А	Public	Document
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1. Agency Name Date Stamp	California 000
County of Alameda	Form BUZ
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)	
Crystal Hishida Graff, Clerk, Board of Supervisors	nde explanation in Part 3.)
Area Code/Phone Number E-mail Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hishida@acgov.org	(monin, day, year)
2. Function, Event, or Ceremonial Role Information	
Title Randevs Face Value of Each Admission	on \$ 150 .00
Description Freefback Date(s) 12,2,12	
Ticket(s)/Admission(s) provided by agency? Yes 🛕 No 🗖 If no:	
Was the distribution to persons identified below made at the behest of an agency official? Yes X No I If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	
The identity of recipient(s) and the explanation:	
Name (Last,First) or Organization (Name, Additess, Description);	rformed acceremonial indie,
Deputy Sheriff's Assn of AC Yes I To reward a county employee Level Owens Drive Stelloo No D her exemplary sorrises to the	Income
Plasanton, CA 94588 4 No 50	
JOW Rudolph Yes 🗇	Income
No	
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. $\left(\right)$

Yes 🗖

No 🗖

Yellen Gran	Lee Ann Fergerson	Ticket Administrator	11-29-12-
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

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

Income

A Public Document

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1.	Agency Name			Date Stamp	California Form	000
	County of Alameda			11.	Form	OUZ
	Division, Department, or Region (if applicable)				For Officia	I Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				1	
	Crystal Hishida Graff, Clerk, Board of Supervisors			Amendment (Must pr	ovide explanation i	in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing: _		
	(510) 272-3882 crystal.hishida@acgov	, ora			(month, day, ye	əər)
2.	Function, Event, or Ceremonial Role Information					
	Title Warriors Game		Face \	/alue of Each Admiss	sion \$ 95	.00
	Rock			7		
	Description		Date(s	12,12,13	>	/
			/	011		
	Ticket(s)/Admission(s) provided by agency? Yes	s 👿 No 🗖 If	no:	-SW		
		C		Name of	Source	1
	Was the distribution to persons identified below	made at the b	ehest of	an agency official?		
				AND NEW YORK AND AND A CONTRACTORS AND A CONTRACT		
	Yes 🕱 No 🔲 If yes:			District 1		2
		s Name (Last, First) and Title			
	The identity of recipient(s) and the explanati	ion:				
	Name	(Öheckith	e income box if the agency of	ficial claims admi	ssionias
	(Liast, First) Number of Or (Admission(s)	Agency	taxable in also prov	ncome. If the agency officially vide a description.	erformed acceren	nonialirole,
	Organization	/ Official	If not inc	ome, describe the public purp	ose, including	
	(Name, Address, Description))	a martin de la	organizat	laliroles, performed by an age tion.	ncy official, indiv	idual, or
	Sunol Business Guild	Yes I 1 No VI	fo reward	a school or nonprofit organ ns to the community		Income
Ĭ.	PORXAL	Yes 🗖				Income
	1.01.007-14 2	No 🗖				
	Sunol, CA 94586	Yes 🗖			3	Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
3.	Verification					
	I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have	verified ti	hat the distribution of adr	nissions, set fo	orth above.
8	is accordance with the provisions.				aonanan sonana	
0	Lee Ann	Fergerson	Ticke	t Administrator	1.1	A
	Signature of Agency Aged on Destonee Print N					9-12
	$\psi \phi \phi$			Title	(mon	th, day, year)
	Comment: (Use this space or an attachment for any additional	information includi	ing amendr	ment explanation.)		

To improve & maintain the Tain of Sunol and to support non-profit organiza and the community of Sunol. FPPC Toll-Free Helpling: BEELASK EPPC Form 802 ZONS FPPC Form 802 (2/11) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

А	Public	Document
		Doounicin

				A	Fublic Do	cumer
. Agency Name				Date Stamp	California Form	000
County of Alameda				e son and an a sub-transmission I	Form	802
Division, Department, or Region (if applic	cable)				For Official U	se Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)						
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Must pro	vide explanation in	Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	
(510) 272-3882 crystal.h	ishida@acgov	.org			(топт, аву, увал	,
. Function, Event, or Ceremonial I	Role Informa	tion				
Title_ Warriors			Face V	/alue of Each Admiss	ion \$ <u>95</u>	
Description Busket 6	sall		Date(s	1, 2, 20, 13	/	
			1	7SW		
Ticket(s)/Admission(s) provided by	agency? Yes	s 🙀 No 🗖	lf no: 🦲			
		í.		Name of S	source	
Was the distribution to persons ide	ntified below	made at the	behest of	an agency official?		
Alama	eda County Sup					
Yes 🕅 No 🗆 If yes:		Name (Last, F			Ж	
The identity of the total of the test			nsi) and mie			
The identity of recipient(s) and t	ne explanati	on:				
Name (Last, First)			texable in	e income box if the agency off noome. If the agency official p	icial claims admiss	ion/as)
or Organization	Number of Admission(s)/	Agency Official	also prov	ide a description.	·····································	marrole,
(Name, Address, Description)	"Ticket(s)	a start for the second	ceremon	ome, describe the public purp ial roles, performed by an age	ose, including	ual or det
1994年1997年1月1日,1996年1月1日,199		and interest of a state of an and	organizat	lal roles, performed by an ager tion.		
Waghington High School Boosters	4	Yes 🗖 No 🗖		ard a school or nonprofit org utions to the community	anization for its	Income
CloAnnette Bergendahl		Yes 🗖				Income
		No 🗆				
37467 Willowood Dr.		Yes 🗖				income
Frement CA quest.	_	No 🗖				
a control on its su		Yes 🗖				Income
<u>/</u>		No 🗆				
		Yes 🗖				Income
		No D				meenne
		No 🔲				
Verification	tions doord d					

Kulhu Gran	Lee Ann Fergerson	Ticket Administrator	11 - 10 - 17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachme Public Fremont H	nt for any additional information includ	ing amendment explanation.) _ ¥z	

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A Public Decument

Division, Department, or Region (if applicable) For Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contact (Must provide explanation of Supervisors) Area Code/Phone Number Image: Contact (Image: Contact Supervisors)	n, day, year)
Division, Department, or Region (# applicable) Fe Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: Address Designated Agency Contact (Name, Title) Image: Amendment (Must provide explicitly) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: Image: Image	or Official Use Only lanation in Part 3.) 7, day, year)
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description Sports Description Sports Description Sports Date(s) Date(s) Date(s) No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	lanalion in Part 3.) 7. day, year)
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description Sports Description Sports Description Sports Date(s) Date(s) Date(s) Date(s) No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	n, day, year)
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description Sports Description Sports Description Sports Date(s) Date(s) Date(s) No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	n, day, year)
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Amendment (Must provide explanation pate of Original Filing:	n, day, year)
Crystal Hishida Graff, Clerk, Board of Supervisors <pre> Amendment (Must provide explain the second of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Crystal.hishida@acgov.org Crystal.hishida@acgov.org Crystal.hishida@acgov.org Crystal.hishida@acgov.org Crystal.hishida@acgov.org Crystal.hishida@acgov.org Face Value of Each Admission \$ Description</pre>	n, day, year)
Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing:	n, day, year)
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Warnows Basketbau Description Sports Description Sports Ticket(s)/Admission(s) provided by agency? Yes<	
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Warnows Basketbau Description Sports Description Sports Ticket(s)/Admission(s) provided by agency? Yes No □ If no: Was the distribution to persons identified below made at the behest of an agency official? Yes No □ If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	
Title Warnors Basketbau Face Value of Each Admission \$ Description Sports Date(s) 2 / 2 / 3 Ticket(s)/Admission(s) provided by agency? Yes No If no: GSW Was the distribution to persons identified below made at the behest of an agency official? Name of Source Yes No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title Official's Name (Last, First) and Title	95.00
Description \underline{Sports} $\underline{Date(s)} = \underline{2}, \underline{2}, \underline{3}$ Ticket(s)/Admission(s) provided by agency? Yes \underline{D} No $\underline{\Box}$ If no: \underline{GSW} Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes \underline{No} No $\underline{\Box}$ If yes: $\underline{Alameda County Supervisor Scott Haggerty, District 1}$ Official's Name (Last, First) and Title	95.00
Ticket(s)/Admission(s) provided by agency? Yes No If no: GSW Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title]]
Was the distribution to persons identified below made at the behest of an agency official? Yes X No I If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title	
Yes 🕅 No 🔲 If yes: <u>Alameda County Supervisor Scott Haggerty, District 1</u> Official's Name (Last, First) and Title	
Yes 🕅 No 🔲 If yes: <u>Alameda County Supervisor Scott Haggerty, District 1</u> Official's Name (Last, First) and Title	
Official's Name (Last, First) and Title	
Official's Name (Last, First) and Title	
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and the explanation.	
Name, Name,	and the set of the set of the set of the second
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or iAdmission(s)/ Official also provide a description. Organization: Tioket(s) Official Intermediate a description. (Name, Address, Description).	(1) A state of the second state of the seco
(Name Address, Description).	alsindividuals or set
The martin C. Kauffman 4 Yes I To reward a school or nonprofit organization	
One hundred Club of T No D contributions to the community	
Alameda County Yes 🗆	Income
No 🗆	
707 Brannan Roce Yes	Income
NO DI	
767 Brannau Place Yes I No I Concord, CA 94518 Yes I	Research 1
No	In some
	Income
Yes 🗖	
Yes □ No □	and the second

Kullen arting	Lee Ann Fergerson	Ticket Administrator	11-20-12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

<u>Nen-profit org-that provides international support to spouces of</u> police officers & firefighters that are killed in the line of FPPC Form 802 (2/11) duty in Alameda County

A Public D	ocument
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1. Agency Name				Date Stamp	California 000
County of Alameda					Form 802
Division, Department, or Region (if ap	plicable)				For Official Use Only
Board of Supervisors					
Street Address				-	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Til	tie)			D	
Crystal Hishida Graff, Clerk, Board	of Supervisors			Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
(510) 272-3882 crysta	l.hishida@acgov	.ora			(month, day, year)
2. Function, Event, or Ceremonia			And the second second		
Title Warpeors			Face	Value of Each Admis	ision \$ <u>95.00</u>
Description BASKET B	AL		Date(s	5) 12, 28, 12	2
Ticket(s)/Admission(s) provided I	by agency? Ye] If no: <u></u>	rsw	
		1		Name o	f Source
Was the distribution to persons i	dentified below	made at th	e behest o	f an agency official?	
Yes 🔯 No 🗖 If yes: 🦲	meda County Su	pervisor Scol	tt Haggerty,	District 1	÷2
/ <	Official	s Name (Last,	First) and Title		
The identity of recipient(s) and	the explanat	ion:			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)		also pro	ei income box if the agency o income. If the agency officia vide a description, come, description the public pu lial roles, performed by/an ag tion.	Interformed a ceremonial role, pose, including, porcy official, individual, or
Edentrea League	4	Yes 🗖 No 🗖	To rewa	rd a school or nonprofit or tions to the community	
Of Women Laters		Yes 🗆			
of worken words		No 🗖			L
P.O. Box 2234		Yes 🗆			Income
		No 🗖			
Castro Valley, CA		Yes 🗆			Income
		No 🗆			
94546		Yes 🗖			Income
113-14		No 🗆			
. Verification					
I have read and understand EPPC Reg is in accordance with the provisions.	ulations 18944.1 a	nd 18942. I h	ave verified i	that the distribution of a	dmissions, set forth above,
Fill Maria Roy	210	Fergerson	Ticke	et Administrator	11-20-12
Signature of Agency Head of Designee) Print N	lame		Title	(month, day, year)
Comment: (Use this space or an attachme	ent for any additiona	l information in	cluding amena	ment explanation.)	
Anon-partisan political e					participation in
government.	5 - 5	1			FPPC Form 802 (2/11)
1				FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-3772)

AF	ublic	Document

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1. Agenc	y Name				Date Stamp	California 802
	of Alameda				an a	Form BUZ
Division	, Department, or Reg	ion (if applicable)			-	For Official Use Only
Board o	of Supervisors					
Street A	ddress		-			
1221 O	ak Street, Suite 536					
	ited Agency Contact (Name, Title)				
Crystal	Hishida Graff, Clerk,	Board of Supervisors			Amendment (Must pr	ovide explanation in Part 3.)
Area Co	de/Phone Number	E-mail			Date of Original Filing: _	
(510) 2	72-3882	crystal.hishida@acgo	ον οτα		2 D.	(month, day, year)
And in case of the local division of the loc		monial Role Inform				
			lation			750-
Title	NSSN			Face V	Value of Each Admiss	ion \$ 75.25
	Con	cent la all	· 12		12 5) 12	
Descrip	otion	cort mul	17-Danas)	Date(s	512,8,12	
				-	- ~ I	an an an an an Arran a
Ticket(s	s)/Admission(s) pro	wided by agency? Y	es 🖌 No 🗖 If	no: _C	5SW	
		5 4D B	<u> </u>		Name of	Source
Was the	e distribution to per	sons identified below	r N made at the b	aboat at		
THE IN		1246 U.M. Mar. (C. 104				
Yes	No If y	Alameda County Si				ц.)
	/\	Officia	al's Name (Last, First)	and Title		
The ide	entity of recipient	(s) and the explana	tion:			
zing Villand	IName			Chackath	e incomelbox if the agency of	1997 Carlor Contractor Contractor
and the second	(Last, First)	Numberto	Agency	, staxable i	ncome. If the agency officially	erformed a ceremonial role;
	or Organization	Admission(s)// Official		vide a description. ome, describe the public purp	
	Name, Address, Descrip	otion)		ceremon	latroles, performed by an age	ncy official, individual, or
		ingenerative synthetic spectral hyperbolic production of the spectral hyperbolic production of the spectral spe	Yes 🗖		note attendance at a county	The second s
Chr	ristinaRic	hardson 2	No D	to max	imize potential county reven	ue for concession and
21.7	o Engenes		Yes 🗖	parking	sales.	
240	o Engenes	1.	No T			
then	NONT CA		Yes 🔲			
	Gye	538				Income
	11-	20	Yes 🗆			
						Income
			Yes □ No □			Income
3. Verifica	ation					
		DC Decidetions 400444				
is in acco	ordance with the provis	ions.	and 18942. I have	verified t	hat the distribution of adr	nissions, set forth above,
	$\langle \rangle \rightarrow \rangle$					
LULY	du Dorlin	Lee An	n Fergerson	Ticke	at Administrator	11-24+5
Signatu	re of Agency Head of Design	ee Print	Name	-	Title	(month, day, year)
	~ 0					and a start of the

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A Public Document

Agency Name			Date Stamp	California	202
County of Alameda				Form	Only
Division, Department, or Region (If applicable)				For Official Use	5 Only
Board of Supervisors					
Street Address					
1221 Oak Street, Sulte 536					
Designated Agency Contact (Name, Title)			Amendment (M	ust provide explanation in Pl	art 3.)
Crystal Hishida Graff, Clerk, Board of Sup Area Code/Phone Number E-mail	pervisors		Date of Original Fill	ng:(month, day, year)	
(510) 272-3882 crystal.hishid	da@acgov.o	rg			
Title <u>A'S Game</u> Description <u>BASE</u>	SALL	<u> </u>	Face Value of Each Ad Date(s)	mission \$ <u>1, 5</u>	
Ticket(s)/Admission(s) provided by ag Was the distribution to persons identif Yes No If yes: <u>Alameda</u> The identify of recipient(s) and the	fied below n County Supe Official's I	nade at the l ervisor Scott H Name (Last, Fin	Dehest of an agency offic Haggerty, District 1 St) and Title		ncs
Was the distribution to persons identif Yes X No If yes: <u>Alameda</u>	fied below n County Supe Official's I	nade at the l ervisor Scott H Name (Last, Fin	Dehest of an agency offic Haggerty, District 1 St) and Title	ial?	
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Kultu grang	Lee Ann Fergerson	Ticket Administrator	11-6-12
Signature of Agency Head divDestignee	Print Name	Title	(month, day, year)
~ 0			

A Public Documen	Α	Public	Document
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	cket/Admission District									
1.	Agency Name						Date Stamp		California	802
	County of Alameda								Form	areative and
	Division, Department, or Region (For Official U	Jse Only					
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name	e, Title)					Amendment (Mu	ist provid	de explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Boa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	upervisors							
	Area Code/Phone Number E-m	nail					Date of Original Filir	ng:	(month, day, year)
		Contraction of the Party of the	hida@acgov.	A NOTICE AND A DESCRIPTION OF A DESCRIPR						
	Function, Event, or Ceremo	onial Ro	ole Informat	tion						
	Title Golden State Warriors vs. I	/alue of Each Adm	nissio	n \$ _200.00						
	Description Basketball Game				_) <u>11,02,1</u> 2			
	- 1997				_		,			
	Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Golden State Warriors									
	Name of Source									
								0 0/ 00	8 8 7 C 4	
	Was the distribution to person			nade a	at the	e behest of		5 (D) (D) - (C)		
	Was the distribution to person	ns ident	ified below n			e behest of		5 (D) (D) - (C)		
	Was the distribution to person	ns ident	ified below n	or, Dist	rict 2	e behest of First) and Title		5 (D) (D) - (C)		
	Was the distribution to person Yes 🖸 No 🔲 If yes: .	ns ident Valle, Ric	ified below n chard- Supervis <i>Official's</i>	or, Dist Name (I	rict 2			5 (D) (D) - (C)		
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	Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First) or	ns ident Valle, Ric and the	ified below n chard- Supervis Official's e explanatic Number of	or, Dist Name (I on: Age	rict 2 Last, F	First) and Title Check th taxable i also prov	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by an	al? cy offici icial per purpos	formed a cereme	onial role,
	Was the distribution to person Yes ☑ No □ If yes: . The identity of recipient(s) a Name (Last, First) or Organization	ns ident Valle, Ric and the	ified below n chard- Supervis Official's e explanatic Number of Admission(s)/	or, Dist Name (I on: Age	rict 2 Last, F ncy cial	 Check the taxable is also provide the constraint of t	e income box if the agen ncome. If the agency offi vide a description. ome, descripte the public ial roles, performed by an tion.	al? cy offici icial per purpos n agenc held at	formed a cereme e, including y official, individ a County	ual, or
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above is in accordance with the provisions.

