A Public Document

1 Aganay Nama				Data Otama	Colliformia conce		
1. Agency Name				Date Stamp	California Form 802		
County of Alameda	Division, Department, or Region (if applicable)						
	adie)				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						
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					
					20.00		
Title Oakland A's vs. Texas Rangers	· · · · · · · · · · · · · · · · · · ·		Face \	/alue of Each Admissi	i on \$ _ <u>38.00</u>		
Baseball Came				. 10 . 01 . 12			
Description Baseball Game			Date(s	3) <u>10</u> <u>01</u> <u>12</u>	······································		
			Oshi				
Ticket(s)/Admission(s) provided by	agency? Yes	🗌 No 🖸	If no: Oak	Name of S	Source		
Was the distribution to persons ider	ntified below n	nade at th	e behest of	f an agency official?			
Yes 🗹 No 🔲 If yes: Carson	, Keith Superviso	r					
	Official's	Name (Last, i	First) and Title				
The identity of recipient(s) and the second s	ne explanatio	on:					
Name			Check th	e income box if the agency off	icial claims admission as		
(Last, First)	Number of	Agency		ncome. If the agency official p vide a description.	erformed a ceremonial role,		
or Organization	Admission(s)/ Ticket(s)	Official	 If not income, describe the public purpose, including 				
(Name, Address, Description)			ceremon organiza	ial roles, performed by an ager tion.	ncy official, individual, or		
Asian Health Services		Yes 🗖	To reward a sch	ool or nonprofit organization for its	contributions to the Income		
818 Webster St. Oakland CA	2	No 🗹	community				
white we are a second		Yes 🗖			Income		
		No 🗖					
halan miliking tanàna manana amin'ny tanàna amin'ny tanàna mandritra dia kaominina dia kaominina mandritra dia		Yes 🗖			Income		
		No 🗖					
		Yes 🗖			Income		
		No 🗖					
	-	Yes 🗖					

3. Verification

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

My Smagos	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1. Agency Name					Date Stamp	California	5
County of Alameda						Form OU2	1
Division, Department, or Region (if applic	cable)				For Official Use Only		
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)			MWD100404-10		Amendment (Must pr	ovide explanation in Part 31	
Crystal Hishida Graff, Clerk, Board of	Supervisors						
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, vear)	
(510) 272-3882 crystal.h	ishida@acgov.o	org					
2. Function, Event, or Ceremonial I	Role Informat	ion					100000
Oakland Ala va Tayaa Bangara				_ -		38.00	
Title Oakland A's vs. Texas Rangers				Face V	alue of Each Admiss	sion \$	
Description Baseball Game				Data/-) <u>10 / 02 / 12</u>	1 1	
				Date(S)/////		
Tickot/o)/Admission/o) provided by	adanava Va-			If no. Oakla	and A's		
Ticket(s)/Admission(s) provided by	ayency f tes		<u>ل</u> ا م	II HU	Name of	Source	_
Was the distribution to persons ide	ntified below n	nade a	nt the	e behest of	an agency official?		
Yes ☑ No 🔲 If yes: <u>Carsor</u>	n, Keith Superviso	r					
Yes 🗹 No 🔲 If yes: Carsor	Official's	Name (L	.ast, F	First) and Title			
The identity of recipient(s) and t							
				a Chack th	e income box if the agency of	fficial claims admission as	
Name (Last, First)	Number of	Agei	ncv			performed a ceremonial role,	
or	Admission(s)/	Offic	-		ride a description. ome, describe the public purp	oose including	
Organization (Name, Address, Description)	Ticket(s)			ceremon	ial roles, performed by an age		
DoCarlo, Katio		Yes	1 -1	organizat To promote atter	ndance at a County facility in orde	er to maximize Incom	
DeCarlo, Katie	2	No		potential County	revenue from parking and conces	ssion sales	5
······································		Yes				Incom	
		No	10000				5
		Yes				Incom	e
		No					5
	-	Yes				Incom	~
		No					5
		Yes					
		No		- ··		Incom	3
				L			Sector of

3. Verification

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

An Shrago	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

1Λ	gency Name						Data Stamp	Californi	
							Date Stamp	Californi Form	802
	County of Alameda Division, Department, or Region (if applicable)					7			ial Use Only
	loard of Supervisors treet Address	*****							
	221 Oak Street, Suite 536 esignated Agency Contact (/	Nomo Titla)							
							Amendment (Must pro	ovide explanatior	n in Part 3.)
	rystal Hishida Graff, Clerk,		upervisors						
A	rea Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, y	/ear)
gaugest exceptions	510) 272-3882	A DESCRIPTION OF A	hida@acgov.o						
2. F	unction, Event, or Cere	monial R	ole Informat	ion					
	Oakland A's ve Texas	Pangers						38.0	n
I	itle Oakland A's vs. Texas	Rangers				Face V	/alue of Each Admiss	ion $ = \frac{50.00}{100} $	0
n	escription Baseball Game	•				Dete/a) <u>10</u> 03 12	,	1
U	escription					Date(S)/		
						ur Oak	and A's		
11	icket(s)/Admission(s) pro	vided by a	gency? Yes		0 🖸	If no: <u>equal</u>	Name of S	Source	
W	/as the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
		Coroon	Koith Supaniaa	-					
	Yes 🗹 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso Official's I	Nomo //	ast F	- irst) and Title			
					-400, 7				
T	he identity of recipient	(s) and th	e explanatio	on:					
	Name						e income box if the agency of		
	(Last, First) or		Number of Admission(s)/	Age Offic	-		ncome. If the agency official p vide a description.	ertormed a cer	emoniai role,
	Organization		Ticket(s)	0111	JIG1		If not income, describe the public purpose, including		
	(Name, Address, Descrip	tion)				organiza			Ividual, of
S	pencer, Scott			Yes		1 .	ndance at a County facility in order revenue from parking and conces		Income
Politica			2	No	\checkmark	potential County	Tevenue from parking and conces	51011 50165	
				Yes					Income
	,			No					
				Yes					Income
				No					
, and the second				Yes					Income
				No					
				Yes			,,,,,,,		Income
Accession Construction		****		No					

3. Verification

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

A Shrago	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

			-						
1.	Agency Name						Date Stamp	California	202
	County of Alameda							Form	994
	Division, Department, or Regi	nble)					For Official	Use Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)		a			Amendment (Must pr	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					-	,
	Area Code/Phone Number	E-mail		- Geanadorion da factificante	onidiaaan iliinamad	ninderumpedette ^a chickitte materie	Date of Original Filing: _	(month, day, yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	tion					
								4 000	
	Title Oakland A's vs. Detroit	ligers			·	Face \	/alue of Each Admiss	sion $\frac{1,822}{}$	
	- Baseball Game	- logo suit	0				;) <u>10</u> <u>10</u> <u>12</u>		
	Description Baseball Game	, - loge suit				Date(s	;)//		/
						Oakl	and A's		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🖸	If no: Oak	Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	f an agency official?		
		Coreon	Koith Suponviso	r					
	Yes 🖸 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso	Name (i	l ast. F	First) and Title			
					2001, 1	noty and mo			
	The identity of recipient	(s) and th	e explanatio	on:	¹⁰⁰ 1				
	Name					1	e income box if the agency of ncome. If the agency official (
	(Last, First) or		Number of Admission(s)/	Age Offic		1	vide a description.		ioniai roic,
	Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public purp ial roles, performed by an age		dual. or
	(Maine, Address, Descrip					organiza		-	
	Sanchez, Mina			Yes	\checkmark		burage staff development	bidly service to the	Income
			4	No			-		
				Yes					Income
				No			a a a su	5129021-000-000-0-0-0-0-0	
				Yes					Income
				No			analysis and the second s		
				Yes					Income
				No			<u>22. WOODS 20. WOODS TO BE A COMPANY OF THE OWNER OWNER</u>		
				Yes					Income
			1	No	П				

3. Verification

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

A Shrap	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name					Date Stamp	California 802
	County of Alameda						Form OUZ
	Division, Department, or Region (if applicable)					-	For Official Use Only
	Board of Supervisors Street Address						
]	
	1221 Oak Street, Suite 536						
	Designated Agency Contact (N	lame,Title)		, <u>, , , , , , , , , , , , , , , , , , </u>		Amendment (Must pi	rovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, E	Board of S	upervisors				
	Area Code/Phone Number	E-mail				Date of Original Filing: .	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org			
2.	Function, Event, or Cerer	monial R	ole Informat	ion			
	Ookland Ala va Datrait	Tigoro			_		1 922
	Title Oakland A's vs. Detroit	ngers		u+D-A	Face	Value of Each Admiss	sion \$
	Description Baseball Game	- loge suite	e.		Detel		////
	Description <u>Description</u>	<u>logo oun</u>			Date(S)	///
					- Ic. Oak	dand A's	
	Ticket(s)/Admission(s) prov	nded by a	gency? res			Name of	Source
	Was the distribution to pers	sons ident	tified below n	nade at th	ie behest o	of an agency official?	
	Yes 🖸 No 🔲 Ifye	. Carson,	Keith Superviso	r			
	Yes 🖸 No 🔲 If ye	5	Official's i	Name (Last,	First) and Title	3	
	The identity of recipient(s	e) and th	o ovnlanatio	n.			
		sj and th		///.	Chook t	he income box if the agency o	fficial claims admission as
	Name (Last, First)		Number of	Agency		income. If the agency official	
	or		Admission(s)/	Official		ovide a description. come, describe the public pur	nose including
	Organization (Name, Address, Descript	ion)	Ticket(s)		ceremo	nial roles, performed by an ag	
	Chrono Amu			Yes 🔽	organiz To reward a Co	ation. Dunty employee for his or her exem	plary service to the Income
	Shrago, Amy		4	No 🗖	public or to end	courage staff development	
				Yes 🔲			Income
				Yes 🔲			Income
				No 🗖			
				Yes 🗖			Income
				No 🗖			
		2010-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		Yes 🗖			
				No 🗖			

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Almag	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

									•••••••
1.	Agency Name						Date Stamp	California	802
	County of Alameda						, ; ;	Form	0074
	Division, Department, or Region (if applicable)							For Official	Use Only
	Board of Supervisors								
	Street Address		-						
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pr	rouido ovalonation in	Dorf 21
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					owne explanation in	r an S.)
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	vel.
	(510) 272-3882	crvstal.his	shida@acgov.o	ora				(monui, day, yee	<i>n)</i>
2.	Function, Event, or Cere			in the second second					
	Title Oakland Raiders vs. Ja	acksonville	Jaguars			Face \	/alue of Each Admiss	sion \$ <u>222</u>	
							40 21 12		
	Description Football Game					Date(s	•) <u>10 / 21 / 12</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		o 🗹	If no: <u>Oakl</u>	and A's Name of		
							Name of	Source	
	Was the distribution to per	rsons iden	tified below n	nade :	at the	e behest of	an agency official?		
		00110 14011		nuuo (
	Yes 🖸 No 🔲 If y	es: <u>Carson,</u>	Keith Superviso	r		First) and Title			
			Official's	Name (Last, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name	<u> </u>	T			Check th	e income box if the agency of	fficial claims admis	ision as
	(Last, First)		Number of	Age	ncy	taxable in	ncome. If the agency official		
	or Organization		Admission(s)/	Offi	cial		/ide a description. ome, describe the public pur	oose. includina	
	(Name, Address, Descrip	otion)	Ticket(s)			ceremon	ial roles, performed by an age		dual, or
	Coroon Koith	<u></u>		Yes	[7]	organiza To obtain oversi	ght of facilities or events that have	e received County	Income
	Carson, Keith		4	No		funding or suppo	ort.		
				Yes					
				No					Income
				Yes No					Income
				Yes					
				No					Income
	examination communication contraction and a state of the second state of the						การกรุงการจะสาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาร	adınış danış Cathol Songhima baş yaraş danış danış	
				Yes					Income
				No					

3. Verification

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

A Muna D	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

4										
1.	Agency Name	Date Stamp	California	802						
	County of Alameda							Form For Official	Use Only	
	Division, Department, or Region (if applicable) Board of Supervisors							i or official	out only	
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation i	n Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors							
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, ye	ar)	
	(510) 272-3882	crystal.his	shida@acgov.o	org						
2.	Function, Event, or Cere	monial R	ole Informat	ion						
	Title Oakland Raiders vs. Ta	ampa Bay F	Ravs				/alue of Each Admiss	an ¢ 222		
		inipu Duj (aje							
	Description Football Game					Date(s) <u>11 04 12</u>	/	/	
						(_	,			
	Ticket(s)/Admission(s) pro	and A's								
		·····	.g,				Name of S	Source		
	Maa tha distribution to nor	aana idan	tified below n			habaat at	an anonou official?			
	Was the distribution to per	sons iden	lined below in	naue a		e penest of	an agency official?			
	Yes 🖸 No 🔲 If ye	es: <u>Carson,</u>	Keith Superviso Official's	r						
	- Bazadari Matala J		Official's	Name (l	Last, F	First) and Title				
	The identity of recipient	(s) and th	e explanatio	n:						
	Name		1			 Check th 	e income box if the agency off	cy official claims admission as		
	(Last, First)		Number of	Age			income. If the agency official performed a ceremonial role, ovide a description.			
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	If not inc	ome, describe the public purp			
	(Name, Address, Descrip	otion)	Ticket(a)			organiza		•	idual, or	
	Carson, Keith			Yes	7	1	ght of facilities or events that have	received County	Income	
			4	No		funding or suppo) (,			
				Yes					Income	
		5477244-00402542542542542		No					<u> </u>	
				Yes					Income	
				No					۵	
				Yes					Income	
				No					۵	
				Yes					Income	
6 000.000				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.

LAS MARAD	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	CREUAUIIISSIUII DISUI	buttons	•						Joannon	
1.	Agency Name	Date Stamp	California	802						
	County of Alameda							Form		
	Division, Department, or Region (if applicable)							For Official	Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (A	lame,Title)					Amendment (Must pro	vide explanation in	n 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	shida@acgov.o	org						
2.	Function, Event, or Cere	monial R	ole Informat	ion						
	Title Oakland Raiders vs. Cle	eveland Br	:0\w/ns			5 1	Internation	: ¢ 222		
	litle Oakland Raiders vs. Ok		00013				/alue of Each Admiss			
	Description Football Game					Date(s	a) <u>12</u> <u>02</u> <u>12</u>	1	1	
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oa						and A's			
				land ''	ابستا *		Name of S	Source		
	Was the distribution to pers	ono idon	tified below n	anda	14 fb	a hohaat at	Fan aganov official?			
	was the distribution to pers	sons iden	tilled below h	naue a	at 111	e benest of	i all agency official?			
	Yes 🖸 No 🔲 Ifye	s: Carson,	Keith Superviso	r			00000000000000000000000000000000000000			
	Financia Estado		Official's I	Name (l	Last, F	First) and Title				
	The identity of recipient(s) and th	e explanatio	n:						
	Name		_			Check th	e income box if the agency off	icial claims admi	ssion as	
	(Last, First)		Number of	Age		1	income. If the agency official performed a ceremonial role, wide a description.			
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	If not inc	ome, describe the public purp			
	(Name, Address, Descript	ion)				ceremon organiza	ial roles, performed by an age ition.	ncy official, indiv	idual, or	
	Carson, Keith			Yes	7		ight of facilities or events that have	received County	Income	
			4	No		funding or suppo	UIL.			
				Yes					Income	
			~	No					. 🔲	
				Yes					Income	
				No						
				Yes					Income	
				No						
	Yes 🗖								Income	
land of the land				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.

I Shuger	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Dictributi T

A Public Document

пске	t/Admission Disti	A Public Document									
1. Age	ency Name						Date Stamp	California Form	002		
Cou	inty of Alameda										
Divi	sion, Department, or Reg	ion (if applica	ble)					For Official	Use Only		
Boa	Board of Supervisors										
Stre	et Address		<u></u>			9 ()	7				
122	1 Oak Street, Suite 536										
Des	ignated Agency Contact ((Name, Title)					Amendment (Must	provide explanation in	Part 3.)		
Cry	stal Hishida Graff, Clerk,	Board of S	Supervisors								
Area	a Code/Phone Number	E-mail					Date of Original Filing: (month, day, year)				
(51	0) 272-3882	crystal.his	shida@acgov.o	org							
2. Fur	nction, Event, or Cere	emonial R	ole Informat	ion							
Title	e Kevin Hart				_	Face \	/alue of Each Admis	sion \$ _92.60			
Des	Description Comedian					Date(s	<u>, 10 , 05 , 12</u>	//	/		
	Yes ☑ No 🔲 If y e identity of recipient		Keith Alameda (Official's)		Supe .ast, F	rvisor First) and Title	k the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role, provide a description. income, describe the public purpose, including nonial roles, performed by an agency official, individual, or				
	Name (Last, First) or Organization (Name, Address, Descri		Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov ● If not inc					
Car	son, Keith			Yes	\checkmark	To obtain oversi funding or suppo	ght of facilities or events that ha	ve received County	Income		
			4	No		iunuing or suppo	JII.				
				Yes					Income		
THE DESCRIPTION				No				552254274297610799007627762772976277277677990000000000			
			Yes					Income			
				No							
			Yes					Income			
#2000#3#1940	No					24.14.24.14.24.24.24.24.24.24.24.24.24.24.24.24.24					
				Yes		1. 			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.

15 Magno	Amy Shrago	Ticket Administrator	10/30/12
/Signature of Agency Read or Designee	Print Name	Title	(month, day, year)

A Public Document

					e			
1.	Agency Name		Date Stamp	California	802			
	County of Alameda						Form	002
	Division, Department, or Regi	on (if applica	ble)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)			a	Amendment (Must pro	uide evelopetien in	Dort 21
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				vide explanation in	Part 3.)
		E-mail		. •		Date of Original Filing:	(month, day, yea	(r)
	(510) 272-3882	crvstal.his	hida@acgov.o	ora			(monun, day, yea	()
2.	Function, Event, or Cere		and the second se					
	Title Justin Bieber BELIEVE	Tour			Face	/alue of Each Admissi	on \$ _103.85	
						10 06 12		
	Description Concert				Date(s	s) <u>10 / 06 / 12</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🔲 No 🖸	If no: Gold	len State Warriors Name of S	Courco	
						Name of C	Jource	
	Was the distribution to per	sons ident	tified below n	nade at th	ne behest of	f an agency official?		
	Yes 🖸 No 🔲 If ye	es: <u>Carson,</u>	Keith Alameda	County Sup	ervisor First) and Title			
			Oniciaisi	ivarne (Lasi,	First) and The		đ.,	
	The identity of recipient	(s) and th	e explanatio	on:				
	Name					e income box if the agency off		
	(Last, First) or		Number of	Agency Official		ncome. If the agency official po vide a description.	erformed a cerem	onial role,
	Organization	17.03 W	Admission(s)/ Ticket(s)	Unicial		ome, describe the public purpo		level en
	(Name, Address, Descrip	otion)			organiza			
	Davis, Tamika			Yes 🛐		unty employee for his or her exempl purage staff development	ary service to the	Income
			4	No 🔟				
				Yes 🗖				Income
				No 🗖			3	
				Yes 🗖				Income
				No 🗖				
				Yes 🗖		1		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.

J. Stregge	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1	Agency Name						Date Stamp	California	
••		Date Stamp	Form	^a 802					
	County of Alameda Division, Department, or Regi	on (if applica	ble)						al Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Name, Title)		NO2010WIKADWATIONO					
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				Amendment (Must pr	ovide explanation	in Part 3.)
		E-mail					Date of Original Filing:(month, day, year)		
	(510) 272-3882	crvstal.his	shida@acgov.o	ora				(month, day, ye	al)
2.	Function, Event, or Cere	and the second							
	Title Disney on Ice Celebrate	es 100 Yea	ars of Magic			Face \	/alue of Each Admiss	ion \$ <u>56.85</u>	
	Description Event					Data/s	<u>, 10 , 21 , 12</u>	1	1
			AM - 7 H3 - 4 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3		-	Date(s) =====================================		
	Ticket(s)/Admission(s) pro	If no. Gold	en State Warriors						
		vided by a	igency: res		0	II 110	Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Yes ☑ No 🔲 If ye	Se. Carson,	Keith Alameda	County	Supe	rvisor			
			Keith Alameda (Official's	Name (Last, F	First) and Title			
	The identity of recipient((s) and th	e explanatio	on:					
	Name	(-)				Check th	e income box if the agency of	ficial claims adm	ission as
	(Last, First)		Number of	Age	ncy	taxable in	ncome. If the agency official j		
	or Organization		Admission(s)/	Offi			vide a description. come, describe the public purpose, including		
	(Name, Address, Descrip	tion)	Ticket(s)				ial roles, performed by an age		vidual, or
	Osorio-Zeino, Vickie			Yes		To reward a con	nmunity volunteer for his or her se	rvice to the public	Income
			4	No	\checkmark				D
				Yes					Income
	ENDOVINIENTEETEETEETEETEETEETEETEETEETEETEETEETE			No	D				
				Yes					Income
				No					
				Yes					Income
				No			ana manana ana ana ana ana ana ana ana a		
				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.

As Shread	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head-or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name	Date Stamp	California	202							
	County of Alameda							Form			
	Division, Department, or Reg	ion (if applica	ble)					For Official U	Jse Only		
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact ((Name, Title)					Amendment (Must pro	wide explanation in	Part 3)		
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					Nuce explanation in	ran 5.j		
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	r)		
	(510) 272-3882	crystal.his	shida@acgov.o	org				(month), day, you	, ,		
2.	Function, Event, or Cere										
				-				(00.00			
	Title Family Bridges, Inc. Pr	esents Alar	n Tam & Teres	sa Car		Face V	/alue of Each Admiss	ion \$ <u>138.00</u>			
	Concort						11 03 12				
	Description Concert					Date(s) <u>11</u> <u>03</u> <u>12</u>	/	/		
		Cold	on State Marriero								
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gol						Name of S	Source			
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	an agency official?				
		Corpor	Koith Alamada (~~t	Cura	nicor					
	Yes 🗹 No 🔲 Ify	es: <u>Carson,</u>	Keith Alameda (Official's	Name (I	ast F	First) and Title					
					-401, 1	nog and mio					
	The identity of recipient	(s) and th	e explanatio	on:							
	Name					1	e income box if the agency off ncome. If the agency official p				
	(Last, First) or		Number of Admission(s)/	Ageı Offic		1	vide a description.	errormed a cerem	omariole,		
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ceremon	ome, describe the public purp ial roles, performed by an age	lual, or			
				Yes	[7]	organiza To reward a Cou	nty employee for his or her exemp	lary service to the	Income		
	Gee, Anna		4	No		public or to enco	urage staff development				
	<u> </u>			Yes							
				No					Income		
	<u>ตรูสุขยุรณสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา</u> นสุขา <u>ย</u>						alaram malana kana malala katala k				
				Yes No					Income		
				Yes					Income		
				No							
				Yes			annan (frankristerin frankristerin frankristerin frankristerin frankristerin frankristerin frankristerin frankr		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.

