Α	Publ	ic	Doc	ument

1. Agency Name				Date Stamp	California Form	001
County of Alameda					Form	004
Division, Department, or Region (if ap	oplicable)			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						
Area Code/Phone Number E-mail				Date of Original Filing	g:(month, day, ye	ar)
	l.perkins@acgov.o				1999-1999 - 1999-1999-1999-1999-1999-19	
2. Function, Event, or Ceremonia	al Role Informat	tion				
Title					• • • \$100%	20 portei
Title			Face \	/alue of Each Admi	ission $ = \frac{9100}{3} $	pzu park
Description Warriors vs. Grizzlies			Dato(s	s) <u>1 , 9 , 13</u>	1	,
Decemption			Date(s	») ——/ ——/	///////	/
			A 14	Chat Min I		
Ticket(s)/Admission(s) provided I	hy agency? Vee		I If no. Gold	en State Warriors		
Ticket(s)/Admission(s) provided I	by agency? Yes	🗆 No 🗹	If no: Gold	en State Warriors Name	of Source	
				Name		
Ticket(s)/Admission(s) provided I Was the distribution to persons io				Name		
Was the distribution to persons i	dentified below n			Name		P
Was the distribution to persons i	dentified below n	nade at th		Name		¥
Was the distribution to persons id Yes ☑ No □ If yes: Sup	dentified below n ervisor Wilma Chan Official's	nade at th Name (Last,	e behest of	Name		¥
Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and	dentified below n ervisor Wilma Chan Official's	nade at th Name (Last,	e behest of First) and Title	Name	?	Y
Was the distribution to persons id Yes ☑ No □ If yes: Sup	dentified below n Pervisor Wilma Chan Official's I the explanatic	nade at th Name (Last, Dn:	e behest of First) and Title	Name	? / official claims admin	
Was the distribution to persons id Yes ☑ No □ If yes: <u>Sup</u> The identity of recipient(s) and Name (Last, First) or	dentified below n ervisor Wilma Chan Official's d the explanatic Number of Admission(s)/	nade at th Name (Last,	e behest of First) and Title Check th taxable in also prov	Name f an agency official e income box if the agency ncome. If the agency offici vide a description.	? v official claims admin al performed a cerem	
Was the distribution to persons io Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First)	dentified below n ervisor Wilma Chan Official's d the explanatic Number of	nade at th Name (Last, on: Agency	First) and Title Check th taxable in also prov If not inc. ceremoni	Name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a	? / official claims admin al performed a cerem urpose, including	ionial role,
Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below n ervisor Wilma Chan Official's d the explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official	e behest of First) and Title Check th taxable in also prov If not inc. ceremoni organizat	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion.	? v official claims admis al performed a cerem urpose, including agency official, indivi	ionial role, dual, or
Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below n ervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes 🗖	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	Name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n ervisor Wilma Chan Official's d the explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official Yes ☐ No ☑	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n ervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes I No I	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, on: Agency Official Yes No Yes No Yes No	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, on: Agency Official Yes No Yes No Yes Yes Yes	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income Income Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	nade at th Name (Last, on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income Income Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, on: Agency Official Yes No Yes No Yes No Yes Yes Yes No Yes Yes	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income Income Income Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n ervisor Wilma Chan <i>Official's</i> d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	nade at the Name (Last, on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □	First) and Title Check th taxable in also prov If not incceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	ionial role, dual, or Income Income Income Income
Was the distribution to persons in Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n ervisor Wilma Chan <i>Official's</i> d the explanatic Number of Admission(s)/ Ticket(s) 4 + 1 parking	Name (Last, on: Agency Official Yes No Yes No Yes No Yes Yes Yes No Yes Yes	First) and Title Check th taxable in also prov If not inc. ceremoni organizat To reward	name f an agency official e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an a tion. a community volunt	? v official claims admin al performed a cerem urpose, including agency official, indivi eer for her	dual, or Income Income Income Income

~	Alexandra Boskovich	Ticket Administrator	12/21/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comments as	66 0.5		

Agency Report of: Ceremonial Role Events and Ti

AI	Public	Document
----	--------	----------

-										
. F	Agency Name						Date Star	np	California Form	001
0	County of Alameda								Form	002
Ē	Division, Department, or Regi	on (if applicable)							For Official	Use Only
	Board of Supervisors									
S	Street Address									
	1221 Oak Street, Suite 536									
E	Designated Agency Contact (Name, Title)					Amendmen	t (Must pro	vide explanation in	Part 3.)
	Cheryl Perkins, Clerk, Board	the second s	6	_	_					
	사람이 가지 않는 데이지 않는 것이 안 있다. 것이 안 있다. 것이 가지 않는 것이 가지 않는 것이다. 또 같은 것이 같이	E-mail					Date of Origina	Filing:	(month, day, yea	r)
_	(510) 272-3882	cheryl.perkins	and the second se	and the second se						
F	Function, Event, or Cere	emonial Role	Informat	ion						
ĥ	ſitle					Face \	/alue of Each	Admissi	on \$ \$100/\$	20 parkir
					2					
C	Description Warriors vs. Tra	ail Blazers				Date(s	s) <u>1 / 11</u>	13	/	/
								2		
٦	ficket(s)/Admission(s) pro	vided by agen	cy? Yes	🗆 No		lf no: <u>Gold</u>	en State Warriors	5		
	Nas the distribution to per	sons identified	d below m	nade at	t the	behest of	an agency of	Name of S	ource	
v	Nas the distribution to per	sons identified	d below m /ilma Chan Official's /	nade at Name (La	t the	behest of	an agency of	Name of S	ource	
v	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First)	sons identified es: <u>Supervisor W</u> (s) and the ex	d below m /ilma Chan Official's / xplanatio	nade at Name (La n: Agend	t the ast, F	 behest of irst) and Title Check th taxable in 	an agency of	Name of S ficial? agency offi	cial claims admis	
v	Was the distribution to per Yes ☑ No ロ If ye The identity of recipient(_{Name}	sons identified es: <u>Supervisor W</u> (s) and the ex	d below m /ilma Chan Official's / ¢planatio	nade at _{Vame (La} n:	t the ast, F	 behest of irst) and Title Check th taxable in also prov If not inc. 	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed	Name of S ficial? agency offi cy official po oublic purpo	cial claims admis prformed a cerem	onial role,
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La Name (La n: Agend Officia	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	onial role, Iual, or Income
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/	Name (La Name (La n: Agend Officia Yes [No]	t the ast, F cy al	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion.	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	onial role, iual, or
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La Name (La n: Agend Officia Yes No Yes	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	iual, or Income Income
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La n: Agend Officia Yes No No	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	ual, or Income Income Income
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La Name (La n: Agenc Officia Yes No Yes No Yes	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	Iual, or Income Income Income
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La Name (La n: Agend Officia Yes No Yes No	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	iual, or Incom Incom Incom Incom
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La n: Agend Officia Yes No Yes No Yes No Yes No	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	Income Income Income Income Income
T	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	tion)	d below m /ilma Chan Official's / cplanatio umber of nission(s)/ 'icket(s)	Name (La n: Agend Officia Yes No Yes No Yes No Yes No	t the	 behest of irst) and Title Check th taxable in also prov If not inc ceremon organizat To reward 	e income box if the neome. If the agency vide a description. ome, describe the p ial roles, performed tion. a community v	Name of S ficial? agency offi y official po by an agen volunteer	cial claims admis erformed a cerem se, including cy official, individ for her	Iual, or Income Income Income

IN	Alexandra Boskovich	Ticket Administrator	12/20/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Document		А	Publi	ic D	ocumen	it
-------------------	--	---	-------	------	--------	----

11	cket/Admission Distribut						
1.	Agency Name				Date Stamp	California	802
	County of Alameda					Form	002
	Division, Department, or Region (if	applicable)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name,	Title)			Amendment (M	ust provide explanation in	n Part 3.)
	Cheryl Perkins, Clerk, Board of S	upervisors				- 14 - 1	2
	Area Code/Phone Number E-ma	ail			Date of Original Fili	ng:(month, day, ye	ar)
_		ryl.perkins@acgov.o	and the second se				
2.	Function, Event, or Ceremor	nial Role Information	tion				
	Title			Facel	/alue of Each Adr	minuter \$100	
						68 (21 A BERLY A SOL) - UNITED	
	Description Warriors vs. 76ers			Date(s	s) <u>12 / 28 / 1</u> 2	2 /	1
					/		
					an Clate Maniana		
	Ticket(s)/Admission(s) provide	d by agency? Yes	LI NO E	I If no: Gold	en State warnors		
	Ticket(s)/Admission(s) provide Was the distribution to persons Yes ☑ No □ If yes: _S	identified below r upervisor Wilma Chan	nade at ti	ne behest of	Nam	al?	
	Was the distribution to persons	i dentified below r upervisor Wilma Chan Official's	nade at th Name (Last,		Nam		
	Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or	i dentified below r upervisor Wilma Chan Official's nd the explanation Number of	nade at th Name (Last,	First) and Title	F an agency officia e income box if the agen ncome. If the agency off vide a description.	al? ncy official claims admin icial performed a cerem	
	Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First)	i identified below r upervisor Wilma Chan Official's nd the explanatic	nade at th Name (Last, Dn: Agency	First) and Title Check th taxable i also prov 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? ncy official claims admin icial performed a ceren : purpose, including	ionial role,
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at ti Name (Last, on: Agency Official Yes 🗖	First) and Title	f an agency officia e income box if the agen ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion. e attendance at an	al? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	nonial role, dual, or
	Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization	a identified below r upervisor Wilma Chan Official's and the explanation Number of Admission(s)/	nade at th Name (Last, On: Agency Official	First) and Title	e income box if the agen ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion.	al? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	nonial role, dual, or
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, On: Agency Official Yes D Yes D	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency officia e income box if the agen ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion. e attendance at an	al? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, On: Agency Official Yes I No I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	nade at the Name (Last, On: Agency Official Yes I No I Yes I No I Yes I No I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income Income
	Was the distribution to persons Yes ☑ No ☐ If yes: <u>S</u> The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	identified below r upervisor Wilma Chan Official's nd the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	e income box if the agen ncome. If the agency officia 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? hcy official claims adminicial performed a cerem purpose, including n agency official, indivi	dual, or Income Income Income Income

	Alexandra Boskovich	Ticket Administrator	12/13/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Adn