INAL	MICHELLE DIANDA	Ticket Administrator	i0/2a/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and

		Date Stamp California Form For Official	
		For Official	
	-		Use Only
		Amendment (Must provide explanation in	Part 3.)
		Date of Original Filing:	ar)
	_		
n			
_		Face Value of Each Admission \$ _500.00)
	•	Date(s) 1613/	/
No	Z	If no: Golden State Warriors	
		1. 1	
de at	the	e benest of an agency official?	
Distric	ct 2		
ne (La	ast, F	First) and Title	
Ageno		taxable income. If the agency official performed a cerem	
Offici	al	 If not income, describe the public purpose, including 	dual, or
es		To reward a community volunteer for her service to the	Income
l ol	1	public.	
Subarran 14	7.2		Income
l ol			
318 - A			Income
/es			
/es			
/es No /es			
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/es No /es No /es			Income
	No le al Distric De (La Ngen Offici es lo	No [7] le at th District 2 De (Last, Difficial	

MICHELLE DIANDA **Ticket Administrator** Title Print Name Signature of Agency Head or Designee (month, day, year Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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Α	Pu	blic	Doc	ument
		001100		

11	cket/Aumission Dist	indutiona					~		ounion
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Regi		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 l	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year,	,
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
		F O I	D					102.00	
	Title Bruce Springsteen & th	ne E Street	Band		-	Face \	/alue of Each Admissi	on \$	
	Concort					-	3) <u>11</u> <u>30</u> <u>12</u>	,	,
	Description Concert				-	Date(s	s) <u> </u>	/	/
						Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		0 🗹	If no: Golden State Warriors Name of Source			
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	es: Valle, R	ichard- Supervis	or Distr	ICI Z	First) and Title	,		
					-asi, r	nsij and mie			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name			190		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		
	(Last, First) or		Number of Admission(s)/	Age Offic			vide a description.	enormeu a ceremo	mai role,
	Organization	5/16 B/ 32/62 B/	Ticket(s)		ortar		ome, describe the public purpo ial roles, performed by an ager		ual.or
	(Name, Address, Descrip	ption)				organiza	tion.		
	Dianda, George			Yes	1000		attendance at an event held a		Income
			4	No	7	facility in orde	er to maximize potential reve	enue from sales	
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes	and the second second				Income
_				No					
3	Verification								

3. Verification

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

Chief of Staff **Ruben Briones** Signature of Agency Head or Designee Print Name Title (month, day, year)

	cket/Admission Distr	ibutions						A Public Do	cumen
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	and property
	Division, Department, or Region (if applicable)							For Official U	ise Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (N- 2019245					
	Crystal Hishida Graff, Clerk,	CT 2 2 75	unervieore				Amendment (Musi	provide explanation in	Part 3.)
		E-mail					Date of Original Filing	:(month, day, year	
	(510) 272-3882	crystal.hishida@acgov.org						(month, day, year)
2.	Function, Event, or Cere	And and the second second property of the second	THE OWNER OF STREET, STREE	COLUMN AND INCOLUMN					
								100	
	Title Golden State Warriors vs. Timberwolves Face V						/alue of Each Admi	ssion \$ _100	
	Description Basketball Gan	ne			_	Date(s	s) <u>11 / 24 / 12</u>	////////	/
	0								
	Ticket(s)/Admission(s) pro	en State Warriors	of Course						
		Name	of Source						
	Was the distribution to per	sons ident	ified below n	nade a	at the	e behest of	f an agency official	?	
	Yes 🔽 No 🔲 If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title								
	Yes 🗹 No 🔲 Ify	es: <u>Valle, Ri</u>	Official's	Name (I	Last. F	-irst) and Title			
		(s) and the	The identity of recipient(s) and the explanation:						
	Name (Last, First)	Name		1000					
	or		Number of	Age	ncv	taxable i	e income box if the agency ncome. If the agency offici		
		, Y	Number of Admission(s)/	Age Offi		taxable i also pro	ncome. If the agency offici vide a description.	al performed a ceremo	
	or Organization (Name, Address, Descrip	otion)				taxable i also pro If not inc ceremon	ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an a	al performed a ceremo urpose, including	onial role,
	Organization (Name, Address, Descrip	otion)	Admission(s)/		cial	taxable i also pro If not inc ceremon organiza	ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an a	al performed a ceremo urpose, including ngency official, individ	onial role,
	Organization	otion)	Admission(s)/	Offi	cial	taxable i also pro If not inc ceremon organiza To promote a	ncome. If the agency offici vide a description. come, describe the public p ial roles, performed by an a tion.	al performed a ceremo urpose, including gency official, individ eld at a County	onial role, ual, or
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	Organization (Name, Address, Descrip	otion)	Admission(s)/ Ticket(s)	Offi Yes No		taxable i also pro If not inc ceremon organiza To promote a	ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. attendance at an event he	al performed a ceremo urpose, including gency official, individ eld at a County	ual, or Income
	Organization (Name, Address, Descrip	otion)	Admission(s)/ Ticket(s)	Offi Yes No Yes No Yes		taxable i also pro If not inc ceremon organiza To promote a	ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. attendance at an event he	al performed a ceremo urpose, including gency official, individ eld at a County	Income
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	Organization (Name, Address, Descrip	otion)	Admission(s)/ Ticket(s)	Ves No Yes No Yes No		taxable i also pro If not inc ceremon organiza To promote a	ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. attendance at an event he	al performed a ceremo urpose, including gency official, individ eld at a County	Income

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

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

Α	Pub	lic	Document

п	cket/Admission Distric	201010110							
1.	Agency Name				Date Stamp	California	002		
	County of Alameda				.S"	Form	802		
	Division, Department, or Region	n (if applicable)				For Official U	Jse Only		
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Na	ame, Title)			Amendment (Mus	t provide explanation in	Part 3)		
	Crystal Hishida Graff, Clerk, B	oard of Supervisors							
	Area Code/Phone Number E	-mail			Date of Original Filin	g:(month, day, year	r)		
	(510) 272-3882	crystal.hishida@acgov	.org						
2.	Function, Event, or Cerem	nonial Role Informa	ation		*				
	Title Golden State Warriors vs	Rrooklyn Nete				100			
	Title Golden State Warnors vs	s. Brooklyn Nets		Face \	/alue of Each Adm	ission \$ _100			
	Description Basketball Game)		Dato/c	<u>, 11 , 21 , 12</u>	1	1		
	Description			Date(a	,)//		/		
					on State Warriors				
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no			I If no. Gold	en otate wantois	Name of Source			
					Name				
	Was the distribution to perso		made at th	e behest of	Name f an agency official				
	Was the distribution to perso	ons identified below	made at th sor District 2 s Name (Last,	e behest of	Name f an agency official				
	Was the distribution to perse Yes ☑ No □ If yes The identity of recipient(s Name	ons identified below	made at th sor District 2 s Name (Last,	e behest of First) and Title	Name f an agency official	l? y official claims admise			
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10AD	MICHELLE DIANDA	Ticket Administrator	11/13/12
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

Tie	cket/Admission Distrib	outions					AP	Public Do	ocumen
1.	Agency Name					Date Stam	o	California	802
	County of Alameda						Form	- Constant of the second se	
	Division, Department, or Region (if applicable)					1		For Official	Use Only
	Board of Supervisors								
	Street Address					1			
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nat	me, Title)				Amendment	(Must provid	de explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Bo	oard of Supervisors							
	Area Code/Phone Number E-	-mail				Date of Original	Filing:	(month, day, yea	ir)
	(510) 272-3882 c	rystal.hishida@acgc	v.org						
2.	Function, Event, or Cerem	onial Role Inform	ation						
		B						000.00	
	Title Golden State Warriors vs	. Denver Nuggets		-	Face	Value of Each A	dmissio	n \$ <u>200.00</u>	
	- Basketball Game					s) <u>11 / 29 /</u>	12		
	Description Basketball Game				Date(s	s)//.		/	/
					Colo	ton State Warriers			
	Tielestell'A duale a la la la verte	V Cuenena un la V			I If no. Goil	len State Warnors			
	Ticket(s)/Admission(s) provid	ons identified below	v made	at th	e behest o	f an agency offi	lame of So	urce	
	Was the distribution to perso Yes ☑ No ロ If yes:	DNS identified below	v made visor Dis <i>I's Name</i>	at th	e behest o	f an agency offi		urce	
	Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s)	DNS identified below	v made visor Dis <i>I's Name</i>	at th	e behest o	f an agency offi	cial?		sion as
	Was the distribution to perso Yes ☑ No ロ If yes:	DNS identified below	v made visor Dis I's Name tion:	at th	e behest o First) and Title • Check th taxable i	f an agency offi	cial? gency offici	ial claims admis	
	Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s) Name (Last, First) or	Number of Admission(s	v made visor Dis I's Name tion:	e at th strict 2 (Last, i	e behest o First) and Title • Check th taxable i also pro	f an agency offi	gency official peri	ial claims admis formed a cerem	
	Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s) ^{Name} (Last, First)	Valle, Richard- Super Officia and the explana Number of Admission(s	v made visor Dis I's Name tion:	e at th strict 2 (Last, a ency	e behest of First) and Title • Check th taxable i also pro • If not inc ceremor	f an agency offi ne income box if the a income. If the agency vide a description. come, describe the pu nial roles, performed b	gency offici official peri blic purpos	ial claims admis formed a cerem e, including	onial role,
	Was the distribution to perso Yes ☑ No ፬ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Valle, Richard- Super Officia and the explana Number of Admission(s	v made visor Dis l's Name tion: tion:	e at th strict 2 (Last, o ency ficial	e behest o First) and Title Check th taxable also pro If not ind ceremor organiza	f an agency offi ne income box if the a income. If the agency vide a description. come, describe the pu nial roles, performed b	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role,
	Was the distribution to perso Yes ☑ No ፬ If yes: The identity of recipient(s) Name (Last, First) or Organization	Valle, Richard- Super Officia and the explana Number of Admission(s	v made visor Dis l's Name tion: tion:	e at th strict 2 (Last,) ficial	e behest o First) and Title Check th taxable also pro If not ind ceremor organiza	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary	Number of Admission(s pn)	v made visor Dis l's Name tion: tion: Ag s)/ Of Ye No	e at th strict 2 (Last,) ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or Income
	Was the distribution to perso Yes ☑ No ፬ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Number of Admission(s pn)	v made visor Dis l's Name tion: tion: Ag s)/ Of Ye No	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or Income
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary 703 C Street Union City, CA 94587	Number of Admission(s) 0 <t< td=""><td>v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No</td><td>ency ficial</td><td>e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a</td><td>f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio</td><td>gency offici official peri blic purpos y an agency</td><td>ial claims admis formed a cerem e, including y official, individ</td><td>onial role, dual, or Income Income</td></t<>	v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or Income Income
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary	Number of Admission(s) 0 <t< td=""><td>v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No</td><td>ency ficial</td><td>e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a</td><td>f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio</td><td>gency offici official peri blic purpos y an agency</td><td>ial claims admis formed a cerem e, including y official, individ</td><td>onial role, dual, or Income Income</td></t<>	v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or Income Income
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary 703 C Street Union City, CA 94587 Serves vulnerable populations in commun	Number of Admission(s) 0 <t< td=""><td>v made visor Dis l's Name tion: (Ag (S))/ Of (S)/ (Of (S))/ (Of (S)/ (S)/ (S)/ (S)/ (S)/ (S)/ (S)/ (S)/</td><td>ency ficial</td><td>e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a</td><td>f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio</td><td>gency offici official peri blic purpos y an agency</td><td>ial claims admis formed a cerem e, including y official, individ</td><td>idual, or Income Income Income</td></t<>	v made visor Dis l's Name tion: (Ag (S))/ Of (S)/ (Of (S))/ (Of (S)/ (S)/ (S)/ (S)/ (S)/ (S)/ (S)/ (S)/	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	idual, or Income Income Income
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary 703 C Street Union City, CA 94587 Serves vulnerable populations in commun	Number of Admission(s) 0 <t< td=""><td>v made visor Dis l's Name tion: tion: Ag of Ye No Ye No Ye No</td><td>ency ficial</td><td>e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a</td><td>f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio</td><td>gency offici official peri blic purpos y an agency</td><td>ial claims admis formed a cerem e, including y official, individ</td><td>onial role, dual, or Income Income</td></t<>	v made visor Dis l's Name tion: tion: Ag of Ye No Ye No Ye No	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	onial role, dual, or Income Income
	Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio Our Lady of the Rosary 703 C Street Union City, CA 94587 Serves vulnerable populations in commun	Number of Admission(s) 0 <t< td=""><td>v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No Ye No Ye No</td><td>ency ficial</td><td>e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a</td><td>f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio</td><td>gency offici official peri blic purpos y an agency</td><td>ial claims admis formed a cerem e, including y official, individ</td><td>idual, or Income Income Income Income</td></t<>	v made visor Dis l's Name tion: Ag s)/ Of Ye No Ye No Ye No Ye No	ency ficial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward a	f an agency offi ne income box if the agency vide a description. come, describe the pu nial roles, performed b ntion. nonprofit organizatio	gency offici official peri blic purpos y an agency	ial claims admis formed a cerem e, including y official, individ	idual, or Income Income Income Income

3. verification

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

In	MICHELLE DIANDA	Ticket Administrator	11/14/12
Signature of Agency Head or Designee	Print Name	Title	(mpnth, 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 Distribu	tions			1	A Public Do	ocumen
1. Agency Name				Date Stamp	California Form	802
County of Alameda						The second line of
Division, Department, or Region (i	f applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	V0 77-75 0			Amendment (Must	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Boa Area Code/Phone Number IE-m	and the second se			Data of Original Filings		
				Date of Original Filing:	(month, day, yea	ar)
	stal.hishida@acgov.	and the second se				
2. Function, Event, or Ceremo	nial Role Informat	tion				
Title Katt Williams			Face	Value of Each Admis	sion \$ 58.00	
Description Comedy Show			Date(s	s) <u>11 / 16 / 12</u>	/	/
Ticket(s)/Admission(s) provide	d by agency? Yes	🗖 No 🖸	If no: Gold	den State Warriors	f Source	
Was the distribution to person	s identified below r	nade at th	ne behest o	f an agency official?		
Yes 🗹 No 🔲 Ifyes: 🖞	alle, Richard- Supervis/ Official's/	or District 2				
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) a	and the explanation	on:				
Name			the second se	ne income box if the agency o income. If the agency official		
(Last, First)	Number of Admission(s)/	Agency Official	also pro	vide a description.	2 	omai role,
Organization (Name, Address, Description)	Ticket(s)	(UR/Ph92014700)	 If not inc ceremor 	come, describe the public pu nial roles, performed by an ag	rpose, including gency official, individ	dual, or
		Vec E	organiza			
Francisco, Lynn	4	Yes □ No ☑	Supervised and a second second	er to maximize potential re	enceranne gan an an a	Income
		Yes 🗆		or to maximize potential re		
		No 🗆				
		Yes 🗖				Income
8		No 🗆				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
3. Verification			The second s			
I have read and understand FPPC R	egulations 18944.1 an	d 18942. I I	have verified	that the distribution of a	dmissions, set fo	rth above,
is in accordance with the provisions.						
	MICHELLE DIANI	DA	Ticke	et Administrator	11/19	5/17
Signature of Agency Head or Designee	Print Nar	me	-	Title	(mont	h, day, year)

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

icket/Admission Dis				A Public Document
. Agency Name			Date Stamp	California 802
County of Alameda				Form OUZ
Division, Department, or Re	egion (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 53	36			t.
Designated Agency Contac				
Crystal Hishida Graff, Cle	rk Board of Supervisors		Amendment (Musi	provide explanation in Part 3.)
Area Code/Phone Number			Date of Original Filing	:
(510) 272-3882	crystal.hishida@acgov.org			(month, day, year)
And a second	eremonial Role Information			
Title <u>Golden State Warrio</u>			alue of Each Admi) <u>02 / 12 / 13</u>	ssion \$ _250.00 //
Ticket(s)/Admission(s) r	orovided by agency? Yes 🔲 No	Golde	en State Warriors	
nonedo)/Admission(o) p			Name	of Source
	persons identified below made a		an agency official	?
Yes 🗹 No 🔲 🛙	f yes: Valle, Richard- Supervisor Distric	ot 2		
	Official's Name (La	ast, First) and Title		
The identity of recipie	nt(s) and the explanation:			
Name		그 말 아파는 것 같은 것을 것을 것 같아. 말 봐야 한 것	이 이렇게 지어난 이 것을 잘 깨끗 좀 집안한 것을 잘 가 들었다. 것 같아?	official claims admission as

The identity of

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. 		
Sunol Business Guild	2	Yes □ No ☑	To reward a non-profit organization for its contributions to the community	Income	
P.O. Box 94, Sunol CA 94586		Yes □ No □		Income	
Helps maintain and improve Sunol area and helps support other local non-profits		Yes □ No □		Income	
		Yes □ No □		Income	
		Yes □ No □		Income	

3. Verification

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

	I A A	_MICHELLE DIANDA	Ticket Administrator	11/19/12
V	Signature of Agency Head on Designee	Print Name	Title	(rporth, day, year)

Ti	cket/Admission Distributi	ons				A Public Do	cument
1.	Agency Name				Date Stamp	California	802
	County of Alameda					Form	002
	Division, Department, or Region (if a	pplicable)		\$		For Official U	Jse Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, T	Title)			Amendment (Must	orovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, Board	l of Supervisors				provide explanation in	i un oly
	Area Code/Phone Number E-mai	the second se			Date of Original Filing	(month, day, year	-)
	(510) 272-3882 crysta	al.hishida@acgov.	org			· · · · · · · · · · · · · · · · · · ·	
2.	Function, Event, or Ceremoni	ial Role Informat	tion				
						150	
	Title Golden State Warriors vs. Ne	ew Orleans Hornets	3	Face Va	alue of Each Admi	ssion \$ _150	
	- Basketball Game				12 , 18 , 12	7	
	Description Basketball Game			Date(s)		/	/
	Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No □ If yes: Va		nade at th	e behest of a	Name	of Source	4
		Official's	Name (Last,	First) and Title			
	The identity of recipient(s) an	d the explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ind also provid If not inco	income box if the agency come. If the agency offici- de a description. me, describe the public pu ne, describe the public pu l roles, performed by an a on.	al performed a ceremo urpose, including	onial role,
	Eden Area League of Women Voters		Yes 🗖	. 방법은 기관은 관심을 얻었다. 방법, 것 않	onprofit organization for	its contributions to	Income
		4	No 🗹	the community			
	P.O. Box 2234, Castro Valley, CA 94546		Yes □ No □				Income
	Informs and encourages active participation in		Yes 🗖				Income
	government by citizens		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.