15 Million	Amy Shrago	Ticket Administrator	10/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pul	blic	Document

	cket/Admission Distri	outions					A	Public Do	
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda								
	Division, Department, or Regio	n (if applica	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	ame, Title)					Amendment (Must pro	vide explanation in l	Part 3)
	Crystal Hishida Graff, Clerk, E	Board of S	upervisors				in the second se	nanna an Mariana an	
	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 Ceren	nonial R	ole Informat	ion					
								1500.00	
	Title Oakland A's vs. Texas R	langers			_	Face \	/alue of Each Admissi	ion \$)
	Baseball Game						<u>, 10 , 02 , 12</u>		
	Description Baseball Game				-	Date(s	s)	/	/
				100		Oakl	and A's		
	Ticket(s)/Admission(s) prov	ided by a	igency? Yes		0 🗹	If no:	Name of S	Source	
	Was the distribution to pers	ons ident	tified below n	nade a	it the	e behest of	f an agency official?		
		Valle Ri	ichard- Supervis	or Dietri	ict 2				
	Yes 🗹 No 🔲 If yes	S:	ichard- Supervis Official's I	Name (L	ast. F	- irst) and Title			
	The identity of recipient(s	s) and th	e explanatio	n:					
	Name (Last, First)						e income box if the agency off ncome. If the agency official p		
	or		Number of Admission(s)/	Ager Offic		also prov	vide a description.		
	Organization (Name, Address, Descripti	on)	Ticket(s)				ome, describe the public purpo ial roles, performed by an ager		ual, or
						organiza		eentrikutiene te	
	AC Deputy Sheriff's Activities Lea	ague	20	Yes			nonprofit organization for its	contributions to	Income
			20			the communi	ty		
	16378 E. 14th St., #100 San Leandro, C	CA 94578		Yes					Income
	· · · · · · · · · · · · · · · · · · ·			No					
	Provide recreational and leadership acti	vities for		Yes			,		Income
	youth throughout county								
									Income
				No					
				Yes					Income
				No				0	
2	Varifiantian								

3. Verification

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

MARZ	MICHELLE DIANDA	Ticket Administrator	10/2/12
^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.) Includes 4 parking passes

A Public Doc	ument
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	CREUAUIIISSIOII DISU	induona	>				A		cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ible)		_			For Official L	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536							5	÷
	Designated Agency Contact (/	Name, Title)					Amendment (Must pro	vide explanation in I	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.	org					
2.	Function, Event, or Cere	monial R	ole Informat	tion		14			
	Title Oakland A's ALDS Gan	ne 1				Ease	/alue of Each Admissi	an ¢ 1822.00)
					_				
	Description Baseball				_	Date(s	<u>, 10 , 09 , 12</u>	/	/
	•					x			
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🔽 If no: Oakland A's									
		- /	-, -,				Name of S	ource	
Was the distribution to persons identified below made at the behest of an agency official?									
was the distribution to persons identified below made at the benest of an agency official?									
	Yes 🗹 No 🔲 If yes: <u>Valle, Richard- Supervisor District 2</u>								
			Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:					
	Name					1 1 N N R M	e income box if the agency offi		
	(Last, First) or		Number of Admission(s)/	Ager Offic			ncome. If the agency official period a description.	enormed a ceremo	inal lole,
	Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public purpo ial roles, performed by an agen		ual, or
	(Name, Address, Beschp					organizat	tion.		
	Briones, Bernardino		3	Yes		· ·	attendance at an event held a er to maximize potential reve		Income
			3				er to maximize potential reve		
				Yes		*			Income
				No					
				Yes					Income
				No Yes					
				No					Income
				Yes					
				No					Income
3	Verification					I			
	vermeation								

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

MAD	MICHELLE DIANDA	Ticket Administrator	10/4/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ti

Ti	cket/Admission Distributions				A	Public Do	cument
1.	Agency Name				Date Stamp	California	802
	County of Alameda					Form	
	Division, Department, or Region (if applical	ble)				For Official U	Ise Only
	Board of Supervisors						
	Street Address						Г
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must prov	vide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors					
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
		hida@acgov.o					
2.	Function, Event, or Ceremonial Re	ole Informat	ion				
	Title Oakland A's vs. Detroit Tigers			Face	Value of Each Admissi	on \$ _1822.00	0
					10 10 12		
	Description Baseball Game			Date(s	s) <u>10 / 10 / 12</u>	/	/
Ticket(s)/Admission(s) provided by agency? Yes 🔲 N				If no: Oak	land A's Name of S		
					Name or S	ource	
Was the distribution to persons identified below ma				e behest of	f an agency official?		
	Yes 🗹 No 🔲 If yes: Valle, Ri	chard- Supervis	or District 2 Name (Last, F	First) and Title			
	The identity of recipient(s) and the	e explanatio	on:				
	Name				ne income box if the agency offi income. If the agency official pe		
	(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.		
	Organization (Name, Address, Description)	Ticket(s)	(1		come, describe the public purpo nial roles, performed by an agen ntion.		ual, or
	Archuleta, Justin		Yes 🗖		attendance at an event held a	•	Income
		3	No 🗹	facility in ord	er to maximize potential reve	nue from sales.	
			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.

Yes 🗖

No 🗖

Kelin Amos	Ruben Briones	Chief of Staff	10/10/12
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

		Α	Pub	lic	Document	
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icket/Admission Distribution	ons			A	Public Do	cumen
. Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if ap	oplicable)			-	For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Til	tle)			Amendment (Must pr	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors				no neme neme i dan a n en	
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	<i>r</i>)
(510) 272-3882 crysta	ll.hishida@acgov.	org				
2. Function, Event, or Ceremonia	al Role Informat	tion				<u>.</u>
Title Disney on Ice						
Title Dianey of ite			. Face	e Value of Each Admiss	sion \$	
Description Concert			Date	e(s) <u>10 , 19 , 12</u>	'n	1
			. Date	(3)/	/	
Ticket(s)/Admission(s) provided	hy agency? Ves		I If no. Go	olden State Warriors		
nekel(s)/Admission(s) provided	by agency: res		· [] II IIO	Name of	Source	
Was the distribution to persons i	dentified below r	nade at	t the behest	of an agency official?		
Yes 🖸 No 🗖 If yes: Vall	e, Richard- Supervis	or Distric	ct 2			
	Official's	Name (La	ast, First) and Ti	tle		
The identity of recipient(s) and	the explanation	on:				
Name			Check	the income box if the agency of	ficial claims admis	sion as
(Last, First)	Number of	Agen	cv taxabl	e income. If the agency official p		
or Organization	Admission(s)/	Offici	a	rovide a description. income, describe the public purp	ose, including	
(Name, Address, Description)	Ticket(s)		cerem	onial roles, performed by an age ization.		dual, or
Banuelos, Edda		Yes		a community volunteer for he	r service to the	Income
Banacios, Edda	4	No	_			
		Yes		1		Income
		No				
		Yes		· · · · · · · · · · · · · · · · · · ·		Income
		No				
		Yes				Income
						noome
		No				
		No Yes				
·						Income

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 111 5

INI	MICHELLE DIANDA	Ticket Administrator	60/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distrib	utions				Α	Public Do	cument
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	
Division, Department, or Region	(if applicable)					For Official L	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Nan	ne, Title)				Amendment (Must pro	ovide explanation in l	Part 3.)
Crystal Hishida Graff, Clerk, Bo							
Area Code/Phone Number E-	nail				Date of Original Filing: _	(month, day, year)
	ystal.hishida@acgc	and the second se					
2. Function, Event, or Ceremo	onial Role Inform	nation					
Title Oakland A's vs. Detroit Tig	gers			Face \	/alue of Each Admiss	ion \$	0
Description Baseball Game Date(s) 10 / 11 / 12/							
Ticket(s)/Admission(s) provid	ed by agency? Y	es 🔽 N	lo 🗆	If no: Oakl	and A's Name of	Source	
					Name of	Source	
Was the distribution to perso	ns identified below	v made	at th	e behest of	f an agency official?		
Yes 🗹 No 🔲 If yes:	Valle, Richard- Super	VISOR DISt	rict 2	First) and Title			
			Lasi, I	nsi) anu mie			
The identity of recipient(s)	and the explana	tion:					
Name					e income box if the agency of ncome. If the agency official p		
(Last, First) or	Number of Admission(s	1000 C 1000	ncy cial		vide a description.	Senomed a ceremit	final role,
Organization (Name, Address, Descriptior	Ticket(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ome, describe the public purp ial roles, performed by an age		ual, or
				organiza	tion.		
Chu, Isa	3	Yes		1	attendance at an event held er to maximize potential rev	•	Income
		No			er to maximize potential rev	enue nom sales.	
		Yes					Income
		No					
		Yes					Income
		No	<u> </u>				
		Yes No					Income
			Research I				
		Yes No					Income
3. Verification	Degulations 190111	and 100	10 16	ave verified			46 - 6
I have read and understand FPPC is in accordance with the provisions		anu 1894	•2. I N	ave vermed l	nat the distribution of adi	missions, set for	in above,
							11. 11

INAR	MICHELLE DIANDA	Ticket Administrator	10/11/12
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 parking pass at a value of

Α	Public	Docun

Ti	cket/Admission Distril	butions	5					A Public Do	cument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							I Cilli	
	Division, Department, or Regio	n (if applica	ble)			-1		For Official L	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N						Amendment (Mus	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, E	Board of S E-mail	upervisors				Date of Original Filing	.	
							Dute of Original Finit	g:(month, day, year)
	the second se		hida@acgov.o					_	
۷.	Function, Event, or Cerer	nonial R	ole informat	.ion					
	Title Golden State Warriors P	Preseason	Game		_	Face \	/alue of Each Adm	ission \$ _100.00	
	Description Basketball		×		_	Date(s) <u>10</u> <u>11</u> <u>12</u>	//	/
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		0 🔽	If no: Gold	en State Warriors		
	, <i>,</i> , , , , , , , , , , , , , , , , ,		0,				Name	of Source	
	Was the distribution to pers	sons ident	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	First) and Title			
	The identity of recipient(s				_031, 1				
	Name	,				Check th	the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role, provide a description. income, describe the public purpose, including ionial roles, performed by an agency official, individual, or ization		
	(Last, First)		Number of	Age					
	or Organization (Name, Address, Descripti	ion)	Admission(s)/ Ticket(s)	Offi	cial	If not inc			
	Earp, Laurie			Yes			attendance at an event h	eld at a County	Income
	F.Y		4	No	\checkmark	facility in ord	er to maximize potential	revenue from sales.	
				Yes					Income
				No					
				Yes					Income
				No		ļ			
				Yes					Income
				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.

MAN L	MICHELLE DIANDA	Ticket Administrator	10/11/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	cheuAuiiiissioii Distrib	auona	2						owninend
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Region	(if applica	ble)					For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nai	me, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Bo	bard of S	upervisors					nae explanation in	untoly
	Area Code/Phone Number E-	mail			0		Date of Original Filing:	(month, day, year)
	(510) 272-3882 c	rystal.his	hida@acgov.o	org					, ,
2.	Function, Event, or Cerem	onial R	ole Informat	tion					
								50.05	
	Title Disney on Ice					Face V	/alue of Each Admissi	on \$ _ 56.85	
	Concert) <u>10</u> <u>17</u> <u>12</u>	,	,
	Description Concert					Date(s	s) <u> </u>	/	/
							top State Warriers		
	Ticket(s)/Admission(s) provid	ded by a	igency? Yes		0 ☑	If no:	Name of S	Source	
	Was the distribution to perso	ns iden	tified below n	nade a	at the	e behest of	an agency official?		
			ishand. Our smith						
	Yes 🗹 No 🔲 If yes:	Valle, RI	ichard- Supervis	or Distr Name (I	ICI Z	First) and Title			
				•	_asi, i	nsij and nile			
	The identity of recipient(s)	and th	e explanatio	on:					
	Name					Check the income box if the agency official claims admission as			
	(Last, First) or		Number of Admission(s)/	Agency Official					final role,
	Organization		Ticket(s)		Jul		 If not income, describe the public purpose, including 		
	(Name, Address, Descriptio	n)				ceremonial roles, performed by an agency official, individual, organization.			
	Lincoln Child Center- Kinship Serv	vices		Yes			nonprofit organization for its	contributions to	Income
	-		4	No	√	the communit	ty		
	1149 A Street, Hayward CA 94541			Yes					Income
				No					
	Provides support and kinship services to	foster care		Yes					Income
	caregivers			No					
				Yes					Income
	- A-			No					
				Yes		,			Income
_				No					
		the second second 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.

$ \Lambda \rangle \rangle$	MICHELLE DIANDA	Ticket Administrator	10/16/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

I. Agency Name Date Stamp California 802 County of Alameda Drivelon, Department, or Region (# applicable) Board of Supervisors For Official Use Only Board of Supervisors Street Address I Amendment (Most provide explanation in Part 3.) Designated Agency Contact (Mane, Title) I Amendment (Most provide explanation in Part 3.) Date of Original Filing:(month, day, your) (510) 272-3882 crystal Hishida@acgov.org I Amendment (Most provide explanation in Part 3.) Description Concert Email Date (\$ 10 _ 18 _ 12 Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Valle, Richard: Supervisor District 2 Official? Name (Last, First) and Title Or (Mame, Address, Description) Number of Amene (Last, First) and Title Or (Name, Address, Description) Number of No I I for example on the community in the contribution for its contributions to income No I for agency official, individual, or organization. Marrie (Last, First) Or (Name, Address, Description) Number of No I I To reverid a nonprofit organization for its contributions to income No I the contribution for its contribution to incom	Tic	cket/Admission Distributions	5					A Public Do	cumen	
County of Additional Per Official Use Only Division, Department, or Region (If applicable) Per Official Use Only Board of Supervisors Image: County of Additional States (States (Stat	1.	Agency Name					Date Stamp	California	202	
Bord of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal. hishida@accgov.org 2. Function, Event, or Ceremonial Role Information Title Disney on Ice Description Concert Date(s) 10 _ 18 _ 12 / _ Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes _ No _ If yes: Valle, Richard-Supervisor District 2 Official's Name (Last, First) Organization Name (Last, First) Name, Address, Description) Uncone Vagency of State Address, Description) Uncone Vagency of State		County of Alameda						Form	002	
Street Address 122 1 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graft, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Disney on Ice Description Face Value of Each Admission \$ 56.85 Description Concert Date(s) 10 / 18 / 12 / / / Ticket(s)/Admission(s) provided by agency? Yes No [] If no: Golden State Warriors Was the distribution to persons identified below made at the behest of an agency official? Yes [] No [] If yes: Valle, Richard-Supervisor District 2 Official Name (Last, First) Number of Source Valles, First) Number of Official? Organization Mamission s (Last, First) Number of Source Organization Admission s (Mame, Address, Description) Agency official (Mame, Address, Description) Provide support and kinship services 4 No [] In come description supervofficial for its contributions to Income organization (Mame, Address, Description) Income		Division, Department, or Region (if applica	nble)					For Official U	Jse Only	
1221 Oak Street, Suite 536		Board of Supervisors						н.		
Designated Agency Contact (Name, Title) Area Code/Phone Number Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing:		Street Address					1			
Crystal Hishida Graff, Clerk, Board of Supervisors										
Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing:(month, day, year) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:(month, day, year) 2. Function, Event, or Ceremonial Role Information Face Value of Each Admission \$ 56.85 Description Concert Date(s) 10 _ / 18 _ / 12 _ / _ / Description Concert Date(s) 10 _ / 18 _ / 12 _ / _ / Ticket(s)/Admission(s) provided by agency? Yes No [2] If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Yes [2] No [2] If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: (Last, First) arc (Admission(s)) Ticket(s) Organization organization (Name, Address, Description) Ticket(s) Agency official fole, performed by an agency official, individual, or organization. Uncoln Child Center- Kinship Services 4 Yes [2] No [2] Income [3] To reward a nonprofit organization for its contributions to Income [3] Income [3] Provides support and kinship services to foster care [3] No [3] Yes [3] Income [3] No [3]		Designated Agency Contact (Name, Title)					Amendment (Musi	t provide explanation in	Part 3.)	
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Disney on Ice Face Value of Each Admission \$ 56.85 Description Concert Date(s) 10 / 18 / 12 / / / Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Agency Official cores, bescription Check the income box if the agency official claims admission as taxable income in the agency official parformed a ceremonial role, adio provide a description. Lincoln Child Center- Kinship Services Yes □ To rewral a nonprofit organization for its contributions to Income income and parization for its contributions to Income caregivers I149 A Street, Hayward CA 94541 Yes □ Income No □ Yes □ Income No □ Yes □ Income Provides support and kinship services to foster care Yes □ Income No □ Yes □ Income No □ Income		Crystal Hishida Graff, Clerk, Board of S	Supervisors						(1) - "	
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Disney on Ice Face Value of Each Admission \$ 56.85 Description Concert Date(s) 10 / 18 / 12 / / / Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Agency Official cores, bescription Check the income box if the agency official claims admission as taxable income in the agency official parformed a ceremonial role, adio provide a description. Lincoln Child Center- Kinship Services Yes □ To rewral a nonprofit organization for its contributions to Income income and parization for its contributions to Income caregivers I149 A Street, Hayward CA 94541 Yes □ Income No □ Yes □ Income No □ Yes □ Income Provides support and kinship services to foster care Yes □ Income No □ Yes □ Income No □ Income		Area Code/Phone Number E-mail					Date of Original Filing	;(month, day, year	7	
Title Disney on Ice Face Value of Each Admission \$ 56.85 Description Concert Date(s) 10 / 18 / 12 / / / Ticket(s)/Admission(s) provided by agency? Yes No] If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes [No] If yes: Valle, Richard- Supervisor District 2 Official? Name (Last, First) and Title The identity of recipient(s) and the explanation: • Check the income box if the agency official enformed a ceremonial role, also provide a description. Name (Last, First) Organization (Name, Address, Description) • Check the income box if the agency official enformed a ceremonial role, also provide a description. Lincoln Child Center- Kinship Services 4 Yes] To reward a nonprofit organization for its contributions to Income the community 1149 A Street, Hayward CA 34541 Yes] Income income caregivers No] Yes] Income income income caregivers No] Yes] Income income income caregivers No] Yes] Income income income caregivers 104 Mission [8] Yes] Income inc		(510) 272-3882 crystal.his	shida@acgov.	org				NT 2 8.7289		
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Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes _ No _ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) at 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. Name Agency of rorganization Official Provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Lincoln Child Center- Kinship Services Yes _ To reward a nonprofit organization for its contributions to income the community Income 1149 A Street, Hayward CA 94541 Yes _ Income Income No _ Yes _ Income Income No _ <td< td=""><td></td><td>Title</td><td></td><td></td><td>-</td><td>Face \</td><td>/alue of Each Admi</td><td>ission \$</td><td></td></td<>		Title			-	Face \	/alue of Each Admi	ission \$		
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Name of source Was the distribution to persons identified below made at the 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(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 no ticome, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Lincoln Child Center- Kinship Services Yes I To reward a nonprofit organization for its contributions to Income the community 1149 A Street, Hayward CA 94541 Yes I To reward a nonprofit organization for its contributions to Income the caregivers Income No I Provides support and kinship services to foster care Yes I Income No I Income Yes I No I Income Income No I Yes I Income Income						0.11				
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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 (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. Lincoln Child Center- Kinship Services Yes To reward a nonprofit organization for its contributions to Income the community 1149 A Street, Hayward CA 94541 Yes To reward a nonprofit organization for its contributions to Income the community Income Provides support and kinship services to foster care Yes Income Income No Yes Income Income No Yes Income No No Income No No Income No No <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Hamo</td><td>0/ 000/00</td><td></td></t<>							Hamo	0/ 000/00		
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or Organization (Name, Address, Description) Admission(s)/ Ticket(s) Official also provide a description. Lincoln Child Center- Kinship Services 4 Yes To reward a nonprofit organization for its contributions to the community Income 1149 A Street, Hayward CA 94541 Yes To reward a nonprofit organization for its contributions to the community Income Provides support and kinship services to foster care Yes Income Income Versitication Yes Income Income Versitication Yes Income Income Versitication Yes Income Income Versitication Yes Income Income Income Yes Income Income Versitication Yes Income Income No Yes Income Income No <td></td> <td></td> <td>Number of</td> <td colspan="3"></td> <td colspan="3"></td>			Number of							
(Name, Address, Description) Increasion ceremonial roles, performed by an agency official, individual, or organization. Lincoln Child Center- Kinship Services Yes To reward a nonprofit organization for its contributions to the community Income 1149 A Street, Hayward CA 94541 Yes To reward a nonprofit organization for its contributions to the community Income Provides support and kinship services to foster care caregivers Yes Income Income Ves Yes Income Income Income Ves Yes Income Income Verification Yes Income Income No Yes		or	Admission(s)/				also provide a description.			
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4 No Ithe community Image: Community 1149 A Street, Hayward CA 94541 Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Provides support and kinship services to foster care Yes Image: Community Image: Community Image: Community Yes Image: Community Image: Community Image: Community Image: Community Yes Image: Community Image: Community Image: Community Image: Community Yes Image: Community Image: Community Image: Community Image: Community Yes Image: Community Image: Community Image: Community Image: Community Yes Image: Communit		Lincoln Child Center- Kinship Services		Yes	Π	-		r its contributions to	Income	
No No Image: Construction of the services of the			4			the communi	ty		-	
No Income Provides support and kinship services to foster care Yes No Income caregivers Yes Yes Income No <		1149 A Street Hayward CA 94541		Yes					Income	
No No Income Verification Verification Income I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,				No						
caregivers No Image: Caregivers		Provides support and kinship services to foster care		Yes					Income	
No Income Yes Income No Income Income Income Incom Incom				No						
No Image: Constraint of the second secon				Yes					Income	
No				No						
No Image: Constraint of the stand stan				Yes					Income	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,				No			a			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.	3.	Verification								
is in accordance with the provisions.		I have read and understand FPPC Regulati	ons 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of a	admissions, set for	th above,	
		is in accordance with the provisions.								