A Public Docume

licket/Admission Distributio	ns			A	Public Do	cumer
1. Agency Name				Date Stamp	California	802
County of Alameda				Carry - Herrican - Garder Gradene	Form	1100-001-00-00-00-00-00-00-00-00-00-00-0
Division, Department, or Region (if app	licable)			1	For Official	Use Only
Board of Supervisors				E.		
Street Address						
1221 Oak Street, Suite 536	-1					
Designated Agency Contact (Name, Title				Amendment (Must pro	ovide explanation in	Part 3.)
Cheryl Perkins, Clerk, Board of Supe Area Code/Phone Number E-mail	ervisors			Data of Original Filing:		
				Date of Original Filing: _	(month, day, yea	nr)
(510) 272-3882 cheryl. 2. Function, Event, or Ceremonial	perkins@acgov.c				_	_
. Function, Event, or Ceremonia	Role Informat	tion				
Title			Face	Value of Each Admiss	ion \$ _\$100	
Description Warriors vs. 76ers			Date(s) <u>12 / 28 / 12</u>	/	/
			0.1	- 0. I. W		
Ticket(s)/Admission(s) provided b	y agency? Yes	🗆 No	If no: Gold	Den State Warriors Name of S	Source	
The identity of recipient(s) and Name (Last, First) or Organization			taxable also pro I I finot inc	he income box if the agency off income. If the agency official p wide a description. come, describe the public purp	erformed a cerem ose, including	onial role,
(Name, Address, Description)			organiza	nial roles, performed by an ager ation.	ncy official, individ	dual, or
Cohen, Joel	2	Yes [No [∕		te attendance at an eve cility in order to maximiz		Income
		Yes [No [evenue from sales.		Income
		Yes []			Income
		No E]			
		Yes [5./ I			Income
		No E				
		Yes [Income
		No E	1			
3. Verification						
I have read and understand FPPC Regul is in accordance with the provisions.	lations 18944.1 and	d 18942.	l have verified	that the distribution of adn	nissions, set fo	th above

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

gency Name ounty of Alameda vision, Department, or Region (<i>if applicable</i>) oard of Supervisors creet Address		1	Date Stamp Californ	12 Contraction in the local division in the
vision, Department, or Region (if applicable) oard of Supervisors			Date Stamp	nia $O \cap \mathcal{D}$
oard of Supervisors				^{11a} 802
			For Off	cial Use Only
reet Address				
221 Oak Street, Suite 536				
esignated Agency Contact (Name, Title)			Amendment (Must provide explanation	on in Part 3.)
heryl Perkins, Interim Clerk, Board of Supervisors				
rea Code/Phone Number E-mail			Date of Original Filing: (month, day	year)
510) 272-3882 cheryl.perkins@acgov				
unction, Event, or Ceremonial Role Informa	ation			
tle		Eaco V	alue of Each Admission \$ _\$22	2
escription Raiders vs. Broncos		Date(s) <u>12 / 6 / 12</u>	1 1
			,	
cket(s)/Admission(s) provided by agency? Yes		I If no. Oakla	and Raiders	
as the distribution to persons identified below	made at the	e behest of	an agency official?	
Duran law Miller Ob				
Yes 🔽 No 🔲 If yes: Supervisor Wilma Char Official's	n s Name // ast /			
Official	s ivanie (Last, i	First) and Title		
		First) and Title		
ne identity of recipient(s) and the explanati		First) and Title		
he identity of recipient(s) and the explanati	ion:	Check the	e income box if the agency official claims ac	
ne identity of recipient(s) and the explanati Name (Last, First) or Number of Admission(s)	ion: Agency	 Check the taxable in also provide 	come. If the agency official performed a ce ide a description.	remonial role,
ne identity of recipient(s) and the explanati Name (Last, First) or Organization	ion: Agency	 Check the taxable in also provide lf not income 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including	remonial role,
ne identity of recipient(s) and the explanati Name (Last, First) or Number of Admission(s).	Agency / Official	 Check the taxable in also provi If not incc ceremoni organizati 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion.	remonial role, dividual, or
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes	 Check the taxable in also provi If not incc ceremoni organizati To promote 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at	remonial role, dividual, or a Income
ne identity of recipient(s) and the explanati Name (Last, First) or Organization	Agency Official Yes I No I	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I 🔲
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes I No I Yes I	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at	remonial role, dividual, or a Income I D
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No Yes No Yes No	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No Yes No Yes Yes Yes Yes	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income Income
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No Yes No Yes Yes Yes Yes	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income Income
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No Yes No Yes No Yes No	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income Income Income
he identity of recipient(s) and the explanati Name (Last, First) or Organization (Name, Address, Description)	Agency Official Yes No 2 Yes No Yes No	 Check the taxable in also provi If not incocceremonic organizati To promote County fac 	come. If the agency official performed a ce ide a description. ome, describe the public purpose, including al roles, performed by an agency official, in ion. e attendance at an event held at ility in order to maximize potentia	remonial role, dividual, or a Income I Income Income

	Alexandra Boskovich	Ticket Administrator	12/4/2012
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Adn

Α	Pub	lic	Document
			m o o outrotte

licket/Admiss	ion Distric	outions				A	Public Do	ocumer
1. Agency Name						Date Stamp	California	000
County of Alame	da					ala di Albert - Sandi Arbatza	Form	802
Division, Departm	ent, or Region	ı (if applicable)					For Official	Use Only
Board of Superv	isors							
Street Address								
1221 Oak Street								
Designated Agen	cy Contact (Na	me,Title)				Amendment (Must pro	vide explanation in	n Part 3.)
Cheryl Perkins, (
Area Code/Phone	oceanical and a second s	-mail			D D	ate of Original Filing:	(month, day, yea	ar)
(510) 272-3882	and the second se	cheryl.perkins@acgov.	and a local diversion of the local diversion	_				
2. Function, Evel	nt, or Cerem	nonial Role Informa	tion					
Title					Face Valu	le of Each Admissi	on \$_\$100/\$	20 parki
Description <u>Wa</u>	rriors vs. Bob	cats		_	Date(s)	12 , 21 , 12	/	/
Ticket(s)/Admis	sion(s) provi	ded by agency? Yes		0 🗸	If no: Golden	State Warriors Name of S	auroo	
						Nume of C	ource	
Was the distribut	ition to perso	ons identified below	made	at th	e behest of an	agency official?		
	Ş.					-3		
Yes 🗹 No	If yes	Supervisor Wilma Chan	í					
	_ ,	Official's	Name (Last, I	First) and Title			
The identity of	recipient(s) and the explanation	on:					
	Name		1		Check the inc	come box if the agency offi	cial claims admir	asion as
(L	ast, First)	Number of	Age		taxable incor	ne. If the agency official po a description.		
Or	or ganization	Admission(s)/ Ticket(s)	Offi	cial	Proceeding and a second	, describe the public purpo	se, including	
	lress, Descriptio	n)	199			oles, performed by an agen		dual, or
			Yes		To promote a	ttendance at an eve		Income
Sweetwine, Patr	icia	2 + 1 parkin	No	7	County facility	in order to maximiz	e potential	
			Yes		County reven	ue from sales.		Income
		pass	No					
			Yes					Income
-			No					
			Yes	_				Income
			No					
			Yes					Income
			No					
3. Verification	2							
l have read and un	derstand FPPC	Regulations 18944.1 an	nd 1894	2. I h	ave verified that	the distribution of adm	issions, set fo	rth above,
is in accordance w	th the provisior	IS.						
11		Alexandra Boskov	vich		Ticket A	dministrator	12/12/	2012
							12/12/	6016

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

A Public Documen	Α	Pub	lic	Document
------------------	---	-----	-----	----------

Agency Name				Date Stamp	California Form	000
County of Alameda					the second se	A 197 Name and Address of Street or other
Division, Department, or Region	(if applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan				Amendment (Must	provide explanation in	Part 3.)
Cheryl Perkins, Clerk, Board of						
	mail			Date of Original Filing:	(month, day, yea	ar)
	neryl.perkins@acgov.c	Contraction of the local division of the loc				
Function, Event, or Ceremo	onial Role Informa	tion				
Title			Face \	alue of Each Admis/	sion \$ \$100	
Description Warriors vs. Bobc	ats		Date(s) <u>12 , 21 , 12</u>	/	/
			19-427.2 (1999). 4 24			
Ticket(s)/Admission(s) provid	led by agency? Yes		I If no: Gold	en State Warriors	dealar.	
Ticket(s)/Admission(s) provid Was the distribution to perso Yes ☑ No □ If yes:	ns identified below r Supervisor Wilma Chan	nade at th	e behest of	Name of		
Was the distribution to perso	ns identified below r Supervisor Wilma Chan Official's	nade at th Name (Last,	-	Name of		
Was the distribution to perso Yes ☑ No □ If yes:	ns identified below r Supervisor Wilma Chan Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade at th Name (Last,	e behest of First) and Title • Check th taxable in also prov • If not inc.	Name of an agency official? e income box if the agency of come. If the agency official ide a description. ome, describe the public pur ial roles, performed by an ag	fficial claims admis performed a cerem pose, including	onial role,
Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at th Name (Last, Dn: Agency	e behest of First) and Title Check th taxable in also prov If not inc. ceremoni organizat To promote	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag lon. e attendance at an ev	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	onial role,
Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization	ns identified below r Supervisor Wilma Chan Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official	e behest of First) and Title Check th taxable in also prov If not inc. ceremoni organizat To promote	Name of an agency official? e income box if the agency of come. If the agency official ide a description. ome, describe the public pur ial roles, performed by an ag lon.	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	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, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes I Yes I	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag lon. e attendance at an ev	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	dual, or Income
Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes I No I	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag ton. e attendance at an ev illity in order to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	dual, or
Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at the Name (Last, on: Agency Official Yes No Yes No Yes Yes No	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag ton. e attendance at an ev illity in order to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	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, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at th	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag ton. e attendance at an ev illity in order to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	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, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at the	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag ton. e attendance at an ev illity in order to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	dual, 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, Description	ns identified below r Supervisor Wilma Chan Official's and the explanation Admission(s)/ Ticket(s)	nade at th	e behest of First) and Title Check th taxable in also prov If not inc ceremoni organizat To promote County fac	Name of an agency official? e income box if the agency of ncome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an ag ton. e attendance at an ev illity in order to maxim	fficial claims admis performed a cerem pose, including ency official, indivi rent held at a	dual, or Income Income Income

VV	Alexandra Boskovich	Ticket Administrator	12/12/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Public	Document