INAD	MICHELLE DIANDA	Ticket Administrator	1/19/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of \$20

A Public Do	ocument
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	cket/Admission Dist	indutions	,					Fublic Do	
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda								
	Division, Department, or Regi	on (if applica	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pi	ovide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						ę.
		E-mail					Date of Original Filing: .	(month, day, year,	,
	(510) 272-3882	crystal.his	shida@acgov.c	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Coldon Otata Mariana	vo Indiana	Pacare			<u> -</u>		100	
	Title Golden State Warriors	vs. maiana	Facers	_	-		alue of Each Admis		
	Description Basketball Gan	ne				Dato/c) <u>12 , 01 , 12</u>	1	1
	Description Duokoloun Out				-	Date(s	///		/
						If no. Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	wided by a	igency r res	ПИ	0	ii no:	Name of	Source	
				52	31 (73)	73 10 17 4			
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	an agency official?		
			ichard- Supervise	or Distr	ict 2				
	Yes 🗹 No 🔲 Ify	es:	Official's I	Vame (L	ast, F	First) and Title			
	The identity of recipient	(e) and th	e evolanatio	m.					
2		(a) and th				e Check th	e income box if the agency o	fficial claims admiss	tion as
	Name (Last, First)		Number of	Age	ncv	taxable i	ncome. If the agency official	performed a ceremo	onial role,
	or		Admission(s)/	Offic		0.5 35.10	/ide a description. ome, describe the public pur	nose including	
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ceremon	ial roles, performed by an ag	ency official, individ	ual, or
		and the second		Yes		organiza To reward a	nonprofit organization for it	s contributions to	Income
	FESCO		4	No		the communi			
	Office Disch Obert Universit OA Office	44		Yes	Rend		275		Income
	21455 Birch Street, Hayward CA 9454	41		No					
	Convex homeloss families with food	boltor		Yes					Income
	Serves homeless families with food, s counseling and community resources			No					
				Yes					Income
				No					
				Yes					Income
				No					
2	Verification				-	1			
J.	vernication								

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

MAD	ICHELLE DIANDA	Ticket Administrator	11/28/12
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

Ti	cket/Admission Distri	butions				A	Public Do	cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY A REAL PROPERTY A REAL PROPERTY A REAL PROPERT
	Division, Department, or Regio	n (if applicai	ble)			1	For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (N	ame, Title)				Amendment (Must pr	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, E		upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: .	(month, day, yea	r)
_			hida@acgov.					
2.	Function, Event, or Cerer	nonial R	ole Informat	ion				
	Title Golden State Warriors v	s. Charlot	te Bobcats		Face	Value of Each Admiss	sion \$ _100	
	Description Basketball Game	9			Date(s	s) <u>12 , 21 , 12</u>		/
	Ticket(s)/Admission(s) prov	ided by a	gency? Yes	🗆 No 🖸	If no: Gold	len State Warriors Name of	Source	
						Name of	oource	
	Was the distribution to pers	ons ident	tified below n	nade at th	ne behest o	f an agency official?		
		Vallo Pi	chard, Supervie	or District 2				
	Yes 🗹 No 🔲 If yes	S:	chard- Supervis Official's	Name (Last,	First) and Title			
	The identity of recipient(s	s) and th	e explanatio	on:	9 1949 BERK 2019B			
	Name (Last, First) or Organization (Name, Address, Descripti	9 17.0 (19.0	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro e If not inc	ne income box if the agency o income. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag- ition.	performed a cerem pose, including	onial role,
	Eden Youth & Family Center		4	Yes □ No ☑	To reward a the commun	nonprofit organization for it ity	s contributions to	Income
	680 W. Tennyson Rd., Hayward CA945	44		Yes □ No □				Income
	Provides services & advocacy for childr	en, youth		Yes 🗖				Income

3. Verification

and families in Hayward

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 🗖

Yes 🗖

No 🗖

No 🗖

M CON	1ICHELLE DIANDA	Ticket Administrator	11/28/12
Signature of Agency Head or Designee	Print Name	Title	(nonth, day, year)

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

Income

Income

A Public Documen		Α	Publ	ic [Docu	Imen	t
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1.15	cket/Admission Distric									
1.	Agency Name						Date Sta	mp	California Form	802
	County of Alameda								LELE-S STURING A	and the second se
	Division, Department, or Region (if applicable)							For Official L	Jse Only	
	Board of Supervisors									
	Street Address					1				
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	ame, Title)	8				Amendmer	nt (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, B	loard of S	upervisors					an anna an anna		
	Area Code/Phone Number E	-mail					Date of Origina	al Filing:	(month, day, year)
	(510) 272-3882 c	crystal.his	hida@acgov.	org						
2.	Function, Event, or Cerem	nonial R	ole Informat	tion						
	Title Oakland Raiders vs. Cleveland Browns Face V									
	Title Oakland Kalders vs. Olev	Veland Di	00013		-		/alue of Each			
	Description Football Game Date(Date(s	s) <u>12</u> <u>02</u>		/		
	Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Oakland Raiders									
	Ticket(s)/Admission(s) provi	ided by a	gency? Yes		0 🖸	If no:		Mana at C		
	Ticket(s)/Admission(s) provi	ided by a	gency? Yes		0 [/]	If no: <u>out</u>		Name of S	lource	
									Source	
	Was the distribution to perso	ons ident	tified below r	nade a	at the				lource	
	Was the distribution to perso	ons ident	t ified below r chard- Supervis	nade a	at the	e behest of	f an agency o		Cource	1
	Was the distribution to perso	ons ident	t ified below r chard- Supervis	nade a	at the		f an agency o		Source	3
	Was the distribution to perso	ons ident 3: _ ^{Valle, Ri}	tified below r chard- Supervis Official's	nade a or Distr Name (I	at the	e behest of	f an agency o		Source	
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name	ons ident 3: _ ^{Valle, Ri}	tified below r chard- Supervis Official's	nade a or Distr Name (I	at the	e behest of First) and Title	f an agency o	fficial?	icial claims admise	
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s	ons ident 3: _ ^{Valle, Ri}	tified below r chard- Supervis Official's e explanatic Number of	nade a or Distr Name (I on: Age	at the ict 2 Last, F	e behest of First) and Title Check th taxable in	f an agency o	fficial?	icial claims admise	
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	Was the distribution to perso Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or Organization	ons idenf ₃ : ^{_Valle, Ri 5) and the}	tified below r chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (i on: Age Offic	at the ict 2 Last, F	 behest of First) and Title Check the taxable is also provide also prov	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performen- tion. attendance at an e	fficial? agency official p public purpo d by an ager event held a	icial claims admise erformed a ceremo ose, including ncy official, individ at a County	lual, or Income
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	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descriptio	ons idenf ₃ : ^{_Valle, Ri 5) and the}	tified below r chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (i on: Age Offic Yes No Yes No	at the ict 2 Last, F	 behest of First) and Title Check the taxable is also provide also prov	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performen- tion. attendance at an e	fficial? agency official p public purpo d by an ager event held a	icial claims admise erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income Income Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descriptio	ons idenf ₃ : ^{_Valle, Ri 5) and the}	tified below r chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (i on: Age Offic Yes No Yes No Yes No	at the ict 2 Last, F	 behest of First) and Title Check the taxable is also provide also prov	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performen- tion. attendance at an e	fficial? agency official p public purpo d by an ager event held a	icial claims admise erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descriptio	ons idenf ₃ : ^{_Valle, Ri 5) and the}	tified below r chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (i on: Age Offic Yes No Yes No Yes No Yes	at the ict 2 Last, F	 behest of First) and Title Check the taxable is also provide also prov	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performen- tion. attendance at an e	fficial? agency official p public purpo d by an ager event held a	icial claims admise erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income Income Income Income
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	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descriptio	ons idenf ₃ : ^{_Valle, Ri 5) and the}	tified below r chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (i on: Age Offic Yes No Yes No Yes No Yes	at the ict 2 Last, / Cial	 behest of First) and Title Check the taxable is also provide also prov	f an agency of the income box if the ncome. If the agen vide a description. some, describe the ial roles, performen- tion. attendance at an e	fficial? agency official p public purpo d by an ager event held a	icial claims admise erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income Income Income Income

1 A	ICHELLE DIANDA	Ticket Administrator	11/28/12
√ Signature of Agency Head or)Designee	Print Name	Title	(month, day,/year)

T	icket/Admission Dist	ributions		A	Public Do	cumen
1.	Agency Name			Date Stamp	California Form	802
	County of Alameda					the second s
	Division, Department, or Reg	ion (if applicable)		1	For Official	Use Only
	Board of Supervisors					
	Street Address			1		
	1221 Oak Street, Suite 536					
	Designated Agency Contact	(Name,Title)		Amendment (Must pro	ovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk	, Board of Supervisors		I a second a	n en	0.86.900.20
	Area Code/Phone Number	E-mail		Date of Original Filing: _	(month. day. yea	r)
	(510) 272-3882	crystal.hishida@acgov.org				.,
2.	Function, Event, or Cere	emonial Role Information				
	Title Golden State Warriors	vs. Miami Heat	Face	Value of Each Admiss	ion \$ _500.00	
	Description Basketball Ga	me	Date(s) <u>01 / 11 / 13</u>	/	/
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No	☑ If no: Gok	den State Warriors Name of	Source	
	Was the distribution to pe	reone identified below made at t	he hehest o	f an agoncy official?		

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) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	rst) Number of Agency Admission(s)/ Official Ticket(s) Admission (s) / Official Ticket			onial role,
Amirriazi, Armon	4	Yes 🗖 No 🗖	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	Income
		Yes □ No □		Income
		Yes □ No □		Income
		Yes 🔲 No 🔲		Income
		Yes □ No □		Income

3. Verification

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

MI	CHELLE DIANDA	Ticket Administrator	11/28/12
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

A Public Docume

TICKet/Admission Distrib	auona			^	1 45110 50	ounion
1. Agency Name				Date Stamp	California	802
County of Alameda	County of Alameda				Form	002
Division, Department, or Region	(if applicable)				For Official U	Ise Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Na	me,Title)			Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Bo	pard of Supervisors					
Area Code/Phone Number E-	mail			Date of Original Filing: _	(month, day, year	7
(510) 272-3882 c	rystal.hishida@acgov.	org				
2. Function, Event, or Cerem	onial Role Informa	tion				
Outline Otata Mariana va	Orlanda Mania					
Title Golden State Warriors vs	. Oriando Magic		Face	Value of Each Admiss	ion \$	
Description Basketball Game			Detel	s) <u>12 / 03 / 12</u>	1	T.
Description Dasketball Game			Date	s)/	/	/
		weeks and	Gol	don State Warriore		
Ticket(s)/Admission(s) provi	ded by agency? Yes	No 🗌 No	If no: 300	Name of	Source	
Was the distribution to perso	ons identified below i	made at	the behest o	f an agency official?		
summerer - to university and an and a second to a second second second second second second second second second						
Yes 🗹 No 🔲 If yes	Valle, Richard- Supervis	Nome // a	: 2 st, First) and Title			
	Oniciais	Name (La	st, First) and Title			
The identity of recipient(s)	and the explanation	on:				
Name	6		1 Y.H. 2003 March 2003 C	he income box if the agency of		
(Last, First) or	Number of	Agenc	y also pro	income. If the agency official p wide a description.	berrormed a ceremo	onial role,
Organization	Admission(s)/ Ticket(s)	Officia	 If not in 	come, describe the public purp		lund on
(Name, Address, Descriptio	n)		organiza	nial roles, performed by an age ation.	ncy official, individ	iuai, or
Hickey, Michael		Yes [County employee for his ex	emplary service	Income
	4	No 🖸	to the public			
		Yes [Income
3		No [
		Yes [Income
·		No [3			
		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.

Y	$ A \rangle$	MICHELLE DIANDA	Ticket Administrator	11/29/12
1	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.

icket/Admission Distribution	ons					A Public De	ocumer
. Agency Name					Date Stamp	California	802
County of Alameda						Form	
Division, Department, or Region (if ap	plicable)					For Official	Use Only
Board of Supervisors							
Street Address					1		
1221 Oak Street, Suite 536					4		
Designated Agency Contact (Name, Tit	le)				Amendment (Must)	provide explanation i	Part 3)
Cheryl Perkins, Interim Clerk, Board	d of Supervisors					nonice explanation i	
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, ye	ar)
(510) 272-3882 cheryl	.perkins@acgov.o	org					
. Function, Event, or Ceremonia	I Role Information	tion					
						1 000	
Title			-	Face \	/alue of Each Admis	sion \$ <u>\$222/</u>	520 park
Description Raiders vs. Browns			-	Date(s) <u>12 2</u> 12	/	/
Ticket(s)/Admission(s) provided I	oy agency? Yes	🗆 No		f no: <u>Oakl</u>	and Raiders		_
Ticket(s)/Admission(s) provided b Was the distribution to persons io					Name o	f Source	
Was the distribution to persons id	dentified below r ervisor Wilma Chan Official's	nade at _{Name (La}	t the k		Name o		
Was the distribution to persons id Yes ☑ No ロ If yes: Sup	dentified below r ervisor Wilma Chan Official's	nade at _{Name (La}	t the k ast, Firs	t) and Title Check th taxable in also prov If not inc	e income box if the agency official?	official claims admir performed a ceren rpose, including	ionial role,
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Was the distribution to persons id Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below r ervisor Wilma Chan Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc Officia Yes [No [Yes [cy al Cy Cy cy cy cy cy cy cy cy cy cy cy cy cy cy	t) and Title Check th taxable in also prov If not inc ceremon organiza o promot ounty fac	e income box if the agency official? e income box if the agency official ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ev	official claims admi- i performed a ceren rpose, including rency official, indivi	dual, or Income
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Was the distribution to persons id Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below r ervisor Wilma Chan Official's I the explanatic Number of Admission(s)/ Ticket(s)	Name (La on: Agenc Officia Yes [No [Yes [No [Yes [cy ial C C C C C C C C C C	t) and Title Check th taxable in also prov If not inc ceremon organiza o promot ounty fac	e income box if the agency official? e income box if the agency official ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an ag tion. e attendance at an ex cility in order to maxin	official claims admi- i performed a ceren rpose, including rency official, indivi	dual, or Income
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Was the distribution to persons id Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Galvan, Gordon	dentified below r ervisor Wilma Chan Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc Officia Yes [No [Yes [No [Yes [No [No [t the k	t) and Title Check th taxable in also prov If not inc ceremon organiza o promot ounty fac	e income box if the agency official? e income box if the agency official ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an ag tion. e attendance at an ex cility in order to maxin	official claims admi- i performed a ceren rpose, including rency official, indivi	dual, or Income Income Income

Cec	Alexandra Boskovich	Ticket Administrator	11/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Jacome, Carlos 2 No Image: County facility in order to maximize potential Yes Ves County revenue from sales. Image: County revenue from sales.	Ficket/Admission Distribution	A Public Docum					
Division, Department, or Region (if applicable) For Official Use Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: Contact (Name, Title) Cheryl Perkins, Clerk, Board of Supervisors Image: Cheryl Derkins, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@acgov.org 2. Function, Event, or Ceremonial Role Information Title Face Value of Each Admission \$ \$100/\$20 Description Warriors vs. Orlando Magic Date(s) 12 / 3 / 12 / / Description Warriors vs. Orlando Magic Date(s) 12 / 3 / 12 / / Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden State Warriors Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Supervisor Willma Chan Official's Name (Last, First) or Organization Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: * Check the income box if the agency official claims admission (shi and organization. Name (Last, First) or Organization Name of Admission(s) organization Organization Yes I To promote attendance at an event held at a I To promote attendance at an event held at a I To promote attendance at an event held at a I To prow	. Agency Name				Date Stamp	California	802
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@acgov.org cherk(s)/Admission(s) provided by agency? Yes □ No □ I fro: Golden State Warriors Name of Source		į.					
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@acgov.org Description, Event, or Ceremonial Role Information Title	Division, Department, or Region (if appl	licable)				For Official	Use Only
1221 Oak Street, Suite 536	Board of Supervisors						
Designated Agency Contact (Name, Title) □ Amendment (Must provide explanation in Par Cheryl Perkins, Clerk, Board of Supervisors □ ate of Original Filing:	Street Address				1		
Cheryl Perkins, Clerk, Board of Supervisors Arrea Code/Phone Number E-mail Date of Original Filing:	1221 Oak Street, Suite 536						
Cheryl Perkins, Clerk, Board of Supervisors Date of Original Filing:	Designated Agency Contact (Name, Title)				arouido ovelonation i	Part 21
Area Code/Phone Number E-mail Date of Original Filing:	Cheryl Perkins, Clerk, Board of Supe	ervisors				novide explanation i	rran S.)
(510) 272-3882 cheryl.perkins@acgov.org Function, Event, or Ceremonial Role Information Title					Date of Original Filing:	(month day ye	erl
Function, Event, or Ceremonial Role Information Title	(510) 272-3882 cheryl.r	perkins@acgov.c	org			(monal, day, yo	un y
Description Warriors vs. Orlando Magic Date(s) 12 , 3 , 12 , 42 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: Supervisor Wilma Chan Ves No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Number of a gency official claims admission (s)/ Ticket(s) Agency official • Check the income box if the agency official performed a ceremonial action. Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency official • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. Jacome, Carlos 2 Yes To promote attendance at an event held at a find County facility in order to maximize potential Yes No County revenue from sales. In	. Function, Event, or Ceremonial	Role Informat	tion	0			
Supervised 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: Supervisor Wilma Chan Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremonia also provide a description. • If not income, description taxable income. If the agency official performed a ceremonia also provide a description. • If not income, description taxable income, description to taxable income, description taxable income, descriptin taxable income, description taxable incom	Title			Face	Value of Each Admis	sion \$ <u>\$100/</u>	\$20 park
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 No I If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name Agency Check the income box if the agency official claims admission (s)/ Ticket(s) Agency Official Bagency If no income, description. If the income box if the agency official claims admission (s)/ Ticket(s) Jacome, Carlos 2 Yes I No I County revenue from sales. To promote attendance at an event held at a County revenue from sales. Image: County revenue from sales.	Description Warriors vs. Orlando Ma	agic		Date(s	s) <u>12 / 3 / 12</u>	/	
Organization (Name, Address, Description) Admission(s)/ Ticket(s) One tail If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. Jacome, Carlos 2 Yes To promote attendance at an event held at a County facility in order to maximize potential Yes No Yes County facility in order to maximize potential	Was the distribution to persons ide	entified below n	nade at tł	ie behest o			
Jacome, Carlos 2 No ☑ County facility in order to maximize potential Yes No ☑ County revenue from sales. Incompare the sale of the s	Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First)	entified below n rvisor Wilma Chan Official's the explanation	Name (Last, on: Agency	First) and Title Check th taxable i	f an agency official?	official claims admis	
No	Was the distribution to persons ide Yes ☑ No ☐ If yes: Super The identity of recipient(s) and Name (Last, First) or Organization	entified below n rvisor Wilma Chan Official's the explanation Number of Admission(s)/	Name (Last, on: Agency	First) and Title Check th taxable i also pro If not inc ceremon	f an agency official? ne income box if the agency of income. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag	official claims admis performed a ceren rpose, including	ionial role,
Yes D	Was the distribution to persons ide Yes ☑ No ☐ If yes: Super The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n rvisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes 🗖	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot	f an agency official? the income box if the agency of income. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag tion. te attendance at an ev	official claims admis performed a cerem rpose, including ency official, indivi vent held at a	nonial role, dual, or
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M	Alexandra Boskovich	Ticket Administrator	11/29/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Document		А	Public	Document
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licket/Admission Distributio	5115				A Public Do	
1. Agency Name				Date Stamp	California Form	001
County of Alameda				1759 Based 247 Stand 265 B (2006)		
Division, Department, or Region (if ap	plicable)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Til	tle)			Amendment (Mus	t provide explanation i	Part 3.)
Cheryl Perkins, Clerk, Board of Sup	pervisors			12		
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, yes	ar)
(510) 272-3882 chery	.perkins@acgov.c	org				
2. Function, Event, or Ceremonia	al Role Informat	tion				
					¢100	
Title			Face	Value of Each Admi	ission $ \frac{100}{-5100} $	
Description Warriors vs. Nuggets			Dete	s) <u>11 / 29 / 12</u>	1	1
Description			Date	s)//	//	/
Ticket(s)/Admission(s) provided	Waganawa Vaa	IT No.	GOI If no. GO	den State Warriors		
Ticket(s)/Admission(s) provided b Was the distribution to persons in Yes ☑ No 囸 If yes: <u>Sup</u>	dentified below n vervisor Wilma Chan	nade at 1		name	of Source	
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and	Alexandra Boskovich	Ticket Administrator	11/28/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ficket/Admission Distribution	ns					~ I	distile be	ocumen
I. Agency Name					Date Stamp		California	802
County of Alameda							Form	and the state
Division, Department, or Region (if appl	licable)						For Official	Use Only
Board of Supervisors		_	_					
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title	1	_						
Cheryl Perkins, Clerk, Board of Supe	·				Amendment ('Must provid	le explanation in	Part 3.)
Area Code/Phone Number [E-mail	1115015			_	Date of Original F	iling:		
(510) 272-3882 cheryl.r	perkins@acgov.c	org					(month, day, yea	ar)
. Function, Event, or Ceremonial			-					
							¢100	
Title				Face \	alue of Each Ad	imissio	n \$ <u>\$100</u>	
Description Warriors vs. Nuggets				Date) <u>11 / 29 /</u>	12	1	1
				Date(5	///			
Ticket(s)/Admission(s) provided by	v agencv? Yes	□ No		If no: Gold	en State Warriors			
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	rvisor Wilma Chan Official's							
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Yes ☑ No 🔲 If yes: ^{Supe}	rvisor Wilma Chan Official's i	Name (La		irst) and Title	an agency offic		al claims admis	sion as
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ricket/Admission Distribution	13			A	Public Do	bcumen
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	Stand Office of Press
Division, Department, or Region (if appli	icable)			1	For Official	Use Only
Board of Supervisors					8	
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in	Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors					
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	ar)
	perkins@acgov.	COLOR STREET, STRE				
2. Function, Event, or Ceremonial	Role Informat	tion				
Title			Face	Value of Each Admiss	ion \$ \$103	
1110						
Description Bruce Springsteen conc	ert		Date(s	s) <u>11 / 30 / 12</u>	////////////////_/	
7						
Ticket(s)/Admission(s) provided by	agency? Yes		I If no: Gold	den State Warriors		
				Name of S	Source	
Was the distribution to persons ide			e behest of	f an agency official?		
Yes 🗹 No 🔲 If yes: Super	visor Wilma Chan	Name (1 ant	Finel) and Title			
		second a state second.	First) and Title			
The identity of recipient(s) and t	the explanation	on:				
Name				ne income box if the agency off income. If the agency official p		
(Last, First) or	Number of Admission(s)/	Agency Official	2010 CONTRACTOR 1	vide a description.	erformed a ceren	ioniai role,
Organization (Name, Address, Description)	Ticket(s)			come, describe the public purpe hial roles, performed by an ager		dual. or
(Name, Address, Description)			organiza	ition.		addi, or
Wydler, Art	2	Yes 🗖		l a volunteer for his con orenzo community.	tributions to	Income
Wydiei, Art	2	No 🗹	the ball Lt	orenzo community.		
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
	_	No 🗖				
		Yes □ No □				Income
		Yes				Income
		No 🗖				
3. Verification					0.6	25 6
I have read and understand FPPC Regula is in accordance with the provisions.	auons 18944.1 an	a 18942. Th	ave verified t	that the distribution of adm	nissions, set fo	rth above,
Ale	exandra Boskov	rich	Ticke	et Administrator	11/27/	2012
Signature of Agency Head or Designee	Print Nar	ne		Title	(mon	h, day, year)

