	org				(,,	<b>, , , , , , , , , ,</b>		
2. Function, Event, or Ceremonial Role Information											
									0		
	Title Oakland A's vs. Bosto	n Red Sox				Face \	/alue of Each Admiss	ion \$ <u>38.0</u>	10		
	Baseball Game					Datala	<b>)</b> <u>09</u> <u>01</u> <u>12</u>	09	,02 ,12		
	Description Baseball Game Date						5)	/	/		
$\sim$											
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? Yes 🔽 No 🔲 If yes: Carson, Keith Supervisor										
			Official's i	Name (L	.ast, I	First) and Title					
	The identity of recipient	t(s) and th	e explanatio	on:							
	Name						e income box if the agency of				
	(Last, First) or		Number of Admission(s)/	Ager Offic			able income. If the agency official performed a ceremonial role, o provide a description.				
	Organization		Ticket(s)		//4/		ome, describe the public purp ial roles, performed by an age		dividual or		
	(Name, Address, Descri	ption)				organiza	tion.	•			
	Leung, Chris			Yes			ndance at a County facility in order revenue from parking and conces		Income		
			2			,					
				Yes					Income		
		tillenki ülen Örsämnen deranmana samanan		No			ananaa aadadada aha mula terdi oo doga aada da aada ahaa ahaa ahaa ahaa ahaa	Manual modules and a sub-			
				Yes					Income		
				No			EXCLUSION AND AND AND AND AND AND AND AND AND AN				
				Yes					Income		
				No							
	Yes								Income		
				No	Ц						
2	Varification										

#### 3. Verification

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

My SMag D	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

1	Agency Name						Date S	amn	Califo	rnia 🗛	
••							Date S	amp	For		<u>174</u>
	County of Alameda Division, Department, or Region (if applicable)								and the factor grade data	fficial Use On	ly
	Board of Supervisors										
	Street Address	and a sum of the second of the second s									
	1221 Oak Street, Suite 536										
	Designated Agency Contact (	Name, Title)					Amendm	ant (Mustor	vide evolene	tion in Part 3	}
	Crystal Hishida Graff, Clerk,	Board of S	upervisors								/
	Area Code/Phone Number	E-mail					Date of Origi	nal Filing: _	(month_d	av vear)	
	(510) 272-3882	crystal.his	hida@acgov.o	org					(month) ac	, , , , , , , , , , , , , , , , , , ,	
2.	Function, Event, or Cere	emonial R	ole Informat	ion	302-5052000000					20020555555555555555555555555555555555	
	Ockland Alaya Los Ar	aalaa Anay					· · ·			00	
	Title Oakland A's vs. Los Angeles Angels					Face \	/alue of Eac	h Admiss	ion \$ _ <u>30</u>	.00	
	Description Baseball Game					Dato/s	) <u>09 / 03</u>	, 12	09	,05,	12
							•)		<b></b>		
							and A's				
	Ticket(s)/Admission(s) provided by agency? Yes D No 🗹 If no:							Name of S	Source		
							at af an anaman afficial2				
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e benest of	an agency	official?			
	Yes 🗹 No 🗖 Ify	es. Carson,	Keith Superviso	r							
		00.	Official's	Name (l	Last, I	First) and Title					
	The identity of recipient	(s) and th	e explanatio	on:							
	Name	(-)				Check th	e income box if t	he agency off	ficial claims	admission a	s
	(Last, First)		Number of	Age		taxable i	le income. If the agency official performed a ceremonial role,				
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	1 .	also provide a description. If not income, describe the public purpose, including				
	(Name, Address, Descrip	otion)	Ticket(3)			ceremon organiza	ial roles, perform tion.	ed by an age	ncy official,	individual, o	r
	Spencer, Scott			Yes		1 '	ndance at a County	•		Inc	ome
			4	No	7	potential County	revenue from park	ing and conces	sion sales		
				Yes						Inc	ome
				No	П		*******				
				Yes						Inc	ome
	· · · · · · · · · · · · · · · · · · ·			No							
				Yes						Inc	ome
				No							
				Yes							ome
				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 Miago	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# A Public Document

	bitter, tarmeeren biet	INGUIGHO										
1.	. Agency Name						D	Date Sta	mp	Califor		RN2
	County of Alameda									Forn		
	Division, Department, or Region (if applicable) Board of Supervisors									For Of	ficial Use	e Only
	Street Address											
	1221 Oak Street, Suite 536											
	Designated Agency Contact (	Name, Title)					Amendment (Must provide explanation in Part 3.)					ort 3)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					ename	n (maarpi	ovido oxpidital	<i>ion in r</i> a	
	Area Code/Phone Number	E-mail					Date of	Origina	al Filing: .	(month, da	v. vear)	
	(510) 272-3882	crystal.his	hida@acgov.o	org						(, <u>.</u> ,	, , ,	
2.	Function, Event, or Cere											
											<b>~</b> ~	
	Title Oakland A's vs. Los Ar	igeles Ange	els & Seattle M	larine	<u>'S</u>	Face \	/alue of	Each	Admiss	sion \$ <u>38</u>	.00	
	Deschall Come						09	. 04	. 12	09	, 29	, 12
	Description Baseball Game	;			_	Date(s	s)	]		- And Andrewson (Contraction)	]	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		0 🖸	If no: Oaki	anu A s	g.,	Name of	Source		
	Was the distribution to per	sons iden	tified below n	nade a	at the	behest of	f an age	ency o	fficial?			
	-						_	-				
	Yes 🗹 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso	r		······································						
			Officiars	vame (l	.ast, F	irst) and Title						
	The identity of recipient	(s) and th	e explanatic	n:								
	Name									fficial claims a		
	(Last, First) or		Number of	Age	-		ncome. If t vide a desc	-	cy official	performed a c	eremon	ial role,
	Organization		Admission(s)/ Ticket(s)	Offic	ciai	<ul> <li>If not inc</li> </ul>	ome, desc	ribe the		pose, includin		• • •
	(Name, Address, Descrip	otion)				organiza	tion.			ency official, i		al, or
	Brooks, Rodney			Yes	$\checkmark$	To reward a Cou public or to enco				plary service to	the	Income
	-		4	No		public of to effec	ourage starr	developm	en			
	<u></u>			Yes								Income
				No								
				Yes						470009200004868800081004999		Income
				No								
				Yes								Income
				No								
	Yes 🗖								495100			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.