In	MICHELLE DIANDA	Ticket Administrator	10/11/12
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distrib	outions	i			Α	Public Do	cument
1.	. Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region	ı (if applical	ble)				For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Na	me, Title)				Amendment (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, Bo	oard of S	upervisors					
	Area Code/Phone Number E-	-mail				Date of Original Filing:	(month, day, year,)
	(510) 272-3882 c	rystal.his	hida@acgov.o	org				
2.	Function, Event, or Cerem	onial R	ole Informat	ion				
	Title Golden State Warriors Ga	ame			Face \	/alue of Each Admissi	on \$ _150.00	
								,
	Description Basketball Game				Date(s	s) <u>11 / 14 / 12 / / / / / / / / / / / / / / / / / </u>		/
	Ticket(s)/Admission(s) provi	ded by a	dency? Yes		If no. Gold	len State Warriors		
		aca by a	gonoy: 103			Name of Source		
	Was the distribution to perso	one ideni	tified below n	nade at th	e hehest of	f an agency official?		
	was the distribution to perse	JIIS IUCIII		nauc at th	c benesi oi	an agency official:		
	Yes 🗹 No 🔲 If yes	. Valle, Ri	chard- Supervis	or District 2				
			Official's	Name (Last, I	irst) and Title			
	The identity of recipient(s)) and the	e explanatio	on:				
	Name					e income box if the agency off		
	(Last, First) or		Number of	Agency		taxable income. If the agency official performed a ceremonial r also provide a description.		
	Organization		Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purpo ial roles, performed by an ager		ual an
				organiza	tion.		ual, or	
				nonprofit organization for its	contributions to	Income		
			4	No 🗹	the communi	ty		
36120 Ruschin Dr., Newark CA 94560 Yes 🔲							Income	
	1			No 🗖			-	
	Helps the needs of youth, senior citizens	and the		Yes 🗖				Income
	needy			No 🗖				
				Yes 🔲				Income
	1			No 🗖				
				Yes 🗖				Income

3. Verification

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

No 🔲

	MICHELLE DIANDA	Ticket Administrator	W/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 \$20

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

Ti	cket/Admission Dist	ributions	A Public Document			
1.	Agency Name			Date Stamp	California 802	
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisors					
	Street Address					
	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 Cer	emonial Role Information				
Title Golden State Warriors Game			Face \	/alue of Each Admissi	on \$ _100	
	Description Basketball Game			<u>, 11 , 07 , 12</u>	//	

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

Name of Source

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

If yes: Valle, Richard- Supervisor District 2 Yes 🗹 No 🗆

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization. 	nial role,
Hayward Arts Council	4	Yes 🗖	To reward a nonprofit organization for its contributions to	Income
	4	No 🔽	the community	
22394 Foothill Ave. Hayward, CA 94541		Yes 🗖		Income
		No 🗖		
Supports art programs and galleries in Hayward		Yes 🗖		Income
		No 🗖		
		Yes 🗖		Income
	8	No 🗖		
		Yes 🗖		Income
		No 🗖		

3. Verification

. /1

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

IN P	MICHELLE DIANDA	Ticket Administrator	W/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 \$20

Ticket/Admission Distribution	າຣ				A	Public Do	ocument
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	
Division, Department, or Region (if appl	icable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title,					Amendment (Must pro	ovide explanation ir	n Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number [E-mail	Supervisors				Data of Original Filing		
					Date of Original Filing: _	(month, day, yea	ar)
the second se	nishida@acgov.	the second s	_				
2. Function, Event, or Ceremonial	Role Informa	tion					
Title Oakland Raiders vs. Jaguars			_	Face \	/alue of Each Admiss	ion \$ _222.00)
Description Football Game			-	Date(s	3) <u>10</u> <u>21</u> <u>12</u>	/	/
Ticket(s)/Admission(s) provided by	agency? Yes		0 🗸	If no: Oakl	and Raiders Name of S	Sourco	
					Name or a	Source	
Was the distribution to persons ide	entified below r	nade a	at th	e behest of	f an agency official?		
	Dishard Suparvis	or Diotr	iot 0				
Yes 🖸 No 🔲 If yes: <u>valle</u> ,	Richard- Supervis Official's	Name (I	ast.	First) and Title			
The identity of recipient(s) and	the explanation	on:		1			
Name (Last, First)	Number of	Age	acv.	INC. CONTRACTOR INC.	e income box if the agency of ncome. If the agency official p		
or	Admission(s)/	Offic		A006 11 00	vide a description.	eee including	
Organization (Name, Address, Description)	Ticket(s)				ome, describe the public purp ial roles, performed by an age tion.		dual, or
Bucci, Mike		Yes		To reward a	community volunteer for his	service to the	Income
	4	No	\checkmark	public.	·		
		Yes					Income
		No					
		Yes					Income
		No		ļ	5		
		Yes	_				Income
		No					
		Yes					Income
		No					
3. Verification				2021		12. 42. 17.0%	
I have read and understand FPPC Regulation is in accordance with the provisions.	ations 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of adr	missions, set fo	orth above,

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

is in accordance with the provisions.

A	Public	Document
<i>u</i> w		Beeninging

110	Retraumssion Distri									
1.	Agency Name						, Date Stam	пр	California	802
	County of Alameda							Form	002	
	Division, Department, or Region (if applicable)							For Official L	lse Only	
	Board of Supervisors						a.			
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (//						Amendment	(Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors				Data of Original	Filinge		
		E-mail					Date of Original	riing:	(month, day, year)
_			shida@acgov.					-		
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Golden State Warriors	vs. Denver	Nuggets			Face \	/alue of Each A	Admissi	on \$ _100.00	
	Description Basketball Gam	1e			_	Date(s	;) <u>11</u> 10	, <u>12</u>	/	/
Ticket(s)/Admission(s) provided by agency? Yes D No 🗹 If no: Golden State Warriors						If no: Gold	en State Warriors	Name of C		
	Name of Source									
	NA/aa Alaa diaduibudiana da nagu	o o no islam	tified below r	ando e	- 6 6 6 1	a hahaat at				
	Was the distribution to pers Yes ☑ No ロ If ye		ichard- Supervis	or Distr	ict 2	e behest of				
		es: <u>Valle, Ri</u>	ichard- Supervis Official's	or Distr Name (L	ict 2					
	Yes ☑ No ☐ If ye The identity of recipient(Name (Last, First) or	es: <u>Valle, Ri</u>	ichard- Supervis Official's e explanatic Number of Admission(s)/	or Distr Name (L	ict 2 Last, I	First) and Title ● Check th taxable i also prov	e income box if the a ncome. If the agency vide a description.	ficial? agency offi y official pe	cial claims admiss	
	Yes ☑ No ロ If ye The identity of recipient(Name (Last, First)	es: <u>Valle, Ri</u> s) and th	ichard- Supervis Official's e explanatic Number of	or Distr Name (L on: Agei	ict 2 Last, I	First) and Title ● Check th taxable i also prov ● If not inc	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l	ficial? agency offi y official pe ublic purpc	cial claims admiss erformed a ceremo	onial role,
	Yes ☑ No ☐ If ye The identity of recipient(Name (Last, First) or Organization	es: <u>Valle, Ri</u> s) and th	ichard- Supervis Official's e explanatic Number of Admission(s)/	or Distr Name (L on: Agei	ict 2 Last, I ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	onial role,
	Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	es: <u>Valle, Ri</u> s) and th	ichard- Supervis Official's e explanatic Number of Admission(s)/	or Distr Name (L on: Agen Offic	ict 2 Last, I ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed i tion.	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	onial role, ual, or
	Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	es: <u>Valle, Ri</u> (s) and th tion)	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Agen Offic	ict 2 Last, I ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	ual, or Income
	Yes No hit is in the identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Ruggieri Senior Center 33997 Alvarado-Niles Rd, Union City, G	es: <u>Valle, Ri</u> (s) and th tion) CA 94587	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Ager Offic Yes No Yes No	ict 2 Last, I ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	ual, or Income Income Income
	Yes No higher The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Ruggieri Senior Center	es: <u>Valle, Ri</u> (s) and th tion) CA 94587	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Ager Offic Yes No Yes No	ict 2 Last, / ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	ual, or Income
	Yes No hit is in the identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Ruggieri Senior Center 33997 Alvarado-Niles Rd, Union City, G	es: <u>Valle, Ri</u> (s) and th tion) CA 94587	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Ager Offic Yes No Yes No Yes	ict 2 Last, / ncy cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	ual, or Income Income Income
	Yes No hit is in the identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Ruggieri Senior Center 33997 Alvarado-Niles Rd, Union City, G	es: <u>Valle, Ri</u> (s) and th tion) CA 94587	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 Last, / Cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	ual, or Income Income Income
	Yes No hit is in the identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Ruggieri Senior Center 33997 Alvarado-Niles Rd, Union City, G	es: <u>Valle, Ri</u> (s) and th tion) CA 94587	ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	or Distr Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 Last, / Cial	First) and Title Check th taxable i also prov If not inc ceremon organiza To promote h	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed l tion. nealth, motivate and	ficial? agency offi y official pe ublic purpo by an agen d provide	cial claims admiss erformed a ceremo ose, including icy official, individ opportunities to	Income

 MICHELLE DIANDA
 Ticket Administrator
 0/19/12

 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 a value of \$20

Α	Pub	lic	Document
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11	cket/Admission Distribu	Juons					<i>I</i> =	rubiic Do	
1.	Agency Name			=			Date Stamp	California Form	802
	County of Alameda								
	Division, Department, or Region (if applicable)							For Official U	lse Only
	Board of Supervisors								
	Street Address			2					
	1221 Oak Street, Suite 536						2		
	Designated Agency Contact (Nam	e, Title)					Amendment (Must p	rovide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, Boa	ard of S	upervisors					· · · · · · · · · · · · · · · · · · ·	, i
	Area Code/Phone Number E-n	nail					Date of Original Filing:	(month, day, year)
	(510) 272-3882 cry	ystal.his	hida@acgov.c	org					
2.	Function, Event, or Ceremo	onial R	ole Informat	ion					
								♠ 56.85	
	Title Disney on Ice					Face V	/alue of Each Admis	sion \$	
	Description Concert					Dato/c) <u>10 , 20 , 12</u>	1	1
	Description					Date(s	·)//		/
	Ticket(s)/Admission(s) provid	ad by a	aoney? Vee		. 🗖	If no. Gold	en State Warriors		
	Ticket(s)/Admission(s) provid	eu by a	gency? res) <u>[</u>	II 110	Name of	Source	
	Was the distribution to person	ns ident	tified below n	nade a	t the	e behest of	an agency official?		
		Valle, Ri	chard- Supervis	or Distri	ict 2				
	Yes 🗹 No 🔲 If yes: .		Official's l	Vame (L	.ast, F	First) and Title			
	The identity of recipient(s)	and th	e explanatio	n					
						Check th	e income box if the agency o	fficial claims admiss	tion as
	Name (Last, First)		Number of	Ager	ncv		ncome. If the agency official		
	or		Admission(s)/	Offic			vide a description. ome, describe the public pu	nose including	
	Organization (Name, Address, Description	1)	Ticket(s)			ceremon	ial roles, performed by an ag		ual, or
	Smith, John			Yes	Π	organiza To promote a	attendance at an event hel	d at a County	Income
	Smith, Sonn		4			a strategy and the second	er to maximize potential re	•	
		к.		Yes	Π				Income
				No					
				Yes					Income
				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. <

MAR	MICHELLE DIANDA	Ticket Administrator	10/19/12
Signature of Agency Head or Designee	Print Name	Title	(month, day year)

A Public Docum	ient	
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1. Agency Name					Date Stamp	California	000
County of Alameda					-		802
county of Alamoda	County of Alameda					Form	
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 prov	vide explanation in I	Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervi	sors						÷
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, year,)
(510) 272-3882 crystal.hishida@		-					
2. Function, Event, or Ceremonial Role In	format	ion					
Title Disney on Ice			-	Face \	/alue of Each Admissi	on \$ _56.85	
Description Concert	4		_	Date(s	<u>) 10 21 12</u>	/	/
Ticket(s)/Admission(s) provided by agency	12 Vac		. 5	If no. Gold	en State Warriors		
Ticket(s)/Admission(s) provided by agency	/ ies			II 110	Name of S	ource	
Was the distribution to persons identified by Yes I No I If yes: Valle, Richard-				e behest of	an agency official?		
Yes 🖸 No 🔲 If yes: Valle, Richard-	Official's N	Vame (L	.ast, F	irst) and Title			
The identity of recipient(s) and the exp	lanatio	n:					
or Admis	iber of ssion(s)/	Ager Offic		taxable i also prov	e income box if the agency offi ncome. If the agency official pe vide a description. ome, describe the public purpo	erformed a ceremo	
(Name, Address, Description)	ket(s)			ceremon organiza	ial roles, performed by an agen tion.	cy official, individ	ual, or
Nguyen, Cindy		Yes			attendance at an event held a	-	Income
4			1	facility in orde	er to maximize potential reve	nue from sales.	
		Yes					Income
		No					
		Yes					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.

MAND	MICHELLE DIANDA	Ticket Administrator	10/19/1Z
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docu	ment
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	CREVAUIIISSION DISUIN	Julions							Gamena
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Region	n (if applical	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	ame, Title)					Amendment (Must pro	vide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk, B	loard of S	upervisors						
	Area Code/Phone Number E	-mail					Date of Original Filing:	(month, day, year,)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Ceren	nonial R	ole Informat	ion					
								<u> </u>	
	Title Spookfest				-	Face \	/alue of Each Admissi	on \$	
	- Concert						a) <u>10 / 26 / 12</u>	,	,
	Description Concert				-	Date(s	s) <u> </u>	/	/
						Gold	en State Warriors		
	Ticket(s)/Admission(s) provi	ided by a	gency? Yes		0 🗹	If no:	Name of S	Source	
	Was the distribution to perse	ons ident	tified below n	nade a	at the	e behest of	an agency official?		
		Valle Ri	chard- Supervis	or Distr	ict 2				
	Yes 🕢 No 🔲 If yes	S:	chard- Supervis Official's	Name (I	Last, F	-irst) and Title			
)							
	The identity of recipient(s	s) and the	e explanatio	on:					
	Name (Last, First)		N 1 6	A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e income box if the agency offi ncome. If the agency official p		
	or		Number of Admission(s)/	Official also		also prov	vide a description.		2
	Organization (Name, Address, Description)	on)	Ticket(s)				ome, describe the public purpo ial roles, performed by an ager		ual, or
	(Nume, Address, Besonpti-				_	organiza		at a County	
	Leocaro, Brenda		4	Yes			attendance at an event held a er to maximize potential reve	-	Income
5			4	No			er to maximize potential reve	inde nom sales.	
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
-				No					
2	Verification								

Verification

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

MAD_	MICHELLE DIANDA	Ticket Administrator	10/24/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

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1. Agency Name			the states of the states of a	Date Stamp	California	202
County of Alameda					Form	002
Division, Department, or Region (if application	able)				For Official U	Jse Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in	Part 3)
Anna Gee, Operations Manager					onde explanation in l	an S.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	;)
510-891-5585 anna.gee	@acgov.org					
2. Function, Event, or Ceremonial R	ole Informat	tion				
					00.00	
Title Athletics vs. Orioles			Face \	/alue of Each Admiss	ion \$	
Baseball Game				b) <u>09</u> <u>15</u> <u>12</u>	09 .16	, 12
Description Baseball Game		Contraction in the local distances	Date(s	s)	/	/
			Oak	and Athlatica		
Ticket(s)/Admission(s) provided by a	agency? Yes	🗆 No 🗹	If no: Oak	Name of S	Source	
Yes ☐ No ☑ If yes: Miley, N The identity of recipient(s) and th			First) and Title	*		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency of ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion	erformed a ceremo	onial role,
United Seniors of Oakland and Alameda County	2	Yes □ No ☑	To promote atte	ndance at an event held at a Coun tial County revenue from parking a		Income
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes 🔲 No 🔲		ж.		Income
senior advocacy		Yes □ No □				Income
Jim Zelinsky	2	Yes □ No ☑		endance at an event held at a mixe potential County revenue		
		Yes 🗖	1			Income
(No 🗖				
3. Verification I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified l	that the distribution of adr	nissions, set for	th above,

AXA '	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Pub	lic	Document
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110	ACUAUIIISSIUII DISUIDU										
1. 4	Agency Name				1. 1 × 1		Date	Stamp	Califo	rnia	005
3	County of Alameda								For		802
	Division, Department, or Region ((if applicat	ble)						For C	Official U	se Only
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Name	ne, Title)									
	Anna Gee, Operations Manager	r					Amendi	ment (Must p	rovide explana	ation in F	Part 3.)
		mail					Date of Orig	ginal Filing:	(manufile of		
	510-891-5585 an	na.gee@	@acgov.org						(month, d	ay, year,	
-	unction, Event, or Ceremo	STREET, STREET	A RANGE AND A REAL PROPERTY AND A REAL PROPERT	tion	10 - 10 - 10			1919 - 1919 - 1919 - 1 91		- + <i>K</i>	
	Fitle Athletics vs. Mariners				-	Face \	/alue of Ea	ch Admis	sion \$ _ <u>38</u>	3.00	
							00 2	8 12	09	29	, 12
	Description Baseball Game				-	Date(s	s)/_2	/			
	licket(s)/Admission(s) provide							Name or	Source		
١	Nas the distribution to person	ns ident i Miley, Na	ified below n ate - Alameda C Official's I	nade a ounty S Name (L	it the	e behest of	f an agency	Name or	Source		
١	Was the distribution to person Yes 🔲 No 🗹 If yes: _	ns identi Miley, Na and the	ified below n ate - Alameda C Official's I	nade a ounty S Name (L	ut the Super .ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon	f an agency re income box if ncome. If the a vide a descriptio ome, descriptio ial roles, perfor	f the agency o gency official on.	fficial claims performed a pose, includi	ceremo ng	nial role,
	Nas the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization	ns identi Miley, Na and the	ified below n ate - Alameda C Official's I e explanatio Number of Admission(s)/	nade a county S Name (L on: Ager Offic	ut the Super .ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency re income box if ncome. If the a vide a descriptio ome, descriptio ial roles, perfor	f the agency o gency official on. the public pur, med by an ag nt held at a Cou	fficial claims performed a pose, includi ency official, nty facility in or	ceremo ng individu rder to	nial role, Ial, or
	Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Ager Offic Yes No Yes	Super ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency e income box if ncome. If the a vide a descriptio ome, describe ial roles, perfor tion. ndance at an even	f the agency o gency official on. the public pur, med by an ag nt held at a Cou	fficial claims performed a pose, includi ency official, nty facility in or	ceremo ng individu rder to	nial role, Ial, or Income
	Was the distribution to person Yes ☐ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar County 7200 Bancroft Ave, Ste 251 - Oakland, CA	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Ager Offic Yes No Yes	Super Super Last, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency e income box if ncome. If the a vide a descriptio ome, describe ial roles, perfor tion. ndance at an even	f the agency o gency official on. the public pur, med by an ag nt held at a Cou	fficial claims performed a pose, includi ency official, nty facility in or	ceremo ng individu rder to	nial role, Ial, or Income Income
	Was the distribution to person Yes □ No ☑ If yes: _ The identity of recipient(s) a (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar County	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Agen Offic Yes No Yes No	Guper ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency e income box if ncome. If the a vide a descriptio ome, describe ial roles, perfor tion. ndance at an even	f the agency o gency official on. the public pur, med by an ag nt held at a Cou	fficial claims performed a pose, includi ency official, nty facility in or	ceremo ng individu rder to	nial role, ial, or Income Income
	Was the distribution to person Yes ☐ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar County 7200 Bancroft Ave, Ste 251 - Oakland, CA	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Ager Offic Yes No Yes No Yes	Construction of the second sec	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent	f an agency ne income box if ncome. If the a vide a describet ome, describet ial roles, perfor tion. Indance at an even tial County revenu	f the agency o gency official on. the public pur med by an ag nt held at a Cou ue from parking	fficial claims performed a ency official, nty facility in or and concession	ceremo ng individu der to n sales	nial role, Ial, or Income Income
	Was the distribution to person Yes ☐ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar County 7200 Bancroft Ave, Ste 251 - Oakland, CA	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the Guper ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent	f an agency e income box if ncome. If the a vide a descriptio ome, descriptio ome, descriptio natarce at an even lial County revenu	f the agency o gency official on. the public pur med by an ag nt held at a Cou ue from parking of event held at a	fficial claims performed a pose, includi ency official, nty facility in or and concession	ceremo ng individu rder to n sales	nial role, ial, or Income Income Income
	Was the distribution to person Yes ☐ No ☑ If yes: _ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alar County 7200 Bancroft Ave, Ste 251 - Oakland, CA	ns identi Miley, Na and the	ified below n ate - Alameda C Official's i e explanatio Number of Admission(s)/ Ticket(s)	nade a county S Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the Guper ast, F	e behest of visor First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote atter maximize potent	f an agency ne income box if ncome. If the a vide a describet ome, describet ial roles, perfor tion. Indance at an even tial County revenu	f the agency o gency official on. the public pur med by an ag nt held at a Cou ue from parking of event held at a	fficial claims performed a pose, includi ency official, nty facility in or and concession	ceremo ng individu rder to n sales	nial role, Ial, or Income Income Income

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

	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and

	А	Pub	lic	Document
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Ticket/Admission Distribution	15				A Public Documer
1. Agency Name	the Househouth and the second second			Date Stamp	California
County of Alameda					Form 802
Division, Department, or Region (if appli	icable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title))			Amendment (M	ust provide explanation in Part 3.)
Anna Gee, Operations Manager					
Area Code/Phone Number E-mail				Date of Original Fili	ng:(month, day, year)
510-891-5585 anna.ge	e@acgov.org				
2. Function, Event, or Ceremonial	Role Informat	tion			
Athletics ve. Descere					20.00
Title Athletics vs. Rangers			Face \	/alue of Each Adn	nission \$
Description Baseball Game			Date(s) <u>10 , 01 , 12</u>	2 10 02 12
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes □ No ☑ If yes: <u>Miley</u> ,	entified below n Nate - Alameda C	nade at th	e behest of	Nam	e of Source
	Official s	Name (Last, 1	First) and Title		
The identity of recipient(s) and t	the explanation	on:			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov	ncome. If the agency off ride a description. ome, describe the public ial roles, performed by an	cy official claims admission as icial performed a ceremonial role, purpose, including n agency official, individual, or
Kaplan, Seth	1	Yes 🗖 No 🗹	To promote atter	ndance at an event held at a ial County revenue from parl	Income
Bazar, Chris	1	Yes □ No ☑	30 S	ttendance at an event hel nize potential County rev	enue from parking and
Kokotaylo, Kristopher	1	Yes ☑ No □	1	ttendance at an event hel nize potential County reve	· · · · ·
Polk, Adam	1	Yes □ No ☑		endance at an event held mize potential County rev	at a County facility in Income
		Yes 🔲 No 🔲			Income
3. Verification I have read and understand FPPC Regula is in accordance with the provisions.	ations 18944.1 an	d 18942. I h	ave verified t	hat the distribution of	f admissions, set forth above,