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

A Destalla Destalla

Ticket/Admission Distr	ibutions		A Public Do		
1. Agency Name	Agency Name				California 802
County of Alameda				19	i cani
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
Board of Supervisors					
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact ((Name, Title)				provide explanation in Part 3.)
Cheryl Perkins Interim Clerk	, Board of Supervisors				iovide explanation in r art 5.)
Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year)
(510) 272-3882	cheryl.perkins@acgov.c	org			(monin, day, year)
2. Function, Event, or Cere	and the second	A REAL PROPERTY AND A REAL			
Title			Face	/alue of Each Admis	sion \$ _\$103
Description Bruce Springst	een concert		Date(s	s) <u>12 / 30 / 12</u>	//
Ticket(s)/Admission(s) pro	vided by agency? Yes	No 🖸	If no: Gold	len State Warriors	f Source
	es: <u>Supervisor Wilma Chan</u> <i>Official's</i>	Name (Last,	First) and Title		
The identity of recipient	(s) and the explanation	on:	e Check th	e income box if the agency o	fficial claims admission as
(Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag	performed a ceremonial role,
Jones, Steven	2	Yes ☑ No □		a County employee f and encourage staff of	or his service to Income levelopment.
		Yes 🗖 No 🗖			Income
		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.

And	Alexandra Boskovich	Ticket Administrator	11/27/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Do	ocument
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Agency Name					Date Stamp		Californi	a 802
County of Alameda							Form	002
Division, Department, or Region (if ap	plicable)						For Offici	al Use Only
Board of Supervisors								
Street Address					- 0.			
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Ti		Amendment (M	Aust prov	vide explanation	in Part 3.)			
Cheryl Perkins, Clerk, Board of Sup	pervisors				-	15	2	
Area Code/Phone Number E-mail	the second se				Date of Original Fil	ling:	(month, day,)	/ear)
(510) 272-3882 chery	l.perkins@acgov.o	rg					*1	N 200 FO
Function, Event, or Ceremonia	The second se	A design of the second s						
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Title					/alue of Each Ad			
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Description Warriors vs. Pacers		-	÷	Date(s	s) <u>12 / 1 / 1</u>		/.	/
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Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No		If no: Gold	ien State warriors	me of S	Courses.	
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Was the distribution to persons in Yes ☑ No ☑ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m pervisor Wilma Chan Official's N d the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (La n: Agenu Offici Yes No Yes	t the	 behest o iirst) and Title Check tt taxable also pro If not inc ceremor organize To promo County fa 	f an agency offic he income box if the age income. If the agency o vide a description. come, describe the publ hial roles, performed by ation. te attendance at a	ial? ency offf fficial p lic purpo an agen an eve aximiz	icial claims add erformed a cer ose, including ney official, inc nt held at a	emonial role, lividual, or Income
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Was the distribution to persons in Yes ☑ No ☑ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m pervisor Wilma Chan Official's N d the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Vame (La n: Agenu Offici Yes No Yes No Yes	t the ast, F	 behest o iirst) and Title Check tt taxable also pro If not inc ceremor organize To promo County fa 	f an agency offic he income box if the age income. If the agency o vide a description. come, describe the publ hial roles, performed by ation. te attendance at a cility in order to m	ial? ency offf fficial p lic purpo an agen an eve aximiz	icial claims add erformed a cer ose, including ney official, inc nt held at a	emonial role, lividual, or Incomo Incomo Incomo
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Was the distribution to persons in Yes ☑ No ☑ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m pervisor Wilma Chan Official's N d the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Vame (La n: Agenu Offici Yes No Yes No Yes	t the	 behest o iirst) and Title Check tt taxable also pro If not inc ceremor organize To promo County fa 	f an agency offic he income box if the age income. If the agency o vide a description. come, describe the publ hial roles, performed by ation. te attendance at a cility in order to m	ial? ency offf fficial p lic purpo an agen an eve aximiz	icial claims add erformed a cer ose, including ney official, inc nt held at a	emonial role, lividual, or a Income Income Income
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Was the distribution to persons in Yes ☑ No ☑ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m pervisor Wilma Chan Official's N d the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (La n: Ageny Offici Yes No Yes No Yes No Yes	t the	 behest o iirst) and Title Check tt taxable also pro If not inc ceremor organize To promo County fa 	f an agency offic he income box if the age income. If the agency o vide a description. come, describe the publ hial roles, performed by ation. te attendance at a cility in order to m	ial? ency offf fficial p lic purpo an agen an eve aximiz	icial claims add erformed a cer ose, including ney official, inc nt held at a	emonial role, lividual, or Income Income Income

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

les	Alexandra Boskovich	Ticket Administrator	11/27/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and

	A	Publ	ic	Document
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Ticket/Admission Distri	butions						A	Public Do		
1. Agency Name						Date Stamp		California Form	802	
County of Alameda										
Division, Department, or Regio	on (if applicable)							For Official U	Jse Only	
Board of Supervisors										
Street Address	Street Address									
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)										
						Amendment (M	ust pro	vide explanation in	Part 3.)	
	Cheryl Perkins, Clerk, Board of Supervisors						6 			
Area Code/Phone Number	E-mail					Date of Original Fil	ng:	(month, day, year	7)	
(510) 272-3882	cheryl.perkin	s@acgov.c	org	_						
2. Function, Event, or Cerei	monial Role	e Informat	ion							
1971 A.L.					Eaco \	Value of Each Ad	miee	ion \$ \$100		
Title				-						
Description Warriors vs. Orl	ando Magic				Date(s	s) <u>12 / 3 / 1</u>	2	/		
	n mhailte air an ann an air an an Air an Air an Air ann an Air					/				
Ticket(s)/Admission(s) prov	vided by age	ncv? Yes		0 17	If no: Gold	ien State Warriors				
	,	,	—			Nar	ne of S	Source		
		ad halow w	ando e	4 6 h a	hohoot of	f an aganay offici	12			
Was the distribution to pers	sons identifie	ed below h	nade a	at the	e benesi o	r an agency offici	arr			
Yes 🗹 No 🔲 Ifye	es: Supervisor	Wilma Chan								
		Official's	Name (I	Last, F	First) and Title					
The identity of recipient(s) and the e	explanatio	on:							
Name					Check the	ne income box if the age	ncy off	ficial claims admis	sion as	
(Last, First)	1.0.7	Number of	Age			taxable income. If the agency official performed a ceremonial role, also provide a description.				
or Organization		dmission(s)/ Ticket(s)	Official		· If not inc	not income, describe the public purpose, including				
(Name, Address, Descript			The second		ceremonial roles, performed by an agency official, in organization.			ncy official, individ	dividual, or	
			Yes			te attendance at a			Income	
Lu, Phan	2		No	\checkmark	County fa	cility in order to ma	aximi	ze potential		
			Yes		County re	evenue from sales.			Income	
	1		No			1992 - 199				
-			Yes						Income	
			No							
			Yes						Income	
			No				_			
			Yes						Income	
L			No							
3. Verification										
I have read and understand FPI	PC Regulations	s 18944.1 an	nd 1894	2. I h	ave verified	that the distribution	of adı	missions, set fo	rth above,	
is in accordance with the provisi	ions.									
11/	Alevan	dra Boskov	vich		Tick	et Administrator		11/27/	2012	
	AICAGI	and Dooron	vioi1		1 ION	or an in not a con		11/2/1	~U 16	

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

Print Name

Signature of Agency Head or Designee/

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and T 1

Ficket/Admission Distributions					÷		A Public D	
1. Age	ncy Name					Date Stamp	California Form	802
	nty of Alameda						Form For Officia	and the second se
Divis	ion, Department, or Reg	ion (if applicable)					For Onicia	l Use Only
Contraction of the	Board of Supervisors							
Stree	Street Address							
	1 Oak Street, Suite 536							
21420	gnated Agency Contact					Amendment (Mu	ist provide explanation	in Part 3.)
	ryl Perkins, Clerk, Board Code/Phone Number	d of Supervisors				Date of Original Fili	na:	
						bate of original film	mg:(month, day, ye	ear)
No. of Concession, Name) 272-3882	cheryl.perkins@acgov.c						
2. Fun	ction, Event, or Cer	emonial Role Informat	ion					
Title					Face \	alue of Each Adn/	nission \$ _\$100/	\$20 park
Des	cription Warriors vs. H	ornets			Date(s	.) <u>12,18,1</u> 2	2/_	
1771-1771-1711					10000000000000000000000000000000000000			
		8 81 8 8		E	no. Gold	en State Warriors		
Tick	et(s)/Admission(s) pro	ovided by agency? Yes		1/1	110	on erare mannere		
Tick	et(s)/Admission(s) pro	ovided by agency? Yes		M II	110.	Nam	e of Source	
		ovided by agency? Yes rsons identified below n						
Was	the distribution to pe	rsons identified below n	nade at	the b	ehest of			
Was	the distribution to pe	rsons identified below n	nade at	the b				
Was Y	the distribution to pe ∕es ☑ No 🔲 If չ	rsons identified below n	nade at Name (La	the b	ehest of			
Was Y	the distribution to pe ∕es ☑ No □ If չ identity of recipien _{Name}	rsons identified below n /es: Supervisor Wilma Chan Official's	nade at Name (La	the b	t) and Title Check th	an agency officia	al? icy official claims adm	
Was Y	the distribution to pe fes ☑ No □ If y identity of recipient Name (Last, First)	rsons identified below n /es: <u>Supervisor Wilma Chan</u> Official's t(s) and the explanatic Number of	nade at Name (La on: Agenc	the b st, First	t) and Title Check th taxable i	an agency officia	al? icy official claims adm	
Was Y	the distribution to pe ∕es ☑ No □ If չ identity of recipien _{Name}	resons identified below n /es: <u>Supervisor Wilma Chan</u> <i>Official's</i> t(s) and the explanation Number of Admission(s)/ Ticket(s)	nade at _{Name (La} on:	the b st, First	t) and Title Check th taxable i also pro if not inc	e income box if the agen ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? cy official claims adm icial performed a cere : purpose, including	monial role,
Was Y	the distribution to pe fes ☑ No □ If y identity of recipient Name (Last, First) or Organization	ersons identified below n /es: Supervisor Wilma Chan Official's t(s) and the explanation Number of Admission(s)/ Ticket(s)	Name (La On: Officia Yes [the b st, First	t) and Title Check th taxable i also pro If not inc ceremon organiza O promot	e income box if the agen ncome. If the agency off vide a description. ome, description. ial roles, performed by a tion. e attendance at an	al? icy official claims adm icial performed a cere purpose, including n agency official, indi n event held at a	monial role,
Was Y	the distribution to pe fes ☑ No □ If y identity of recipient Name (Last, First) or Organization	resons identified below n /es: <u>Supervisor Wilma Chan</u> <i>Official's</i> t(s) and the explanation Number of Admission(s)/ Ticket(s)	Name (La On: Officia Yes [the b	t) and Title Check th taxable i also pro If not inc ceremon organiza O promot	e income box if the agen ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion.	al? icy official claims adm icial performed a cere purpose, including n agency official, indi n event held at a	monial role, vidual, or
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Was Y	the distribution to pe fes I No I If y identity of recipient (Last, First) or Organization (Name, Address, Descri	ersons identified below n yes: Supervisor Wilma Chan Official's t(s) and the explanation Admission(s)/ Ticket(s) 4 + 1 parking	Name (La on: Agenco Officia Yes [No] Yes [the b st, First	t) and Title Check th taxable i also pro If not inc ceremon organiza o promot ounty fac	e income box if the agen ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. e attendance at an cility in order to ma	al? icy official claims adm icial performed a cere purpose, including n agency official, indi n event held at a	monial role, vidual, or Income Income Income
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Was Y	the distribution to pe fes I No I If y identity of recipient (Last, First) or Organization (Name, Address, Descri	ersons identified below n yes: Supervisor Wilma Chan Official's t(s) and the explanation Admission(s)/ Ticket(s) 4 + 1 parking	Name (La on: Agenc Officia Yes [No [Yes] No [Yes] No [Yes]	the b	t) and Title Check th taxable i also pro If not inc ceremon organiza o promot ounty fac	e income box if the agen ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. e attendance at an cility in order to ma	al? icy official claims adm icial performed a cere purpose, including n agency official, indi n event held at a	vidual, or Income Income Income Income

is in accordance with the provisions.

U	Alexandra Boskovich	Ticket Administrator	11/27/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distri	ibutions			A Public Do			
1.	Agency Name			Date Stam	California	802		
	County of Alameda							
	Division, Department, or Regi	on (if applicable)		For Official	I Use Only			
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (/	Name, Title)		Amendment	(Must provide explanation i	in Part 3.)		
	Cheryl Perkins, Clerk, Board	of Supervisors						
	Area Code/Phone Number	E-mail		Date of Original	Filing:(month, day, ye	ear)		
	(510) 272-3882	cheryl.perkins@acgov.c	org					
2.	Function, Event, or Cere	monial Role Informat	ion					
					· · · • \$100/	\$20 narlain		
	Title			Face Value of Each A	dmission $\frac{1}{2}$			
	Description Warriors vs. Tir	mberwolves		Date(s) <u>11</u> <u>24</u>	, 12 ,	1		
	Description							
	Ticket(s)/Admission(s) pro	vided by energy? Vee		If no. Golden State Warriors				
	licket(s)/Admission(s) pro	vided by agency? Tes		n no/	lame of Source			
	Was the distribution to per	sons identified below r	nade at the	e behest of an agency off	icial?			
		Supervisor Wilma Chan						
	Yes 🗹 No 🔲 Ifye	es: <u>Supervisor Wilma Chan</u> Official's	Name (Last, F	First) and Title				
	The identity of recipient	(s) and the explanation	on:					
				Check the income box if the a	the income box if the agency official claims admission a			
	Name (Last, First)	Number of	Agency	taxable income. If the agency				
	or Organization	Admission(s)/	Official	 also provide a description. If not income, describe the present of the present	ublic purpose, including			
	(Name, Address, Descrip	otion) Ticket(s)		ceremonial roles, performed organization.		vidual, or		
			Yes 🗖	To promote attendance at	an event held at a	Income		
	Chan, Zoe	3 + 1 parking		County facility in order to				
	None		Yes 🗖	County revenue from sale	20	Income		
		pass	No 🗖	County revenue from sale	;5.			
	New York, State		Yes 🗖			Income		
			No 🗖					
			Yes 🗖			Income		
			No 🗖					
			Yes 🗖			Income		

3. Verification

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

No 🗖

MA D	Alexandra Boskovich	Ticket Administrator	11/21/2012
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.)