6 Shrago	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

	cket/Admission Dist	induitoria	)						vannon		
1.	Igency Name						Date Stamp	California	200		
	County of Alameda						· ·	Form	$\Theta \Psi^2$		
	Division, Department, or Regi	i <b>on</b> (if applica	ble)					For Official U	Jse Only		
	Board of Supervisors										
	Street Address		ар алаан малар ану ар ну түү үй байлан ан ний ал на								
	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, yea	r)		
	(510) 272-3882	crystal.his	shida@acgov.c	org							
2.	Function, Event, or Cere	emonial R	ole Informat	ion							
	Title Oakland A's vs. Baltime	ore Orioles			-	Face	Value of Each Admission \$ _38.00				
	Description Baseball Game				_	Date(s	<b>6)</b> <u>09</u> <u>14</u> <u>12</u>	//	/		
	Was the distribution to perYes ☑No □If yThe identity of recipient	es: <u>Carson,</u>	Keith Superviso Official's I	r Name (La		irst) and Title					
	Name (Last, First) or Organization (Name, Address, Descrip	<u> </u>	Number of Admission(s)/ Ticket(s)	Agen Offic		taxable i also pro ● If not inc ceremor organiza	the income box if the agency official claims admission as income. If the agency official performed a ceremonial role, ovide a description. noome, describe the public purpose, including nial roles, performed by an agency official, individual, or				
	Greene, Hannah		2	Yes No		1	unty employee for his or her exem ourage staff development	plary service to the	Income		
		erron e e e en dar		Yes No					Income		
				Yes No				anna an 1999 anns an A	Income		
		999997-9999999999999999999999999999999		Yes No					Income		
			Yes No				ngegegegen og kan men kommen om kommen og kommen o	Income			

#### 3. Verification

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An Chread	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# A Public Document

Date Stamp California 000				
Form OUZ				
For Official Use Only				
Amendment (Must provide explanation in Part 3.)				
Date of Original Filing: (month, day, year)				
Face Value of Each Admission \$ _ <u>38.00</u>				
Date(s)/ 12//				
Date(s)/				
ur Oakland A's				
Name of Source				
e behest of an agency official?				
First) and Title				
Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,				
taxable income. If the agency official performed a ceremonial role, also provide a description.				
<ul> <li>taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>				
<ul> <li>taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>				
<ul> <li>taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> <li>To reward a County employee for his or her exemplary service to the public or to encourage staff development</li> </ul>				
<ul> <li>taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> <li>To reward a County employee for his or her exemplary service to the public or to encourage staff development</li> </ul>				
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.         To reward a County employee for his or her exemplary service to the public or to encourage staff development         Income				
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. To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Income				
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.         To reward a County employee for his or her exemplary service to the public or to encourage staff development         Income         Income         Income         Income				
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.  To reward a County employee for his or her exemplary service to the public or to encourage staff development  Income Income Income Income Income Income Income Income Income				
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.  To reward a County employee for his or her exemplary service to the public or to encourage staff development  Income Income Income Income Income Income				
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.  To reward a County employee for his or her exemplary service to the public or to encourage staff development  Income Inc				
(Last, First) Number of Agency or Admission(s)/ Official				

#### 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 Sheer	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

•••											
1.	Agency Name	gency Name						California	1 802		
	County of Alameda							Form	994		
	Division, Department, or Regi	on (if applica	ble)					For Officia	I 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, year)				
	(510) 272-3882 crystal.hishida@acgov.org										
2.	Function, Event, or Cere	emonial R	ole Informat	ion							
									0		
	Andre Ward vs. Chad Dawson         Face					Face \	/alue of Each Admi	ssion \$	U		
	Description Boxing Date					Datala	) <u>09</u> ,08,12		1		
						Date(s	)		······································		
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gold						en State Warriors				
							Name	of Source			
	Was the distribution to per	rsons iden	tified below n	nade at	the	behest of	an agency official	?			
		Carson.	Keith Alameda	Countv Su	upen	/isor					
	Yes 🗹 No 🔲 If y	es:,	Official's I	Name (Las	st, Fil	rst) and Title					
	The identity of reginient	(c) and th	o ovplanatio								
	The identity of recipient	(5) anu ui			T				1		
	Name (Last, First)		Number of	Agency	.,		e income box if the agency ncome. If the agency offici				
	or		Admission(s)/	Officia		also provide a description.					
	Organization (Name, Address, Descrip	otion)	Ticket(s)				ome, describe the public p ial roles, performed by an a tion.		vidual, or		
	Carson, Keith			Yes 🗗	<pre>/ I</pre>		ght of facilities or events that h	ave received County	Income		
			4	No 🕻	ב	unding or suppo	JI (.				
				Yes 🕻	ם				Income		
				No 🕻	ב						
				Yes [	<b>-</b>				Income		
				No 🕻	]						
				Yes [	] [				Income		
		10041751002515161044001615151640400		Νο [	<u>ן</u>			<u></u>			
				Yes [	ך ב				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.

S Maero	Amy Shrago	Ticket Administrator	09/28/12
Signature of Agency Head-or Designee	Print Name	Title	(month, day, year)