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.) Seth/Chris had Oct 1st game

Tie	cket/Admission Distribut	tions				A	Public Do	cument
1.	Agency Name					Date Stamp	California	002
	County of Alameda	×.					Form	002
	Division, Department, or Region (if	applicable)				,	For Official U	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536					·		
	Designated Agency Contact (Name,	, Title)				Amendment (Must p	rovide explanation in	Part 3.)
	Anna Gee, Operations Manager							
	Area Code/Phone Number E-ma	ail				Date of Original Filing:	(month, day, yea	7
	510-891-5585 ann	a.gee@acgov.org						
2.	Function, Event, or Ceremor	nial Role Informat	ion					-
	Title Division Game #1			_	Face \	/alue of Each Admis	sion \$ _1,822	
	Description Baseball Game			_	Date(s	;) <u>10</u> <u>09</u> <u>12</u>	/	/
	Ticket(s)/Admission(s) provide	d by agency? Yes		0 🗸	If no: Oakl	and Athletics		
						Name of	Source	
	Was the distribution to persons	s identified below n	nade a	at th	e hehest of	an agency official?		
	the distribution to persone				0 0011001 01	an agonoy omolar.		
	Yes 🔲 No 🗹 Ifyes: 💆	/iley, Nate - Alameda C Official's I	ounty S	Super	visor			
		Official's I	Name (l	_ast, I	First) and Title			
	The identity of recipient(s) a	nd the explanatio	n:					
	Name				 Contraction and the State of th	e income box if the agency o		
	(Last, First)	Number of	Age		Carlos and the second second second second	ncome. If the agency official vide a description.	performed a ceremo	onial role,
	or Organization	Admission(s)/ Ticket(s)	e If not ir		e If not inc	income, describe the public purpose, including		
	(Name, Address, Description)				organiza		and the second second	ual, or
	Linton, Donna		Yes			ndance at an event held at a Cou		Income
	Server and a stational	1	No	\checkmark	maximize potent	tial County revenue from parking	and concession sales	
	Goss, Cemal		Yes		To promote at	ttendance at an event held at	a County facility in	Income
		1	No	\checkmark	and the second	mize potential County revenue		
	Kokotaylo, Kristopher		Yes	1		ttendance at an event held at		Income
		1	No		order to maxir	mize potential County revenue	e from parking and	
			Yes		1	endance at an event held at a		Income
	Shintani, Kevin	1	No	\checkmark		mize potential County revenu		10000
			Yes				j	Income
	\frown		No					
3	Verification			Antonio matti dar				State Part of Control
υ.	I have read and understand FPPC R	egulations 18944.1 an	d 1894	2. I h	ave verified l	that the distribution of ac	lmissions, set for	th above,
-	is in accordance with the provisions.				2		· · · · · · · · · · · · · · · · · · ·	
	XI AV I							

A.	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

C

1. Agency Name

Board of Supervisors Street Address

Area Code/Phone Number

eremonial Role Events and cket/Admission Distributions		A Public Document
Agency Name	Date Stamp	California 802
County of Alameda		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors		

1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Anna Gee, Operations Manager

510-891-5585 anna.gee@acgov.org 2. Function, Event, or Ceremonial Role Information

E-mail

Title Division Game #2 & #3	Face Value of Each Admission \$	22
Description Baseball Game	Date(s) <u>10</u> <u>10</u> <u>12</u> <u>10</u>	,11 ,12

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

Name of Source

(month, day, year)

Date of Original Filing: _

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

If yes: <u>Miley, Nate - Alameda</u> County Supervisor Yes 🗖 No 🖸

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

AAN .	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attach	ment for any additional information inclu	ding amendment explanation.)	

Neal Hickey received 10/10/12

X

Agency Report of: Ceremonial Role Events and Tic

Ti	cket/Admission Dist		5			A	Public Document	
1.	Agency Name	Agency Name					California	
	County of Alameda						Form 802	
	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)						
	Anna Gee, Operations Chie	f				Amendment (Must pro	wide explanation in Part 3.)	
		E-mail				Date of Original Filing: _		
		0000 000					(month, day, year)	
2	(510) 272-6694	The second s	@acgov.org	lieu	1			
4.	Function, Event, or Cere	emoniai R	ole informat	lion				
	Title Kevin Hart Fac					Value of Each Admission \$ _92.62		
	Description Concert				Date(s	s) <u>10 / 05 / 12</u>	//	
					Gold	len State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	🛛 No 🗹	If no:	Name of Source		
	Was the distribution to per Yes ☑ No 🔲 If y		ate, Alameda Co	ounty Board		rs, District 4		
			Oniciaisi	ivanie (Lasi, i	nsi) and mie			
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency off ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an age	erformed a ceremonial role, ose, including	

organization. To promote attendance at an event held at a County facility in order to Yes 🗖 Income Pete, Geoffrey maximize potential County revenue from parking and concession sales 2 No \checkmark Yes Income Gums, Angelica To promote attendance at an event held at a County facility in 2 No \checkmark order to maximize potential County revenue from parking and Income . 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. n. l.

- Conto	Anna Gee	Operations Manager	10/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	icket/Admission Distribut	tions							cument
1.	Agency Name					Date Stamp	Cali	fornia	802
	County of Alameda		and the second se	Contract of the local division of the local					
	Division, Department, or Region (if		Fo	or Official L	lse Only				
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name,		Amendment (M	ust provide expl	anation in i	Part 3.)			
	Anna Gee, Operations Chief					Data of Original Fill			
	Area Code/Phone Number E-ma					Date of Original Fili	ng:(month	, day, year)
uner C		a.gee@acgov.org			an a				
2.	Function, Event, or Ceremon	ual Role Informat	lion						
	Title Justin Bieber Face V					/alue of Each Adn	nission \$ _	103.85	
				_					
	Description Concert Date(s				;) <u>10 6 1</u> 2		/	/	
	Ticket(s)/Admission(s) provided by agency? Yes 🔽 No 🗹 If no: Gold					en State Warriors	e of Source		
						, van	0 01 000100		
	Was the distribution to persons	liley, Nate, Alameda Co					al f		
	Yes 🗹 No 🔲 Ifyes: 💆	Official's	Name (L	.ast, I	First) and Title	and the second se			
	The identity of recipient(s) a	nd the explanatio	m.						
					Check th	e income box if the agen	cy official clair	ns admiss	ion as
	Name (Last, First)	Number of	Age	ıcy	taxable i	ncome. If the agency off			
	or Organization	Admission(s)/	Offic	ial		rovide a description. ncome, describe the public purpose, including			
	(Name, Address, Description)	Ticket(s)				ial roles, performed by a			ual, or
	O'Grady, Kathy		Yes		To promote atter	ndance at an event held at a			Income
		4	No		maximize potent	lial County revenue from par	king and concess	sion sales	D
	helder in the second		Yes		1				Income
			No	\checkmark					
			Yes						Income
			No						
			Yes						Income
			No						
	\frown	2	Yes						Income
			No				ni dan katalah dapat karan dala		
3.	Verification								
	I have read and understand FPPC Re is in accordance with the provisions.	egulations 18944.1 an	d 1894	2. I h	ave verified t	that the distribution o	f admissions	s, set for	th above,
						Chief			

Signature of Agency Head or Designee	Print Name	Title

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

Anna Gee

10/1/12

(month, day, year)

Operations Manager

	A	Public	Document
Date Stamp	100	Califor	

1.	Agency Name						Date Stamp	California	802
	County of Alameda					2		Form	002
	Division, Department, or Regi	on (if applica	nble)					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)
	Anna Gee, Operations Chief	F							,
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month. day year	-)
	(510) 272-6694	anna.gee	@acgov.org					(inonia, day, you	,
2.	Function, Event, or Cere		A 10 YO M REPORT OF A 1999 YO M REPORT OF A 1	ion				- and the second second	
								50 0F	
	Title Disney on Ice				-	Face V	alue of Each Admissi	on \$ <u>56.85</u>	
	P Concert) <u>10</u> , <u>17</u> , <u>12</u>	10 . 20	, 12
	Description Concert				-	Date(s)		
						Gold	on State Marriers		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	✓ No) []	If no:	Name of S	ource	
	Was the distribution to per	sons iden	tified below n	nade at	t the	behest of	an agency official?		
		Miley N	ate Alameda Co	unty Bo	ard c	f Supervisor	District 4		
	Yes 🗹 No 🔲 Ify	es:	ate, Alameda Co Official's I	Vame (La	ast. F	irst) and Title			
	The identity of a later in the				, .	,			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name						e income box if the agency official period		
	(Last, First) or		Number of Admission(s)/	Agen Offici		also prov	taxable income. If the agency official performed a ceremonial role, also provide a description.		
	Organization	tion)	Ticket(s)		Ĩ		ome, describe the public purpo al roles, performed by an agen		ual, or
	(Name, Address, Descrip	nion)				organizat	tion.		
	SAVE - 1900 Mowry Ave. Suite	204		Yes	_	to reward a non	profit organization for the service to	o the community	Income
	Fremont, CA 94538		4	No					
	supports people that experience viole	nce		Yes					Income
				No				• • • •	
				Yes					Income
	Kintz, David		4	Yes		To promote at	ttendance at an event held at a	County facility in	Income
						order to maxir	nize potential County revenue f	rom parking and	
				Yes	m				
	\frown			No					Income

3. Verification

5

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.

AAC	Anna Gee	Operations Manager	10/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1. Agency Name	Agency Name				Date Stamp	California	802		
County of Alameda						Form			
Division, Department, or Region (if app	blicable)					For Official U	Jse Only		
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536	-								
Designated Agency Contact (Name, Title)					Amendment (Must provide explanation in Part 3.)				
Anna Gee, Operations Chief Area Code/Phone Number E-mail					Date of Original Filing:				
					(month, day, year)				
Martin Coll and a state and descendences and an excellence of the other state and the state of the state of the	ee@acgov.org	lien							
2. Function, Event, or Ceremonia	i kole informat	lion							
Title Family Bridges				Face V	/alue of Each Admis	sion \$			
Description Concert				Date(s) <u>11</u> <u>03</u> <u>12</u>	//	/		
				0.11					
Ticket(s)/Admission(s) provided b	y agency? Yes	ΠN	0 🗸	If no: Gold	en State Warriors	f Source	110-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Was the distribution to persons id	lentified below n	nade a	at the	e behest of	an agency official?				
Miles	v Nate - Alameda C	Cunty S	Super	visor					
Yes No 🗹 If yes: Miley	y, Nate - Alameda C <i>Official's</i>	Name (I	Last, I	First) and Title					
The identity of recipient(s) and)//. I		l a Ohaalist	- turning have to the amount	ficial alabas admin	-lon -0		
Name (Last, First)	Number of	er of Agency taxable i ion(s)/ 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. icome, describe the public purpose, including nial roles, performed by an agency official, individual, or ation.				
or	Admission(s)/								
Organization (Name, Address, Description)	Ticket(s)								
Mok, Jennifer		Yes		To promote atter	ndance at an event held at a Co		Income		
WOR, Serimer	12	No		maximize potent	ial County revenue from parking	and concession sales			
	1	Yes		1			Income		
		No							
		Yes					Income		
		No							
		Yes					Income		
		No							
		Yes					Income		
		No							
3. Verification									
I have read and understand FPPC Regu	ılations 18944.1 an	d 1894	2. I h	ave verified l	that the distribution of a	dmissions, set for	rth above,		
is in accordance with the provisions.									

- AAK	Anna Gee	Operations Manager	10/01/2012	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
A Public Document				

I. Agency Name					Date Stamp		California	002
County of Alameda							Form	002
Division, Department, or Region (if a	applicable)						For Official L	Jse Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, 7	Title)				Amendment (Mu	ist provi	ide explanation in	Part 3.)
Anna Gee, Operations Chief					tend .			
Area Code/Phone Number E-mai	il				Date of Original Filir	ng:	(month, day, year)
510-891-5585 anna	a.gee@acgov.org							
2. Function, Event, or Ceremon	ial Role Informat	tion				Contraction of the local sector		
Title Disney on Ice							56.85	
Title Disney office			-		/alue of Each Adm			
Description concert				Datale) <u>10</u> <u>21</u> <u>12</u>	2	1	1
Description			•	Daters	•]			
	by agoncy2 Vee			If no. Gold	en State Warriors			
Ticket(s)/Admission(s) provided						(0		
Ticket(s)/Admission(s) provided Was the distribution to persons Yes I No I If yes: <u>Mi</u>	identified below n	nade at	t the	behest of	f an agency officia		burce	
Was the distribution to persons	identified below n iley, Nate - Alameda C Official's	nade af County Su Name (La	t the	behest of	f an agency officia		Jurce	
Was the distribution to persons Yes □ No ☑ If yes: <u>Mi</u> The identity of recipient(s) an Name	identified below n iley, Nate - Alameda C Official's	nade af County Su Name (La	t the	behest of risor irst) and Title Check th	f an agency officia	al? cy offic	ial claims admiss	
Was the distribution to persons Yes □ No ☑ If yes: Mi The identity of recipient(s) an Name (Last, First)	identified below n iley, Nate - Alameda C Official's nd the explanatic Number of	nade at County Su Name (La On: Agen	t the uperv ast, Fi	behest of risor irst) and Title Check th taxable i	f an agency officia	al? cy offic	ial claims admiss	
Was the distribution to persons Yes □ No ☑ If yes: <u>Mi</u> The identity of recipient(s) an Name (Last, First) or Organization	identified below n iley, Nate - Alameda C Official's nd the explanatic	nade at County Su Name (La	t the uperv ast, Fi	 behest of risor irst) and Title Check the taxable in also provoil finot ince 	e income box if the agency officiant ncome. If the agency officiant vide a description.	AI? cy offic icial per purpos	ial claims admiss formed a ceremo	onial role,
Was the distribution to persons Yes □ No ☑ If yes: <u>Mi</u> The identity of recipient(s) an Name (Last, First) or	identified below n iley, Nate - Alameda C Official's ad the explanatic Number of Admission(s)/	nade at County Su Name (La On: Agen	t the uperv ast, Fi	 behest of isor irst) and Title Check th taxable is also provide on the original content of the origenet of the original content of the original content of the	f an agency officia re income box if the agenu ncome. If the agency offi- vide a description. some, describe the public ial roles, performed by ar tion.	al? cy offic cial per purpos n agenc	ilal claims admiss rformed a ceremo se, including sy official, individ	onial role, ual, or
Was the distribution to persons Yes □ No ☑ If yes: <u>Mi</u> The identity of recipient(s) an Name (Last, First) or Organization	identified below n iley, Nate - Alameda C Official's ad the explanatic Number of Admission(s)/	nade af County St Name (La On: Offici	t the uperv ast, Fi	 behest of isor irst) and Title Check the taxable is also protocoremon organiza To promote atte 	f an agency officia te income box if the agency ncome. If the agency offi- vide a description. ome, describe the public ial roles, performed by ar	al? cy offic icial per purpos n agenc County	ial claims admiss formed a ceremo se, including sy official, individ facility in order to	onial role,
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ACX .	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Public	Docume	nt
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1. /	Agency Name						Date Stamp		California	202
	County of Alameda								Form	004
i	Division, Department, or Regional structure of the second structure of the sec	on (if applica	able)						For Official U	Jse Only
	Board of Supervisors									
3	Street Address						-			
	1221 Oak Street, Suite 536	I.								
Ĩ	Designated Agency Contact (/	Vame, Title)					Amendment (/	Must prov	vide explanation in	Part 3.)
	Anna Gee, Operations Chief								nanta de p ara de acesso de la com	
	Area Code/Phone Number	E-mail					Date of Original Fi	ling:	(month, day, year)
in such as	510-891-5585	CONTRACTOR OF TAXABLE PARTY OF TAXABLE PARTY.	@acgov.org							
.	Function, Event, or Cere	monial R	ole Informat	ion						
	Title Disney on Ice					Face \	/alue of Each Ad	Imissi	on \$ _56.85	
I	Description <u>concert</u>		G		_		s) <u>10 18 </u>			, 12
	Ticket(s)/Admission(s) prov Was the distribution to pers						144	me of S	ource	
٩	Was the distribution to pers Yes ☐ No ☑ If ye	sons iden es: _ ^{Miley, N}	t ified below n late - Alameda C <i>Official's l</i>	nade a ounty S Name (L	it the	behest of	f an agency offic		ource	
P	Was the distribution to per-	sons iden es: _ ^{Miley, N}	tified below n late - Alameda C Official's I ne explanatio	nade a ounty S Vame (L on:	a t the Superv .ast, F	behest of visor irst) and Title Check th taxable i	f an agency offic	ial?	cial claims admiss	
P	Was the distribution to pers Yes ☐ No ☑ If ye The identity of recipient(Name	sons iden es: ^{Miley, N} s) and th	t ified below n late - Alameda C <i>Official's l</i>	nade a ounty S Name (L	t the Superv .ast, F	 behest of visor irst) and Title Check the taxable is also prov If not inc ceremon 	f an agency offic f an agency offic ncome box if the agency o vide a description. oome, description. ial roles, performed by	ial? ency offi fficial pe lic purpo	cial claims admiss prformed a ceremo se, including	onial role,
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is in accordance with the provisions.		Chief	
Het.	Anna Gee	Operations Manager	10/01/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	Α	Pub	lic	Document
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le)					1 Onth	A TRANSIER AND I AN
le)					For Official U	se Only
				Amendment (Must p	rovide explanation in I	Part 3.)
				Date of Original Filing: .	(month, day, year	
acgov.org						
le Informat	ion					
		-				
		_	Date(s) <u>11 , 16 , 12</u>	/	/
jency? Yes	🖸 No	o √	If no: Gold	en State Warriors	Source	
				Nume of	000/00	
fied below n	nade a	it the	e behest of	an agency official?		
te, Alameda Co	ounty Bo	bard o	of Supervisor	s, District 4		
Official's I	vame (L	.ast, F	-irst) and Title			
explanatio	n:					
				i de la companya de l		
Number of Admission(s)/					performed a cereme	marrole,
Ticket(s)			 If not inc ceremon 	ome, describe the public pur ial roles, performed by an ag	pose, including ency official, individ	ual, or
			organizat	tion.	An and the second second second second	
<u>_</u>	2 million 100					Income
2		No. of Concession, Name				
2						Income
2	No		1		e from parking and	
						income
	No					
		The statement of the st	1			
	Yes					Income
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	No					
	No Yes No			that the distribution of ac		Income
	le Informat gency? Yes fied below n te, Alameda Co Official's I explanatio Number of Admission(s)/	Ie Information Jency? Yes ☑ No fied below made a te, Alameda County Bo Official's Name (L official's Name (L official's Name) Admission(s)/ Ticket(s) 2 No 2 No Yes No	Ie Information Jency? Yes I No I fied below made at the te, Alameda County Board o Official's Name (Last, F explanation: Number of Admission(s)/ Ticket(s) 2 Yes I No I	Ie Information Face N Face N Date(s Jency? Yes [] No [] If no: Gold Gold fied below made at the behest of If no: Gold fied below made at the behest of Gold of Supervisor Official's Name (Last, First) and Title Official's Name (Last, First) and Title explanation: • Check th taxable is also provoir organiza Number of Admission(s)/ Ticket(s) Agency Official • Check th taxable is also provoir organiza 2 Yes [] No [] To promote atte maximize potent 2 Yes [] No [] To promote atte	Deacgov.org Ile Information Ile Information Face Value of Each Admiss Date(s) 11 16 12 Jency? Yes Ino: Golden State Warriors Jency Jency If no: Golden State Warriors Jency Jency Jency Jency Jency Jency Jency Jency Jency Jency Jency Jency Mamber of Agency Official • Check the income box if the agency official also provide a description. Number of Agency Official • Check the income describe the public purceremonial roles, performed by an agorganization. 2 No	Ie Information Face Value of Each Admission \$ 58.00 Date(s) 11 12

ARL.	Anna Gee	Operations Manager	10/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ti

Ticket/Admission Distributi	ons			A F	Public Do	cument
1. Agency Name				Date Stamp	California	202
County of Alameda			Form	002		
Division, Department, or Region (if a	pplicable)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 7	īitle)		r	Amendment (Must provi	ide explanation in l	Part 3)
Cheryl Perkins, Interim Clerk, Boa	rd of Supervisors		1		ao explanation in t	un oly
Area Code/Phone Number E-mai	I		C	Date of Original Filing:	(month, day, year)
(510) 272-3882 chery	/l. perkins@acgov.	.org			(·····,, , , , , , , , , , , , , , ,	, ,
2. Function, Event, or Ceremon	al Role Informa	tion				
					# 400	
Title			Face Val	ue of Each Admissio	on $ \frac{3138}{}$	
Description Family Bridges	·······		Date(s) -	11 , 3 , 12	/	/
·			(-) -			
Ticket(s)/Admission(s) provided	by agency? Yes		I If no. Golden	State Warriors		
	, , , , ,			Name of So	ource	
Was the distribution to persons Yes ☑ No ☑ If yes: <u>Su</u> The identity of recipient(s) an	pervisor Wilma Chan Official's	Name (Last,				
			Check the tr	come box if the agency offic	lat alaima admina	•
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable inco also provide If not incom	me. If the agency official per a description. e, describe the public purpos roles, performed by an agenc	formed a ceremo	nial role,
_		Yes 🗖		attendance at an even		Income
Gonzales, Tim	4	No 🗹	County facilit	y in order to maximize	e potential	
		Yes 🗖	County reve	nue from sales.		Income
		No 🗖		ac nom sales.		
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖		na tanàn 10 100000 - ao amin'ny fisiana dia mampi		Income
		No 🗖				

3. Verification

2.