						200 2000 DOULD 10	
				Date S	Stamp	California	000
						Form	802
County of Alameda Division, Department, or Region (if applicable)						For Official	Use Only
				-			
)						and the second	100 - 608 - 38
Ni Carl anna an t- an teanna an t-airte				Amendm	nent (Must pro	ovide explanation in	Part 3.)
of Supervisors				Date of Orig	inal Filing:		
						(month, day, yea	n
CONTRACT CONTRACT	No.						
Role Informat	tion						
			Eaco \	Jalue of Ear	h Admiee	ion \$ \$72.25	
		_					
cert			Date(s	12 ,7	, 12	1	,
			Datole	,			
			Oriti		ioro		
A CHARACTER V	-		I If man GOID	ien State warr	IOIS		
y agency? Yes		0 🗹	If no: Gold	ien State Warr	Name of S	Source	
y agency? Yes		0 🗹	If no: Gold	ien State Warr	Name of S	Source	
y agency? Yes entified below r					Name or s	Source	
entified below r					Name or s	Source	
entified below r rvisor Wilma Chan	nade a	at the	e behest of	f an agency	Name or s	Source	
entified below r rvisor Wilma Chan	nade a	at the		f an agency	Name or s	Source	
entified below r rvisor Wilma Chan	nade a Name (L	at the	e behest of	f an agency	Name or s	Source	
entified below r rvisor Wilma Chan Official's	nade a Name (L	at the	e behest of	f an agency	official?		sion as
entified below r rvisor Wilma Chan Official's the explanatic Number of	nade a Name (L	at the	e behest of First) and Title • Check th taxable i	f an agency ne income box if i ncome. If the ag	official?	Source ficial claims admis erformed a cerem	
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/	nade a Name (L on:	Last, F	e behest of First) and Title • Check th taxable i also pro-	f an agency ne income box if f ncome. If the ag vide a description	the agency official p n.	īcial claims admis erformed a cerem	
entified below r rvisor Wilma Chan Official's the explanatic Number of	nade a ^{Name (L} Dn: Ager	Last, F	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon	f an agency the income box if income. If the ag vide a description come, describe the ial roles, perform	the agency official p n. he public purp	īcial claims admis erformed a cerem	onial role,
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/	Name (L on: Ager Offic	Last, F	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza	f an agency ne income box if ncome. If the ag vide a description come, describe th ial roles, perform tion.	the agency off ency official p n. ne public purponed by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ	onial role, Iual, or
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic	Last, F	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	onial role, Iual, or D Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/	Name (L on: Ager Offic Yes No	at the Last, F	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency ne income box if ncome. If the ag vide a description come, describe th ial roles, perform tion.	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	ual, or Iual, or Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L On: Ager Offic Yes No Yes	Last, F	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	ual, or Iual, or Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes	at the Last, F ncy cial	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	iual, or D Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L On: Ager Offic Yes No Yes No Yes	Last, F	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	iual, or Income Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the Last, F ncy cial	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	iual, or D Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No Yes	Last, F	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	iual, or Income Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes	at the	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	iual, or D Income Income Income
entified below r rvisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	e behest of First) and Title Check th taxable I also prov If not inc ceremon organiza To reward	f an agency reincome box if f ncome. If the ag vide a description come, describe th ial roles, perform tion. a County en	the agency off ency official p n. ne public purp ned by an agen	ficial claims admis erformed a cerem ose, including ncy official, individ r his service to	Income
	of Supervisors perkins@acgov.c Role Informa t	of Supervisors perkins@acgov.org Role Information	of Supervisors perkins@acgov.org Role Information	of Supervisors berkins@acgov.org Role Information Face V	b) Derkins@acgov.org Date of Orig Role Information Face Value of Eac	b) Dif Supervisors Derkins@acgov.org Role Information Face Value of Each Admiss	b) c) c) c) f Supervisors Date of Original Filing: (month, day, yea) C)

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. Na

an	Alexandra Boskovich	Ticket Administrator	12/7/2012	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Agency Report of: Ceremonial Role Events and Ti

	cket/Admission Dist		5				А	Public Do	ocumen
1.	Agency Name						Date Stamp	California Form	002
	County of Alameda							Form	002
	Division, Department, or Reg	ion (if applica	able)					For Official	Use Only
	Board of Supervisors								
	Street Address						1		
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name,Title)					Amendment (Must pro	vide explanation in	Part 3)
	Cheryl Perkins, Interim Cler	k, Board of	Supervisors					noe explanation i	r an o.y
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	ar)
	(510) 272-3882	cheryl.pe	rkins@acgov.c	org					
2.	Function, Event, or Cere	emonial R	tole Informat	ion					
	Description <u>Raiders vs. Bra</u> Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y	ovided by a rsons iden	tified below n sor Wilma Chan	nade :	at th	If no: <u>Oak</u> e behest of	f an agency official?		/
			Official's l	Name (Last,	First) and Title			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name (Last, First) or Organization (Name, Address, Descri		Number of Admission(s)/ Ticket(s)	Age Offi		taxable i also prov If not inc	te income box if the agency off ncome. If the agency official p vide a description. some, describe the public purpo ial roles, performed by an ager tion.	erformed a cerem ose, including	ionial role,
	Soto, Armando		2	Yes No		To promot	e attendance at an eve cility in order to maximiz		Income
				Yes No		County re	venue from sales.		Income

		100 C	organization.	
Soto, Armando	2	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential	Income
<i>й</i>		Yes 🗖 No 🗖	County revenue from sales.	Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income

3. Verification

2.

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

IM	Alexandra Boskovich	Ticket Administrator	12/6/2012	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

1000		
Δ	Public	Document
~	r upilo	Document

110	skeuAumission Dist								
1.	Agency Name					Date Stamp		California	002
	County of Alameda					18 Comp. 29 (2000) 10 (2002) 10 (2002)		California Form	002
	Division, Department, or Regi	ion (if applica	able)					For Official	Use Only
	Board of Supervisors		0						
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				—		50 × 0 5	
	Cheryl Perkins, Interim Clerk	(Board of	Supervisore			Amendment (Must prov	vide explanation in	n Part 3.)
	Non-	E-mail	Supervisors			Date of Original F	ilina:		
	(510) 272-3882		rkino@eegev					(month, day, ye	ar)
,	Function, Event, or Cere	and the second se	rkins@acgov.c	A NOTICE AND A DESCRIPTION OF A	_			_	_
••	runction, Event, or dere	momark	ole information	lion					
	Title				Face	Value of Each Ac	dmissi	on \$_\$222/	20 park
	Description Raiders vs. Bro	oncos			Date(s	s) <u>12 / 6 /</u>	12	////////////////_/	/
						land Raiders Na	ame of S	ource	
	Was the distribution to per	sons iden	tified below n sor Wilma Chan		e behest of	∾a f an agency offic		ource	
	Was the distribution to per	rsons iden es: Supervi	tified below n sor Wilma Chan Official's i	Name (Last,		∾a f an agency offic		ource	
	Was the distribution to per Yes ☑ No ロ If ye	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's i	Name (Last,	First) and Title Check th taxable i also pro If not inc ceremon	Na f an agency offic ne income box if the agency of ncome. If the agency of vide a description. oome, describe the pub ial roles, performed by	ency offic official pe	cial claims admit rformed a cerem se, including	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's e explanatio Number of Admission(s)/	Name (Last, on: Agency	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot	Na f an agency offic ne income box if the agency of ncome. If the agency of vide a description. oome, describe the pub ial roles, performed by	ency offic official pe lic purpor an agend	cial claims admis rformed a cerem se, including cy official, indivi nt held at a	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's e explanatio Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes 🗖	First) and Title Check the taxable i also prov If not inc ceremon organiza To promot County fac	Na f an agency offic the income box if the agency of ncome. If the agency of vide a description. toome, describe the pub ial roles, performed by tion.	ency offic official pe llc purpor an agend an ever aximiz	cial claims admis rformed a cerem se, including cy official, indivi nt held at a	dual, or Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's e explanatio Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes No Yes Yes	First) and Title Check the taxable i also prov If not inc ceremon organiza To promot County fac	Na f an agency offic ne income box if the agency of vide a description. come, describe the pub ial roles, performed by tion. te attendance at a cility in order to m	ency offic official pe llc purpor an agend an ever aximiz	cial claims admis rformed a cerem se, including cy official, indivi nt held at a	dual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's e explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes Yes	First) and Title Check the taxable i also prov If not inc ceremon organiza To promot County fac	Na f an agency offic ne income box if the agency of vide a description. come, describe the pub ial roles, performed by tion. te attendance at a cility in order to m	ency offic official pe llc purpor an agend an ever aximiz	cial claims admis rformed a cerem se, including cy official, indivi nt held at a	dual, or Income Income Income Income

3.

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

In	Alexandra Boskovich	Ticket Administrator	12/5/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Δ	Dublic	Document
A	FUDIC	Document

	encorramission bist	induona	5					
1.	Agency Name					Date Stamp	California Form	. 001
	County of Alameda						Form	004
	Division, Department, or Region (if applicable)						For Officia	l Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name,Title)					lust provide explanation	in Part 3.)
	Cheryl Perkins, Interim Clerk	k, Board of	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Fili	ing:(month, day, ye	ear)
	(510) 272-3882	cheryl.pe	rkins@acgov.o	org				
2.	Function, Event, or Cere	emonial R	ole Information	tion				
					-			¢20 park
	Title				Face	Value of Each Adı	mission \$ _ 9222/	φzυ park
	Description Raiders vs. Bro	oncos			Data	(s) <u>12 / 6 / 1</u>	2 /	,
	Description				Date	(5)///////_	/	/
		-	- 16 may 08	akland Raiders				
	Ticket(c)/Admission(c) pro	widod by	Van Van	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oak				
	Was the distribution to per	rsons iden	tified below n			Nan	ne of Source al?	
	Was the distribution to per	r sons iden es: <u>Supervi</u>	tified below n sor Wilma Chan Official's	nade at Name (Las		of an agency offici		
	Was the distribution to per Yes ☑ No ロ If ye	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's	nade at Name (Las	the behest t, First) and Tit , , , , , , , , , , , , , , , , , , ,	of an agency offici	al? ncy official claims adm ficial performed a cerei c purpose, including	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/	nade at Name (Las on: Agency	the behest t, First) and Tit also p Greek (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	the income box if the ager income. If the agency offici rovide a description. ncome, descripte the public onial roles, performed by a zation. ote attendance at ar	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/	nade at Name (Las on: Agency Officia	the behest t, First) and Tit e Check taxable also p finot i cerem organi	the income box if the ager income. If the agercy offici rovide a description. ncome, describe the public onial roles, performed by a zation.	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at Name (Las on: Agency Officia	the behest t, First) and Tit e Check taxable also pi e If not i cerem organi To prom County f	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Officia Yes D No D	the behest t, First) and Tit e Check taxable also p find i cerem organi To prom County fi	the income box if the ager income. If the agency offici rovide a description. ncome, descripte the public onial roles, performed by a zation. ote attendance at ar	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at Name (Las On: Agency Officia Yes I No I Yes I	the behest t, First) and Tit e Check taxable also p find ti cerem organi To prom County f	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Officia Yes C No Z Yes C	the behest t, First) and Tit also pi if not i cerem. organi To prom. County fi County r	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Las On: Agency Officia Yes [No [Yes] Yes [the behest t, First) and Tit also p Check taxable also p finot i cerem Organi To prom County fi County r	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Officia Yes [No [2 Yes [No [2 Yes [No [2]	the behest t, First) and Tit also p County f County f County r County r	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom Incom Incom
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervi</u> (s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Officia Yes C No C Yes C No C Yes C No C	the behest t, First) and Tit also p Creater treater	of an agency offici of an agency offici the income box if the ager e income. If the agency off rovide a description. ncome, describe the public onial roles, performed by a zation. ote attendance at ar acility in order to ma	al? ncy official claims adm ficial performed a cere purpose, including n agency official, indiv n event held at a	nonial role, ridual, or Incom Incom Incom