Ti	icket/Admission Distributions							Public Do	
1.	Agency Name					Date	Stamp	California Form	802
	County of Alameda							Form For Official U	
	Division, Department, or Regio	n (if applicab	le)						Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (N	ame, Title)				Amend	ment (Must pr	ovide explanation in	Part 3.)
	Cheryl Perkins, Clerk, Board		sors				iginal Filing: .		
		E-mail				Date of Of	ginar ming	(month, day, yea	r)
		and the second se	kins@acgov.o						
2.	Function, Event, or Cerer	nonial Ro	ole informat	ion					
	Title				Face	Value of Ea	ach Admiss	sion \$ <u>\$100</u>	
	Description Warriors vs. Bro	oklyn Nets			Date(s) <u></u> 2	21 <u>12</u>	/	/
	• •								
				Col	Ion State Mis	arriors			
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	🗆 No 🖸	If no:		Nomo of	Source	
	Ticket(s)/Admission(s) prov Was the distribution to pers							Source	
	Was the distribution to pers	sons ident	ified below n	nade at th	e behest o	f an agenc		Source	<u>,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Was the distribution to pers Yes ☑ No ☑ If ye	sons ident s: _Supervis	ified below n or Wilma Chan <i>Official's i</i>	nade at the Name (Last, F	e behest o	f an agenc		Source	
	Was the distribution to pers Yes ☑ No ☑ If ye The identity of recipient(s	sons ident s: _Supervis	ified below n or Wilma Chan <i>Official's i</i>	nade at the Name (Last, F	e behest o	f an agenc	y official? —		ision as
	Was the distribution to pers Yes ☑ No ☑ If ye The identity of recipient(s	sons ident s: _Supervis	ified below n or Wilma Chan Official's i e explanatic	nade at the Name (Last, I	e behest o First) and Title • Check t taxable	f an agenc	y official?	Source fficial claims admis performed a cerem	
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or	sons ident s: _Supervis	ified below n or Wilma Chan Official's i e explanatic Number of Admission(s)/	nade at the Name (Last, F	e behest o First) and Title • Check t taxable also pro	f an agenc e he income box income. If the ovide a descrip	y official?	fficial claims admis performed a cerem	
	Was the distribution to pers Yes ☑ No ☑ If ye The identity of recipient(s Name (Last, First)	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's i e explanatic Number of	nade at the Name (Last,) on: Agency	e behest o First) and Title • Check t taxable also pro • If not in ceremo	f an agenc he income box income. If the svide a descrip come, describe nial roles, perfe	if the agency official if the agency official tion.	fficial claims admis	onial role,
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's i e explanatic Number of Admission(s)/	Name (Last,) On: Agency Official	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz	f an agenc he income box income. If the ovide a descrip come, describe nial roles, perfe ation.	if the agency official if the agency official tion. the public pur prmed by an ag	fficial claims admis performed a cerem pose, including	onial role,
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's i e explanatic Number of Admission(s)/	nade at the Name (Last,) on: Agency	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation.	if the agency of agency official tion. The public pur prmed by an agence at an ev	fficial claims admis performed a cerem pose, including ency official, indivi	onial role, dual, or
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (Last,) on: Agency Official Yes 🗖	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	dual, or Income
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	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes Yes Yes Yes Yes Yes	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role, dual, or Income Income
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (Last,) on: Agency Official Yes No Yes No Yes No	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role, dual, or Income Income
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (Last,) Name (Last,) on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role, dual, or Income Income
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes No	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role, dual, or Income Income
	Was the distribution to pers Yes I No I If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons ident s: <u>Supervis</u> s) and the	ified below n or Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (Last,) Name (Last,) on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	e behest o First) and Title • Check t taxable also pro • If not in ceremo organiz To promo County fa	f an agence he income box income. If the ovide a descrip come, describe nial roles, perfe ation. ote attendar icility in ord	if the agency of agency official tion. The public pur primed by an agence at an eve er to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role, dual, or Income Income Income

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

Signature of Agency Head or Designee

Alexandra Boskovich Ticket Administrator 11/21/2012

Signature of Agency Head or Designee

Ticket/Admission Distribut	ions	, And	A Public Documer				
1. Agency Name			Date Stamp	California Form 802			
County of Alameda				A second s			
Division, Department, or Region (if a	applicable)			For Official Use Only			
Board of Supervisors							
Street Address	And an and a second						
1221 Oak Street, Suite 536							
Designated Agency Contact (Name,	Title)	Amendment (Must)	provide explanation in Part 3.)				
Cheryl Perkins Clerk, Board of Su	pervisors			- · · ·			
Area Code/Phone Number E-ma			Date of Original Filing:	(month, day, year)			
(510) 272-3882 cher	yl.perkins@acgov.c	org					
2. Function, Event, or Ceremon	ial Role Informat	ion					
				• • \$100/\$20 parkin			
Title			Face Value of Each Admis	sion $\frac{100}{20}$ pane			
Description Warriors vs. Brookly	n Nets		Date(s) <u>11</u> <u>21</u> <u>12</u>	1 1			
Description <u>Warners vs. Breekly</u>			Date(s)//				
		(1000) 5 b 10000	Golden State Warriors				
Ticket(s)/Admission(s) provided	d by agency? Yes		If no:	of Source			
Was the distribution to persons	identified below n	nado at th	a behast of an agency official?)			
was the distribution to persons		naue at th	e beliest of all agency officials				
Yes 🖸 No 🔲 If yes: S	upervisor Wilma Chan Official's						
	Official's	Name (Last, I	First) and Title				
The identity of recipient(s) a	nd the explanatio	on:					
Name			Check the income box if the agency	Check 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.				
or Organization	Admission(s)/ Ticket(s)	Official	If not income, describe the public pu	ot income, describe the public purpose, including			
(Name, Address, Description)	Increase		ceremonial roles, performed by an a organization.	gency official, individual, or			
		Yes 🗖	To reward a community volunte				
Allen, Shanale	2 + 1 parkin	No 🗹	contributions to the San Lorenz	o Library			
		Yes 🗖		Income			
	pass	No 🗖					
		Yes 🗖		Income			
		No 🗖					
		Yes 🗖		Income			
		No 🗖					
		Yes 🗖		Income			
		No 🗖					
3. Verification			n an				
I have read and understand FPPC R	egulations 18944.1 an	d 18942. I h	ave verified that the distribution of a	dmissions, set forth above,			
is in accordiance with the provisions.	- <u>-</u>	,		, ,			
14			Tiolot Administrates	4410410040			
	Alexandra Boskov	/ICN	Ticket Administrator	11/21/2012			

Print Name

(month, day, year)

Title

. ..

Ti	Ficket/Admission Distributions								A Public D	ocument
1.	Agency Name						Date St	amp	Californi	^a 802
	County of Alameda								Form	
	Division, Department, or Region (if applical	ble)							For Officia	al Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)						nendm	ent (Mus	st provide explanation	in Part 3.)
	Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number						of Origi	nal Filin	a.	
						Date	on Origi		g:(month, day, y	ear)
		rkins@acgov.	The second s							
2.	Function, Event, or Ceremonial R	ole informat	tion							
	Title				Face \	/alue d	of Eac	h Adm	ission \$ _ <u>\$86</u> _	
				_						
	Description Trey Songz concert			_	Date(s	s) <u>11</u>	_/ 23			/
	Was the distribution to persons identify Yes No If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization	sor Wilma Chan Official's	Name (I	Last, I	First) and Title Check th taxable i also pro	ie incom ncome. vide a de come, dei	e box if t If the age scription scribe th	- he agenc ency offic 1. e public p	I? y official claims adm cial performed a cere purpose, including agency official, indi	emonial role,
	(Name, Address, Description)				organiza	tion.				
	Youth Employment Partnership, Inc.	4	Yes No		To reward the comm		-profit	for its c	contributions to	Income
	2300 International Blvd. Oakland, CA		Yes No							Income
	Provides employment training and		Yes No							Income
			Yes							
	other supportive services to at-risk		No							Income
	youth including foster care & probation		Yes No							Income
3.	Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 1894	2. I h	ave verified	that the	distrib	ution of	admissions, set	forth above,

	Alexandra Boskovich	Ticket Administrator	11/20/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

				Dato Stamp	California	
Agency Name				Date Stamp	Form	802
County of Alameda					For Official	Use Only
Division, Department, or Region (if app	dicable)					
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title				Amendment (Mu	ist provide explanation in	Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors	2011r		Date of Original Fills		
Area Code/Phone Number E-mail				Date of Original Filing: (month, day, year)		ar)
	perkins@acgov.o				-	
Function, Event, or Ceremonia	I Role Informat	ion				
				alue of Each Adn	niccion \$ \$100/\$	520 park
Title			Face v	alue of Each Aun	mssion	
Description Warriors vs. Nuggets			Dato/e) <u>11 / 10 / 12</u>	2 /	1
Description <u>Manhole to Haggete</u>			Date(S)		
Ticket(s)/Admission(s) provided b	0 V		Gold	en State Warriors		
	W SHONOW VOC		IT NO	-		
Was the distribution to persons ic	dentified below n	nade at the	e behest of	14011	al?	
Was the distribution to persons ic	dentified below n ervisor Wilma Chan Official's I	nade at the Name (Last, F		14011		
Was the distribution to persons ic Yes ☑ No □ If yes: ^{Sup}	dentified below m ervisor Wilma Chan Official's / I the explanatio Number of Admission(s)/	nade at the Name (Last, F	 behest of First) and Title Check the taxable in also provise If not inc 	e income box if the ager ncome. If the agency off vide a description. ome, describe the public	al? ncy official claims admi ficial performed a cerer c purpose, including	nonial role,
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of	nade at the Name (Last, F on: Agency	 behest of First) and Title Check the taxable in also provise If not inc 	e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? ncy official claims admi ficial performed a cerer c purpose, including	nonial role,
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below m ervisor Wilma Chan Official's / I the explanatio Number of Admission(s)/	nade at the Name (Last, P on: Agency Official Yes 🔲	 behest of irst) and Title Check the taxable is also provide to the taxable to the taxable is also provide to the taxable to taxabl	e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	nonial role, idual, or
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Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, P Dame (Last, P Dam: Agency Official Yes No Yes	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incom
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, F on: Agency Official Yes No Yes No Yes No	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incom Incom
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, P on: Agency Official Yes No Yes No Yes Yes Yes	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incom Incom Incom
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	nade at the Name (Last, P on: Agency Official Yes No Yes No Yes No Yes No Yes No No	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incom Incom Incom Incom
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	Incom
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, P Dame (Last, P Dam: Agency Official Yes No Yes	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, In
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incoi Incoi Incoi Incoi Incoi
Was the distribution to persons id Yes No If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below m ervisor Wilma Chan Official's I I the explanatio Number of Admission(s)/ Ticket(s) 4 + 1 parking	nade at the Name (Last, F on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □	 behest of First) and Title Check the taxable is also provide to taxable is also provi	e income box if the ager ncome. If the agency off vide a description. ome, description. ome, describe the public ial roles, performed by a tion. te attendance at ar cility in order to ma	al? ncy official claims admi ficial performed a cerer c purpose, including in agency official, indiv	idual, or Incon Incor Incor Incor

Un	Alexandra Boskovich	Ticket Administrator	
Signature of Agency Head or Designee	Print Name	Title	

(month, day, year)

11/10/2012

Agency Report of: Ceremonial Role Events and

Ticket/Admission Distr	ributions			A		
1. Agency Name				Date Stamp	California Form	802
County of Alameda					For Official U	
Division, Department, or Reg	ion (if applicable)					-
Board of Supervisors	and the second					
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact				Amendment (Must pro	vide explanation in l	Part 3.)
Cheryl Perkins, Interim Cler Area Code/Phone Number	rk, Board of Supervisors			Date of Original Filing:	(month day yoar	-1
		ord			(month, day, year	/
(510) 272-3882 2. Function, Event, or Cer						
2. Function, Event, or Cer		ion			•	
Title	an the second		Face \	Value of Each Admiss	ion \$ <u>\$25</u>	
				s) <u>11 , 3 , 12</u>		
Description USF vs. Stanf	ord		Date(s	5)//		/
			Gold	len State Warriors		
Ticket(s)/Admission(s) pr	ovided by agency? Yes	🗆 No 🗹	If no:	Name of S	Source	A
Was the distribution to per Yes ☑ No ☑ If	yes: <u>Supervisor Wilma Chan</u> Official's					
The identity of recipien	it(s) and the explanation	on:				
Name (Last, First) or Organization (Name, Address, Descr	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro If not in ceremon organiza	 Check the income box if the agency official claims admission taxable income. If the agency official performed a ceremonial also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, organization. 		onial role,
de los Reyes, James	4	Yes □ No Ø	To promo County fa	ete attendance at an even acility in order to maximi	ent held at a ize potential	Income
		Yes 🗖 No 🗖	County re	evenue from sales.		Income
		Yes □ No □				Income
		Yes 🗖 No 🗖				Income
		Yes 🗖		etergen, utblennen, rischenster, kinderstergen, im		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 acceptance with the provisions.

///	Alexandra Boskovich	Ticket Administrator	11/9/2012				
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)				
1.	Agency Name				Date Stamp	California	ഐ
----	---	--	--	--------------------------------------	---	---	--------------
	County of Alameda					Form	-002
	Division, Department, or Regi	on (if applicable)			AUD-4	For Official	Use Only
	Board of Supervisors					For Official Use Only For Official Use Only rovide explanation in Part 3.) (month, day, year) (month, day, y	
	Street Address				-		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (/	Name, Title)					D(2)
	Cheryl Perkins, Interim Clerk				Amendment (Must	provide explanation in	Part 3.)
		E-mail			Date of Original Filing	:	
	(510) 272-3882	cheryl.perkins@acgov	ora			(month, day, yea	<i>(i)</i>
	Function, Event, or Cere		A CONTRACTOR OF A CONTRACTOR O				
	Title			Face	Value of Each Admi	ssion \$ <u>\$100</u>	
	Description Warriors vs. Ca	valiers		Date	(s) <u>11 / 7 / 12</u>	///////	/
					()		
	Ticket(s)/Admission(s) pro	vided by agency? Ye	s 🗖 No	☑ If no ^{. Gol}	Iden State Warriors		
					Name	of Source	
						-	
	The identity of recipient	es: <u>Supervisor Wilma Cha</u> Official' (s) and the explanat					
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s) Ticket(s)	Agenc)/ Officia	y taxable also pr I I f not ir	e income. If the agency offici rovide a description. ncome, describe the public p onial roles, performed by an a	al performed a ceren urpose, including	ionial role,
	Brekke-Miesner, Lukas	4	Yes No	To promo	ote attendance at an e		Incom
			Yes No	County r	evenue from sales.		Incom
			Yes []			Incom
			1 1				
	<u></u>		Yes [ם			Incom
			1	<u> </u>		• .	
			Yes []			Incom
				3			
	Verification I have read and understand FP is in accordance with the provis		and 18942.	l have verified	d that the distribution of a	admissions, set fo	orth above
						Indment (Must provide explanation in Part 3, priginal Filing:(month, day, year) Each Admission \$ \$100 7 _ 12	
	$U \neq$	Alexandra Bosko	ovich	Ticl	ket Administrator	11/5/2	2012
	Mr /					For Official Use Only For Official Use Only provide explanation in Part 3.) (month, day, year) sion \$ _\$100 / sion \$ _\$100 / f Source official claims admission as performed a ceremonial ro rpose, including gency official, individual, or vent held at a Inco hize potential Inco Inc	

Ti	cket/Admission Dist	ributions					Document
1.	Agency Name					Date Stamp Califor	^{nia} 802
	County of Alameda						
	Division, Department, or Reg	jion (if applical	ole)			For O	fficial Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536	i					
	Designated Agency Contact	(Name, Title)				Amendment (Must provide explana	tion in Part 3.)
	Cheryl Perkins, Interim Cler	rk, Board of	Supervisors			_	
	Area Code/Phone Number	E-mail				Date of Original Filing: (month, da	ay, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org			
2.	Function, Event, or Cer	emonial R	ole Informat	ion			
						¢1	00/\$20 park
	Title				Face	Value of Each Admission \$ <u></u> \$1	00/\$20 park
	Description Warriors vs. (Grizzlies			Date(s	s) <u>11</u> <u>2</u> <u>12</u> <u></u>	//
					Gold	len State Warriors	
	Ticket(s)/Admission(s) pr	ovided by a	gency? Yes	🛛 No 🖸	If no:	Name of Source	
	Was the distribution to pe	ersons ident	tified below n	nade at the	e behest o	f an agency official?	
		Cunondo	ar Milma Chan				
	Yes 🖸 No 🔲 If y	yes: <u>Supervis</u>	Official's	Name (Last I	First) and Title		
	The identity of recipien	t(s) and th	e explanatio	on:			
	Name (Last, First) or		Number of Admission(s)/	Agency Official	taxable also pro	ne income box if the agency official claims income. If the agency official performed a vide a description. come, describe the public purpose, includi	ceremonial role,
		iption)	Ticket(s)		ceremon organiza	nial roles, performed by an agency official, ation.	individual, or
				Yes 🗖		te attendance at an event held a	· - •
2.	Cheung, Eric		2 tickets +	No 🗹	County fa	cility in order to maximize potent	
			parking pase	Yes □ No □	County re	evenue from sales.	Income
	 Function, Event, or Ceremoni Title Description Warriors vs. Grizzlie: Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) 		<u> </u>	Yes 🗖			Income
				Yes 🗖			Income
			1		1		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 🗖

\mathcal{M}	Alexandra Boskovich	Ticket Administrator	11/2/2012
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

A Public Document

	cket/Admission Distri							
1.	Agency Name					Date Stamp	California 80	\mathcal{D}
	County of Alameda							Ā
	Division, Department, or Regio	on (if applicat	ole)				For Unicial Use Unly	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536						Form OU For Official Use Only Vide explanation in Part 3.) (month, day, year) ion \$ _103 / Source ficial claims admission as performed a ceremonial role ose, including ncy official, individual, or	
	Designated Agency Contact (/	Vame, Title)				Amendment (Must pr	ovide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
		E-mail				Date of Original Filing:	(month, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.c	org				
2.	Function, Event, or Cere	monial R	ole Informat	ion				
		E 01	David				• 103	
	Title Bruce Springsteen & Th	ne E Street	Band		Face	Value of Each Admiss	sion \$	
	- Concert				Detel	behest of an agency official?		
	Description Concert			Contraction and Contraction	Date(s	5)		0-13-0-13-000
			a 14		Gold	ten State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	□ No 🗹	if no:	Name of	Source	D-0-0-0-0-
	Was the distribution to per	sons iden	tified below made at the behest o			f an agency official?		
		Carson	Keith Alameda (County Sune	rvisor			
	Yes 🗹 No 🔲 Ifye	es: <u></u>	Official's	Name (Last, F	irst) and Title)		
					· .			
	The identity of recipient	(s) and th	e explanatio	n:				*****
	Name			•	 Check the taxable 	he income box if the agency o income. If the agency official	fficial claims admission as performed a ceremonial role),
	(Last, First) or		hishida@acgov. Role Informa eet Band y agency? Yes entified below on, Keith Alameda Official's	Admission(s) (Official also pr	also pro	ovide a description.		
	Organization (Name, Address, Descrip	tion)			 If not include the inclusion of the inclusio	come, describe the public pur nial roles, performed by an ag	pose, including ency official, individual, or	
	(Maine, Address, Descrip				organiza To reward a Co	Form For Official Use For Official Use Image: Second Secon	plary service to the	<u></u>
	Shrago, Amy		4					
			+					-
	<u> Kanan sereng dan pertuk kanan k</u>				and the second			
	gya 42 aza managa gara							
	na na mana mangana ang kana a	and the second secon		Form OU For Official Use Only For Official Use Only For Official Use Only For Official Use Only Date of Original Filing:				
					Form For Official Use For Official Use For Official Use Pate of Original Filing:			
				NO 📙				1