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

	Alexandra Boskovich	Ticket Administrator	10/30/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

11	cket/Admission Distribution	1S				A	Public Do	ocumen
1.	Agency Name	Terrier Angenis House in the second an Apartmeter gen	UT BABALTERNO			Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if appli	icable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Must pre	ovide explanation in	n Part 3.)
	Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number [E-mail	of Supervisors				Date of Original Filing:		
						Date of Original Filing: _	(month, day, yea	ar)
2	(510) 272-3882 crystal. Function, Event, or Ceremonial	the second se	in some of the second se					
۷.	Function, Event, or Geremonial	Role informat	tion					
	Title				Face \	/alue of Each Admiss	ion \$ <u>\$100+</u>	\$20-park
	Description Warriors vs. Phoenix Section 2015	uns			Date(s) <u>10 / 23 / 12</u>	/	/
					Cald			
	Ticket(s)/Admission(s) provided by	agency? Yes		o √	If no: Gold	Name of	Source	
	Was the distribution to persons ide	entified below n	nade a	it th	e behest of	an agency official?		
	Yes 🔽 No 🔲 If yes: Super	viso: Wima Chan						
	Yes 🔽 No 🗋 If yes: Super	Official's	Name (L	ast, I	First) and Title			
	The identity of recipient(s) and t	he explanatio	n.					
	Name		1		e Check th	e income box if the agency of	ficial claims admir	ssion as
	(Last, First)	Number of	Ager	ю	taxable in	ncome. If the agency official p		
	or Organization	Admission(s)/	Offic	ial		/ide a description. ome, describe the public purp	ose, including	
	(Name, Address, Description)	Lister(s)			ceremon organiza	ial roles, performed by an age tion.	ncy official, indivi	dual, or
		The first state of the state of	Yes		To promot	e attendance at an eve		Income
	Byrd, Zelma	4 tickets + 1	No	\checkmark	County fac	ility in order to maximi	ze potential	
			Yes		County rev	venue from sales.		Income
		parking pass	No					
			Yes					Income
			No					
		1						Income
			No					
		ŝ.	Yes No					Income
2	Verification			innel USER.MED				
υ.	I have read and understand FPPO Regula	tions 18944 1 an	11294	> I h	ave verified t	hat the distribution of adr	nissions set fo	rth abovo
	is in accordance with the provisions.	50 F					10010110, 06110	
		exandra Boskov	ich		Tioko	t Administrator	10100	0040
		Contrast Contrastant - State State State Strength La Sociality			пске	t Administrator	10/23/	
	Signature of Agency Head or Designee	Print Nar	ne			Title	(moni	th, day, year)

Agency Report of: Ceremonial Role Events and Ti

	Α	Pub	lic	Docum	ent
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Ticket/Admission Distribution	ons			A Public D	
1. Agency Name				Date Stamp Californi Form	a ഉറാ
County of Alameda				Form	
Division, Department, or Region (if a	oplicable)			For Offici	al Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Ti	itle)			Amendment (Must provide explanation	in Part 3)
Cheryl Perkins, Interim Clerk, Boar	d of Supervisors				in an oly
Area Code/Phone Number E-mail	•			Date of Original Filing:	ear)
(510) 272-3882 crysta	al.hishida@acgov.	org		(110101), 203, 3	
2. Function, Event, or Ceremonia					
				A 400	
Title				Face Value of Each Admission \$ <u>\$100</u>	awarat the tr
Morriere ve Crizzlies				Date(s)/_2/_12/_	
Description Warriors vs. Grizzlies				Date(s)//////	/
				Coldon State Marriero	
Ticket(s)/Admission(s) provided	by agency? Yes	🔲 No	🗹 lfn	o: Golden State Warriors Name of Source	
Was the distribution to persons i	dentified below r	nade at	the bel	nest of an agency official?	
C 11	on icor Milmo Chan				
Yes 🗹 No 🔲 If yes: Sup	pervisor Wilma Chan	Name (La	st First) a	and Title	
			50, 1 11 50 0		
The identity of recipient(s) and	d the explanation	on:			
Name				Check the income box if the agency official claims adn	
(Last, First) or	Number of Admission(s)/	Agenc Officia	y I	taxable income. If the agency official performed a cere also provide a description.	moniai role,
Organization	Ticket(s)		•	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indi	vidual or
(Name, Address, Description)			ana ana a	organization.	vidadi, or
		Yes [promote attendance at an event held at a	Income
Thorsteinson, Chelfey	2 tickets	No 🖸		inty facility in order to maximize potential	
		Yes [unty revenue from sales.	Income
		No [-	
		Yes [<u> </u> ב		Income
		No E]		
		Yes [Income
		No [п

3. Verification

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

Yes 🗖

No 🗖

	Alexandra Boskovich	Ticket Administrator	10/23/2012
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

Ticket/Admission Distributions	5				Α	Public Do	ocument
1. Agency Name					Date Stamp	California Form	002
County of Alameda							
Division, Department, or Region (if application	able)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
	o :				Amendment (Must pro	vide explanation in	Part 3.)
Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number E-mail	Supervisors				Date of Original Filing:		
where $0 < 1$ is a subscription matrix transfer to the matrix $0 < 1$ in the constraint 0 is the subscription of the subscr	rkins@acgov.o	ara				(month, day, yea	ar)
2. Function, Event, or Ceremonial R							
		lion					
Title			-	Face Va	alue of Each Admiss	ion \$ <u>\$222</u>	
Baiders vs. Jaquars					10 . 21 . 12		2.4
Description Raiders vs. Jaguars			-	Date(s)	10 , 21 , 12	/	/
Ticket(s)/Admission(s) provided by a	, Jana Oakla	nd Raiders					
ricket(s)/Admission(s) provided by a		Name of S	Source				
Was the distribution to persons iden	an agency official?						
Yes 🗹 No 🔲 If yes: Supervi	sor Wilma Chan						
,	Official's	Name (I	ast, I	First) and Title			
The identity of recipient(s) and th	e explanatio	on:					
Name					income box if the agency off		
(Last, First) or	Number of Admission(s)/	Ager Offic			come. If the agency official po de a description.	erformed a cerem	onial role,
Organization (Name, Address, Description)	Ticket(s)		Jul		me, describe the public purpo I roles, performed by an ager		dual or
				organizatio	on.		
Taylor, Debbie	2	Yes No		County facil	attendance at an eve lity in order to maximiz	nt held at a	Income
		Yes	_		\$ 		Frend I
		No		County reve	enue from sales.		Income
-		Yes					Income
		No					
		Yes					Income
		No					
		Yes					Income
		No					
3. Verification							
I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 1894.	2. <i>I h</i>	ave verified th	at the distribution of adm	nissions, set fo	rth above,
11/1 1							
Ale>	andra Boskov	vich		Ticket	Administrator	10/15/	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

1.	Agency Name						Date Stamp	California	000
	County of Alameda		Form	0074					
	Division, Department, or Regi	on (if applica		For Official U	ise Only				
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)	Amendment (Must pro	- I	Dart 2)				
	Cheryl Perkins Interim Clerk	, Board of		ovide explanation in	ran s.j				
		E-mail	Date of Original Filing:						
	(510) 272-3882	cheryl.pei	rkins@acgov.c	org				(monin, day, yea	,
2.	Function, Event, or Cere			STREET, STREET				and the second secon	
	, ,							• • • • • •	
Title Face Value of Each Admission \$									
	Ale ve Tigore /		o 5				s) <u>10 , 11 , 12//</u>		
	Description <u>A's vs. Tigers-A</u>	ALDS Gam	e 5	Palatic of the following	dalar	Date(s	a) <u> </u>	/	/
						Oald			
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes	DN	0 🗸	If no: Oak	Name of	Source	
							Name or	Source	
	Was the distribution to per	sons iden	tified below r	nade	at th	e behest of	f an agency official?		
	Yes 🖸 No 🗋 Ifye	es: Supervi	sor Wilma Chan Official's	NI ((*************************************			
			Unicials	Name (Last, I	-irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		·	9 9-392340++	- Status an air searanna	1	e income box if the agency of		
	(Last, First) or		Number of	Age		1	ncome. If the agency official p vide a description.	performed a ceremo	onial role,
	Organization		Admission(s)/	Offi	ciai	If not inc	ome, describe the public purp		
	(Name, Acidress, Descrip	tion)				ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	ual, or
				Yes	\square		a County employee fo		Income
	Boskovich, Alexandra		1	No		to the pub	lic and encourage staff	f development.	
				Yes					Income
	No. Mark Wald Commence and Announcement and Announcement and Announcement and Announcement and Announcement and			No					
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				No					
3	Verificatio			in the second		a 'alaman kanang kana alawa kanan	E FERTER OF STREET, STREET		
•.	I have read and understand FP	PC Reaulati	ons 18944.1 an	1 1894	2 I h	ave veriïed i	that the distribution of adv	missions set for	th above
	is if accordance with the provis	ions.							
			nette Dong			Ticke	et Administrator	10/11/2	2012
	Signature of Agency Head or Designe	ee	Print Na	ne			Title	(month	n, day, year)
	Comment: (Use this space or an	attachment fr	or any additional is	nformat	ion inc	cluding amend	ment explanation)		
	V	n	e, any additional i	ano anat	<i>се с л</i> и	ading disend	mont oxplanation.j		
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	/						FPPC Toll-Free Helpline: 8	FPPC For 66/ASK-FPPC /80	m 802 (2/11) 56/275-3772)
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Agency Report of: Ceremonial Role Events and "" - I - - 4/A - I--. . . DisAuita

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licket/Admission Distri	pution	S					A	Public Do	
1. Agency Name			na superior de la properte			Date Stan	ıp	California Form	0
County of Alameda								The start of the second starting of the second start	
Division, Department, or Regio					For Official U	lse Only			
Board of Supervisors	Board of Supervisors								
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1221 Oak Street, Suite 536									
Designated Agency Contact (N	ame, Title)	an an ann an an an an an an an ann an an	AM-1893-1970-1970-1970-2980-804-	h 60-4900000	l r	Amendment (Must provide explanation in Part 3.)			Part 3.)
Cheryl Perkins Interim Clerk,	Beard of	Supervisors					. ,		,
Area Code/Phone Number	E-mail				C	ate of Origina	Filing:	(month, day, year)
(510) 272-3882	cheryl.pe	rkins@acgov.c	org						
2. Function, Event, or Ceren	nonial F	Role Informat	tion	- Ch. 8.4583942		neuronalisen gebieten friederinde biederingen einderseine			
								. \$1900	
Title		107.825 (SMORAN CHART		-	Face Val	ue of Each	Admiss	ion \$ <u>\$1822</u>	
Description <u>A's vs. Tigers-Al</u>	.DS Gam	ne 3				10,9	, 12	/	,
Description					Date(s) _	/,	/	//	/
Tiske() (6 during in u(s) where	tate at lass		paras At.	-	o da	d Athletics			
Ticket(s)/Admission(s) prov	ided by	agency? Yes		• 🗹	If no:		Name of S	Source	
Was the distribution to pers	ons ider	ntified below r	nade a	t the	e behest of a	n agency of	ficial?		
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Yes 🛛 No 🔲 Ifyes	s: Superv	official's	Nomo /I	act l	Eirst) and Title				
				331, 1	nstjanu nite				
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Name								icial claims admiss erformed a ceremo	
(Last, First) or		Number of Admission(s)/	Agen Offic		1	a description.	y omeiai p	enonneu a ceremit	mai i ole,
Organization (Name, Address, Descripti		Ticket(s)				e, describe the p		ose, including ncy official, individ	ual or
(Name, Accress, Descripti	on)				organization				
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Dong, Jeanette		1				and encoura	ge stan	development.	
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3. Verification	ona una surchanisteri acute develuitor		n ner selen sev of the market way	1 10 100. 100 100	a internet and a second second second second				
I have read and understand FPP	C Regulat	ions 18944.1 an	d 18942	! I h	ave verified tha	t the distributi	on of adn	nissions, set for	th above,
is in accordance with the provisio	ns.								
M.C.	Ale	xandra Boskov	rich		Ticket /	dministrator		4010100	140
Signature of Access 11		T FOR A DESIGNATION OF THE OWNER OF THE OWNER OF THE OWNER OF THE	PROBA IN VICTORIA	1 1.5.4 states				10/9/20	
Signature of Agency Head or Designee		Print Nar	me			Title		(month	i, day, year)

A Public Docum	ent
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Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of Supervisors Area Code/Phone Number	le)			Date Stamp	California Form	802
Division, Department, or Region (if applicable Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of Su	le)			-	Form	
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of St	le)			-		and which an although the
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of St			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		For Official	Use Only
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of St						
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Cheryl Perkins Interim Clerk, Board of St						
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Area Code/Phone Number E-mail	upervisors					,
		antong tin a single new and a second second	- CORNEL CONTRACTOR OF CONTRACTOR AND CONTRACTOR	Date of Original Filin	ng:(month, day, yea	r)
(510) 272-3882 cheryl.perk	ins@acgov.o	org				
Function, Event, or Ceremonial Ro	le Informat	ion				
Title			Face	Value of Each Adn	nission \$ $\frac{1022}{2}$	
Description A's vs. Tigers-ALDS Game	5		Detal	s) <u>10 / 11 / 12</u>	2 ,	,
		CAMPACET ADVISOR OF A	Date(5)		/
Ticket(s)/Admission(s) provided by ag		(many) Al-	- Jone Oak	land Athletics		
ficket(s)/Admission(s) provided by ag	jency? res	LI NO F		Nam	e of Source	
Yes 🚺 No 🔲 If yes: Superviso	or Wilma Chan		e behest o			
The identity of recipient(s) and the Name (Last, First) or Organization	Official's l	Name (Last,	First) and Title Check th taxable i also pro If not inc	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public	cial performed a cerem purpose, including	onial role,
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The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Official's I e explanatio Number of Admission(s)/ ∵icket(s)	Agency Official Yes No Yes No Yes No Yes No Yes Yes Yes	 First) and Title Check the taxable is also prointered to taxable is also p	ne income box if the agen- ncome. If the agency offi vide a description. come, describe the public vial roles, performed by ar vition. te attendance at an cility in order to max venue from parking	cial performed a cerem purpose, including nagency official, individ event held at a ximize potential	iual, or Incom Incom Incom Incom

Print Name

Signature of Agency Head of Designee

ş

(month, day, year)

Title

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	cket/Admission Distri	outions	5				A	Public Do		
1.	Agency Name						Date Stamp	California Form	009	
	County of Alameda								teresteres to be a state of the state of the	
	Division, Department, or Region			For Official	Jse Only					
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	ame, Title)	Amendment (Must pro	ovide explanation in	Part 3.)					
	Cheryl Perkins Interim Clerk, I									
		-mail					Date of Original Filing: _	(month, day, yea	r)	
-		an and a second se	kins@acgov.c			an a		Alexan a farst of age of		
2. Function, Event, or Ceremonial Role Information										
	Title					Face \	alue of Each Admiss/	ion \$ \$1822		
	Description A's vs. Tigers-AL	DS Game	e 4		304	Date(s) <u>10</u> <u>10</u> <u>12</u>	/	/	
	·					,				
	Ticket(s)/Admission(s) prov	ided by a	gency? Yes		0 🗹	If no: Oakl	and Athletics			
		-					Name of	Source		
	Was the distribution to pers	an agency official?								
	Yes 🕢 No 🔲 Ifyes	: Supervis	-irst) and Title							
			Official's	Name (l	.ast, I	First) and Title				
The identity of recipient(s) and the explanation:										
	Name	1	k the income box if the agency official claims admission as							
	(Last, First) Number of Agency						taxable income. If the agency official performed a ceremonial role, also provide a description.			
	Organization Ticket(s)					 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or 				
	(Name, Address, Descripti	-			organiza	tion.				
	Silva, Ron	Cilua Dar					e attendance at an eve cility in order to maximi		Income	
			1							
				Yes		County rev	venue from parking an	d concession	Income	
				No		sales.				
				Yes					Income	
			-	No						
			н	Yes No					Income	
		A COURSE SPORT OF ADDRESS OF ADDRES								
				Yes No	П				Income	
		9 (405-600) (400-9 (200-1)			fangî na nave sene					
3.	Verification I have read and understand FPP0	2 Poqulativ	one 18011 1 an	d 1901	0 I h	ave verified	that the distribution of ode	niaciona, cot fo	th phave	
	is in accordance with the provisio	ns.	Uns 10944.1 an	2 1094	<u> 4. 111</u>	ave vermeu i			in above,	
	//	<u>.</u> .								
		Alex	andra Boskov			Ticke	et Administrator	10/10/	2012	
	Signature of Agency Head or Designee		Print Na	ne			Title	(monti	h, day, year)	

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ncket/Admission Distribu	luons			4	A Public Do	
1. Agency Name				Date Stamp	California Form	202
County of Alameda						
Division, Department, or Region (if applicable)				For Official	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	na na managana katala na katala Na katala na	-				
Designated Agency Contact (Name	e, Title)			Amendment (Must	provide explanation in	Part 3.)
Cheryl Perkins Interim Clerk, Bc	and the state of the second			Data of Original Filling		
Area Code/Phone Number E-m				Date of Original Filing	(month, day, yea	r)
	eryl.perkins@acgov.c					
2. Function, Event, or Ceremo	nial Role Informat	tion				
Title			Face \	alue of Each Admis	sion \$ \$1822	
	ne de la constanta de la constante de la constante de la constanta de la constante de la constante de la const					
Description <u>A's vs. Tigers-ALD</u>	S Game 4	-	Date(s	a) <u>10 10 12</u>	//	/
-						
Ticket(s)/Admission(s) provide	ed by agency? Yes	🗆 No 🖸	If no: Oakl	and Athletics		
				Name o	of Source	
Was the distribution to person	s identified below r	nade at th	e behest of	an agency official?	?	
Yes 🖸 No 🔲 If yes:	Supervisor Wilma Chan					
annagan Estated y	Official's	Name (Last, I	First) and Title			
The identity of recipient(s) a	and the explanation	on:				
Name	_		Check th	e income box if the agency	official claims admis	sion as
(Last, First) or	Number of	Agency		ncome. If the agency officia vide a description.	I performed a cerem	onial role,
Organization	Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public pu		
(Name, Address, Description)			ceremon organiza	ial roles, performed by an a tion.	gency official, individ	lual, or
		Yes 🗖		e attendance at an e		Income
Chen, Robert	2	No 🖸	County fac	cility in order to maxir	nize potential	
		Yes 🗖	County re	venue from parking a	ind concession	Income
		No 🗖	sales.	NANGARAWAN AND AND AND AND AND AND AND AND AND A	AND 1	
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	CHAINE MINIC AL MUNICIPALITY & SPACEMENTS IN 19 N. P. 48 71 COMMUNICATION AND AN	No 🗖		a ana ang ang ang ang ang ang ang ang an		
		Yes 🗖 No 🗖				Income
3. Verification						
I have read/and understand FPPC F is in accordance with the provisions.	Regulations 18944.1 an	d 18942. Th	ave vermed t	that the distribution of a	dmissions, set for	th above,
11h	Alexandra Boskov	deh	Ticke	et Administrator	10/10/	2012
Signature of Agency Head or Designee		Bearing the articlescence most many			10/10/:	
Signature of Agency Read of Designee	Print Na	me		Title	(monti	h, day, year)