	Alexandra Boskovich	Ticket Administrator	12/5/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	P	ub	lic	Do	cui	mer	ıt

	oneo Admission Distributio	5115						
1.	Agency Name				Date Star	np	California	^a 802
	County of Alameda			Form	18-2 5-86			
	Division, Department, or Region (if ap	1		For Officia	l Use Only			
	Board of Supervisors							
	Street Address]			
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Til	tle)			Amendmen	t (Must pro	vide explanation	in Part 3.)
	Cheryl Perkins, Interim Clerk, Board	d of Supervisors			1.00			
	Area Code/Phone Number E-mail				Date of Origina	l Filing:	(month, day, ye	ear)
	(510) 272-3882 chery	.perkins@acgov.o	org					
2.	Function, Event, or Ceremonia	al Role Informa	tion					
	Title			-			¢ 2222	
	Title				Value of Each			
	Description Raiders vs. Broncos			Date(s	s) <u>12 / 6</u>	, 12	/	/
		land Raiders						
k.	Ticket(s)/Admission(s) provided	by agency? Yes		If no:				
	Ticket(s)/Admission(s) provided if Was the distribution to persons if Yes I No I If yes: Sup	dentified below r vervisor Wilma Chan	nade at ti	ne behest o	f an agency of	Name of S	Cource	3
*	Was the distribution to persons i	dentified below r ervisor Wilma Chan Official's	nade at tl		f an agency of		ource	8
	Was the distribution to persons in Yes ☑ No □ If yes: Sup	dentified below r ervisor Wilma Chan Official's	nade at tl	First) and Title Check th taxable i also pro If not inc	f an agency of ne income box if the ncome. If the agency vide a description. come, describe the p ial roles, performed	ficial? agency offi y official pe public purpo	cial claims adm prformed a cerei pse, including	monial role,
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	nade at tl Name (Last, Dn: Agency	First) and Title Check th taxable i also pro finot inc ceremon organiza To promot	f an agency of the income box if the ncome. If the agency vide a description. toome, describe the p ial roles, performed tion.	agency offi cy official pe bublic purpo by an agen tt an even	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, idual, or
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	dentified below r bervisor Wilma Chan Official's d the explanatic Number of Admission(s)/	nade at ti Name (Last, On: Agency Official	First) and Title Check th taxable i also pro finot inc ceremon organiza To promot	f an agency of ne income box if the ncome. If the agenc vide a description. iome, describe the p lal roles, performed tion.	agency offi cy official pe bublic purpo by an agen tt an even	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, idual, or
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes I Yes I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. come, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, ridual, or Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	nade at ti Name (Last, On: Agency Official Yes I No I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of the income box if the ncome. If the agency vide a description. toome, describe the p ial roles, performed tion.	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, ridual, or Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes I Yes I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. come, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, ridual, or Incom Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. tome, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, ridual, or Incom Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. tome, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, idual, or Incom Incom Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, on: Agency Official Yes No Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. tome, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, ridual, or Incom Incom Incom
	Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below r eervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, On: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promot County fac	f an agency of ne income box if the ncome. If the agency vide a description. tome, describe the p ial roles, performed tion. te attendance a cility in order to	agency offi cy official pe bublic purpo by an agen it an even maximiz	cial claims adm prformed a cerei ose, including cy official, indiv nt held at a	nonial role, idual, or Incom Incom Incom

	cket/Admission Distribution	-					
1.	Agency Name				Date Stamp	California	802
	County of Alameda					Form	002
	Division, Department, or Region (if applic		For Official	Use Only			
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (M	ust provide explanation i	n Part 3.)
	Cheryl Perkins, Interim Clerk, Board of	f Supervisors					2
	Area Code/Phone Number E-mail	1			Date of Original Fili	ng:(month, day, ye	ar)
_	(510) 272-3882 cheryl.pe	erkins@acgov.c	org				
2.	Function, Event, or Ceremonial F	Role Informat	tion				
	Title			E	(-)	\$222/	20 nark
	Title			Face v	/alue of Each Adr	nission \$ $\frac{\varphi Z Z Z R}{\varphi Z Z Z R}$	P20 park
	Description Raiders vs. Broncos			Date(s) <u>12 / 6 / 1</u>	2 ,	1
				Date(5	////	,	
		and Raiders					
	Licket(s)/Admission(s) provided by	adency? Yes		If no. Can			
	Ticket(s)/Admission(s) provided by Was the distribution to persons ider				Nam	al?	
	Was the distribution to persons ider Yes ☑ No ロ If yes: Superv	ntified below n isor Wilma Chan Official's i	nade at the		Nam		
	Was the distribution to persons ider	ntified below n isor Wilma Chan Official's i	nade at the	e behest of	Nam		Ŧ
	Was the distribution to persons ider Yes ☑ No ロ If yes: Superv	ntified below n isor Wilma Chan Official's i	nade at the	 behest of First) and Title Check the taxable in also prov If not incoming 	e income box if the agen come. If the agency off ide a description. ome, describe the public al roles, performed by a	al? cy official claims adminicial performed a cerem	nonial role,
	Was the distribution to persons ider Yes ☑ No □ If yes: Superv The identity of recipient(s) and th Name (Last, First) or Organization	ntified below n isor Wilma Chan Official's ne explanatio Number of Admission(s)/	nade at the Name (Last, I on: Agency	 behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote 	e income box if the agen come. If the agency off ide a description. ome, describe the public al roles, performed by a	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi a event held at a	nonial role, dual, or
	Was the distribution to persons ider Yes ☑ No □ If yes: Superv The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Last, I On: Agency Official Yes 🗖	 behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac 	e income box if the agen come. If the agency officia ide a description. ome, describe the public al roles, performed by a ion. e attendance at an	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi a event held at a	dual, or Income
	Was the distribution to persons ider Yes ☑ No □ If yes: Superv The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Last,) On: Agency Official Yes No Yes	 behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac 	e income box if the agen come. If the agency officia ide a description. ome, descripte the public al roles, performed by a ion. e attendance at an illity in order to ma	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi a event held at a	dual, or Income
	Was the distribution to persons ider Yes ☑ No □ If yes: Superv The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Last,) on: Agency Official Yes No Yes No No	 behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac 	e income box if the agen come. If the agency officia ide a description. ome, descripte the public al roles, performed by a ion. e attendance at an illity in order to ma	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi a event held at a	dual, or Income
	Was the distribution to persons ider Yes ☑ No □ If yes: Superv The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (Last,) On: Agency Official Yes No Yes Yes Yes Yes	 behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac 	e income box if the agen come. If the agency officia ide a description. ome, descripte the public al roles, performed by a ion. e attendance at an illity in order to ma	al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi a event held at a	dual, or Income Income Income

	Alexandra Boskovich	Ticket Administrator	12/5/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docume	nt
-----------------	----

icket/Aumssion Distribution							
. Agency Name				Date St	tamp	California Form	001
County of Alameda							
Division, Department, or Region (if applied to the second se	licable)			1		For Officia	Use Only
Board of Supervisors							
Street Address				1			
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title	<i>;)</i>			Amendm	ent (Must pro	vide explanation i	n Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors						2.
Area Code/Phone Number E-mail				Date of Origin	nal Filing: _	(month, day, ye	ar)
	perkins@acgov.o	CONTRACTOR OF STREET, STRE					
. Function, Event, or Ceremonial	Role Information	tion					
Title			Eaco V	/alue of Eac	h Admice	ion ¢ \$222	
1109							
Description Raiders vs. Broncos			Date(s	5) <u>12</u> <u>6</u>	, 12	/	1
			101000-048.0	,			10 M
				and Daldana			
Ticket(s)/Admission(s) provided by	y agency? Yes		I If no: Oak	and Raiders			
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☑ No □ If yes: Supe	entified below r rvisor Wilma Chan	nade at th	e behest of		Name of S official?	Source	
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First)	entified below r rvisor Wilma Chan Official's	nade at th	e behest of First) and Title Check th taxable in	f an agency of a second s	official? - he agency off ency official p	icial claims admi	
Was the distribution to persons ide Yes ☑ No □ If yes: ^{Supe} The identity of recipient(s) and _{Name}	entified below r rvisor Wilma Chan Official's the explanatio	made at th Name (Last, ,	e behest of First) and Title Check th taxable in also prov If not inc	f an agency of e income box if th ncome. If the age vide a description ome, describe the ial roles, perform	official? - he agency off ency official p l. e public purp	icial claims admi erformed a cerer ose, including	nonial role,
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization	entified below r orvisor Wilma Chan Official's the explanation Number of Admission(s)/	made at th Name (Last, J Dn: Agency	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promot	f an agency of e income box if th ncome. If the age vide a description ome, describe the ial roles, perform	official? - he agency off ency official p d e public purp ed by an agen at an eve	icial claims admi erformed a cerer ose, including ncy official, indiv nt held at a	nonial role, idual, or
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Made at th	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac	f an agency of e income box if th ncome. If the age vide a description ome, describe the ial roles, perform tion. e attendance	official? 	icial claims admi erformed a cerer ose, including ncy official, indiv nt held at a	idual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Made at the Name (Last, A Dh: Agency Official Yes I Yes I Yes I	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac	f an agency of e income box if the ncome. If the age vide a description ome, describe the ial roles, perform tion. e attendance cility in order f	official? 	icial claims admi erformed a cerer ose, including ncy official, indiv nt held at a	idual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, Agency Official Yes I No I Yes I No I	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac	f an agency of e income box if the ncome. If the age vide a description ome, describe the ial roles, perform tion. e attendance cility in order f	official? 	icial claims admi erformed a cerer ose, including ncy official, indiv nt held at a	idual, or Income Income Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Name (Last, Agency Official Yes No Yes No Yes Yes Yes Yes Yes	e behest of First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac	f an agency of e income box if the ncome. If the age vide a description ome, describe the ial roles, perform tion. e attendance cility in order f	official? 	icial claims admi erformed a cerer ose, including ncy official, indiv nt held at a	idual, or Income Income Income