3. Verification

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

Ashan	Amy Shrago	Ticket Administrator	12/04/12
/ 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 002
	Division, Department, or Reg	ion (if applicable)			For Official Use Only
	Board of Supervisors				
	Street Address	een werkende de televeren de en een een de een d			
	1221 Oak Street, Suite 536				
	Designated Agency Contact	(Name, Title)		Amendment (Must pro	ovide explanation in Part 3)
	Crystal Hishida Graff, Clerk	Board of Supervisors			
	Area Code/Phone Number	E-mail		Date of Original Filing: _	(month. day, year)
	(510) 272-3882	crystal.hishida@acgov.org			(, <u>-</u> ,,,,,
2.		emonial Role Information			
	Title Not So Silent Night		Face	Value of Each Admiss	sion \$ _72.25, \$75.25
	Description Concert		Date(s	s) <u>12 07 12</u>	12 08 12
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No	☑ If no: Gold	len State Warriors Name of	Source
	Was the distribution to pe	rsons identified below made at	the behest o	f an agency official?	
	Yes 🖸 No 🔲 Ify	es: <u>Carson, Keith Alameda County S</u> Official's Name (La	upervisor ist, First) and Title		
	The identity of recipien	(s) and the explanation:			
	Nama		Check the che	he income box if the agency of	fficial claims admission as

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admis taxable income. If the agency official performed a cerem also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivisorganization. 	onial role,
Simpson, Sam	4	Yes □ No ☑	To reward a community volunteer for his or her service to the public	Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income
Đ		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.

homan	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

HCKet/Admission Distributions			AT ubile bocumen
1. Agency Name			Date Stamp California 802
County of Alameda			Form OOZ
Division, Department, or Region (if applicat	ole)	A CONTRACTOR OF	For Official Use Only
Board of Supervisors			
Street Address	, .		
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			Amendment (Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	upervisors		
Area Code/Phone Number E-mail			Date of Original Filing:(month, day, year)
(510) 272-3882 crystal.his	hida@acgov.c	org	
2. Function, Event, or Ceremonial Re	ole Informat	ion	
Title Katt Williams			Face Value of Each Admission \$ _58.00
		auconomaa	
Description <u>comedy</u>	NOCOMPANYI, ¹		Date(s)/ 16/
Ticket(s)/Admission(s) provided by a	gency? Yes	🗖 No 🗹	If no: Golden State Warriors Name of Source
Was the distribution to persons ident	ified below n	nade at the	ne behest of an agency official?
Carson	Keith Alameda (County Supe	ervisor
Yes 🗹 No 🔲 If yes: Carson,	Official's	Name (Last, F	First) and Title
The identity of reginant(c) and the	o ovolanatio		
The identity of recipient(s) and the	e explanatio	///. /	Check the income box if the agency official claims admission as
Name (Last, First)	Number of	Agency	 Check the income box if the agency official performed a ceremonial role,
or	Admission(s)/	Official	also provide a description.If not income, describe the public purpose, including
Organization (Name, Address, Description)	Ticket(s)		ceremonial roles, performed by an agency official, individual, or organization.
Jenkins, Kevin		Yes 🗖	To promote attendance at a County sponsored event or event held at a Income
	4	No 🗹	County facility in order to maximize potential County revenue from and concession sales
		Yes 🗖	Income
		No 🗖	
		Yes 🗖	Income
		No 🗖	
		Yes 🗖	Income

3. Verification

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

No 🗖

Yes 🗖

No 🗖

Maan	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

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Income

A Public Document

CREU/AUTIISSION DISTING				
Agency Name				02
County of Alameda				Dnlv
Division, Department, or Region (i	f applicable)			,
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536	Date Stamp California 802 Por Official Use Only For Official Use Only Fille □ Amendment (Must provide explanation in Part 3.) Date of Supervisors □ Amendment (Must provide explanation in Part 3.) Date of Original Filing: … … iii □ Date of Original Filing: … ial Role Information … … … icity Chiefs Face Value of Each Admission \$ _222 … Date(s) 12 _16 _12 d by agency? Yes No If no: Oakland Raiders Name of Source … … … identified below made at the behest of an agency official? … … action Keith Alameda County Supervisor … … … Official's Name (Last, First) and Title … … … … nd the explanation: … … … … … … Mumber of Admission(s)/ Agency … … … … … … … … … … not the explanation:			
Designated Agency Contact (Name	e, Title)		Amendment (Must provide explanation in Part	3.)
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors			
Area Code/Phone Number E-m			(month, day, year)	
Function, Event, or Ceremo	nial Role Informat	ion		
			Free Volue of Feet Admission * 222	
Title Oakland Raiders vs. Kansa	as Gity Gliels			
Rackethall			Date(s) ¹² / ¹⁶ / ¹² /	
Description Basketball			Duto(0)	
			If no. Oakland Raiders	
Ticket(s)/Admission(s) provide	ed by agency? Yes	⊔№И	Name of Source	
Was the distribution to persor	ns identified below n	nade at the	behest of an agency official?	
	Carson Keith Alameda (County Supe	visor	
Yes 🗹 No 🔲 If yes: .	Official's	Name (Last, F	irst) and Title	
The identity of recipient(s)	and the explanatio) : 		
Name	Number	1	Ol	1 95
(Last, First) or		Ageney	taxable income. If the agency official performed a ceremonia	n as al role,
Organization (Name, Address, Description	Admission(S)/		taxable income. If the agency official performed a ceremonia also provide a description.	n as al role,
•	Ticket(s)		 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. 	al role,
	Ticket(s)	Official	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a 	, or
Carson, Keith	Ticket(s)	Official	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a 	, or
Carson, Keith) Ticket(s)	Official Yes 🔽	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales 	ncom
) Ticket(s)	Official Yes ☑ No ⊑	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales 	, or ncom
Carson, Keith Sanchez, Mina	n) Ticket(s)	Official Yes ☑ No ☑ Yes ☑	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales To reward a County employee for his or her exemplary service to the public or to encourage staff development 	ncom
Carson, Keith	n) Ticket(s)	Official Yes 🔽 No 🔲 No 🛄	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service 	ncom
Carson, Keith Sanchez, Mina Brooks, Rodney	n) Ticket(s) 4 4 2	Official Yes ☑ No ☑ No ☑ Yes ☑	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service 	ncom
Carson, Keith Sanchez, Mina	n) Ticket(s) 4 4	Official Yes ☑ No Yes ☑ No Yes ☑ No Yes ☑ No	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales. To reward a County employee for his or her exemplary service to the public or to encourage staff development. To reward a County employee for his or her exemplary service to the public or to encourage staff development. To reward a County employee for his or her exemplary service to the public or to encourage staff development. 	ncom ncom
Carson, Keith Sanchez, Mina Brooks, Rodney Brown, Aisha	n) Ticket(s) 4 4 2	Official Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑ No ☑	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service to the public or to encourage staff development 	ncom
Carson, Keith Sanchez, Mina Brooks, Rodney	n) Ticket(s) 4 4 2	Official Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑ No ☑	 taxable income. If the agency official performed a ceremonia also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual organization. To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service to the public or to encourage staff development To reward a County employee for his or her exemplary service to the public or to encourage staff development 	ncom

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.

h Smaaro	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

licket/Admission Distr	ibutions						
1. Agency Name					Date Stamp	California Form	302
County of Alameda						For Official Use	Only
Division, Department, or Regi	on (if applicab	le)					•
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536				an-au			managada (B.400000000)
Designated Agency Contact (Name, Title)				Amendment (Musi	provide explanation in Par	† 3.)
Crystal Hishida Graff, Clerk,		upervisors		وروار والمحمد والمحم	Dete of Original Filing		
Area Code/Phone Number	E-mail				Date of Original Filing	(month, day, year)	
	and the second se	hida@acgov.c					
2. Function, Event, or Cere	emonial Ro	ole Informati	ion				
Morriore ve 1977				Face	Value of Each Admi	ission \$ <u>100</u>	
Title Warriors vs. Jazz			<u></u>				
Description Basketball				Date	s) / 13	/	_/
				(,		
Ticket(s)/Admission(s) pro	م يتما الحيا	wamaw2 Vaa		If no. Gol	den State Warriors		
Ticket(s)/Admission(s) pro	ovided by a	gency res		n no	Name	of Source	
Yes 🗹 No 🗋 🛛 If y	/es: <u>Carson,</u>	Keith Alameda (Official's i	County Supe Name (Last, I	rvisor First) and Title	9		
The identity of recipien	t(s) and th	e explanatio	on:				
Name				Check 1	the income box if the agence income. If the agency offic	y official claims admission	on as vial role
(Last, First)		Number of	Agency Official	also pro	ovide a description.		12,10,0,
or Organization (Name, Address, Descr	iption)	Admission(s)/ Ticket(s)	Unicial	ceremo	ncome, describe the public onial roles, performed by an cation.	agency official, individu	al, or
Sanchez, Mina		4	Yes ☑ No □		ounty employee for his or her e courage staff development	xemplary service to the	Incom
			Yes 🗖				Incom
			No 🗖				
			Yes 🗖			a filli da da nan su	Incom
			No 🗖				
			Yes 🗖		andre Millinge, Anderse, Company, Millinge, Millinge,		Incom
			No 🗖				
a population and the factor of			Yes 🗖			annan shan bayan a san an a	Incom
			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.

Jo Smanes	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Hear or Designee	Print Name	Title	(month, day, year)

A Public Document

	orcuration plotti							
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Regio	n (if applicab	le)		201824		For Official Us	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (A	lame, Title)				Amendment (Must pro	vide explanation in P	Part 3.)
	Crystal Hishida Graff, Clerk, I	Board of Su	upervisors					
		E-mail				Date of Original Filing:	(month, day, year)	
	(510) 272-3882	crystal.hisl	nida@acgov.c	org				
2.	Function, Event, or Cerei	nonial Ro	ole Informat	ion				
							200	
	Title Warriors vs. Spurs				Face V	/alue of Each Admissi	ion \$ <u>200</u>	
	Description Basketball	anderen			Date(s) <u>04</u> <u>15</u> <u>13</u>	/	/
						Chata Marriana		
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	🛛 No 🖸	If no: Gold	Name of State	Source	
	Was the distribution to pers	sons ident	ified below n	hade at the	e behest o	f an agency official?		
	Yes 🗹 No 🔲 Ifye	s: <u>Carson,</u>	Keith Alameda (Official's	County Supe	ervisor			
			Official's	Name (Last, I	-irst) and Title			
	The identity of recipient(s) and the	e explanatio	on:				
	Name	an a				ne income box if the agency off		
	(Last, First)	,	Number of	Agency Official	1	ncome. If the agency official p vide a description.	enormed a ceremo	niai role,
	or Organization (Name, Address, Descript	tion)	Admission(s)/ Ticket(s)	Uniciai	 If not inc ceremor organiza 	come, describe the public purp nial roles, performed by an age tion	ose, including ncy official, individ	ual, or
				Yes 🗖	To promote atte	endance at a County sponsored eve		Income
	Stahl, Robert		4	No 🗹	County facility in parking and core	n order to maximize potential Count ncession sales	y revenue from	
				Yes 🗖	The second secon	<u>, Andreas - Andreas -</u>	And the second se	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 🗖

Yes 🗖

No 🗖

Alman	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Heat or Designee	Print Name	Title	(month, day, year)

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

Income

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Income

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A Public Document

licket/Admission Distributio	113					
1. Agency Name				Date Stamp	California Form	302
County of Alameda					For Official Us	e Only
Division, Department, or Region (if ap	plicable)					<i>.</i>
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Tit	le)			Amendment (Must pro	ovide explanation in P	'art 3.)
Crystal Hishida Graff, Clerk, Board	of Supervisors			Data of Original Filings		
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)	
	l.hishida@acgov.o					
2. Function, Event, or Ceremonia	al Role Informati	ion				
Title Warriors vs. TRADBLAZ			Face	Value of Each Admiss	ion \$_100	
Title warners vs. 14420042						
Description Basketball			Date	s) <u>03</u> <u>30</u> <u>13</u>		/
Description		<u></u>	(,		
Ticket(s)/Admission(s) provided	hy agency? Ves		If no: Gold	den State Warriors		
licket(s)/Admission(s) provided	by agency: 165			Name of	Source	
Was the distribution to persons i	dentified below m	nade at the	e behest o	f an agency official?		,
Yes 🗹 No 🗋 If yes: Car	rson, Keith Alameda (Official's I	Name (Last, F	First) and Title)		
The identity of recipient(s) an	d the explanatio	n:		he income box if the agency o	fficial claims admiss	ion as
Name (Lest First)	Number of	Agency	• Check t taxable	income. If the agency official	performed a ceremo	onial role,
(Last, First) or	Number of Admission(s)/	Agency Official		ovide a description. come, describe the public pur	nose including	
Organization (Name, Address, Description)	Ticket(s)		ceremo	nial roles, performed by an age ation.	ency official, individ	ual, or
Carson, Keith		Yes 🗹	To promote att	endance at a County sponsored ev in order to maximize potential Court	vent or event neid at a nty revenué from	Income
	4	No 🗖		ncession sales	•	
		Yes 🗖				Income
		No 🗖		a na na na siyo na kana na sana sa		
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Incom
		No 🗖		conservation of the fermionical statement of the second statement of th	and the second state of the second state of the second states and the second states and the second states and t	D
		Yes 🗖				Incom
		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 Shrann	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Headon Designee	Print Name	Title	(month, day, year)

A Public Document

Agency Name						
				Date Stamp	California Form	302
County of Alameda					For Official Use	e Only
Division, Department, or Regio	n (if applicable)					-
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536				2		Managara ang Pangarang
Designated Agency Contact (N	ame, Title)			Amendment (Mu	ist provide explanation in Pa	art 3.)
Crystal Hishida Graff, Clerk, E	Board of Supervisors					
	E-mail			Date of Original Filir	ng:(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.o	org				
Function, Event, or Cerer	nonial Role Informat	tion				
			F 14	alue of Each Adn	500	
Title Warriors vs. Lakers						
Pockathall			Data(a)	03 , 21 , 13	3/	
Description Basketball			Date(S)			
			Golde	n State Warriors		
Ticket(s)/Admission(s) prov	/ided by agency? Yes		IT NO:	Nam	ne of Source	1400
4	15.	ooung oups	ervisor			
The identity of recipient(ervisor First) and Title			
The identity of recipient(ON: Agency	Check the taxable in	come. If the agency of	ncy official claims admiss ficial performed a ceremo	ion as nial role,
Name	s) and the explanation	ON: Agency	 Check the taxable in also prov If not ince ceremoni organization 	come. If the agency of ide a description. ome, describe the public al roles, performed by a ion.	ficial performed a ceremo c purpose, including an agency official, individ	nial role,
Name (Last, First) or Organization (Name, Address, Descrip	s) and the explanation	ON: Agency	Check the taxable in also prov If not inconceremonio organizat To promote atter	come. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a	ual, or Income
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Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith	s) and the explanation	on: Agency Official Yes 🖸 No 🗖	Check the taxable in also prov If not ince ceremoni organizat To promote atter County facility in parking and contents	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso order to maximize potentia cession sales	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from	ual, or Income Income
Name (Last, First) or Organization (Name, Address, Descrip	s) and the explanation	ON: Agency Official Yes 🔽	Check the taxable in also prov If not ince ceremonio organizat To promote atter County facility in parking and cone To reward a C	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso order to maximize potentia cession sales county employee for his	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from or her exemplary service	ual, or Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith Brooks, Rodney	s) and the explanation	Agency Official Yes 2 No 1 Yes 2 No 1	Check the taxable in also prov If not incoceremonio organizat To promote atter County facility in parking and cone To reward a C to the public cone	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso order to maximize potentia cession sales county employee for his ir to encourage staff dev	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from or her exemplary service velopment	ual, or Income Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith	s) and the explanation	Agency Official Yes 2 No 1 Yes 2 No 1	Check the taxable in also prov If not ince ceremonio organizat To promote atter County facility in parking and cone To reward a C to the public c To reward a C	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso order to maximize potentia cession sales county employee for his ir to encourage staff dev County employee for his	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from or her exemplary service velopment or her exemplary service	ual, or Income Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith Brooks, Rodney Sanchez, Mina	tion) 4	Agency Official Yes 2 No 2 Yes 2 No 2 Yes 2	Check the taxable in also prov If not incoceremonio organizat To promote atter County facility in parking and cone To reward a C to the public cone To reward a C to the public cone	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. idance at a County sponso order to maximize potentia cession sales county employee for his ir to encourage staff dev county employee for his or to encourage staff dev	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from or her exemplary service velopment or her exemplary service	Income Income Income Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith Brooks, Rodney	tion) 4	Agency Official Yes 2 No 1 Yes 2 No 1 Yes 2 No 1	Check the taxable in also prov If not incoceremonia organizat To promote atter County facility in parking and cone To reward a C to the public c To reward a C to the public c	acome. If the agency of ide a description. Date of the public al roles, performed by a ion. Idance at a County sponso order to maximize potentia cession sales County employee for his or to encourage staff dev County employee for his or to encourage staff dev County employee for his	ficial performed a ceremo c purpose, including an agency official, individe red event or event held at a al County revenue from or her exemplary service <u>velopment</u> or her exemplary service <u>velopment</u>	Income Income Income Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith Brooks, Rodney Sanchez, Mina Brown, Aisha	tion) 4	Agency Official Yes No Yes No Yes Yes Yes No Yes Yes No	Check the taxable in also prov If not inco-ceremonio organizat To promote atter County facility in parking and cone To reward a C to the public ce To reward a C to the public ce To reward a C to the public ce	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. Idance at a County sponso order to maximize potentia cession sales County employee for his or to encourage staff dev County employee for his or to encourage staff dev County employee for his or to encourage staff dev	ficial performed a ceremo c purpose, including an agency official, individ red event or event held at a al County revenue from or her exemplary service velopment or her exemplary service velopment or her exemplary service velopment	Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Descrip Carson, Keith Brooks, Rodney Sanchez, Mina	tion) 4	Agency Official Yes No Yes No Yes Yes Yes No Yes Yes No	Check the taxable in also prov If not incoceremonia organizat To promote atter County facility in parking and cone To reward a C to the public c To reward a C to the public c To reward a C to the public c	acome. If the agency of ide a description. ome, describe the public al roles, performed by a ion. Idance at a County sponso order to maximize potentia cession sales County employee for his or to encourage staff dev County employee for his or to encourage staff dev County employee for his or to encourage staff dev	ficial performed a ceremo c purpose, including an agency official, individe red event or event held at a al County revenue from or her exemplary service <u>velopment</u> or her exemplary service <u>velopment</u> or her exemplary service <u>velopment</u> or her exemplary service	Income Income Income Income Income

3. Verification

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

	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Hand or Designee	Print Name	Title	(month, day, year)