Agency Report of: Ceremonial Role Events and

A Public Document	AF	'ub	lic	Doc	ument
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	outions						od Sildne	
I. Agency Name					Date Stamp		California Form	009
County of Alameda							Form	002
Division, Department, or Region	(if applicable)						For Official U	Jse Only
Board of Supervisors								
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1221 Oak Street, Suite 536								
Designated Agency Contact (Nai	me, Title)				mendment	(Must prov	ide explanation in	Part 3)
Cheryl Perkins Interim Clerk, B	Board of Supervisors			hand "		must prov		r art o.y
Area Code/Phone Number E-	-mail			Date	of Original F	iling:	(month, day, year	r)
(510) 272-3882 d	heryl.perkins@acgov.	org						
. Function, Event, or Cerem	onial Role Informa	tion	nen zere en	nan na sa manana ka m				
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Title	nning der GAD namen felte ein erse er missens af den bescher bei beite Bescherer, andere verse aus some		F	ace Value	of Each A	dmissi	on \$ <u>\$1822</u>	
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Description			L	Jale(S)				
Ticket(s)/Admission(s) provid	dad bu ananau? Vaa			. Oakland At	hletics			
ficket(s)/Admission(s) provid	ded by agency? Tes	ы Пио			N	ame of S	ource	
Was the distribution to perso	ons identified below i	made at	the beh	est of an a	gency offi	cial?		
	Supervisor Wilma Chan							
Yes 🗹 No 🔲 If yes:	. Official's	Name (La	st, First) ar	nd Title				
	Supervisor Wilma Char Official's		st, First) ar	nd Title				
The identity of recipient(s)								
The identity of recipient(s)) and the explanation	on:	• 0	heck the incon		-	cial claims admis	
The identity of recipient(s) Name (Last, First) or		on: Agenc	• C y ta 1 a	heck the incom ixable income. Iso provide a d	If the agency escription.	official pe	rformed a ceremo	
The identity of recipient(s) Name (Last, First) or Orgenization) and the explanation	on: Agenc	v ta al ai	heck the incom xable income. Iso provide a de not income, de	If the agency escription. scribe the put	official pe olic purpo	rformed a ceremo	onial role,
The identity of recipient(s) Name (Last, First) or) and the explanation	ON: Agenc Officia	y ta al ff c o	heck the incom ixable income, iso provide a d not income, de eremonial roles rganization.	If the agency escription. scribe the put , performed by	official pe olic purpo y an agen	rformed a ceremo se, including cy official, individ	onial role, lual, or
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The identity of recipient(s) Name (Last, First) or Orgenization (Name, Address, Descriptio) and the explanation Number of Admission(s)/ Ticket(s)	Agenc Officia Yes [No [No [No [No [No [y e C ta a l for Cour Cour Cour Sales	heck the incom ixable income. iso provide a de eremonial roles ganization. romote atte nty facility ir	If the agency escription. scribe the put , performed by ndance at a order to n	official pe plic purpo y an agen an ever naximiz	rformed a ceremo se, including cy official, individ nt held at a e potential	iual, or Income Income Income
The identity of recipient(s) Name (Last, First) or Orgenization (Name, Address, Descriptio) and the explanation Number of Admission(s)/ Ticket(s)	Agenc Officia Yes [No [No [No [No [No [No [y i Topi Cour Cour Cour Sales	heck the incom ixable income. iso provide a de eremonial roles ganization. romote atte nty facility ir	If the agency escription. scribe the put , performed by ndance at a order to n	official pe plic purpo y an agen an ever naximiz	rformed a ceremo se, including cy official, individ nt held at a e potential	iual, or Income Income Income Income
The identity of recipient(s) Name (Last, First) or Orgenization (Name, Address, Descriptio) and the explanation Number of Admission(s)/ Ticket(s)	Agenc Officia Yes [No [Yes [No [Yes [No [No [y il i Top Cour Cour Cour sales	heck the incom ixable income. iso provide a de eremonial roles ganization. romote atte nty facility ir	If the agency escription. scribe the put , performed by ndance at a order to n	official pe plic purpo y an agen an ever naximiz	rformed a ceremo se, including cy official, individ nt held at a e potential	iual, or Income Income Income
The identity of recipient(s) Name (Last, First) or Orgenization (Name, Address, Descriptio) and the explanation Number of Admission(s)/ Ticket(s)	Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [y i i i i i i i i i i i i i	heck the incom ixable income. iso provide a de eremonial roles ganization. romote atte nty facility ir	If the agency escription. scribe the put , performed by ndance at a order to n	official pe plic purpo y an agen an ever naximiz	rformed a ceremo se, including cy official, individ nt held at a e potential	Income
The identity of recipient(s) Name (Last, First) or Orgenization (Name, Address, Descriptio Kieu, Julie) and the explanation Number of Admission(s)/ Ticket(s)	Agenc Officia Yes [No [Yes [No [Yes [No [No [y i i i i i i i i i i i i i	heck the incom ixable income. iso provide a de eremonial roles ganization. romote atte nty facility ir	If the agency escription. scribe the put , performed by ndance at a order to n	official pe plic purpo y an agen an ever naximiz	rformed a ceremo se, including cy official, individ nt held at a e potential	Income
Name (Last, First) or Orgenization (Name, Address, Descriptio Kieu, Julie B. Verification) and the explanation Number of Admission(s)/ Ticket(s) 1	Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [No [y i i i i i i i i i i i i i	heck the incom ixable income. Iso provide a d not income, de eremonial roles rganization. romote atte nty facility ir nty revenue 3.	If the agency escription. scribe the put , performed by ndance at a order to n from parki	official pe plic purpo y an agen an ever naximiz ng and	rformed a ceremo se, including cy official, individ nt held at a e potential concession	Income
Name (Last, First) or Orgenization (Name, Address, Descriptio Kieu, Julie S. Verification I have read and understand FPPC) and the explanation Number of Admission(s)/ Ticket(s) 1 : Regulations 18944.1 ar	Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [No [y i i i i i i i i i i i i i	heck the incom ixable income. Iso provide a d not income, de eremonial roles rganization. romote atte nty facility ir nty revenue 3.	If the agency escription. scribe the put , performed by ndance at a order to n from parki	official pe plic purpo y an agen an ever naximiz ng and	rformed a ceremo se, including cy official, individ nt held at a e potential concession	Income
Name (Last, First) or Organization (Name, Address, Descriptio Kieu, Julie B. Verification) and the explanation Number of Admission(s)/ Ticket(s) 1 : Regulations 18944.1 ar	Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [No [y i i i i i i i i i i i i i	heck the incom ixable income. Iso provide a d not income, de eremonial roles rganization. romote atte nty facility ir nty revenue 3.	If the agency escription. scribe the put , performed by ndance at a order to n from parki	official pe plic purpo y an agen an ever naximiz ng and	rformed a ceremo se, including cy official, individ nt held at a e potential concession	Income
Name (Last, First) or Orgenization (Name, Address, Descriptio Kieu, Julie S. Verification I have read and understand FPPC) and the explanation Number of Admission(s)/ Ticket(s) 1 : Regulations 18944.1 ar	Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [No [y i i i i i i i i i i i i i	heck the incom ixable income. Iso provide a d not income, de eremonial roles rganization. romote atte nty facility ir nty revenue 3.	If the agency escription. scribe the put , performed by ndance at a order to n from parking <i>from parking</i>	official pe plic purpo y an agen an ever naximiz ng and	rformed a ceremo se, including cy official, individ nt held at a e potential concession	Income

A Public Document

Division Board o Street A 1221 O Designa Cheryl Area Co	of Alameda , Department, or Region (if a of Supervisors	Title)			Date Stamp	California Form For Official	802 Jse Only
Division Board o Street A 1221 O Designa Cheryl Area Co	n, Department, or Region (if a of Supervisors ddress ak Street, Suite 536 nted Agency Contact (Name, Perkins, Interim Clerk, Boa	Title)					Jse Only
Board of Street A 1221 O Designa Cheryl Area Co	of Supervisors ddress ak Street, Suite 536 ited Agency Contact (Name, Perkins, Interim Clerk, Boa	Title)				For Official	Jse Only
Street A 1221 O Designa Cheryl Area Co	ddress ak Street, Suite 536 ited Agency Contact (Name, Perkins, Interim Clerk, Boa						
1221 O Designa Cheryl Area Co	ak Street, Suite 536 I <mark>ted Agency Contact</mark> (Name, Perkins, Interim Clerk, Boa						
Designa Cheryl Area Co	i <mark>ted Agency Contact</mark> (Name, Perkins, Interim Clerk, Boa		Bandhara series and an industry				
Cheryl Area Co	Perkins, Interim Clerk, Boa						
Area Co					Amendment (Must prov	ide explanation in	Part 3.)
	de/Phone Number F-ma						
(510) 2		1			Date of Original Filing:	(month, day, yea	r)
	72-3882 crys	tal.hishida@acgov.c	org	an water and the se			
2. Functi	on, Event, or Ceremon	ial Role Informat	ion				20 A
Title					Face Value of Each Admissi	an e \$100+5	
	<u>, , , , , , , , , , , , , , , , , , , </u>	and an in a contain concernation and an exception of the concernent of the					
Descrit	otion Warriors vs. Utah Ja	JZZ			Date(s) <u>10 / 8 / 12</u>	1	1
Becom					()		
Ticket(s)/Admission(s) provided	by agency? Yes		0 🗖	If no: Golden State Warriors		
		, sy agonoy 1 100	hand 1 Y		Name of S	ource	· · · · · · · · · · · · · · · · · · ·
Was th	e distribution to persons	identified below n	nade a	at the	behest of an agency official?		
Yes	No 🔲 If yes: Si	upervisor Wilma Chan					
103		Official's l	Name (l	Last, F	irst) and Title		
The id	entity of recipient(s) ar	nd the explanatio	m:				
	Name ·			land dama daman ar	Check the income box if the agency office	cial claims admis	sion as
	(Last, First)	Number of	Agei	ncy	taxable income. If the agency official pe		
	or Organization	Admission(s)/	Offic		also provide a description.If not income, describe the public purpo	se. includina	
	Name, Address, Description	⊺icket(s)			ceremonial roles, performed by an agen organization.		lual, or
,		t' R water Million II (A MBERGE L, KIAA ABBIEGENIGHE) Magaawawabaga	Yes	П	To promote attendance at an ever	nt held at a	Income
Lacon,	Colin	4 tickets + 1		\square	County facility in order to maximiz	e potential	
	na na sana na s		Yes		County revenue from sales.	<u></u>	Income
		parking pass			County revenue norm sales.		
	να που το που τρατικό το το ποιο το το Τα τα		Yes	D			Income
			No				
	A REAL PROPERTY AND A REAL	1	Yes				Income
			No				
			No Yes			(1976) - (Barnada Marina)	
			Yes				

	Alexandra Boskovich	Ticket Administrator	10/8/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documen	Α	Pub	lic [Docu	ment
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1.	Agency Name					in an	Date Stamp	California	000
	County of Alameda						· · · · · · · ·	Form	802
	Division, Department, or Regi	on (if applica	ble)	*****				For Official	Use Only
	Board of Supervisors								
	Street Address			C					
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)		nian disetti di cana di Attorna di Sana di Sa		an a	Amendment (Must pi		Devia
	Cheryl Perkins, Interim Clerk	<. Board of	Supervisors					ovide explanation in	Part 3.)
	Area Code/Phone Number	E-mail					Date of Original Filing: .	(month, day, yea	(r)
	(510) 272-3882	chervl. pe	erkins@acgov.	orq				(monur, day, yea	''
2.	Function, Event, or Cere			a superior description of the second state					
								* - - -	
	Title					Face \	alue of Each Admiss	sion \$ _ <u>\$56.85</u>	
	Description Disney on Ice-	100 Years o	of Magir	40-m0400102. Am du m02011-01-00-0	-	Date(s) <u>10 , 17- ,</u>	/2	1 , 12
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes	🛛 No		If no: Gold	Name of	Source	
	Yes 🖸 No 🔲 If y		sor Wilma Chan Official's e explanatio		ast, F	First) and Title			
	Name	(-)	1			Check th	e income box if the agency o	ficial claims admis	sion as
	(Last, First)		Number of	Agen	су	taxable i	ncome. If the agency official		
	or Organization		Admission(s)/ Ticket(s)	Offici	ial	1 · ·	/ide a description. ome, describe the public pur	ose, includina	
	(Name, Address, Descrip	otion)	noneus)			ceremon organiza	ial roles, performed by an age tion.	ency official, individ	dual, or
		a falalla dalemente al la dire de companya en una se com		Yes	0		a school for its contrib	outions to the	Income
	Lorenzo Manor Elementary		18		\checkmark	San Loren	zo community.		
				Yes			· · · · · · · · · · · · · · · · · · ·		Income
	18250 Bengal Avenue			No					
	••••••	and an		Yes					Income
	Hayward, CA 94541			No					
				Yes					Income
	and a start of the			No			#10 76-010, 0002 (MONTMERSON DO		
				Yes					Income
				No	П				

3. Verification

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

\mathcal{O}^{-}		Alexandra Boskovich	Ticket Administrator	10/10/2012
Signature of Agency I	lead of Designee	Print Name	Title	(month, day, year)

Α	P	ub	lic	Do	cun	nent
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icket/Admission Distributi	ons		A Public Do	
Agency Name			Date Stamp California	009
County of Alameda			Form	
Division, Department, or Region (if a	oplicable)		For Official	Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536				
Designated Agency Contact (Name, T	itle)			
Cheryl Perkins, Interim Clerk, Boar	d of Supervisors		Amendment (Must provide explanation in	n Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing: (month, day, ye	
			(month, day, ye	ar)
	al.hishida@acgov.o			
Function, Event, or Ceremoni	al Role Informat	lion		20
Title			Face Value of Each Admission \$ _ ^{\$100+}	
				1
Description Warriors vs. Maccab	Haifa		Date(s) <u>10 / 11 / 12</u> /_	/
			Coldon State Warriers	
Ticket(s)/Admission(s) provided	by agency? Yes	🛛 No 🔽	If no: <u>Golden State Warnors</u> Name of Source	
Was the distribution to persons	identified below n	nade at th	e behest of an agency official?	
- -				
Yes 🖸 No 🔲 If yes: Su	pervisor Wilma Chan			
	Official's	Name (Last,	First) and Title	
The identity of recipient(s) an	d the explanatic	on:		
Name			Check the income box if the agency official claims admi	
(Last, First)	Number of	Agency	taxable income. If the agency official performed a ceren also provide a description.	nonial role,
or Organization	Admission(s)/	Official	 If not income, describe the public purpose, including 	
(Name, Address, Description)	Ticket(s)		ceremonial roles, performed by an agency official, indiv organization.	dual, or
		Yes 🗖	To promote attendance at an event held at a	Income
Cohen, Dan	4 tickets + 1	No 🗹	County facility in order to maximize potential	
-		Yes 🗖		
	parking pass		County revenue from sales.	Income
		Yes 🗖		Income

3. Verification

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

No 🗖

Yes 🗖

No 🗖

Yes 🗖

No 🗖

0	Alexandra Boskovich	Ticket Administrator	10/11/2012
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

Income

Agency Report of: Ceremonial Role Events and

A Public Docu	ument
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licket/Admission Distribution	5						
I. Agency Name					Date Stamp	California Form	202
County of Alameda							
Division, Department, or Region (if applic			For Official	Use Only			
Board of Supervisors							
Street Address	ан ун таруулан тараан тараа						
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)	· ·				Amendment (Must pro	vide explanation in	Part 3.)
Cheryl Perkins, Interim Clerk, Board of	f Supervisors				Bolard	,	
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	r)
(510) 272-3882 cheryl. p	erkins@acgov.	org	200000000000				*****
2. Function, Event, or Ceremonial F	Role Informat	tion					
				F 14	alue of Each Admiss	• \$ 56 85	
Title			•	Face va	alue of Each Admiss	$\sin 5$ <u>- $\phi = 0$</u>	
Description Disney on Ice-100 Years	of Maging			Date(s)	10 , 21 , 12	1	1
			•	Dato(0)		www.coccarconscience.org	
Ticket(s)/Admission(s) provided by	adency? Yes		П	If no ^{. Golde}	n State Warriors		
	agonoy i ico		المشيا		Name of S	Source	
NN the distribution to non- info			م ام	. hahané aé	an anonay official?		
Was the distribution to persons ide	ntinea below n	nade at	. the	e penest of	an agency official?		
Yes 🖸 No 🔲 If yes: Superv	risor Wilma Chan						
	First) and Title						
The identity of recipient(s) and t	he explanatio	on:					
Name	_			Check the	income box if the agency off	icial claims admis	ision as
(Last, First)	Number of	Ageno		1	taxable income. If the agency official performed a ceremonial role, also provide a description.		
or Organization	Admission(s)/ Ticket(s)	Officia	al	 If not inco 	If not income, describe the public purpose, including		
(Name, Address, Description)	i ionoi(o)			ceremonial roles, performed by an agency official, individual, or organization.			
		Yes [attendance at an eve		Income
Chan, Jennifer	2	No	\checkmark	County faci	lity in order to maximiz	ze potential	
		Yes		County rev	enue from sales.		Income
		No					
	1	Yes					Income
		No					
		Yes					Income
Annual and a subscription of the second s		No					
	and of the Real Processing of the Real Proces	Yes					Income
		No					
3. Verification							
I have read and understand FPPC Regula	tions 18944.1 an	d 18942.	. The	ave veriñed th	at the distribution of adr	nissions, set fo	rth above,
is in accordance with the provisions.	_						

	Alexandra Boskovich	Ticket Administrator	10/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Description A's vs. Tigers-ALDS Game 3

No 🗆

Cheryl Perkins Interim Clerk, Board of Supervisors

2. Function, Event, or Ceremonial Role Information

E-mail

cheryl.perkins@acgov.org

Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oakland Athletics

If yes: Supervisor Wilma Chan

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

1. Agency Name

Street Address

(510) 272-3882

Yes 🖸

Title _

County of Alameda

Board of Supervisors

1221 Oak Street, Suite 536

Area Code/Phone Number

	A Public Documen
Date Stamp	California Form 802
	For Official Use Only

Date of Original Filing: _

Face Value of Each Admission \$ _______

12

Name of Source

Amendment (Must provide explanation in Part 3.)

(month, day, year)

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.

0	Alexandra Boskovich	Ticket Administrator	10/9/2012
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.)

Date(s) <u>10</u> / ⁹

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.
Galvan, Gordon	1	Yes 🗖 No ☑	To reward a community volunteer for his Income service to the public.
		Yes 🔲 No 🔲	Income
		Yes □ No □	
		Yes 🔲 No 🔲	Income
а.		Yes □ No □	Income

11	cket/Admission Distri	putions				A	Public Do	
1.	Agency Name	A. A. 19	en Subbilingender en S	an Antoine - Calond - Ann		Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Regio		For Official U	Ise Only				
	Board of Supervisors					-		F. 1
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	ame, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Cheryl Perkins Interim Clerk,		Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
		the second second state in the local second s	kins@acgov.c	Contraction of the local division of the loc				
2.	Function, Event, or Ceren	nonial Re	ole Informat	ion				
	Title				Face	/alue of Each Admissi	on ¢ \$1822	
	The							
	Description <u>A's vs. Tigers-Al</u>	_DS Game	e 3		Date(s	s) <u>10 / 9 / 12</u>	/	/
					0.11			
	Ticket(s)/Admission(s) prov	ided by a	gency? Yes	🗌 No 🗹	If no:	Athletics Name of S	Source	
	Was the distribution to pers	ons ident	ified below n	nade at th	e behest of	f an agency official?		
		Supervis	or Wilma Chan					
	Yes 🔽 No 🔲 If yes	S:	or Wilma Chan Official's I	Name (Last, I	First) and Title			
	The identity of recipient(s) and the explanation:							
						e income box if the agency offi	cial claims admiss	sion as
	(Last, First)		Number of	Agency		ncome. If the agency official pe vide a description.	erformed a ceremo	onial role,
	or Organization		Admission(s)/ Ticket(s)	Official	 If not inc 	ome, describe the public purpo		
	(Name, Address, Descripti	ion)			ceremon organiza	ial roles, performed by an agen tion.	icy official, individ	ual, or
				Yes 🔲		e attendance at an eve		Income
	Chan, Zoe		1	No 🗹	County fac	cility in order to maximiz	e potential	
				Yes 🗖		venue from parking and	l concession	Income
				No 🗖	sales.			
				Yes				Income
	No 🔲					0		
				Yes 🔲 No 🔲				Income
				Yes				
				No 🗖				Income
2	Varification	Margaret Barris In		anna an anna an an				
3.	Verification I have read and understand FPP	C. Regulatio	ns 18044 1 an	d 18012 1 h	ave verified	that the distribution of ode	nissions sot for	th above
	is in accordance with the provisio	ons.		G 10072.111		and and astribution of dull	1001010, 301101	สา สมบังษี,
	1410							

UN	Alexandra Boskovich	Ticket Administrator	10/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

11	cket/Admission Distri	putions					A	FUDIIC DO	
1. Agency Name							Date Stamp	California Form	002
	County of Alameda		~	Form	002				
	Division, Department, or Regio			For Official U	Jse Only				
	Board of Supervisors						5		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	ame, Title)					Amendment (Must pro	vide explanation in	Part 3)
	Cheryl Perkins, Interim Clerk,	Board of	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	r)
	(510) 272-3882	cheryl.per	kins@acgov.c	org					, ,
2.	Function, Event, or Cerer	nonial R	ole Informat	ion					
								¢000	
	Title				-	Face \	/alue of Each Admiss	ion \$ <u>\$222</u>	
	Raiders vs. Brow	wns					$\frac{12}{2}$ 12 12		,
	Description Raiders vs. Brow	VI15			-	Date(s	s)//	/	/
	—		0.14		No.	u Oakl	and Raiders		
	Ticket(s)/Admission(s) prov	rided by a	gency? Yes			If no:	Name of S	Source	
	Was the distribution to pers	ons ident	tified below n	nade a	t the	e behest of	an agency official?		
		Supervis	sor Wilma Chari						
	Yes 🔽 No 🔲 If yes	S	Official's	Name (L	ast, F	First) and Title			
	The identity of recipient(s	s) and th	o ovnlanatio	n.					
						Charle th	- in	latet etclare e dante	
	Name (Last, First)		Number of	Agen	cv		Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,		
	or		Admission(s)/	Offic		· ·	also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or		
	Organization (Name, Address, Descripti	ion)	Ticket(s)			ceremon			
	and 2 2 2 50 50 50 50 50 50 50 50 50 50 50 50 50			Yes	F 7	organiza	e attendance at an eve	nt held at a	Income
	Sharma, Devender		2	No			cility in order to maximize		
				Yes		01			Income
				No		County rev	venue from sales.	ι.	
				Yes					Income
				Yes					Income
				No					
				Yes					Income
				No			# 6 Martin A		
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. 11

000 -	Alexandra Boskovich	Ticket Administrator	10/9/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and** alvat/Admission Diatributic Ti

Income

Income

Income

Income

	Icket/Admission Distributions					A	Public Do	
1.	Agency Name					Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Region (if applicable)					1	For Official U	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.)
	Cheryl Perkins, Interim Clerk	k, Board of S	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	<i>r</i>)
	(510) 272-3882	cheryl. per	kins@acgov.	org			(, , , , , , , , , , , , , , , , , , ,	,
2.	Function, Event, or Cere							
						f an agency official?		
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc	e income box if the agency off ncome. If the agency official p vide a description. come, describe the public purp ial roles, performed by an age tion.	erformed a ceremo	onial role,	
	Yes 🗖 To prom					te attendance at an eve cility in order to maximi		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. VA

Yes 🗖

Yes 🗖

Yes 🗖

Yes 🗖

No 🗖

No

No

No County revenue from sales.

	Alexandra Boskovich	Ticket Administrator	10/5/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	3		

Ticket/Admission Distributions					A	Public Do	ocument	
1.	Agency Name County of Alameda Division, Department, or Region (if applicable)					Date Stamp	California	802
							T OIIII	
							For Official	Use Only
	Board of Supervisors							
	Street Address			2		1		
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	ame, Title)				Amendment (Must pro	vide explanation in	Part 3.)
	Cheryl Perkins, Interim Clerk,	Board of	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882	cheryl. pe	rkins@acgov.	org				
2.	Function, Event, or Cerer	nonial R	ole Informat	ion				
							¢00.60	
	Title				Face \	Value of Each Admission \$ _ \$92.60		
	Description Kevin Hart show	1			Data/a	s) <u>10 / 5 / 12 </u>		
	Description		i.		Date(s	5)//		/
	Ticket(s)/Admission(s) prov	idad by a	Nonova Vee		If no. Gold	len State Warriors		
	nekel(s)/Admission(s) prov	nueu by a	gency? res		II 110	Name of Source		
			1911-950V 12 L 125		-e e Co			
	Was the distribution to pers	sons iden	tified below n	nade at the	e behest of	f an agency official?		
	Yes 🕢 No 🔲 If yes	. Supervis	or Wilma Chan					
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					e income box if the agency offi		
	(Last, First) or		Number of	Agency		able income. If the agency official performed a ceremonial re o provide a description.		
	Organization		Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purpo		
	(Name, Address, Descripti	ion)			ceremon organiza	ial roles, performed by an ager tion.	icy official, indivi	dual, or
			e attendance at an eve	nt held at a	Income			

3. Verification

11/1

Huntsman, Blake

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

No 🗹

Yes 🗖

No 🗖

No 🗖

No 🔲

Yes 🗖

No 🗖

Yes 🗖

Yes 🗖

an 1	Alexandra Boskovich	Ticket Administrator	10/4/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

2

County facility in order to maximize potential

County revenue from sales.