0°°	/	Alexandra Boskovich	Ticket Administrator	12/4/2012
Signature of Agency	Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regi	on (if applica	ble)					For Official	Use Uniy
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pr	ovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month day yea	ar)
	(510) 272-3882	crvstal.his	shida@acgov.o	ora				(monan, day, you	,
2.	Function, Event, or Cere	Construction of the local division of the lo							
	Title POP NYE		***			Face \	/alue of Each Admiss	ion \$ _ <u>84</u>	
							10 31 12		
	Description Concert					Date(s	;) <u>12</u>, 31, 12	/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	D N	o 🗹	If no: Gold	en State Warriors Name of	Pauraa	
							Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade :	at the	e behest of	an agency official?		
							an agonoy omoran		
	Yes 🗹 No 🔲 If ye	es: <u>Carson,</u>	Keith Alameda (Official's i	County	Supe	rvisor			
			Official's i	Name (Last, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		•			Check th	e income box if the agency of	ficial claims admis	sion as
	(Last, First)		Number of	Age	ncy	taxable in	ncome. If the agency official		
	or Organization		Admission(s)/	Offi	cial	1 .	vide a description. ome, describe the public purp	ose, including	
	(Name, Address, Descrip	otion)	Ticket(s)				ial roles, performed by an age		dual, or
	Brown, Aisha			Yes			unty employee for his or her exem	plary service to the	Income
	DIOWII, AISHA		4	No		public or to enco	purage staff development		
				Yes					Incomo
				No					Income
			· · · · · · · · · · · · · · · · · · ·				มากระบบคารกับครองของการสาขารสาขารสาขารสาขารสาขารสาขารสาขารสา	nn an a	
				Yes No					Income
				Yes No					Income
					-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				Yes					Income
		B		No	L				

3. Verification

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

At Sheer O	Amy Shrago	Ticket Administrator	12/17/12
Signature of Agency Healt or Designee	Print Name	Title	(month, day, year)

				, , , , , , , , , , , , , , , , , , ,	A Public Document
. Agency Name				Date Stamp	California 000
County of Alameda					Form 502
Division, Department, or Region (if applicat	ble)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Crystal Hishida Graff, Clerk, Board of S	unondooro			Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number E-mail	upervisors			Date of Original Filing:	
				Date of Original Timig	(month, day, year)
	hida@acgov.				
Function, Event, or Ceremonial Ro	ole Informa	tion			1
Title WARRIORS			Face V	/alue of Each Admis	sion \$
Description <u>BASKET</u>	BALL	, 	Date(s	3.4.17	2
			/	CIL	
Ticket(s)/Admission(s) provided by a	gency? Yes	VI,NO I	If no:(JSN	
		\mathcal{T}^{-}		Name o	f Source
Was the distribution to persons ident	ified below	l mada at tha	habaat -f		
the distribution to persons ident	ined below i	nade at the	penest of	an agency official?	
Yes 🔯 No 🗖 If yes:	a County Supe	ervisor Scott	Haggerty, [District 1	
	Official's	Name (Last, F.	irst) and Title	a an	
The identity of recipient(s) and the	a ovnlanatic				
In Language and the Manufacture and the second second second record and second second second second second second			ant the off the standard of the standard		
Name (Last First)	Number of		••: Checkith taxablerin	e/income/box/if/thelagency/	official claims admission as the internet acceremonial store and a second at the secon
Parata Para OF	Admission(s)/	Agency . Official	alsorprov	ide ardescription.	
Organization (Name, Address, Description)	Ticket(s)		e, Ifnotinc	ome; describertherpublic pu lairoles; performed/byraniac	pose including
			and a second and a second a se	ION STATES TO BE STORE OF	West William Washington Hardwest
Merrill Gardens	11.	Yes 🗖	To rewa	rd a school or nonprofit or	rganization for its
		NO X	- -	tions to the community	
@ Fremont	•	Yes 🗖			
1101101010		No 🗖			
& Fremont Senior Ce	nter	Yes 🗖			Income
	- •	No 🗖			
1/0/0406-14/1	8 6 0	Yes 🗖		······································	· · · · · · · · · · · · · · · · · · ·
Helping with Seniors	Services	No 🗖			
		Yes 🔲			- <u> </u>
Programs) & housing .		No 🗍			Income
Verification					
	ns 18044 1 an	18010 16-	wo vorified t	hat the distribution of	dan ta ata ata ata ata
I have read and understand FPPC Regulation is in accordance with the provisions.	אישטו פווי 10944,1 מוז	u 10942.1Na	ive verified ti	nat the distribution of at	amissions, set forth above,
YUUM DOTAKO	Lee Ann F	Fergerson	Ticke	t Administrator	10.10.1
Signature of Agency Head of Designee	Print Na	me		Title	
$\smile v$					(month, day, year)

А	Public	Document
---	--------	----------

			A Public Documen
Agency Name		Date Stamp	California Form 802
County of Alameda			Form OUZ
Division, Department, or Region (if applicable)	<u>in a sea ann an tha ann an tha sea ann an tha sea an th</u>		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		Amendment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number E-mail		Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hishida@acgc			
Function, Event, or Ceremonial Role Inform	nation		
Title WARRIORS	E.	ace Value of Each Admis	sion \$ 1,900.00
			-
Description BASKETBAU	D;	ate(s) <u>12, 22, 12</u>	
The last of the la	,	$\left(-\left(u\right) \right)$	
Ticket(s)/Admission(s) provided by agency? Y	es 🔀 No 🗖 Ifno:	OSW	f Source
	(
Was the distribution to persons identified below	w made at the behe	st of an agency official?	
Yes 🔯 No 🗖 If yes:Alameda County Si	upervisor Scott Hagge	erty, District 1	
Yes 🕅 No 🔲 If yes: Alameda County Su	al's Name (Last, First) and	1 Title	
The identity of recipient(s) and the expiana	tion:		
Name		eckulterincometooxiif/thelagency.c	
(Last, First) Number of	f Agency - tax	able income all the agency official	performed acceremonial role;
or Organization Tiokef(s)	ao irr	o provide a description. Jot income idescripe the public ou	pose including
(Name, Address, Description)	and the second	remonialiroles; performed by/aniac panization	ency official, individual or
		o reward a school or nonprofit o	
Plasanton Junior	No 🙀 o	ontributions to the community	0
Football League 20	Yes		
7113 Corte Balboa Circle	Yes □ No □		Income
Pleasanton 1 CA			
94566			
	Ver E		
	Yes 🗖		Income
	No		Income

Plille griling	Lee Ann Fergerson	Ticket Administrator	12/18/12
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.)

2

A Public D	ocument
------------	---------

ble)			Date Stamp	California
blol				
hint			18	California 802
ule)				For Official Use Only
upervisors			Amendment (Mu	st provide explanation in Part 3.)
			Date of Original Filin	g:(month, day, year)
hida@acgov.	org			(month, day, year)
		Face	alue of Each Adm	100 G 500
1				
all		Date(s	3,8,1	3
dency2 Voc		lfnoi	GSW	
gency: res	T NO LI	n no	Name	of Source
	(8 10 7 W		
ified below r	nade at the	behest of	an agency officia	1?
a County Supe	ervisor Scott	Haggerty, [District 1	
Official's	Name (Last, Fi	rst) and Title	5000 000 000 000 000 000 000 000 000 00	
		0		
e capianatic	JII.			
	PERSONAL CONTRACTOR OF	Mar Contractor	e 2, 184 august (Margarak 6012) - 7, 184 august environtika	eren de la companya d
Number of	Agency	●' .Oheckith taxable ii	e income box if the agenc come . If the agency offic	y official claims admission as
Number of Admission(s)/	Agency Official	taxable ir also prov	icome, if the agency offic ide a description.	larperformed acceremonial role)
		taxable ii also prov	icome, lifthe agency offic ide a description. ome, describe the oublic i	larperformed accremonial role,
Admission(s)/	Official	taxable in also prov II not inc. ceremon organizat	idome, ill the agency offic ide a description. ome, describe the public, al roles, performed by an ion.	ital performed accremonial role, purpose, including agency official, individual, or
Admission(s)/	Official Yes 🗖	taxable ir also prov If not inc ceremon organizat To pron	idome, iff the agency offic ide a description, ome, describe the public; al roles, performed by an ion. note attendance at a co	ital performed a ceremonial role, purpose, including agency official, individual, or unty sponsored event in order
Admission(s)/	Yes No	taxable ir also prov If not inc ceremon organizat To pron	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	ital performed a ceremonial role, purpose, including agency official, individual, or
Admission(s)/	Official Yes No Yes Yes	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	ial performed a ceremonial role, ourpose, including lagency official, individual, or unty sponsored event in order evenue for concession and
Admission(s)/	Ves Ves Ves No	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	all performed a ceremonial role, ourpose, including agency official, individual, or unty sponsored event in order evenue for concession and
Admission(s)/	Official Yes No Yes No Yes Yes Yes Yes	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	ital performed a ceremonial role. Surpose, including agency official, individual, or unty sponsored event in order evenue for concession and
Admission(s)/	Ves Ves No Ves No Ves No	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	ial performed accremonial role. Surpose, including agency official, individual, or unty sponsored event in order evenue for concession and Income
Admission(s)/	Ves Ves No Ves No Ves No	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	Income
Admission(s)/	Official Yes No Yes No Yes No Yes No Yes No Yes	taxable in also prov If not inc. ceremon organizat To pron to maxi	idome, iff the agency offic ide a description, ome describe the public, al roles, performed by an ion. note attendance at a co mize potential county re	ial performed accremonial role. Surpose, including agency official, individual, or unty sponsored event in order evenue for concession and
	hida@acgov. ole Informa definition gency? Yes ified below r a County Supe Official's	hida@acgov.org ole Information gency? Yes No 🗆 ified below made at the a County Supervisor Scott	hida@acgov.org ole Information Face V Date(s gency? Yes ♀ No □ If no: ified below made at the behest of a County Supervisor Scott Haggerty, D Official's Name (Last, First) and Title	Date of Original Film hida@acgov.org Dele Information Face Value of Each Adm Date(s) 3, 6, 1 Date(s) 3, 6, 1 Date(s) 3, 6, 1 Date(s) 3, 6, 1 Name lified below made at the behest of an agency officia a County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title

lions		A	Public Docum
		Date Stamp	California Form 80
applicable)		2	For Official Use Only
Title)		Amondment (Must area	ide evolution in Part 2 \
rd of Supervisors			tue explanation in Fart 5.j
		Date of Original Filing:	(month, day, year)
stal.hishida@acqov.o	ora	1917	(monin, day, year)
	lion		
		Face Value of Each Admissi	on \$ _72.25
		Date(s) <u>12</u> / 07 / 12	//
d by agency? Yes	🗆 No 🖂	If no: Golden State Warriors	
		Name of S	ource
identified below n	nada at th	a babast of an acanay official?	
s identified below in	naue al ui	e benest of an agency official?	
alle, Richard- Supervis	or District 2		
Official's	Name (Last,	First) and Title	
nd the explanatio	on:		
		Check the income box if the agency office	cial claims admission as
Number of	Agency	taxable income. If the agency official pe	
Admission(s)/	Official	and the second se	se including
Hcket(s)		ceremonial roles, performed by an agen	
	Yes 🗖		t a County Incor
2	No 🗖	facility in order to maximize potential reven	
	Yes 🗖		Incor
	d by agency? Yes s identified below r /alle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	applicable) ,Title) rd of Supervisors ail stal.hishida@acgov.org nial Role Information d by agency? Yes □ No ☑ s identified below made at the /alle, Richard- Supervisor District 2 Official's Name (Last, I) and the explanation: Number of Admission(s)/ Ticket(s) Yes □ 2	Tapplicable) Date Stamp , Title) Amendment (Must prov rd of Supervisors Date of Original Filling: ail Date of Original Filling: stal.hishida@acgov.org Date of Original Filling: hial Role Information Face Value of Each Admission