A Public Document

Ticket/Admission Distric	butions					-		and the second states and states of the second states of the second states of the second states of the second s
1. Agency Name						Date Stamp	California Form	8021
County of Alameda							For Official U	se Only
Division, Department, or Region	n (if applicab	le)						
Board of Supervisors					(Texter over 6 Deservation over 10 deservation over 10 deservation over 10 deservation over 10 deservation over			
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Na	ame, Title)					Amendment (Must	provide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, E		upervisors				Date of Original Filing		
	E-mail					Date of Original Filing:	(month, day, year)
		nida@acgov.o						
2. Function, Event, or Cerer	nonial Ro	ole Informati	on					
Title Warriors vs. Bucks					Face	Value of Each Admis	ssion \$ <u>100</u>	
						03 09 13		,
Description Basketball					Date(s	s) <u>03 09 13</u>		
			5		0.1	Lan Chata Marriara		
Ticket(s)/Admission(s) prov	vided by a	gency? Yes	🛛 No	\checkmark	If no: Gold	Name	of Source	
Was the distribution to pers	sons ident	ified below m	nade at	the	behest o	f an agency official	?	
Yes 🖸 No 🔲 Ifye	s: <u>Carson,</u>	Keith Alameda (Official's I	County St	uper	VISOF			
				51, 77	isty and thic	, ,		
The identity of recipient(s) and th	e explanatio	n:					-
Name					 Check t tayable 	he income box if the agency income. If the agency offici	<pre>/ official claims admis al performed a cerem</pre>	sion as onial role,
(Last, First) or		Number of Admission(s)/	Agenc Officia		also pro	ovide a description.		
Organization (Name, Address, Descript	tion)	Ticket(s)			ceremo	come, describe the public p nial roles, performed by an a ation.	agency official, indivi	
Carson, Keith			Yes	7	To promote att	endance at a County sponsored in order to maximize potential C	event or event held at a	Income
Calson, Reith		4	No [In order to maximize potential C	ounty revenue nom	
	454 m		Yes [<u> </u>			Income
والمستعمل المستعمل المستعمل والمستعمل والمستعمل والمستعمل والمستعمل والمستعمل والمستعمل والمستعمل والمستعمل وال			Yes	ם				Income
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	- , - ki		Yes					Income
			No	٥		and a second		
	and a second		Yes					Income
			No					

3. Verification

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

1 LAND	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Agency Name					Date Stamp	California Form	802
County of Alameda						For Official Us	se Only
Division, Department, or Regio	n (if applicabl	e)		1			
Board of Supervisors				1000000			
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (N	lame, Title)				Amendment (Must	provide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, I		pervisors			Data of Original Filing		
Area Code/Phone Number	E-mail				Date of Original Filing	(month, day, year))
		nida@acgov.o					
Function, Event, or Cerei	monial Ro	e Informati	ion				
Marriare ve Supe				Face	Value of Each Admi	ission \$ <u>100</u>	
Title Warriors vs. Suns							
Description Basketball				Date	s) <u>02</u> <u>02</u> <u>13</u>	/	/
Ticket(s)/Admission(s) prov							
Was the distribution to pera Yes ☑ No □ If ye The identity of recipient(es: <u>Carson,</u>	Keith Alameda (County Supe				
	(3) and the	explanatio	vanie (Lusi,	First) and Title	9		
Name (Last, First)		e explanatio	vanie (Lusi,	Check	he income box if the agenc	y official claims admis	sion as
		e explanatio	Agency	Check t taxable	he income box if the agence income. If the agency offic	y official claims admis ial performed a cerem	sion as onial role,
or		Number of Admission(s)/	on:	Check t taxable also pro	the income box if the agenc income. If the agency offic ovide a description.	ial performed a cerem	onial role,
or Organization (Name, Address, Descrip	otion)	Number of	Agency	Check t taxable also pr If not in ceremo	he income box if the agenc income. If the agency offic ovide a description. income, describe the public inial roles, performed by an ation.	cial performed a cerem purpose, including agency official, individ	onial role, lual, or
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/	Agency Official	Check t taxable also pr If not in ceremic organiz To promole at	the income box if the agency income. If the agency offic ovide a description. Income, describe the public Inial roles, performed by an action. Tendance at a County sponsore	cial performed a cerem purpose, including agency official, individ d event or event held at a	onial role, lual, or
Organization	otion)	Number of Admission(s)/	Agency	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	onial role, lual, or
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public Inial roles, performed by an action. Tendance at a County sponsore	cial performed a cerem purpose, including agency official, individ d event or event held at a	dual, or Incom
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	dual, or Incom
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No 2 Yes 1	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	iual, or Incom Incom Incom Incom
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No 2 No 2	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	ual, or Incom Incom Incom
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No 2 Yes 1 No 2 Yes 2	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	iual, or Income Income Income Income
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No 2 Yes 2 No 2 Yes 2 No 2	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	iual, or Income Income Income
Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 2 No 2 Yes 1 No 2 Yes 1 No 2 Yes 2	Check t taxable also pro If not ir ceremo organiz To promole at County facility	the income box if the agency income. If the agency offic ovide a description. Income, describe the public inial roles, performed by an lation. Itendance at a County sponsore in order to maximize potential	cial performed a cerem purpose, including agency official, individ d event or event held at a	itual, or Income Income Income Income Income

3. Verification

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

A Sharp	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A Public Document

Ti	cket/Admission Distr	ibutions				-		
1.	Agency Name					Date Stamp	California Form	12
	County of Alameda						For Official Use On	ly
	Division, Department, or Regi	on (if applicabl	le)					
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)		<u>angu, (Camp Angu, Indo</u>		Amendment (Must pro	ovide explanation in Part 3.	.)
	Crystal Hishida Graff, Clerk,	Board of Su	Ipervisors					
	Area Code/Phone Number	E-mail		, , , , , , , , , , , , , , , , , , ,		Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal.hist	nida@acgov.o	org				
2	Function, Event, or Cere							
۷.							• * 100	
	Title Warriors vs. 76ers				Face '	Value of Each Admiss	sion \$	
						, 12 , 28 , 12	1 1	
	Description Basketball				Date(s	$e(s) \frac{12}{28} \frac{28}{12} \frac{12}{12}$		
					Gold	den State Warriors		
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Go								
	Yes 🗹 No 🔲 If y	yes: <u>Carson,</u>	Keith Alameda (Official's I	Sounty Super	VISOF	2		
					nsi) and min			
	The identity of recipien	t(s) and th	e explanatio	on:			an a	
						the income box if the agency o income. If the agency official	fficial claims admission	as role.
	(Last, First)		Number of	Agency	also pr	ovide a description.		•
	or Organization		Admission(s)/ Ticket(s)	Official	 If not in 	ncome, describe the public pur nnial roles, performed by an ag	pose, including ency official, individual,	or
	(Name, Address, Descr	iption)			organiz	ration.		
	McClay Jamos			Yes 🗖	To promote at	tendance at a County facility in ord ty revenue from parking and conce	er to maximize In	come
	McClay, James		4	No 🗹	potential Cour	ity revenue from parking and conec		
		تىنى بىرى تەك ە ت بەرىرىيىتىكە ب ەرە بەرەپىيەتلەر بەرەپ		Yes 🗖			In	ncome
				No 🗖				
	na na hafana na haran na hafan na na hafan ana hafan ana cana ay an ana a hafan ana ana hafan ana ay bayan na h	an a		Yes 🗖		na mit Neeron an	Ir	ncome
				No 🗖				
				Yes 🗖	1	and an	Ir	ncome

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 🔲

1 LAND	Amy Shrago	Ticket Administrator	12/04/12
Asignature 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

Agency Report of: Ceremonial Role Events and Т

A Public Document

Ticket/Adm	ission Distr	ibutions							
1. Agency Na							Date Stamp	California Form	802
County of Al	ameda							For Official U	se Only
Division, Dep	Division, Department, or Region (if applicable)								,
Board of Su	pervisors			ana an					
Street Addre	SS								
	treet, Suite 536		-				No na mangana ang kanang ka		
-	Agency Contact (Amendment (Must	provide explanation in I	Part 3.)
Crystal Hish	ida Graff, Clerk,	, Board of Sι	upervisors				Date of Original Filing		
Area Code/P		E-mail					Date of Original Filing	(month, day, year)
(510) 272-3			nida@acgov.o						
2. Function,	Event, or Cer	emonial Ro	ole Informati	on					
Title Warrio	rs vs. Trailblaze	ers					alue of Each Admi		1997
) <u>01 ,17 ,13</u>		/
						behest of	an agency official	?	
						visor			
						irst) and Title			
The identi	ity of recipien	t(s) and the	e explanatio	n:					
Name (Last, First) Number of			Number of Admission(s)/	Agenc Officia		taxable in also prov If not inc ceremon organiza	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public ial roles, performed by an tion.	ial performed a cerem ourpose, including agency official, indivi	ionial role,
Greene, Ha	nnah	20	4	Yes [No []		unty employee for his or her e ourage staff development	xemplary service to the	Income
				Yes No					Income
		and the second		Yes No					Income

3. Verification

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

Yes 🗖 No

Yes

No

In Shrang	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

Income

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пске	t/Admission Distr	innine				<u> </u>	I ublic Document
1. Age	ency Name					Date Stamp	California 802
Cou	nty of Alameda						Form 00/4
Divis	Division, Department, or Region (if applicable)						For Official Use Only
Boa	rd of Supervisors						
Stre	et Address	00000-00-00-00-00-00-00-00-00-00-00-00-					
122	1 Oak Street, Suite 536						
Desi	ignated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
Crys	stal Hishida Graff, Clerk,	Board of S	upervisors				
	a Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
(510	0) 272-3882	crystal.his	hida@acgov.c	org			
	nction, Event, or Cere	emonial R	ole Informat	ion			
							200
Title	Warriors vs. LA Clipper	rs	angan a	01. F. 60.7, 20117 D 04.97		Value of Each Admiss	
_	Baskethall				Dete/	01,21,13	//
Des	cription Basketball	annen en	5)/				
			Gold	len State Warriors			
lick	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gol					Name of S	Source
Was	Was the distribution to persons identified below made at the behest o					f an agency official?	
	Kar - No Karson, Keith Alameda County Supervisor						
	Yes 🔽 No 🔲 If yes: <u>Carson, Keith Alameda County Supervisor</u> Official's Name (Last, First) and Title						
The	identity of recipiont	(c) and th	o ovnlanatic	n'			
The identity of recipient(s) and the explanation:						ficial claims admission as	
Name (Last, First) Number of			Number of	Agency	taxable	income. If the agency official p	performed a ceremonial role,
	or		Admission(s)/	Official	1 .	wide a description. come, describe the public purp	ose including
Organization Tick (Name, Address, Description)			Ticket(s)		ceremoi organiza	nial roles, performed by an age	ncy official, individual, or
Bro	Brown, Aisha			Yes 🗸	To reward a Co	ounty employee for his or her exemp	plary service to the Income
DIO			4	No 🗖	public or to enc	ourage staff development	
RECOMMENTAL				Yes 🗖		·····	Income
				No 🗖			
Economic and	an 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.

Yes 🗖

No 🗖

Yes 🗖

No 🗖

An Smann	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

Income

Agency Report of: Ceremonial Role Events and ST 4 11. .4: - ----Т

A Public Document

licket/Admissio	n Distributio	115					
1. Agency Name					Date Stamp	California	802
County of Alameda	3					Form For Official U	
Division , Departme	nt, or Region (if appl	licable)				FOI Official O	Se Only
Board of Supervise	ors						
Street Address							
1221 Oak Street, S	Suite 536					and the second	and the second
Designated Agency	Contact (Name, Title	9)			Amendment (Must p	rovide explanation in l	Part 3.)
Crystal Hishida Gr	aff, Clerk, Board o	f Supervisors					
Area Code/Phone N	lumber E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882	crystal.	hishida@acgov.c	org				
2. Function, Event	, or Ceremonial	Role Informat	ion				
Title Warriors vs.	Pacers			Face V	alue of Each Admis	sion \$ _ <u>100</u>	
Description Bask					12 ,02 ,12		/
Was the distribution to persons identified below made at the Yes I No I If yes: Carson, Keith Alameda County Super Official's Name (Last, Finder)							
The identity of		n:	Chack the	a income boy if the agency (official claims admis	sion as	
Name (Last, First) Number of Agen				Check the income box if the agency official claims admission a taxable income. If the agency official performed a ceremonial relationship in the agency official performed a ceremonial relationship is a second secon			
or Admission			A durate stand (a)/ Official	 also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			lual, or
Sanchez, Mina	Harrison Hardenger - Galdanager	4	Yes ☑ No □	1	nty employee for his or her exer urage staff development	nplary service to the	Incom
			Yes 🗖				Incom
			No 🗖				
and a constraint of the second se		,	Yes 🗖				Incom
			No 🗖				
			Yes 🗖				Incom
			No 🗖		atom program with the transmission of t		
	an a		Yes 🗖				Incom
			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.

Andman	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

110	cket/Admission Distr	inations				2				
1.	Agency Name					Date Stamp	California 802			
	County of Alameda						Form OUL			
	Division, Department, or Regi	ion (if applicat	ole)		general		For Official Use Only			
	Board of Supervisors									
	Street Address			abert						
	1221 Oak Street, Suite 536									
	Designated Agency Contact ((Name, Title)				Amendment (Must p	rovide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk,	Board of S	upervisors							
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)			
	(510) 272-3882	crystal.his	hida@acgov.c	org						
2.	Function, Event, or Cere	emonial R	ole Informat	ion						
	Title Warriors vs. Bobcats				Face	• Value of Each Admis	sion \$ _100			
	Description Basketball					Date(s) /				
	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y The identity of recipient	rsons ident /es: <u>Carson,</u>	ne behest	of an agency official?						
	Name (Last, First) or Organization (Name, Address, Descri	st) Number of Agency Admission(s)/ Agency Official is a ceremon also provide a description. ion Ticket(s) Official is a ceremon also provide a description. bescription) Ticket(s) If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individuation organization.								
	Brown, Aisha		4	Yes ☑ No □		County employee for his or her exer encourage staff development	nplary service to the Income			
				Yes 🗖 No 🗖			Income			
				Yes 🗖		and any manufacture and a second and a second se	Income			
				No 🗖	1					
	n an		0.11.C.T.,	Yes 🗖			Income			
				No 🗖						
	n a sea an sé an thuman an taobhan ann an an taobh an taon an taobh an taon an taobh an taobh an taobh an taobh			Yes 🗖		and a support of the	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.

A Shrap	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency flead or Designee	Print Name	Title	(month, day, year)

A Public Document

icket/Admission Disti	ributions				F	A Fublic Docume
. Agency Name					Date Stamp	California Form 807
County of Alameda						
Division, Department, or Reg	ion (if applicab	ole)				For Official Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact					Amendment (Must p	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk	, Board of Su	upervisors				
Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882	crystal.hisl	hida@acgov.c	org			
Function, Event, or Cer	emonial Ro	ole Informat	ion			
						. 200
Title Warriors vs. Nuggets	1711		and the second	Face V	alue of Each Admis	sion \$
Deskathall					, 11 , 29 , 12	///////
Description Basketball				Date(s)//	
				Gold	on State Warriors	
Ticket(s)/Admission(s) pr	ovided by a	gency? Yes	🗌 No 🖸	If no:	Name o	f Source
Was the distribution to pe	ersons ident	ified below n	nade at the	e behest of	an agency official?	1
Yes 🖸 No 🔲 Ify	es: <u>Carson,</u>	Keith Alameda (Official's I	Jounty Supe	TVISOF		
The identity of recipien	t(s) and the	e explanatio	on:			
Name				Check th	e income box if the agency	official claims admission as Il performed a ceremonial role,
(Last, First) or		Number of	Agency Official		ide a description.	r performed a ceremonial role,
Organization		Admission(s)/ Ticket(s)	Unicial		ome, describe the public pu	rpose, including gency official, individual, or
(Name, Address, Descr	iption)			organiza	tion.	
Youth Alive			Yes 📘	To reward a sch community	ool or nonprofit organization for	
3300 Elm St, Oakland, CA 94	609 +	4	No 🕅	COMMUNICY		
A link house a good have a second comment of the second comments of			Yes 🗖			Incon
			No 🗖			
MANANA			Yes 🗖			Incon
			No 🗖			
			Yes 🗖		<u>na na n</u>	Incon
			No 🗖			
Managana ang kang kang kang kang kang kan	<u> </u>	n an	Yes 🗖		gygn yn arlan ar yw af 1979 yn ar	Incon

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 🗖

Alman	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency flead or Designee	Print Name	Title	(month, day, year)

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

A Public Document

TICKEL/AUTIISSION DISTING						
1. Agency Name				Date Stamp	California 802	
County of Alameda					Form COCZ For Official Use Only	
Division, Department, or Region	(if applicable)					
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan	ne, Title)			Amendment (Must pro	ovide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Bo						
Area Code/Phone Number E-	mail			Date of Original Filing: _	(month, day, year)	
(510) 272-3882 cr	ystal.hishida@acgov.c	org				
2. Function, Event, or Cereme	onial Role Informat	ion				
Title Warriors vs. Cavaliers			Face	Value of Each Admiss	ion \$ _200	
Description Basketball			Date(s	(s) <u>11</u> <u>07</u> <u>12</u> <u></u> / <u></u> / <u></u> / <u></u> /		
Yes ☑ No ロ If yes: The identity of recipient(s)		Name (Last, F	rvisor First) and Title	9		
Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable also pro	he income box if the agency of income. If the agency official wide a description. come, describe the public purp	performed a ceremonial role,	
Organization (Name, Address, Descriptio	n) Ticket(s)		ceremo organiz	nial roles, performed by an age	ency official, individual, or	
Jenkins, Kevin		Yes 🞵		mmunity volunteer for his or her se	rvice to the public Income	
	4	No 🛃				
		Yes 🗖			Incom	
	•	No 🗖				
		Yes 🗖			Incom	
		No 🗖				
		Yes 🗖			Incom	
		No 🗖				
		Yes 🗖			Incom	
		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.