Income

Income

Income

Income

Ti	Ticket/Admission Distributions						A	Public Do	cument
1.	Agency Name County of Alameda Division, Department, or Regi Board of Supervisors	pplicable)				Date Stamp	California Form For Official U	802 Use Only	
	Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (/	Name, Title)							5. (0)
	Cheryl Perkins, Interim Clerk Area Code/Phone Number (510) 272-3882	E-mail	Supervisors rkins@acgov.	ora			Amendment (Must price) Date of Original Filing:		
2.	Function, Event, or Cere	monial R	ole Informat	tion		Face \	/alue of Each Admiss	ion \$ <u>\$103.8</u>	5
							s) <u>10 6 12</u> /		
						e behest of	an agency official?	Source	
	Name (Last, First) or Organization (Name, Address, Description)	Name (Last, First) or A Organization		Agei Offic		 Check the income box if the agency off taxable income. If the agency official p also provide a description. If not income, describe the public purport ceremonial roles, performed by an agen organization. 		performed a ceremo	onial role,
	Cooper, Margani		2	Yes No			e attendance at an eve dilty in order to maximi		Income
	Yes 🔲 County re					venue from sales.		Income	

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.

No 🗌

Yes 🗖

Yes 🔲

No 📋

Yes 🗌

NO D

No 🗆

Min	Alexandra Boskovich	Ticket Administrator	10/2/2012
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

Income

Income

 \Box

A Public Document

County Divisio	cy Name			· · · · · · · · ·				THE OWNER WATER	NAME OF TAXABLE PARTY.	
Divisio	C A I						Date Stamp		California	802
	y of Alameda								Form	
	Division, Department, or Region (if applicable)								For Official	Use Only
	l of Supervisors									
	Address									
	Oak Street, Suite 536 nated Agency Contact (/	Name Tille)								2
							Amendment (M	ust provi	de explanation ir	Part 3.)
	I Perkins Interim Clerk.	, Board of S	upervisors				Date of Original Fili	na.		
			(inc@cccc)	ard a			Date of Original Fili		(month, day, yea	ar)
	272-3882 tion, Event, or Cere	A DEPOSITOR DATE OF THE OF THE OWNER.	kins@acgov.c	No. of Concession, Name		COMPANY OF THE PROPERTY OF THE	ENVELOPE RANGES BEI DEN ALTER ALTER ALTER AND		- 1992 B.A. 9 & 8 B.B. 19	
s. runci	tion, Event, or Gere	momarixe	ne morma	lion						
Title _						Face \	alue of Each Adr	nissio	on \$ <u>\$35</u>	
	Ala va Danaan) <u>10 , 3 , 1</u>	2		
	Description A's vs. Rangers Date(Date(s)//			/
Descr	-									
						Oaki	and Athletics			
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Ticket							Nam		burce	
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U	Alexandra Boskovich	Ticket Administrator	10/2/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

А	Public	Document
	i dianto	Doounicin

				~	i unic Document
1.	Agency Name			Date Stamp	California 000
	County of Alameda				Form 802
	Division, Department, or Region (if applica	ble)			For Official Use Only
	Board of Supervisors				
	Street Address				
	1221 Oak Street, Suite 536				
	Designated Agency Contact (Name, Title)				
	Crystal Hishida Graff, Clerk, Board of S	upervisors		Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing:	(
	(510) 272-3882 crystal.his	hida@acgov.	org		(month, day, year)
2.	Function, Event, or Ceremonial R				
	interna Co	٨			7 \$ 0007
	Title Navniors Gam	<u>k</u>	Fa	ce Value of Each Admissi	on \$
	Description Basketba	el	Da	ite(s) 11, 2, 12	
	Ticket(s)/Admission(s) provided by a	gency? Yes	No 🔲 If no: .	GSW Name of S	
		/	/	Name or S	ource
	Was the distribution to persons iden	tified below r	nade at the behes	st of an agency official?	
	Yes 👿 No 🔲 If yes:	la County Supe	ervisor Scott Hagge	rty, District 1	
	it yes.		Name (Last, First) and		
	The identity of recipient(s) and th	e explanatio			
	Name				LA NUTSER ON CONTRACTOR OF A DESIGN OF
	(Last, First)	Number of	Agency	ck the income box if the agency offic able income. If the agency official pe	cial claims admission as rformed acceremonial role;
	or Organization	Admission(s)/	Official	provide a description.	
	(Name, Address, Description)	Ticket(s)	Cere	ot income, describe/the public purpo emonializoles, performed by an agen	cv official-individual or
		Honometry and the form Market and	Yes 🔲	anization:	
	Kyanviewa	2	No 🔲		
	2057 Mars Road		To promote attendand to maximize potential parking sales.	ce at a county sponsored event ir county revenue for concession a	n order Income
	LIVERMORE CA				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. 1/2 /1 2

Yes 🗖

No 🗆

Yes 🗋

No

Kullin Griling	Lee Ann Fergerson	Ticket Administrator	10/31/12
Signature of Agency Head di Destignee	Print Name	Title	(month, day, year)

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

Income

Income

A Public Document

noncervannission Discributions					A Pubi	ic Docum	ien
1. Agency Name					Date Stamp Cali	fornia	
County of Alameda						orm 80	92
Division, Department, or Region (if applicat	ble)				FC	or Official Use Only	у
Board of Supervisors							
Street Address	-						
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must provide expl	anation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of S	upervisors						
Area Code/Phone Number E-mail					Date of Original Filing:	, day, year)	
	hida@acgov.	-					
2. Function, Event, or Ceremonial Ro	ole Information	tion				0 = 0	
Title WARRIDRS				Face	Value of Each Admission \$ _	95,0	O
Description BASKETBP	2L	-		Date(s	,04,07,13	//	
Ticket(s)/Admission(s) provided by a	gency? Yes	XE N	o 🗆	lf no:	CSD Name of Source		
Was the distribution to persons ident	/ ified below r	nade a	at the	e behest o	f an agency official?		
Alamed	a County Supe	ervisor	Scot	Haggerty	District 1		
Yes No 🔲 If yes:				First) and Title			
The identity of recipient(s) and the							
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Age Offi		taxable i also pro If not inc	e income box if the agency official clair ncome. If the agency official performed vide a description. rome, describe the public purpose, inclu- ial roles, performed by an agency offici- tion.	a ceremonial role Iding al, individual, or	le,
Parents of HD	21	Yes No			ard a school or nonprofit organizatio utions to the community	n for its Inco	
GIANAN USTICS	/	Yes				Inco	
Ogmilusin)	(No	and the local data of				ב
1452 N. Vasco Rd #	333	Yes No				Inco	
Livermore, CA	94551	Yes No				Inco	
		Yes No				Inco	
	94551	Yes No Yes No Yes				Inco Inco Inco Inco	

Kellen Arteiro	Lee Ann Fergerson	Ticket Administrator	10-25-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

ne				Date Stamp	Californ	^{ia} 802
					Form	ALC: NO. OF THE REAL PROPERTY OF
rtment, or Region (if	f applicable)				For Offic	ial Use Only
				K.		
	20 - SO 10 - SO 10 - C			Amendment (M	ust provide explanatio	n in Part 3.)
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JA JAC	Dista		Date(s	s) <u>(</u>		/
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ibution to persons				an agency officia	al?	
· · ·	Alameda Co.				al?	
ibution to persons	Alameda Co.	Supervisor			al?	
No 🔲 If yes: _	Alameda Co.	Supervisor Name (Last, F	Scott Hagg		al?	
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is in accordance with the provisions.

10-25-12 **Ticket Administrator** Title Signature of Agency Head or Designee Print Name (month, day, year)

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Agency Name			Date Stamp California	RU
County of Alameda Division, Department, or Region (if applic			Form	2.7
	: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 Area Code/Phone Number E-mail	Supervisors			
			Date of Original Filing: (month, day, year	r)
	ishida@acgov			
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Kelly Gran	Lee Ann Fergerson	Ticket Administrator	10-29-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

Agency Name					the state of the s	
Agency Mame				Date Stamp	Cali	fornia 802
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Division, Department, or Region (if applic	cable)			1	Fo	or Official Use Only
Board of Supervisors						
Street Address	· · · ·		Annual State Stat	-		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (A	Must provide expl	anation in Part 3)
Crystal Hishida Graff, Clerk, Board of	Supervisors				nust provide expl	anauon in Fan 3.)
Area Code/Phone Number E-mail				Date of Original Fil		, day, year)
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Kullin Gring	Lee Ann Fergerson	Ticket Administrator	10-29-17
Signature of Agency Head d'ADestignee	Print Name	Title	(month, day, year)

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Division, Department, or Region (if applied	cable)			-	For Officia	l Use Only
Board of Supervisors				_		
Street Address					÷	
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
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Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number IE-mail	Supervisors			Date of Original Fil	ling	
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Kelly Arthip	Lee Ann Fergerson	Ticket Administrator	10.23-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name				Date Stamp	California On
	County of Alameda					Form OU
	Division, Department, or Region (if applicat	ble)				For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (M	fust provide explanation in Part 3.)
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	Yes No If yes: <u>Alamed</u> The identity of recipient(s) and the Name (Last, First) Or Organization (Name, Address, Description) <u>CRAIG SMITH</u> 5659 Bridgeport Cir	a County Supe Official's e explanatic Number of Admission(s)/ Ticket(s)	ervisor Scc Name (Last, Dn: Agency Official Yes No Yes No	ett Haggerty, First) and Title	District 1 ne income box if the ager income, if the agency off vide a description. some, describe the public hal roles, performed by a	ncy official claims admission as ficial performed a ceremonial role, crpurpose, including an agency official, individual, or Incom Incom
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	Yes No If yes: <u>Alamed</u> The identity of recipient(s) and the Name (Last, First) Or Organization (Name, Address, Description) <u>CRAIG SMITH</u> 5659 Bridgeport Cir	a County Supe Official's e explanatic Number of Admission(s)/ Ticket(s)	ervisor Scc Name (Last, on: Agency Official Yes No Yes No Yes No	ett Haggerty, First) and Title	District 1 ne income box if the ager income, if the agency off vide a description. some, describe the public hal roles, performed by a	ney official claims admission as ficial performed a ceremonial role, cipurpose, including an agency official, individual, or Incom Incom
	Yes No If yes: <u>Alamed</u> The identity of recipient(s) and the Name (Last, First) Or Organization (Name, Address, Description) <u>CRAIG SMITH</u> 5659 Bridgeport Cir	a County Supe Official's e explanatic Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	ett Haggerty, First) and Title	District 1 ne income box if the ager income, if the agency off vide a description. some, describe the public hal roles, performed by a	ncy official claims admission as ficial performed a ceremonial role, or purpose, including an agency official, individual, or Incom Incom
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YUUU DOTUN	Lee Ann Fergerson	Ticket Administrator	10-1-17-
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

icket/Aumission Distribution	15				A Public Documer
Agency Name				Date Stamp	California 802
County of Alameda					Form OU2
Division, Department, or Region (if applied	cable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Mu	st provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number [E-mail]	Supervisors			Data of Ovining Filin	
				Date of Original Fill	ng:(month, day, year)
(510) 272-3882 crystal.h Function, Event, or Ceremonial					
Function, Event, or Ceremonial	Role Informat	tion			
Title A'S Game	·····		Face V	alue of Each Adm	nission \$ <u>38.00</u>
	٥				
Description <u>Pashal</u>	X		Date(s	19,28,1	
				$ = \int \int G d d$	ALLICO
Ticket(s)/Admission(s) provided by	agency? Yes	Ď NO 🗆	lf no:	ARIUNA	VATALETICS
Ticket(s)/Admission(s) provided by					
Ticket(s)/Admission(s) provided by Was the distribution to persons ide					
Was the distribution to persons ide	ntified below r	nade at the	behest of	an agency officia	
Was the distribution to persons ide	ntified below r	nade at the	behest of	an agency officia	
Was the distribution to persons ide Yes X No L If yes: Alam	entified below r eda County Supe Official's	nade at the ervisor Scott Name (Last, F	behest of	an agency officia	
Was the distribution to persons ide Yes No If yes: Alama The identity of recipient(s) and t	entified below r eda County Supe Official's	nade at the ervisor Scott Name (Last, F	behest of Haggerty, [irst) and Title	an agency officia	1?
Was the distribution to persons ide Yes No If yes: <u>Alama</u> The identity of recipient(s) and t Name (Last, First)	entified below r eda County Supe Official's the explanatic Number of	made at the ervisor Scott Name (Last, F on: Agency,	behest of Haggerty, [irst) and Title Check the taxable in	an agency officia District 1 Plincome box if the agency come. If the agency offic	1?
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Was the distribution to persons ide Yes No If yes: Alama The identity of recipient(s) and t Name (Last, First) or Organization	entified below r eda County Supe Official's the explanatic Number of Admission(s)//	made at the ervisor Scott Name (Last, F on: Agency,	 behest of Haggerty, [irst) and Title Check the taxable in also prov If not incc ceremoni 	an agency officia District 1 Plincome box lifthe agency come. If the agency offi- ide a description.	II? by official claims admission as clai performed a ceremonial role, purpose, including lagency official, individual, or
Was the distribution to persons ide Yes No If yes: <u>Alama</u> The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Peter Baria	entified below r eda County Supe Official's the explanatic Number of Admission(s)//	made at the ervisor Scott Name (Last, F on: Agency Official	 behest of Haggerty, [irst) and Title Check the taxable in also prov If not incc ceremoni 	an agency officia District 1 Plincome box if the agency come. If the agency offic ide a description ome, describe the public, al roles, performed by an	I? by official claims admission as clai performed a ceremonial role, purpose, including lagency official, individual, or
Was the distribution to persons ide Yes No If yes: Alama The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Peter Baria	entified below r eda County Supe Official's the explanatic Number of Admission(s)//	made at the ervisor Scott Name (Last, F on: Agency Official Yes No	 behest of Haggerty, [irst) and Title Check the taxable in also prov If not incc ceremoni 	an agency officia District 1 Plincome box if the agency come. If the agency offic ide a description ome, describe the public, al roles, performed by an	II? by official claims admission as clai performed a ceremonial role, purpose, including lagency official, individual, or Income
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Lee Ann Fergerson **Ticket Administrator** 2 Μſ Signature of Agency Head of Designee Print Name Title (month, day, year)

А	Public	Document

	5					a pudiic l	Jocument
1. Agency Name					Date Stamp	Californi Form	
County of Alameda						Form	802
Division, Department, or Region (if applica	able)					For Offic	ial Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)							
Crystal Hishida Graff, Clerk, Board of S	Supervisors				Amendment (Must	provide explanation	in Part 3.)
Area Code/Phone Number E-mail					Date of Original Filing		
(510) 272-3882 crystal.his	shida@acgov.	.org				(month, day, y	'ear)
2. Function, Event, or Ceremonial R	ole Informa	tion					
c							
Title			_	Face V	alue of Each Admis	ssion \$	1.00
DescriptionBaseball					10 2 5	7	
Description			-	Date(s			/
Ticket(c)/Admission(c) provided by				7	MELLOW	ATUF	TIC
Ticket(s)/Admission(s) provided by a	agency? Yes	NO NO		It no:	Name	of Source	ILS
Was the distribution to persons iden	tified below I	made a	it the	e behest of	an agency official?)	
Yes 👿 No 🔲 If yes:	da County Sup	ervisor	Scot	t Haggerty, [District 1		
Yes No 🔲 If yes:				First) and Title			
The identity of recipient(s) and th	e evelanati	ימס					
		on.		and the second second	an the substances design - where due may a	and we have been a state of the second state of the second state	
Name. (Last, First)	Number of	Ager		 Check the taxable in 	Income box if the agency come!" If the agency official	official claims adm	nission as
οι	Admission(s)/	Offic		also prov	ide a description.	· 法认为自己法国主义	
Organization (Name, Address, Description)	Ticket(s)	1123年1	國都	 If not inco ceremoni 	ome, describe the public pu al roles, performed by an a	rpose, including gency official, indi	vidual. or
Past 1 - a-adai				organizat	ion.	的自然是在推进的目前	and the second
Scott Maygerty		Yes No	Z		evaluate the a		Income
3680 Silvera Rauch Dr		Yes			to attract b		
Dublin CA 94568		No		2 contr	16 whe to the low	cal econor	Income
1000010101110000							
		Yes No					Income
				12011:00	Dava la aller da		
Spawn Wilson	1	1		# 1000	wowlage Stall	uployee	
1789 GIOTTO Dr.	1			and the	no concept Statt	allelop	NEVED
Brentwood cA 94513							Income
3. Verification						4.	
I have read and understand FPPC Regulation	ons 18944 1 an	nd 1801) I hi	we verified #	at the distribution of		
is in accordance with the provisions.	ייש איז איז איז אווי	10 10342		we vermed (ial the distribution of a	umissions, set f	orth above,
		_					

Killen Arthing	Lee Ann Fergerson	Ticket Administrator	10 - 11 - 12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Fublic Document		А	Public	c Document
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	3			A	Fublic Document
1. Agency Name				Date Stamp	California
County of Alameda					Form 802
Division, Department, or Region (if application	able)				For Official Use Only
Board of Supervisors					
Street Address	- 3				
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	org			
2. Function, Event, or Ceremonial F	Role Informat	tion			
A'G					39.00
Title			Face \	/alue of Each Admissi	on \$
Description Busebull	- -		Date(s	» <u>10,11,12</u>	///
Ticket(s)/Admission(s) provided by	agency? Yes		lf no:	Oaldand Name of S	Athletics_
Was the distribution to persons ider	ntified below r	nade at th	e behest of	f an agency official?	
Yes 👿 No 🔲 If yes:	da County Supe	ervisor Scot	t Haggerty, I	District 1	
Yes 🕅 No 🔲 If yes:	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) and the	ne explanatio	n.			
The second se			Cheak th	of the second	the second s
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc ceremon	e income box if the agency offi ncome. If the agency official p vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including
1. 1711.0	0	Yes 🗖	1-0		Income
John Mitkit	6	No 🔁	4F 9	5	
843 saturn Way		Yes 🗖			Income
Livermore CA 94351		No 🗖			
		Yes 🗖			Income
		No 🗖			
SUNDE DWARDS-	2	Yes 🗖	40		Income
STEWART	C	No 🗆	71 /		
630 Cedar Drive Livermore CA 94551		Yes □ No □			Income
3. Verification	1				
I have read and understand FPPC Regulat	ions 18944.1 an	d 18942. I h	ave verified t	that the distribution of adm	nissions, set forth above,
is in accordance with the provisions.					

Kelly Artein	Lee Ann Fergerson	Ticket Administrator	10-11-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

				D-1- 01	
I. Agency Name		• •		Date Stamp	California Form 802
County of Alameda	a da a la casa da a c				For Official Use Only
Division, Department, or Region (if a	pplicable)				
Board of Supervisors	Manufacture and a second s				
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, 7	Title)			Amendment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board	l of Supervisors		_		
Area Code/Phone Number E-mai			Da	te of Original Filing:	(month, day, year)
(510) 272-3882 cryst	al.hishida@acgov.o	org			
. Function, Event, or Ceremon	ial Role Informat	ion			·
Title <u>A'S Game</u> Description Basel	787		Face Valu	e of Each Admis	ssion \$
Bacal	a			n 🖸 17.	~
Description Based Ticket(s)/Admission(s) provided	san		Date(s) _/	2.2.1	
				N 1	.011 -
Ticket(s)/Admission(s) provided	by agency? Yes	No 🗆	If no: <u>Oa</u>	kland A	thetics
		(Name	of Source
Was the distribution to persons					
-					
Yes 🙀 No 🗖 If yes: 🗕	lameda County Supe Official's	ervisor Scott	Haggerty, Dist	rict 1	
	Official's	Name (Last, Fi	rst) and Title		4
The identity of recipient(s) ar	nd the explanation	on:			
	a de la Numera se a		e daviori inden Internetari	d fin they agency offici	ailperformatianceremoniai role
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			and saremonialing	lesycerionnechováné Silvezie	gençvlofficial vindividuation
		Yes 🗹			Income
Haggerly-Scott	2	No 🗖			
12024 0000254		Yes 🗖		*****	Income
France Bune ST.		No 🗖			
Strifts 26 Pattan	nd I	Yes 🗖			Income
Stattes 34 Caltan		No 🗖			
3680 Silvera Ranch	Dr	Yes 🗖			· · · · · · · · · · · · · · · · · · ·
3680 Silvera Ranch Dublen CA 94568		No 🗖			
	an a	Yes 🗖		• • • • • • • • • • • • • • • • • • • 	
		No 🗖			
3. Verification					
I have read and understand FPPC Re	egulations 18944 1 ar	nd 18942 1 ha	we verified that	the distribution of	admissions set forth above
is in accordance with the provisions.	generione rooma, rur		ivo vonnou indi	and digenoutorr of e	aannaaiona, actionin above,
MAD . XX A					
KULLUN STORIN 1	Lee Ann	Fergerson	Ticket A	dministrator	
Signature of Agency Head of Destonee	Print Ne	ame	Selector Conservations of the selector	Title	(month, day, year)

A Public Document

HokedAdiiii33ioli Distribi	utions				· .	
1. Agency Name				Date Sta	amp	California 802
County of Alameda						101111
Division, Department, or Region (if applicable)						For Official Use Only
Board of Supervisors	a na ang ang ang ang ang ang ang ang ang			and the second		
Street Address		1 -				
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan		4		🗖 Amendme	nt (Must pro	vide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Bo	ard of Supervisors			Data of Orlain		
	mall			Date of Origin	idi Fililiyi	(month, day, year)
	ystal.hishida@acgov.o	Contraction of the second second second		ana mangana kana kana kana kana kana kana kan		
2. Function, Event, or Ceremo	onial Role Informati	ion				-
Title A'S				Face Value of Fact	Admiss	ion \$ 39.00
	.					
Description BASE	SAU			Date(s) <u>10</u> / [/	0, 12	-
					٥	1
Ticket(s)/Admission(s) provid	ded by agency? Yes	P No		If no: Oakla	nd d'	theetics
		ſ			Name of a	Source
Was the distribution to perso	ons identified below m	nade af	the	hehest of an agency (official?	
			•		Striolari	
Yes 🙀 No 🗖 If yes:	Alameda County Supe Official's N	rvisor S	Scott	Haggerty, District 1	-	
74	Official's N	Vame (La	ast, F	irst) and Title		
The identity of recipient(s)	and the explanatio	n:				
					ie.egency.of	
				A CONTRACTOR OF A CONTRACT		iertormedialoeremonialirole, h
	The second s					
In a P I was a				o reward a community volur	teer for his	or her service to the come
Nuc Luna				bublic		
11530 Paare W. Dublin CA 9452	ay in	Yes		•		Income
Dublin CA 9452	18 7	No	÷			
		Yes				Income
						0
		Yes		2		Income
						<u> </u>
		Yes				Income
		No				
3. Verification						
l have read and understand FPPC , is in accordance with the provisior	Regulations 18944.1 and	d 18942	2. I h	ave verified that the distribu	ution of ad	missions, set forth above,
, is in accordance with the provision	15.					