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 🗖

No 🗖

No 🗖

Yes 🗖

No 🗖

Yes 🗖

Yes 🗖

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

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

Income

Income

Income

A Public Docu	ım	me	nt
---------------	----	----	----

	cket/Aumission Dist	indutions			~	rubiic bo	cumen
1.	Agency Name				Date Stamp	California	002
	County of Alameda					Form	002
	Division, Department, or Regi	on (if applicable)				For Official U	se Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)			Amendment (Must pro	vide evolution in l	Part 2)
	Crystal Hishida Graff, Clerk,	Board of Supervisors				vide explanation in r	-an 3.)
		E-mail			Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.hishida@acgov.	org			(manni, ady, year,	, ,
2.	Function, Event, or Cere	and a second	a wall of the state of the stat				
	Title Not-So-Silent Night			Face	Value of Each Admiss	on \$ <u>72.25</u>	_
	Description Concert			Date(s	s) <u>12 / 07 / 12</u>	/	
	Ticket(s)/Admission(s) pro Was the distribution to per				Nume of c	Source	
	Yes 🖸 No 🔲 Ifyo	es: Valle, Richard- Supervis	or District 2		 Somethy State Proceedings of Subjects page Pro- 		
		Official's	Name (Last, I	First) and Title			
	The identity of recipient	(s) and the explanation	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro e If not inc	ne income box if the agency off income. If the agency official p vide a description. come, describe the public purpo ial roles, performed by an agen tion.	erformed a ceremo	onial role,
	Chu, Isa		Yes 🗖	To promote a	attendance at an event held	at a County	Income
		2	No 🗖	facility in ord	er to maximize potential reve	enue from sales.	
			Yes 🗖 No 🗖				Income
	-		Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				

3. Verification

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

Yes 🗖

No 🗖

ALL	MICHELLE DIANDA	Ticket Administrator	12/3/12
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

A Public Documen	A	Publ	ic [)ocun	nent
------------------	---	------	------	-------	------

1.7		100000000000000000000000000000000000000	D				
1.	Agency Name				6.0	Date Stamp	California 802
	County of Alameda						Form OUZ
	Division, Department, or Reg	ion (if applica	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact	Name, Title)				Amendment (Must pro	uide evelenetien in Pert 21
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.d	org			(monin, day, year)
2.	Function, Event, or Cere	and the second se					
	Title Not-So-Silent Night				Face	Value of Each Admiss	ion \$ _75.25
	Connect					12 08 12	
	Description Concert				Date(s	5)	//
					0.1		
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Gold					ten State warriors Name of S	Source
						Name of C	Jource
	Was the distribution to persons identified below made at the behest of an agency official?						
	Yes 🖸 No 🔲 Ify	es: <u>Valle, Ri</u>	ichard- Supervis Official's I	or District 2			
			Official's I	vame (Last, I	-irst) and Title		
	The identity of recipient	(s) and th	e explanatio	n:			
	Name				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne income box if the agency of	
	(Last, First) or		Number of	Agency Official		ncome. If the agency official p vide a description.	errormed a ceremonial role,
	Organization		Admission(s)/ Ticket(s)	Official		come, describe the public purp	
	(Name, Address, Descri	otion)		1.1.1.1.1.1.1	organiza	nial roles, performed by an age ation.	ncy official, individual, or

To promote attendance at an event held at a County Yes 🗖 Income Zou, Jessica 2 facility in order to maximize potential revenue from sales. No Yes 🗖 Income No Yes 🗖 Income No Yes 🗖 Income No Yes 🗖 Income No

3. Verification

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

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

Α	Public	Doc

licket/Admission Distributio	ons			A	Public Do	
1. Agency Name				Date Stamp	California Form	802
County of Alameda				8	Contraction and Contraction of the Contraction of the	the second s
Division, Department, or Region (if ap	oplicable)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Til	tle)			Amendment (Must pro	uide explanation in .	Part 3)
Crystal Hishida Graff, Clerk, Board	of Supervisors				nuo explanation in i	un oly
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882 crysta	l.hishida@acgov.o	org				
2. Function, Event, or Ceremonia	al Role Informat	tion			¥.*	
Net Ce Ollegt Night					75.05	
Title Not-So-Silent Night			Face \	/alue of Each Admissi	on \$	
Description Concert			Date(s) <u>12 , 08 , 12</u>	/	
			Gold	en State Warriors		
Ticket(s)/Admission(s) provided	by agency? Yes		If no:	Name of S	lource	
Was the distribution to persons i	dentified below n	nade at th	e behest of	an agency official?		
Vel	la Dishard Supervis	er District 2				
Yes 🗹 No 🔲 If yes: Val	le, Richard- Supervis Official's	Name (Last 1	First) and Title			
			noty and this			
The identity of recipient(s) and	d the explanatio	on:				
Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable in	e income box if the agency offi ncome. If the agency official pe vide a description.		
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an ager tion.		ual, or
Rodriquez, Angelina		Yes 🗖	To promote a	ttendance at an event held a	at a County	Income
	2	No 🗖	facility in orde	er to maximize potential reve	nue from sales.	
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income

3. Verification

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

No 🗖

No 🗖

Yes 🗖

	MICHELLE DIANDA	Ticket Administrator	2/3/12
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

Ticket/Admission Distribution	ons				A	Public Do	cumen
1. Agency Name					Date Stamp	California	802
County of Alameda							10 0 0 0 0 0 0 0 0
Division, Department, or Region (if ap	pplicable)					For Official U	Jse Only
Board of Supervisors Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Ti	lle)				-		
Crystal Hishida Graff, Clerk, Board	of Supervisors				Amendment (Must pro		
Area Code/Phone Number E-mail					Date of Original Filing: _	(month. dav. vea	r)
	I.hishida@acgov.						
2. Function, Event, or Ceremonia	al Role Informat	tion					
Title Golden State Warriors vs. Phi	ladelphia 76ers	_	_	Face \	/alue of Each Admiss	ion \$ <u>100</u>	
Description Basketball Game			_	Date(s	;) <u>12</u> <u>28</u> <u>12</u>	/	/
Ticket(s)/Admission(s) provided	by agency? Yes		o 🗹	If no: Gold	en State Warriors Name of	Source	
Was the distribution to persons in					. 1999 - HA R (1997) - HARA (1999) H		
Yes 🖸 No 🔲 If yes: Val	e, Richard- Supervis Official's	Name (L	ast, I	First) and Title			
The identity of recipient(s) and							
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov e lf not inc	e income box if the agency of ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremo	onial role,
Laws, Jerl		Yes		To promote a	attendance at an event held	na ana di Sautana S	Income
4: 	4	No	$\overline{\mathcal{A}}$	facility in orde	er to maximize potential rev	enue from sales.	
		Yes No					Income
		Contraction of the second		2			Income
		No					
		Yes No					Income
		and the second					Income
		No					
	MICHELLE DIANI	DA	2. I h		at Administrator	12/	4/12
Signature of Agency Head or Designee	Print Na	me		-8 8	Title	mohth	h, 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 Document	1	AI	Pul	blic	Do	cun	nent
-------------------	---	----	-----	------	----	-----	------

1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Reg	ion (if applica	able)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)					Amendment (Must pl	rovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk	, Board of S	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing: .	(month, day, ye	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org	_				
2.	Function, Event, or Cere	emonial R	tole Informat	tion					
	Title Golden State Warriors	vs Portlan	d Trailblazers			-		• • 100	
	The condent of the Warners	vo. r ordan	id Translazers		-		/alue of Each Admiss		
	Description Basketball Ga	me				Date	a) 01 , 11 , 1 3	1	1
					_	Datola	·)//		/
					Lifno. Gold	en State Warriors			
	Licket(s)/Admission(s) pro	adency? Yes		0 1/1					
	Ticket(s)/Admission(s) pro						Name or	Source	
	Was the distribution to pe Yes ☑ No ロ If y	rsons iden _{res:} <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at th ict 2		Name or	Source	
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient	rsons iden _{res:} <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at th ict 2	e behest of First) and Title	an agency official?		ssion as
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient ^{Name} (Last, First)	rsons iden _{res:} <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (I	at the ict 2 Last, I	e behest of First) and Title • Check th taxable in	e income box if the agency official	fficial claims admi:	
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient _{Name}	rsons iden _{res:} <u>Valle, R</u>	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/	nade a or Distr Name (I on:	at the ict 2 Last, /	e behest of First) and Title • Check th taxable in also prov • If not inc	e income box if the agency official?	fficial claims admin performed a ceren pose, including	ionial role,
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient ^{Name} (Last, First) or	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of	nade a or Distr Name (I on: Age	at the ict 2 Last, /	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon	e income box if the agency official?	fficial claims admin performed a ceren pose, including	ionial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/	nade a or Distr Name (I on: Age	at the ict 2 Last, / ncy cial	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organizat	e income box if the agency official?	fficial claims admir performed a ceren pose, including ancy official, indivi	ionial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/	nade a or Distr Name (I on: Agen Offici	at the ict 2 Last, / ncy cial	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organizat	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	oonial role, dual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Age Offic	ict 2 Last, / cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No	at the ict 2 Last, I ncy cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Age Offic Yes No Yes	at the ict 2 <i>Last, I</i> cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Age Offic Yes No Yes No	at the ict 2 <i>Last, I</i> cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the ict 2 Last, / Cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income Income Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation 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, / Cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income Income Income Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden ^{res:} ^{_Valle, R}	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the ict 2 Last, / Cial	 behest of First) and Title Check the taxable in also provide on the second of the second	e income box if the agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion.	fficial claims admir performed a ceren pose, including ancy official, indivi	dual, or Income 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.