Andhraam	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head of Designee	Print Name	Títle	(month, day, year)

A Public	Document
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SKCUAUIIISSION BISHING					
Agency Name			Date Stamp	California 802	
County of Alameda				Form 002	
Division, Department, or Region (in	f applicable)			For Official Use Only	
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name	ə, Title)	AL		provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Boa	rd of Supervisors				
Area Code/Phone Number E-m		anna ann an Anna an An	Date of Original Filing	:(month, day, year)	
(510) 272-3882 crys	stal.hishida@acgov.c	org		(······)	
Function, Event, or Ceremo					
				100	
Title Warriors vs. Nets			Face Value of Each Admi	ssion \$	
Description Basketball Date(s) 11 / 21 / 12					
Ticket(s)/Admission(s) provide	ed by agency? Yes	🗌 No 🖸	If no: Golden State Warriors	of Source	
			Name	or source	
Was the distribution to person	s identified below n	nade at th	e behest of an agency official	?	
-					
Yes 🖸 No 🔲 If yes: 🖞	Carson, Keith Alameda (Official's i	County Supe	rvisor		
	Official's i	Name (Last, I	First) and Title		
The identity of recipient(s) a	and the explanatic	on:			
Name			Check the income box if the agency	official claims admission as	
(Last, First)	Number of	Agency	taxable income. If the agency offici also provide a description.	al performed a ceremonial role,	
or Organization	Admission(s)/ Ticket(s)	Official	 If not income, describe the public p 		
(Name, Address, Description)	, indication		ceremonial roles, performed by an a organization.	agency official, individual, or	
		Yes 🔽	To reward a County employee for his or her ex	emplany service to the	
Brooks Rodney				Income	
Brooks, Rodney	4	No 🗖	public or to encourage staff development		

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 🗖

Yes 🗖

No 🔲

No

A Sman	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Hyper or Designee	Print Name	Títle	(month, day, year)

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

Income

Income

Income

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A Public Document

1.	Agency Name	an de la seconda en la seconda en la seconda de la seco	Date Stamp	California 802			
	County of Alameda			Form 00/4			
	Division, Department, or Reg	on (if applicable)		For Official Use Only			
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Tillø)	Amendment (Must prov	vide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk,	Board of Supervisors					
	Area Code/Phone Number	E-mail	Date of Original Filing:	(month. day. year)			
	(510) 272-3882	crystal.hishida@acgov.org					
2.	Function, Event, or Cere	emonial Role Information					
	Title Warriors vs. Timberwo	lves Face	Value of Each Admissi	on \$ _100			
	Description Basketball	Date(s	s) <u>11 / 24 / 12</u>	//			
		Gold	len State Warriors				
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🔲 No 🗹 If no: Gok	Name of S	Source			
	Was the distribution to persons identified below made at the behest of an agency official?						
	Yes 🔽 No 🔲 Ify	cc. Carson, Keith Alameda County Supervisor					
	Yes 🗹 No 🔲 Ify	es: <u>Carson, Keith Alameda County Supervisor</u> Official's Name (Last, First) and Title)				
	The identity of recipient	(s) and the explanation:					

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 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.
Carson, Keith	4	Yes ☑ No □	To obtain oversight of facilities or events that have received County Income funding or support
		Yes 🗖 No 🗖	Income
		Yes □ No □	Income
		Yes □ No □	
		Yes 🗖 No 🗖	Income

3. Verification

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

A Miaan	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency flead or Designee	Print Name	Title	(month, day, year)

A Public Document

licket/Admission Distric	utions						
1. Agency Name	Agency Name				Date Stamp	California Form	802
County of Alameda						Form For Official U	And a state of the
Division, Department, or Region	n (if applicab	le)				i on oniciar of	
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Na	nme, Títle)				Amendment (Must p	rovide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, B	oard of Su	upervisors					
	-mail				Date of Original Filing:	(month, day, year,)
(510) 272-3882	crystal.hist	nida@acgov.o	org				
2. Function, Event, or Ceren	nonial Ro	ole Informati	ion				
Title Warriors vs. Rockets		n na harring an		Face \	/alue of Each Admis	sion \$_\$250	
Description Basketball				Date(s	s) <u>02 / 12 / 13</u>	//	/
Ticket(s)/Admission(s) prov	ided by a	gency? Yes	🗆 No 🗹	If no: Gold	len State Warriors Name o	(Source	
	1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				Name o	Source	
Was the distribution to pers	one ident	ified below m	hade at the	behest o	f an agency official?		
Yes 🗹 No 🔲 If yes	: Carson,	Keith Alameda C	County Supe	rvisor			
		Official's l	Vame (Last, F	irst) and Title			
The identity of recipient(s	s) and the	e explanatio	n:				
Name				Check the c	he income box if the agency of	official claims admis	sion as
(Last, First)		Number of	Agency		income. If the agency officia wide a description.	I performed a ceremo	onial role,
or Organization		Admission(s)/ Ticket(s)	Official	e If not in	come, describe the public pu	rpose, including	hual or
(Name, Address, Descript	ion)	nonen(e)		organiza	nial roles, performed by an a ation.		iual, or
Hopalong Animal Rescue			Yes 🗖	김 아파	hool or nonprofit organization for	its contributions to the	Income
P.O. Box 27507	10	4	No 🗹	community.			
-O-WL OA 04000			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
¥			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income

3. Verification

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

No 🗖

A Hanon	Amy Shrago	Ticket Administrator	11/29/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

A l'ubile Document	А	Public	c Document
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Tonour tannooron Biodribadi	ono				n i u	CONTRACTOR OF CONTRACTOR	
. Agency Name				Date Stamp	С	alifornia	802
County of Alameda					190	Form	002
Division, Department, or Region (if a	pplicable)					For Official U	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Ti	itle)			Amendment (M	ust provide e	explanation in	Part 3.)
Anna Gee, Operations Chief							
Area Code/Phone Number E-mail				Date of Original Fili	ng:(m	onth, day, year)
510-891-5585 anna.	.gee@acgov.org						
. Function, Event, or Ceremonia	al Role Informat	tion					
Title Raiders vs. New Orleans Sair	ate					a 222.00	
TIER TRACETS VS. New Officialis Gain	113			alue of Each Adn/			
Description Football game			Date(s) <u>11 , 18 , 1</u> 2	2		
				Mar			
		1000 B 4150 B 400	oakl	and Raiders			
Ticket(s)/Admission(s) provided	by agency? Yes	V NO L	If no:	which is not the twenty of the second s	and the second designed and the second s		
Ticket(s)/Admission(s) provided Was the distribution to persons i	dentified below n	nade at th	e behest of	an agency officia	ne of Sourc	ie	
Was the distribution to persons i	identified below n te Miley, Alameda Co <i>Official</i> 's	nacle at th bunty Superv Name (Last,	e behest of	an agency officia		æ	
Was the distribution to persons i Yes ☑ No 🔲 If yes: <u>Nat</u>	identified below n te Miley, Alameda Co <i>Official</i> 's	nacle at th bunty Superv Name (Last,	 behest of risor, District 4 First) and Title Check the taxable in also prov If not inc. ceremoni 	e Income box if the agen ncome. If the agency offi ide a description. ome, descript the public ial roles, performed by a	al? icy official c icial perform : purpose, in	claims admiss med a ceremo ncluding	onial role,
Was the distribution to persons i Yes ☑ No □ If yes: <u>Nat</u> The identity of recipient(s) and Name (Last, First) or Organization	identified below n te Miley, Alameda Co Official's d the explanatic Number of Admission(s)/	nade at th ounty Superv Name (Last, on: Agency	behest of visor, District 4 First) and Title Check th taxable ir also prov If not incc ceremoniorganizat To promote atter	e Income box if the agen ncome. If the agency offi ide a description. ome, descript the public ial roles, performed by a	al? iccy official c icial perform purpose, in n agency of county facil	claims admiss med a ceremo ncluding fficial, individ ily in order to	onial role,
Was the distribution to persons i Yes ☑ No □ If yes: Nat The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	identified below n te Miley, Alameda Co Official's d the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Superv Name (Last, on: Agency Official Yes 🗖	behest of visor, District 4 First) and Title Check th taxable ir also prov If not inc- ceremoni organizat To promote atter To promote atter	e income box if the agen ncome. If the agency officia ide a description. ome, description. ome, descripte the public ial roles, performed by a tion.	al? icty official c ictal perform purpose, in n agency of a County facil king and con	claims admiss med a coremo ncluding fficial, individ ity in order to iccession sales nty facility in	ual, or Income
Was the distribution to persons i Yes ☑ No □ If yes: Nat The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description) Pete, Geoffrey	identified below n te Miley, Alameda Co Official's d the explanation Admission(s)/ Ticket(s) 2	nade at the ounty Superv Name (Last, On: Agency Official Yes No Yes	Performation Prince in the second s	e Income box if the agen come. If the agency officia ide a description. orne, description. orne, description. orne, descripte the public ial roles, performed by an iton. dance at an event held at a ial County revenue from par tendance at an event hel nize potential County rev	al? icy official c icial perform purpose, in a gency of a County facil king and con id at a Courty renue from 1 id at a Courty	claims admiss med a ceremo fficial, individ ity in order to acession sales hty facility in parking and hty facility in	Income
Was the distribution to persons i Yes ☑ No □ If yes: Nat The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Pete, Geoffrey Brooks, Patricia	identified below n te Miley, Alameda Co Official's d the explanation Admission(s)/ Ticket(s) 2 2	nade at the ounty Superv Name (Last, on: Agency Official Yes No Yes Yes Yes Yes Yes Yes Yes Yes	e behest of isor, District 4 First) and Title Check th also prov If not inc. ceremoni organizat To promote atter maximize potent To promote atter maximize potent To promote atter maximize potent To promote atter To promote atter T	e Income box if the agen noome. If the agency officia ide a description. orne, description. orne, description. orne, description. dance at an event held at a ial County revenue from par tendance at an event held nize potential County rev	al? icial perform purpose, in a gency of a County facil king and con id at a Court renue from p id at a Court renue from p id at a Court	claims admiss med a ceremo fficial, individ ity in order to acession sales hty facility in parking and hty facility in parking and parking and	Income Income Income Income Income

ALI	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	and and and a late		

A	Public	Document

. Agency Name			and the second	Date Stamp	California	202
County of Alameda					Form	002
Division, Department, or Region (if	applicable)				For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)			Amendment //	lust provide explanation in	Part 31
Anna Gee, Operations Chief					ust provide explanation in	r un o.y
Area Code/Phone Number E-ma	il			Date of Original Fili	ng:(month, day, yea	(r)
510-891-5585 anna	a.gee@acgov.org				(·/
Function, Event, or Ceremon	ial Role Informat	tion				
Delders on Brossesson						
Title Raiders vs. Buccaneers			Face \	/alue of Each Adr	nission \$ _222.00	
Description Football game			2.7.7	s) <u>11 , 04 , 1</u>	2 .	
Description <u>contean game</u>			Date(s	5)///////_	//	
			Oakl	and Raidere		
		IZ NO F	If no:	Name - Name - Name	ne of Source	
Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No 🔲 If yes: <u>Na</u>		nade at th	e behest of	f an agency officia		
Was the distribution to persons Yes ☑ No ☐ If yes: <u>Name</u> (Last, First) or Organization	identified below n ate Miley, Alameda Co Official's I	nade at th unty Superv Name (Last,	e behest of risor, District 4 First) and Title • Check th taxable li also prov • If not inc	f an agency officia	al? hcy official claims admis icial performed a cerem s purpose, including	onial role,
Was the distribution to persons Yes ☑ No ☐ If yes: No The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's i nd the explanatio Number of Admission(s)/	nade at th unty Superv Name (Last, on: Agency Official	e behest of risor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organiza	f an agency officia e income box if the agen ncome. If the agency off vide a description. some, descripte the public ial roles, performed by a tion.	al? hcy official claims admis ficial performed a cerem purpose, including n agency official, individ	onial role, iual, or
Was the distribution to persons Yes ☑ No ☐ If yes: <u>Name</u> (Last, First) or Organization	identified below n ate Miley, Alameda Co Official's i nd the explanatio Number of Admission(s)/	nade at th unty Superv Name (Last, on: Agency	e behest of risor, District 4 First) and Title • Check th taxable in also pro • If not inc ceremon organiza To promote atter	f an agency officia e income box if the agen ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a	al? hcy official claims admis icial performed a corem c purpose, including n agency official, individ a County facility in order to	onial role, iual, or
Was the distribution to persons Yes ☑ No ☐ If yes: No The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below m ate Miley, Alameda Co Official's I and the explanation Number of Admission(s)/ Ticket(s) 2	nade at th unty Superv Name (Last, on: Agency Official Yes 🔲	e behest of risor, District 4 First) and Title • Check th taxable li also prov • If not inc caremon organiza To promote atter maximize potent	f an agency officia e income box if the agen ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. ndance at an event held at a tial County revenue from par	al? hcy official claims admis icial performed a cerem purpose, including n agency official, individ a County facility in order to riking and concession sales	ual, or Income
Was the distribution to persons Yes ☑ No □ If yes: No The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description) Arritola, Kathy	identified below n ate Miley, Alameda Co Official's I ad the explanation Number of Admission(s)/ Ticket(s)	nade at th unty Superv Name (Last, on: Agency Official Yes No 🗹	e behest of risor, District 4 First) and Title • Check th taxable li also prov • If not inc ceremon organiza To promote atter maximize potent	f an agency officia e income box if the agen ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. ndance at an event held at a	al? acy official claims admis icial performed a corem purpose, including n agency official, individ a County facility in order to riking and concession sales Id at a County facility in	ual, or Income
Was the distribution to persons Yes ☑ No □ If yes: No The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description) Arritola, Kathy	identified below m ate Miley, Alameda Co Official's I and the explanation Number of Admission(s)/ Ticket(s) 2	nade at th unty Superv Name (Last, on: Agency Official Yes I Yes I	e behest of risor, District 4 First) and Title • Check th taxable li also prov • If not inc ceremon organiza To promote atter maximize potent	f an agency officia te income box if the agen ncome. If the agency off vide a description. some, describe the public ial roles, performed by a tion. ndance at an event held at a tial County revenue from par ttendance at an event he mize potential County rev	al? acy official claims admis icial performed a corem a purpose, including n agency official, individ a County facility in order to rking and concession sales Id at a County facility in renue from parking and	ual, or Income Income Income
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
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Board of Supervisors						
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1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Tit	le)			Amendment (Mu	ust provide explanation	in Part 3.)
Anna Gee, Operations Chief						
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, ye	ear)
510-891-5585 anna.	gee@acgov.org					
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ALCO,	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	County of Alameda							Form	002
D	Division, Department, or Region (if appl	icable)						For Official U	Jse Only
	Board of Supervisors								
S	Street Address								
	221 Oak Street, Suite 536								
D	Designated Agency Contact (Name, Title,					Amendment (/	Must prov	ide explanation in	Part 3.)
	Anna Gee, Operations Chief					tend .			
A	Area Code/Phone Number E-mail					Date of Original Fi	iling:	(month, day, year	1
5	510-891-5585 anna.ge	e@acgov.org							
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A.C.	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
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Anna Gee, Operations Chief						(must pro	noe explanation m	un 3.)
Area Code/Phone Number E-mail					Date of Original I	Filing:	(month, day, year	-)
510-891-5585 anna.ge	ee@acgov.org							, ,
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the previsions.

Att i	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	Board of Supervisors Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title	2)		_					
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		an Maagaa ara						(month, day, yea	0
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al sac	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

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	County of Alameda							Form	002
1	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 (Name, Title)						6 (Advatore)	l Jida avalanallan in	Ded 21
	Anna Gee, Operations Chief					Amendmen	t (Must pro	vide explanation in	Part 3.)
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	510-891-5585 anna.gee	@acgov.org						(month, day, year	,
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THE P	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name		And a second	All street in particular to the second	Date Stamp	California	802
	County of Alameda					Form	002
	Division, Department, or Region (if	applicable)			1	For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name,	Title)			Amendment (Ma	ust provide explanation in	Part 3.)
	Anna Gee, Operations Chief Area Code/Phone Number E-ma				Date of Oxidinal Cill		
					Date of Original Fili	(month, day, yea	ir)
	A REAL PROPERTY AND	a.gee@acgov.org					
. .	Function, Event, or Ceremon	ial Role Informat	tion				
	Title Warriors vs Brooklyn			Face	Value of Each Adn	nission \$ 100.00	
	Description Basketball game			Date(s	s) <u>11 , 21 , 1</u> 2	2/	/
	Ticket(s)/Admission(s) provided Was the distribution to persons	identified below n	nade at tl	ne behest o	nam f an agency officia	ne of Source	
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' KAK-	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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. Agency Name						
			4	Date Stamp	California Form	802
County of Alameda Division, Department, or Region (if ap	plicable)				For Official	Use Only
			5.8 B			
Board of Supervisors Street Address				÷		
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tit.						
	le)			Amendment (Must	provide explanation in	Part 3.)
Anna Gee, Operations Chief						
Area Code/Phone Number E-mail				Date of Original Filing	: (month, day, yea	r)
	gee@acgov.org					
. Function, Event, or Ceremonia	I Role Informat	tion				
Warriers vs Minneseta					100.00	
Title Warriors vs Minnesota			Face V	alue of Each Admis	ssion \$0	
Description Basketball game			2.2.2) <u>11 , 24 , 12</u>	27	3
Description Dasketball game			Date(s)	/	/
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The second	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1. Agency Name					Date Stamp	California	002
County of Alameda					50	Form	002
Division, Department, or Re	gion (if applic	cable)			-	For Official	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact							
Anna Gee, Operations Chi	are concerned to the second				Amendment (Must	provide explanation in	Part 3.)
Area Code/Phone Number	E-mail				Date of Original Filing:		
		0			sale of original time.	(month, day, yea	r)
510-891-5585	A REAL PROPERTY AND A REAL PROPERTY AND A	e@acgov.org			and the second second second		
2. Function, Event, or Cei	emonial f	Role Informat	tion				
Title Warriors vs Denver				Free A	falses of Facts Admin	200.00	
				Face	/alue of Each Admis	ision \$	
Description Basketball ga	me			Detelo	a) <u>11 / 29 / 12</u>	5	,
Description				Date(s	;)//	/	/
				14/20	1202		
Ticket(s)/Admission(s) pr	ovided by	agency? Yes	No [] If no: <u>war</u>	lors Nome of	of Source	
					Name c	a Source	
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(Name, Address, Descr	iption)			organiza			lual, or
Women on the Way to Recover	əry	and the first of the second	Yes 🗹		ndance at an event held at a Co		Income
	50 - 50	4	No 🗖	maximize potent	tial County revenue from parking	and concession sales	
20424 Haviland Ave-Hayward, CA 9	4541		Yes 🗖				Income
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<u>(</u>			Yes 🛛				Income
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3. Verification							
I have read and understand Fl	PPC Regulat	tions 18944.1 and	d 18942. I F	nave verified l	hat the distribution of a	dmissions, set for	th above.
is in accordance with the provi							1997-1999-1999-1999 1997-1997 - 1997-1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997
XIXX	02010						0122
(MH)	An	na Gee		Oper	ations Chief	11/30/	12
Signature of Agency Head or Desig	nee	Print Nar	ne		Title	(monti	n, day, year)

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Agency Name County of Alameda Division, Department, or Region (<i>if applicable</i>) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (<i>Name</i> , <i>Title</i>)			Date Star	mp Cal	lifornia ⁻ orm	802
Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536					-0100	
Board of Supervisors Street Address 1221 Oak Street, Suite 536					For Official U	
Street Address 1221 Oak Street, Suite 536					or official c	ou only
1221 Oak Street, Suite 536			*			
Designated Adency Contact (Name, The)						_
			Amendmen	t (Must provide exp	olanation in I	Part 3.)
Anna Gee, Operations Chief Area Code/Phone Number E-mail			Date of Origina	l Filipa:		
			Date of origina	(mont	th, day, year,)
510-891-5585 anna.gee@acg	NAME AND ADDRESS OF TAXABLE PARTY.	The second party in second second				
Function, Event, or Ceremonial Role Ir	normation					
Title Warriors vs. Cleveland		F	ace Value of Each	Admission \$	100.00	
Description Basketball game		_ D	ate(s) <u>11</u> <u>07</u>		/	
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nonon(o)/Admission(o) provided by agene	y: 165 M 140		Provide the second seco	Name of Source		
Was the distribution to persons identified	below made a	t the behe	est of an agency of	fficial?		
				fficial?		
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1 MAC	Anna Gee	Operations Chief	11/30/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)