Kullen Arthing	Lee Ann Fergerson	Ticket Administrator	10-10-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributions	5			A	Public Document			
1. Agency Name				Date Stamp	California			
County of Alameda		Form OUZ						
Division, Department, or Region (if applica		For Official Use Only						
Board of Supervisors Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
Crystal Hishida Graff, Clerk, Board of S	upervisors			Amendment (Must pro	ovide explanation in Part 3.)			
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)			
(510) 272-3882 crystal.his	hida@acgov.	org			(momin, day, year)			
2. Function, Event, or Ceremonial R	ole Informat	tion						
Title RADERS			Face V	/alue of Each Admiss	ion \$ <u>900</u>			
Description FOOT DAU			Date(s	9,10,12]			
Ticket(s)/Admission(s) provided by agency? Yes 🖄 No 🔲 If no:								
Name of Source								
Was the distribution to persons ident	tified below n	nade at the	e behest of	an agency official?				
Alamed					t.			
Yes 🕅 No 🔲 If yes:	Official's	Name (Last. F	First) and Title					
The identity of recipient(s) and th		18	ney and the					
The second s	e explanatio	m.	Chook th	o loop mother if the				
Name (Last, First)	Number of	Agency	taxable in	e income box if the agency off come. If the agency official p	the tip to be an			
or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ride a description. ome, describe the public purp	ose, including			
(Name, Address, Description)			ceremoni organizat	ial roles, performed by an agei tion.	ncy official, individual, or			
OBRIEN, Shawn, Vincent, Anthony	2			endance at a county spons otential county revenue for o	ored event in orderncome			
7025 Ann Lobor Wy. Dublinca.	294568		arking sales.					
Lillard, Matt	2	Yes		10	Income			
429 ThrasherAve, L. Vermore CA 9 Hackbarth, Alissa,	4550	No 🔯						
7444 Limerick Live, Dublinch	_ 94568	Yes 🔲 No 🕼		10	Income			
Sanchez, Drew & Leslie	7	Yes 🗋						
7675 Frederickson Ln, Dub, CA	>94568	No 📮		((Income			
Harris Jennifer	1	Yes 🗖		4	Income			
3190 Zuni Way, Pleasanton G	AT	No 🛱						
3. Verification 94566	(1 - 2 × 4 / 4			л л. А. А. А				
I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	a 18942. Th	ave verified t	hat the distribution of adn	nissions, set forth above,			
Killen Arthing	Lee Ann F		Ticke	t Administrator				
Signature of Agency Head of Designee	Print Nar	me		Title	(month, day, year)			
Comment: (Use this space or an attachment for	or any additional i	nformation inc	cluding amendi	ment explanation.)				

Agency Report of: Ceremonial Role Events and Ti 1.

Ti	cket/Admission Distri	butions	\$			A	Public Do	
1.	Agency Name					Date Stamp	California Form	002
	County of Alameda						Form	6UZ
	Division, Department, or Region (if applicable)						For Official U	Jse Only
	Board of Supervisors							
	Street Address		Ð					
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	ame, Title)				Amendment (Must pi		Port 2)
	Crystal Hishida Graff, Clerk, E	Board of S	upervisors				ovide explanation in	ran 3.)
	Area Code/Phone Number	E-mail				Date of Original Filing: .	(month, day, year	r)
-	(510) 272-3882	crystal.his	hida@acgov.	org			(, ,
2.	Function, Event, or Ceren	nonial R	ole Informa	tion				
	Raders						$\langle \rangle$	100
	Title <u>Mators</u>		(/alue of Each Admiss		
	Description	ball	(Contin	ned)	D ()	9,0,12		
	Description				Date(s	5)	/	/
	Ticket(a)/Admission(a) musu	ided by a			I.			
	Ticket(s)/Admission(s) prov	ided by a	gency? res	L NO L	If no:	Name of	Source	
	Yes No 🔲 If yes		la County Supe Official's e explanatic		t Haggerty, I First) and Title	District 1		
	Name (Last, First) or Organization (Name, Address, Descripti	on)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc ceremon	e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	performed a ceremo pose, including ency official, individ	onial role,
	Amador, Gibert & R.	obin	0	Yes 🗖		//	And a second state of the second	Income
	Amador, Gilbert & R 8799 Agusta Ct. Dublin	CA 945	18 2	No 📴		U		
	Haggerty, Scott, Rhond	a Sean,	conner	Yes 🔁	toobt	ain oversight o	f-facilities	Income
	3680 Silvera Ranch Dr.		4	No 🗖	orevent	s that have receive	ed county	
		14518	1	Yes 🗖	funder	y of support	0.00000000	Income
		×		No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
Distanti				No 🗖				
3.	Verification I have read and understand FPP is in accordance with the provisio	C Regulations.		d 18942. I h ⁼ ergerson		hat the distribution of add	missions, set for	th above, $\left(\begin{array}{c} 0 \\ 0 \end{array} \right) - \left(\begin{array}{c} 2 \\ 7 \end{array} \right)$
	Signature of Agency Head of Designee		Print Na	me		Title	(month	, day, year)

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

L

(month, day, year)

A Public Document

						i diano boounioni		
1. Agency Name					Date Stamp	California		
County of Alameda						Form OU 2		
Division, Department, or Region (if applica		For Official Use Only						
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in Part 3.)		
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Crystal Hishida Graff, Clerk, Board of Supervisors							
					Date of Original Filing:	(month, day, year)		
	shida@acgov.							
2. Function, Event, or Ceremonial R		tion						
Title Karders vs J	aquars		_	Face V	/alue of Each Admissi	on \$_222.00		
Description Football Date(s) 10, 21, 12								
Ticket(s)/Admission(s) provided by agency? Yes ⊠No 🔲 If no:								
	0	(Name of S	ource		
Was the distribution to persons iden	tified below r	nade :	at the	hehest of	an agency official?			
Yes 🕅 No 🔲 If yes:		Nome	Scott	Haggerty, L	District 1			
			Lasi, r	irst) and The				
The identity of recipient(s) and th	e explanatio	on:						
Name (Last, First)	Number of	Age		 Checkithe taxable in 	e income box if the agency offi icome. If the agency official pe	cial claims admission as		
or	Admission(s)/	Offi	1. J. J. J. S. C. F. B.	also prov	ide a description.			
Organization (Name, Address, Description)	Ticket(s)			ceremoni	ome, describe the public purpo ial roles, performed by an agen	se, including cy official, individual, or		
	n anna an	Yes			attendance at a county spo	nsored event in ordersmo		
405 Pine Hill Ln,	4	No		to maximize	potential county revenue for	or concession and		
405 PINEHill I.D.		Yes	6	_parking sale	15.	licome		
		No						
Pleasanton CA		Yes				Income		
		No						
94566		Yes				Income		
		No						
		Yes				Income		
		No						
3. Verification								
l have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 1894	2. I ha	ave verified th	hat the distribution of adm	issions, set forth above,		

Kellin Brilling	Lee Ann Fergerson	Ticket Administrator	10/22/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Documer	А	Publ	ic	Documen	t
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. Agency Name					Fublic Do	
i igeneg i tallio				Date Stamp	California Form	007
County of Alameda					Form	602
Division, Department, or Region (if appl	icable)				For Official U	Jse Only
Board of Supervisors						
Street Address	2					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title,				Amendment (Must pro	vido ovplanation in	
Crystal Hishida Graff, Clerk, Board of	Supervisors				wide explanation in	Рап 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	-)
	nishida@acgov.				(1101111, 003, 9001	/
. Function, Event, or Ceremonial	Role Informa	tion				
Title WARRIOR	S		Face \	/alue of Each Admiss	ion \$ <u>95</u>	-00
Description BASKET	BAU		Date(s)11,21,12	11,2	24, 12
Ticket(s)/Admission(s) provided by	agency? Yes	🖉 No 🔲	lf no:	Name of S	GS	SW
Was the distribution to persons ide	ntified below r	nade at the	e behest of		Jource	
Alam	eda County Supe					
Yes 🙀 No 🔲 If yes:	,		i i uggoity, i			
	Official's	a second s				
The identity of recipient(s) and t		Name (Last, F				
The identity of recipient(s) and t		Name (Last, F	First) and Title		icial claims admiss	ion as
Name ((Last, First)	he explanatio	Name (Last, F on: Agency	First) and Title Checkith	e income box if the agency off	icial claims admiss erformed a/ceremo	ilon as niai role;
Name (Last, First) or Organization	the explanatic	Name (Last, F on:	First) and Title	e income box if the agency off rcome. If the agency official p ide a description. ome, describe the public purp	erformed a ceremo ose, including	nial role,
Name (Last, First) or	he explanatio	Name (Last, F on: Agency	First) and Title Checkth taxable in also prov If not inc ceremon	e income box if the agency off come. If the agency official p lide a description, ome, describe the public purp ial roles, performed by an agei	erformed a ceremo ose, including roy official, individ	nial role,
Name (Last, First) or Organization	the explanatic	Name (Last, F on: Agency Official Yes 🔲	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off rcome. If the agency official p ide a description. ome, describe the public purp	erformed a ceremo se, including cy official, individ	ual, or
Name (Last, First) or Organization (Name, Address, Description) Dublin High School	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ual, or Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ual, or Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan Dublin, CA 94568	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agençy Official Yes No Yes No No	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ual _h or Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ual _h or Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan Dublin, CA 94568	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes Yes Yes	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ualhor Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan Dublin, CA 94568	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes No Yes No	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	Income
Name (Last, First) or Organization (Name, Address, Description) Dublin High School 8151 Village Parkwan Dublin, CA 94568	the explanation Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	First) and Title Check the taxable is also prov if not inc ceremon organiza To rewa	e income box if the agency off norme. If the agency official p ride a description, ome, describe the public purp ial roles, performed by an agen tion. rd a school or nonprofit org	erformed a ceremo se, including cy official, individ	ualhor Income

is in accordance with the provisions.	alalions 10044.1 and 10042.1 have		amissions, set forth above,
Hellen Briling	Lee Ann Fergerson	Ticket Administrator	10/22/17
Signature of Agency Head of Destgnee	Print Name	Title	(month, day, year)

A Public Document

Hollow annound Distributions					~ ~	r ubite Document
1. Agency Name					Date Stamp	California 802
County of Alameda						Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only				
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supe	ervisors					n e positio della monori addesse della esta o incredentativa in E
Area Code/Phone Number E-mail					Date of Original Filing: _	(month, day, year)
(510) 272-3882 crystal.hishid	Contraction of the local division of the loc	and the second se				
2. Function, Event, or Ceremonial Role	Informat	ion				
Title Dishey on Ice			•	Face \	/alue of Each Admiss	ion \$ 56.85
Title Disney on Ice Description Ice Skatrn	9			Date(s	$\frac{10, 19, 17}{10, 19, 17}$	ion \$ <u>56.85</u>
	C			6	$-\leq u$	
Ticket(s)/Admission(s) provided by age	ncy? Yes	🔽 No	🗋 lfr	10: <u></u>	Name of S	Source
		2 C			Name or a	source
Was the distribution to persons identified	ed below n	nade at	the be	hest of	f an agency official?	
Yes 👿 No 🔲 If yes:	County Supe	ervisor S	Scott Ha	aaertv I	District 1	
Yes No 🔲 If yes:	Official's	Name (La	ast. First)	and Title		
The identity of recipient(s) and the e						
Name		an de la com	0.	Check th	e income box if the agency of	ficial claims admission as
	lumber of	Agend	Carry and the State	C	ncome. If the agency official p vide a description.	erformed a ceremonial role,
Organization	lmission(s)/ Ticket(s)	Offici	al	If not inc	ome, describe the public purp	ose, including
(Name, Address, Description)					ial roles, performed by an age tion.	
SAVE		Yes	1 m m			Income
Sale Alternativesto Violent Enviro	nments	No	P			
1900 Moury Ave # Zoy Fremont CA						Income
				والمراجع والمعادين والمراجع		
94536		Yes				Income
						Income
		·				
		Yes No				Income
3. Verification						
I have read and understand FPPC Regulations	18944.1 an	d 18942.	. I have	verified t	that the distribution of adr	nissions, set forth above,

Lee Ann Fergerson **Ticket Administrator** Signature of Agency Head of Designee Title

is in accordance with the provisions.

Print Name

(month, day, year)

(

A Public Document

	,				~	rubiic Document	
1. Agency Name					Date Stamp	California Form 802	
County of Alameda						Form OUZ	
Division, Department, or Region (if application		For Official Use Only					
Board of Supervisors						-	
Street Address	- ·						
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of S	Supervisors						
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, year)	
	shida@acgov.						
2. Function, Event, or Ceremonial R	ole Informat	tion					
Title A's Basebas	y.		_	Face \	/alue of Each Admissi	on \$ 38.00	
Description Baseball Game Date(s) 10, 2, 12							
Ticket(s)/Admission(s) provided by agency? Yes No 🔲 If no: Oakland Athletics							
Was the distribution to persons identified below made at the behest of an agency official?							
Alama							
Yes No 🔲 If yes:	da County Supe		-	First) and Title			
			.ası, r	first) and the			
The identity of recipient(s) and th	e explanatio	on:					
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable ir also prov If not inc ceremon	e Income box if the agency offi ncome. If the agency official pe /ide a description. ome, describe the public purpo ial roles, performed by an agen tion.	erformed a ceremonial role, se, including cy official, individual, or	
	1	Yes		To promote a	attendance at a county spon potential county revenue for	sored event in order ome	
CRAIG SMITH		No 🗸	P	parking sales			
5659 Bridgeport Circle		Yes				come	
Livermore CA 9455)							
		Yes				Income	
		No					
		Yes No				Income	
		Yes					
				é.		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.

Kellin Arthip	Lee Ann Fergerson	Ticket Administrator	10-2-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

1 11

Oakland-Alameda County Coliseum Authority

TICKET POLICY CONFIRMATION

Alameda County Supervisor Scott Haggerty, District 1
Event RAIDERS Date 12-6-12
Number of Tickets Requested / Received
Description of Public Purpose
IF TICKETS PROVIDED TO PERSON OR GROUP OTHER THAN SELF COMPLETE THE FOLLOWING
Name of Individual or Organization
Address of Individual or Organization15678 Crestwood Dr. SauPablo CA 94806-5601
Purpose for To reward a community volunteer for his or her service to the public Distribution
VERIFICATION
I HAVE DETERMINED THAT THE DISTRIBUTION OF TICKETS SET FORTH ABOVE IS IN ACCORDANCE WITH THE PROVISIONS OF FPPC REGULATION 18944.1

Signature of Official

Lee Ann Fergerson, Ticket Administrator

	Α	Pub	lic D	Documen
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	5			~	r ublic Document
1. Agency Name				Date Stamp	California 000
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 prov	vide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				nde explanation in Fait 5.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
	shida@acgov.				(
2. Function, Event, or Ceremonial R	ole Informa	tion			
TitleR	eber		Face \	alue of Each Admissi	on \$ 103.89
Description Teeu Co	ncert		Date(s	$n \mid n$	//
Ticket(s)/Admission(s) provided by a	agency? Yes		If no:		
				Name of S	ource
Was the distribution to persons iden	tified below i	made at th	e behest of	an agency official?	
				-	
Yes 🙀 No 🔲 If yes:		ervisor Scot	t Haggerty,	District 1	
The identity of recipient(s) and th		-	rirst) and Title		
Name	So the South of		Check th	e income box if the agency offi	cial claims admission as
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official pe /ide/a description.	
or Organization	Admission(s)/	Official	 If not inc 	ome, describe the public purpo	se, including
(Name, Address, Description)			ceremon organiza	ial roles, performed by an agen tion.	cy official, individual, or
\mathcal{D} $(\Lambda \circ 0)$		Yes 🗖			Income
Kaquel Andrade	12	No DE		,	
Annitation		Yes 🗖			Income
731100 3011100		No 🗖			
EQUI Pollingion		Yes 🗖			Income
5984 Bellhaven 2	NC	No 🗖			
Newark CA		Yes 🗖			Income
NEWWINCA		No 🗖			
011-7		Yes 🗖			Income
<u> </u>		No 🗖			
3. Verification					
I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	nd 18942. I h	ave verified t	hat the distribution of adm	issions, set forth above,

Kelly Artain	Lee Ann Fergerson	Ticket Administrator	10-1-12
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

A Public Document

Concession in which the					~ ~	i abile bocament
1.	Agency Name	7		Date Stamp	California 802	
	County of Alameda Division, Department, or Region (if applica	ible)				Form OUZ 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 Area Code/Phone Number E-mail	Supervisors			Date of Original Filing:	
	(510) 272-3882 crystal.his	shida@acgov.	org		<u> </u>	(month, day, year)
2.	Function, Event, or Ceremonial R					
	Title Justin Bieber	/alue of Each Admissi	on \$103.85			
	Description Teen Conce	ert		Date(s	10, 6, 12	·
	Ticket(s)/Admission(s) provided by agency? Yes			If no:	GGW Name of S	ource
	ل Was the distribution to persons identified below made at t				an adapay official?	
	Yes 🙀 No 🔲 If yes:	Name (Last	t Haggerty, I First) and Title			
	The identity of recipient(s) and th			noty and this		
	Name			Check th	e income box if the agency offi	cial claims admission as
	(Last, First) or	Number of	Agency	taxable in	come. If the agency official period	
	Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	If not ince	ome, describe the public purpo ial roles, performed by an agen	se, including cy official, individual, or
	Dennis Fayo	2	Yes 🗖 No 🖄		smote attende	na #gincome
	28 Moraga Nig		Yes	×c	oncession sal	
	Orinda CA 94563		Yes □ No □			Income
			Yes 🗖			Income
			No 🗖			
			Yes □ No □			Income
	Verification I have read and understand FPPC Regulations is fin accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adm	issions, set forth above,
(

Kellin Arthing	Lee Ann Fergerson	Ticket Administrator	10-1-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

А	Ρι	ubl	ic	Doc	um	ent
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		nourionic				A	Fublic Document
1.	Agency Name					Date Stamp	California Form 802
	County of Alameda						Form. 802
	Division, Department, or Reg	ion (if applicable)	1730-1				For Official Use Only
	Board of Supervisors						
	Street Address		wiii - Lanen an				
	1221 Oak Street, Suite 536						
	Designated Agency Contact ((Name, Title)					
	Crystal Hishida Graff, Clerk,	Board of Supervis	sors			Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				Date of Original Filing:	(mageth days and)
	(510) 272-3882	crystal.hishida@	acgov.c	org			(month, day, year)
2.	Function, Event, or Cere	emonial Role Inf	ormat	ion			
	Title Raidons	• • • • • • • • • • • • • • • • • • •			Face \	/alue of Each Admissi	on \$_150.0
	Description	npa (200	4	Date(s	11 11 10	
	,	V)	C	-Su)	
	Ticket(s)/Admission(s) pro	vided by agency	? Yes`	FONO D	If no: <u>C</u>		
				l		Name of S	ource
	Was the distribution to per	sons identified b	elow n	nade at the	e behest of	an agency official?	
		Alamada Caur					
	Yes 🙀 No 🗔 Ify	es:	Official's I	Name (Last F	First) and Title		
	The identity of regiment				noty and Thie		
	The identity of recipient	(s) and the expl	anatio				
	Name (Last, First)	No.			 Checkith taxable in 	e income box if the agency offi come. If the agency official pe	cial claims admission as
	or designed	Numl Admiss		Agency Official	also prov	ide a description.	
	Organization (Name, Address, Descrip	tion) Tick	et(s)		 If not include ceremonic 	ome, describe the public purpo alroles, performed by an agen	se, including cy/official, individual.or
	CLUC SIPITA	$\frac{1}{1}$		Yes 🗖	organizat	ion. An in the second second	
	Chris & Rita	LOYK S	2		to maximize p parking sales.	ttendance at a county spons otential county revenue for	concession and
	11305 A-Laur	elst		Yes 🗖			Income
	-Duble 945	-		No 🗆			
		00		Yes 🗖			Income
				No 🗖			
				Yes 🗖			Income
				No 🔲			
				Yes 🗖			Income
			l	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.

Heller Griling	Lee Ann Fergerson	Ticket Administrator	10-29-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

				1.		ounion
1. Agency Name				Date Stamp	California	000
County of Alameda					Form	002
Division, Department, or Region (if applic	able)				For Official L	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in	Dard 3 1
Crystal Hishida Graff, Clerk, Board of	Supervisors				nue explanation in l	un 0.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
	shida@acgov.					
2. Function, Event, or Ceremonial F	Role Informa	tion				
Title Wanters	A		Face V	/alue of Each Admissi	on \$ <u>95</u>	00.
Description	thall		Date(s	3,13,13		/
Ticket(c)/Admission(Charavided hu		GSW				
Ticket(s)/Admission(s) provided by	agency? Yes		If no:	Name of S	ource	-
Was the distribution to persons ider	itified below i	nade at the	e behest of	an agency official?		
Yes 👿 No 🔲 If yes:	da County Sup	ervisor Scot	t Haggerty, [District 1		
A	Official's	Name (Last, F	First) and Title			
The identity of recipient(s) and the	ne explanatio	on:				
Name	1993年1月1日 1993年1月1日 1993年1月1日	· · · · · · · · · · · · · · · · · · ·	Check the	e income box if the agency offi	cial claime admiss	lon an
(Last, First)	Number of	Agency	taxable ir	come. If the agency official pe	erformed a ceremo	nial role;
or Organization	Admission(s)/ Ticket(s)	Official	If not inco	ide a description. Dme, describe the public purpo	se, includina	
(Name, Address, Description)			ceremoni organizat	al roles, performed by an agen	cy official, individi	ual, or
Shepherd's Gate	Y	Yes 🗖 No 🔽	To rewa	ard a school or nonprofit org itions to the community	anization for its	Income
ILADION		Yes 🗖				Income
The les fortola Are		No 🔲				
Livermore CA		Yes 🔲				Income
		No 🗖				
94551		Yes 🗖				Income
17557		No 🗖				
		Yes 🗖				Income
		No 🗖				
3. Verification						
I have read and understand FPPC Regulat	ions 18944.1 an	d 18942. I ha	ave verified tl	hat the distribution of adm	issions, set fort	h above,
is in accordance with the provisions.						

Heller Arterso	Lee Ann Fergerson	Ticket Administrator	10-25-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)