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

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

Agency Report of: Ceremonial Role Events and T 1

Ti	icket/Admission Distributions							cumen		
1.	Agency Name						Date Stamp	0	California	802
	County of Alameda								Form	S
	Division, Department, or Region (if applicable)								For Official L	lse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must provide	explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supe	ervisors							
	Area Code/Phone Number	E-mail					Date of Original F	iling:	nonth, day, year)
	(510) 272-3882	crystal.hishid	a@acgov.c	org				.3.0		
2.	Function, Event, or Cere	emonial Role	Informat	ion						
	Title Golden State Warriors	vs. Los Angele	es Clippers		_	Face \	alue of Each Ac	Imission	\$ 250.00	
	Description Basketball Gar	ne			_	Date(s) 01 / 02 /	13	/	/
	Ticket(s)/Admission(s) pro	vided by age	ncv? Yes		0 🗹	If no: Gold	en State Warriors	(0	~~~~	
	Was the distribution to per	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n rd- Supervise Official's l	n ade a or Distr Vame (L	ict 2 .ast, F	 behest of First) and Title Check the taxable in also prov If not incoceremon organization 	an agency offic e income box if the ag icome. If the agency of ide a description. ome, describe the pub al roles, performed by ion.	ency official ifficial perfo lic purpose, an agency	I claims admiss rmed a ceremo including official, individ	onial role,
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (L on: Ager Offic	nt the ict 2 .ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	nial role, ual, or Income
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	or Distr Vame (L on: Agen Offic	ict 2 .ast, f	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic e income box if the ag icome. If the agency of ide a description. ome, describe the pub al roles, performed by ion.	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	onial role, ual, or
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (L on: Ager Offic	ict 2 .ast, F ctal	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	nial role, ual, or Income
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (L on: Age Offic Yes No Yes	ict 2 .ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	ual, or Income Income Income
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (I on: Ager Offic Yes No Yes No	ict 2 .ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	ual, or Income
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (I on: Ager Offic Yes No Yes	ict 2 ast, f	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	nial role, ual, or Income Income Income
	Was the distribution to per Yes ☑ No ፬ If ye The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e (s) and the e	ed below n rd- Supervise Official's / xplanatio Jumber of Imission(s)/	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 .ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a 	an agency offic an agency offic e income box if the agency of ide a description. ome, describe the pub al roles, performed by ion. ttendance at an even	ency official official perfo lic purpose, an agency nt held at a	I claims admise rmed a ceremo including official, individ County	nial role, ual, or Income Income

MICHELLE DIANDA

Print Name

Signature of Agency Head or Designee

Ticket Administrator

Title

(month, day, yea

2

A Public D	ocument
------------	---------

Agency Name				Name of the state	Date S	Stamp	Calif	ornia	രഹം
County of Alameda							Fo	rm	\mathbf{OU}
Division, Department, or Region (if applied	cable)			******			For	Official L	lse Only
Board of Supervisors									
Street Address	and an and the second se								
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, Title)		-0-2			Amendm	nont (Must		notion in i	
Anna Gee, Operations Chief						nent (wust)	proviue explai	lauon mi	Part 3.)
Area Code/Phone Number E-mail	****				Date of Orig	inal Filing:	(month,	day year	
510-891-5585 anna.ge	e@acgov.org						(month),	uay, year	,
Function, Event, or Ceremonial		tion							
Title Warriors vs New Orleans				Face V	alue of Eac	ch Admis	ssion \$ _1	50.00	
Paskathall game					12 18	12			
Description Basketball game				Date(s) <u>12</u> <u>18</u>	/			
Ticket(s)/Admission(s) provided by Was the distribution to persons ide							of Source		
Was the distribution to persons ide	ntified below n /liley, Alameda Co Official's	nade a ounty Su Name (L	at the	e behest of	an agency				
Was the distribution to persons ide Yes I No I If yes: Nate M	ntified below n /liley, Alameda Co Official's	nade a ounty Su Name (L	at the upervi .ast, F	 behest of sor, District 4 irst) and Title Check the taxable in also prov If not inco- ceremonia 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform	Official? — the agency jency officia n. he public pu	official claim I performed a rpose, includ	i ceremo ling	nial role,
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate N</u> The identity of recipient(s) and t Name (Last, First) or Organization	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/	nade a ounty Su Name (L on: Ager Offic	at the ipervi .ast, F ncy cial	 behest of sor, District 4 irst) and Title Check the taxable in also prov If not incc ceremonion organization 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	nial role, ual, or
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Castro Valley High School Athletic	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No	at the upervi Last, F	 behest of sor, District 4 irst) and Title Check the taxable in also prov If not incc ceremonion organization 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform ion. idance at an even	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	nial role, ual, or Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Castro Valley High School Athletic Boosters	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes	at the upervi .ast, F ncy clai	 behest of sor, District 4 irst) and Title Check the taxable is also prov If not inco- ceremonio organizat To promote atter maximize potention 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform ion. idance at an even	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	nial role, ual, or Income Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and t If yes: Name Name (Last, First) or Organization Organization (Name, Address, Description) Castro Valley High School Athletic Boosters 19400 Santa Maria Ave, Castro Valley, CA 94546	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes No	at the upervi .ast, F clai	 behest of sor, District 4 irst) and Title Check the taxable is also prov If not inco- ceremonio organizat To promote atter maximize potention 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform ion. idance at an even	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and t If yes: Name Name (Last, First) or Organization Organization (Name, Address, Description) Castro Valley High School Athletic Boosters 19400 Santa Maria Ave, Castro Valley, CA 94546	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes	at the upervi .ast, F clai	 behest of sor, District 4 irst) and Title Check the taxable is also prov If not inco- ceremonio organizat To promote atter maximize potention 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform ion. idance at an even	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and t If yes: Name Name (Last, First) or Organization Organization (Name, Address, Description) Castro Valley High School Athletic Boosters 19400 Santa Maria Ave, Castro Valley, CA 94546	ntified below n Ailey, Alameda Co Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the upervi ast, F C U U U U U U U	 behest of sor, District 4 irst) and Title Check the taxable is also prov If not inco- ceremonio organizat To promote atter maximize potention 	an agency e income box if ncome. If the ag ide a descriptio ome, describe th al roles, perform ion. idance at an even	official? 	official claim I performed a rpose, includ gency official unty facility in o	i ceremo ling , individ order to	Income Income 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. $\backslash ($

HAN /	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

าโ

		-						
1.	Agency Name				Date Stamp		lifornia	802
	County of Alameda					1000000000000	Form	
	Division, Department, or Region (if applica	ible)					For Official U	lse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)	97,			Amendment (N	lust provide ex	nlanation in I	Part 3)
	Anna Gee, Operations Chief					·		
	Area Code/Phone Number E-mail				Date of Original Fil	ing:	th day year	,
	510-891-5585 anna.gee	@acgov.org				(,,, , ,,	,
2.	Function, Event, or Ceremonial R	the state of the	tion					
							(
	Title Warriors vs Philadelphia			Face \	/alue of Each Ad	mission \$	100.00	
	- Rackethall game				12 28 1	2		
	Description Basketball game			Date(s	;) <u>12</u> <u>28</u> <u>1</u>	-	/	/
				10/000	i a va			
	Ticket(s)/Admission(s) provided by a	igency? Yes	🖸 No 🗌	If no: war	Nar	ne of Source		
	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency offici	al?		
	Yes 🖸 No 🔲 If yes: <u>Nate Mi</u>	ley, Alameda Co	unty Superv	isor, District 4	-			
		Official's I	Name (Last, I	-irst) and Litle				
	The identity of recipient(s) and th	e explanatio	on:					
	Name			ノーローク いっとう ひつかん ひつかん ひろん ひろん ひろん ひろん ひろん ひろん ひろん ひろん ひろん ひろ	e income box if the age		いい やくだいがい いいいざい ひとえき 女子	
	(Last, First)	Number of	Agency		ncome. If the agency of vide a description.	ficial perform	ed a ceremo	nial role,
	or Organization	Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the publi			
	(Name, Address, Description)	nonentor		ceremon organiza	ial roles, performed by a tion.	an agency offi	icial, individi	ual, or
	Pete, Geoffrey		Yes 🗖	To promote atter	ndance at an event held at			Income
		2	No 🗹	maximize potent	tial County revenue from pa	irking and conce	ession sales	С
			Yes 🔲					Income
	League of Women Voters - Eden Area	2	No 🔽		attendance at an event h mize potential County re			
			Yes 🗖			venue nom pa		Income
	P.O. Box 2234 Castro Valley, CA 94546							
	Castlo Valley, CA 34340		Yes 🔲					
	promotes transparency in government and keeps							Income
	citizens politically aware							
			Yes					Income
1007-000000			No 🗖	l				
3.	Verification							
	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified t	that the distribution of	ot admissio	ns, set fort	in above,
-	is in accordance with the provisions.							

to the .	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Pu	blic	Docu	ment
------	------	------	------

				<i>,</i>	
1. Agency Name				Date Stamp	California
County of Alameda					Form OU2
Division, Department, or Region (if	applicable)				For Official Use Only
Board of Supervisors					
Street Address	9999998 (*******************************				
1221 Oak Street, Suite 536					
Designated Agency Contact (Name,	Title)			Cl Amendmont (Must	rovide explanation in Part 3.)
Anna Gee, Operations Chief					rovide explanation in Part 3.)
Area Code/Phone Number E-ma	l			Date of Original Filing:	(month, day, year)
510-891-5585 anna	a.gee@acgov.org				(monin, day, year)
2. Function, Event, or Ceremon	Which makes and a survey of the second s	tion			
Title Warriors vs LA Clippers			Face V	alue of Each Admis	sion \$ _250.00
Destation				01 02 13	
Description Basketball game	929-2004 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014		Date(s)//	
Ticket(s)/Admission(s) providec	l by agency? Yes	🖸 No 🗌	If no: Warr	ors Name o	()
				Name U	Source
	ate Miley, Alameda Co Official's		isor, District 4 First) and Title		
The identity of recipient(s) ar	nd the explanatio	on:			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov • If not inco	e income box if the agency o icome. If the agency official ide a description. ome, describe the public pur al roles, performed by an ag	performed a ceremonial role, pose, including
(Name, Augress, Description)	<u>eren eren eren eren eren eren eren eren</u>		organizat	7	
Graham, Christine		Yes 🗖		al County revenue from parking	and concession sales
	3	No 🗹			
Miley, Sarah		Yes 🗖	To promote a	ttendance at an event held a	
	4	No 🖸	order to maxin	nize potential County revenu	
Miley, Nate		Yes 🖸	To promote at	tendance at an event held at	a County facility in
	1	No 🗖	order to maxin	nize potential County revenu	e from parking and
Scalise, Sierra	2	Yes 🗖		tendance at an event held at	—
	3	No 🗹		nize potential County revenu	
		Yes 🗖			Incom
		No 🗖			
3. Verification		Antonio and an antonio and			andersen gebangen i er orte en energien i en er en er de service ander er e

3

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

ALL '	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A	Pub	lic	Document	t
---	-----	-----	----------	---

••	cheurAumission Dist								
1.	Agency Name					Date Star	mp	California	000
	County of Alameda							Form	3 02
	Division, Department, or Reg	ion (if applica	able)			-		For Official U	Jse Only
	Board of Supervisors								
	Street Address	Belletlertonenen energenenen energen en geze	******						
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)					. (14.06	vide explanation in	D-40\
	Anna Gee, Operations Chie	f				Amendmen	n (wost pro	vide explanation in	Pan 3.)
	Area Code/Phone Number	E-mail				Date of Origina	al Filing:	(month, day, year	
	510-891-5585	anna.gee	@acgov.org					(monin, day, year	/
2.	Function, Event, or Cere	Contractor and a second se		ion		and and a source of the subscription of the su			
	Title Warriors vs Indiana		H		Face	Value of Each	Admissi	i on \$ <u>100.00</u>	
						10 01	10		
	Description Basketball gan	ne			Date(s) <u>12</u> <u>01</u>	_/		/
	Ticket(s)/Admission(s) pro						Name of S	Source	in a subscription of the s
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden es: <u>Nate Mil</u>	tified below n ley, Alameda Co <i>Official's l</i>	nade at f unty Supe Name (Las	he behest o	of an agency of		Source	
	Was the distribution to pe	rsons iden es: <u>Nate Mil</u>	tified below n ley, Alameda Co <i>Official's l</i>	nade at f unty Supe Name (Las	the behest on rvisor, District t, First) and Title	of an agency of 4	fficial?		
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co <i>Official's l</i>	nade at f unty Supe Name (Las	the behest o rvisor, District t, First) and Title . Check t taxable also pro If not in ceremo organizz	of an agency of 4 	agency offi cy official p public purpo l by an ager	icial claims admiss erformed a ceremo ose, including icy official, individ	onial role,
	Was the distribution to per Yes ☑ No 🔲 If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/	nade at f unty Supe Name (Las on: Agency	the behest o rvisor, District t, First) and Title e Check ti taxable also pro e If not in- ceremol organizz To promote atter maximize poter	of an agency of 4 he income box if the income. If the agen by de a description. come, describe the p nial roles, performed	fficial? agency offi cy official p public purpo I by an ager Id at a Count	icial claims admiss erformed a ceremo ose, including icy official, individ y facility in order to	onial role,
	Was the distribution to per Yes ☑ No 🔲 If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Vame (Las on: Agency Official Yes C Yes C	the behest o rvisor, District t, First) and Title • Check ti taxable also pro- • If not in- ceremolo organiz: To promote atter maximize poter	of an agency of 4 4 he income box if the income. If the agen ovide a description. come, describe the p nial roles, performed ation. endance at an event he ntial County revenue fro	fficial? agency offi cy official p oublic purpo I by an ager I dat a Count om parking an	icial claims admiss erformed a ceremo ose, including icy official, individ y facility in order to id concession sales	ual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's l e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Name (Las on: Agency Official Yes [No [2]	the behest or rvisor, District of t, First) and Title also pro- l fn otim- ceremol organizz To promote attr maximize poter	of an agency of 4 	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	ual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Vame (Las on: Agency Official Yes C Yes C	the behest o rvisor, District t, First) and Title • Check ti taxable also pro- • If not in ceremon organizz To promote atter maximize poter 1 To promote atter 1 To promote at	of an agency of 4 4 9 he income box if the income. If the agen ovide a describe the p nial roles, performed ation. endance at an event he ntial County revenue fro attendance at an even imize potential Coun	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	ual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Name (Las on: Agency Official Yes C No Z Yes C	the behest or rvisor, District t, First) and Title • Check ti taxable also pro • If not in ceremol organizz To promote atter maximize poter 1 To promote order to max 1	of an agency of 4 4 9 he income box if the income. If the agen ovide a describe the p nial roles, performed ation. endance at an event he ntial County revenue fro attendance at an even imize potential Coun	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	ual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Name (Las on: Agency Official Yes C No C Yes C	the behest o rvisor, District t, First) and Title • Check ti taxable also pro- • If not in- ceremological To promote atter maximize poter 1 To promote order to max	of an agency of 4 4 9 he income box if the income. If the agen ovide a describe the p nial roles, performed ation. endance at an event he ntial County revenue fro attendance at an even imize potential Coun	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	ual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Vame (Las on: Agency Official Yes C No C Yes C No C	the behest or rvisor, District t, First) and Title • Check ti taxable also pro- • If not in ceremon organizz To promote atter maximize poter To promote order to max 1	of an agency of 4 4 9 he income box if the income. If the agen ovide a describe the p nial roles, performed ation. endance at an event he ntial County revenue fro attendance at an even imize potential Coun	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Muhummad, Ansar El	rsons iden es: <u>Nate Mil</u> :(s) and th	tified below n ley, Alameda Co Official's I e explanatio Number of Admission(s)/ Ticket(s)	nade at f unty Supe Vame (Las on: Agency Official Yes [No [2 Yes [No [2 Yes [No [2 Yes [the behest or rvisor, District t, First) and Title • Check ti taxable also pro- • If not in- ceremolo organizzion 1 To promote attrimaximize poter 1 To promote attrimaximize poter attrimaximize po	of an agency of 4 4 9 he income box if the income. If the agen ovide a describe the p nial roles, performed ation. endance at an event he ntial County revenue fro attendance at an even imize potential Coun	fficial? agency offi cy official p public purpo i by an ager id at a Count om parking an ent held at a	icial claims admiss erformed a ceremo ose, including ney official, individ y facility in order to id concession sales a County facility in irom parking and	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.

	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pul	blic	Docum	ent
---	-----	------	-------	-----

Agency Name			D	ate Stamp	California	000
County of Alameda				•	Form	02
Division, Department, or Region (if ap	plicable)				For Official L	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Tit	le)			endment (Mustor	rovide explanation in I	Part 3)
Anna Gee, Operations Chief				munione (musi pr		un 0.)
Area Code/Phone Number E-mail			Date of	Original Filing: .	(month, day, year)
510-891-5585 anna.g	gee@acgov.org					
Function, Event, or Ceremonia	al Role Informat	tion	nen ander			
					150.00	
Title Warriors vs Orlando			Face Value of	Each Admiss	sion \$	
Description Basketball game			Date(s)	,03,12	,	,
Description	***************************************		Date(S)	www.autoreautoral warenerstonencom		
Ticket(s)/Admission(s) provided b Was the distribution to persons io				Name of	Source	
Was the distribution to persons id Yes ☑ No ☐ If yes: Nate The identity of recipient(s) and Name (Last, First)	dentified below n e Miley, Alameda Co Official's I d the explanatio Number of	nade at the unty Supervis Name (Last, Fr on: Agency	behest of an agei	ncy official?	fficial claims admiss	ta Marina di Charactaria
Was the distribution to persons id Yes ☑ No ☐ If yes: <u>Nate</u> The identity of recipient(s) and Name	dentified below n e Miley, Alameda Co Official's i d the explanatio	nade at the unty Supervis Name (Last, Fr on: Agency Official	 behest of an ager sor, District 4 rst) and Title Check the income b taxable income. If the also provide a descri- ceremonial roles, peorganization, peorganization 	ncy official? 	fficial claims admiss performed a ceremo pose, including ency official, individ	nial role,
Was the distribution to persons in Yes I No I If yes: Nate The identity of recipient(s) and Name (Last, First) or Organization	dentified below n e Miley, Alameda Co Official's I d the explanatio Number of Admission(s)/	nade at the unty Supervis Name (Last, Fr on: Agency Official Yes 71	behest of an ager sor, District 4 rst) and Title • Check the income b taxable income. If th also provide a descr • If not income, descr ceremonial roles, pe	ox if the agency of he agency official ription. ibe the public purp reformed by an age event held at a Cour	fficial claims admiss performed a ceremo pose, including ency official, individ nty facility in order to	nial role, ual, or
Was the distribution to persons in Yes I No I If yes: Nate The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n e Miley, Alameda Co Official's i d the explanatio Number of Admission(s)/ Ticket(s)	nade at the unty Supervis Name (Last, Fr on: Agency Official Yes 🔽	 behest of an agen sor, District 4 rst) and Title Check the income by taxable income. If the also provide a descri- ceremonial roles, peo- organization. 	ox if the agency of he agency official ription. ibe the public purp prormed by an age event held at a Cour venue from parking a at an event held at	fficial claims admiss performed a ceremo pose, including ency official, individ nty facility in order to and concession sales a County facility in	ual, or Income
Was the distribution to persons id Yes No If yes: Nate The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika	dentified below n e Miley, Alameda Co Official's i d the explanatio Number of Admission(s)/ Ticket(s) 1	nade at the unty Supervis Name (Last, Fr on: Agency Official Yes 2 No 2	 behest of an ager sor, District 4 Trst) and Title Check the income by taxable income. If the also provide a descri- ceremonial roles, peor organization. To promote attendance at an maximize potential County re To promote attendance at order to maximize potential 	ox if the agency of he agency official ription. be the public purp orformed by an age event held at a Cour venue from parking a at an event held at ial County revenue it an event held at	fficial claims admiss performed a ceremo pose, including ency official, individ nty facility in order to and concession sales a County facility in a from parking and a County facility in	nial role, ual, or Income Income
Was the distribution to persons id Yes No If yes: Nate The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy	dentified below n e Miley, Alameda Co Official's i d the explanatio Number of Admission(s)/ Ticket(s) 1	Agency Official Yes [] Yes [] No [] Yes [] Yes []	behest of an ager sor, District 4 rst) and Title Check the income b taxable income. If th also provide a descr If not income, descr ceremonial roles, pe organization. To promole attendance at an maximize potential County re To promote attendance at order to maximize potential	ox if the agency of he agency official ription. Ibe the public purp orformed by an age event held at a Cour venue from parking a at an event held at ial County revenue at an event held at ial County revenue at an event held at	fficial claims admiss performed a ceremo pose, including ency official, individ nty facility in order to and concession sales a County facility in a from parking and a County facility in a County facility in a County facility in	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.

. VAFE	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Pul	olic	Documer	۱ť
-------	------	---------	----

					2000 Sec. 640	CONTRACTOR OF A DESCRIPTION OF A DESCRIP				
. Ager	ncy Name						Date Stamp		California	016
Cour	nty of Alameda								Form	002
Divisi	ion, Department, or Reg	ion (if applicab	le)						For Official	Jse Only
Boar	d of Supervisors									
Stree	t Address		94802/402-141110000-1=0utoice.com							
1221	Oak Street, Suite 536	,								
	inated Agency Contact ((Name, Title)								
Anna	Gee, Operations Chie	f					Amendment	(Must pro	vide explanation in	Part 3.)
and the second se	Code/Phone Number	E-mail					Date of Original F	iling:		-
510-1	891-5585	anna.gee@	acdov ord				_		(month, day, yea	う
	ction, Event, or Cere	CONTRACTOR OF THE OWNER OWNE	and the stand of the	tion						
	Marriero vo Now Orlea								150.00	
Title .	Warriors vs New Orlea	ins				Face V	Value of Each A	dmissi	ion \$	
	· Baskethall gan	ne					s) <u>12</u> 18 /	12		
Desc	ription Basketball gan				-	Date(s	s)///_		/	
	et(s)/Admission(s) pro	rsons identi	fied below n	nade a	it the	e behest of	f an agency offic	ame of S cial?	Source	
Was t Ye	the distribution to pe	rsons identi es: <u>Nate Mile</u>	fied below n y, Alameda Co <i>Official's i</i>	n ade a unty Su Name (L	it the	e behest of sor, District 4 irst) and Title	f an agency offic	cial?		
Was t Ye	the distribution to pe es ☑ No 囗 If y	rsons identi es: <u>Nate Mile</u> :(s) and the	fied below n y, Alameda Co <i>Official's i</i>	n ade a unty Su Name (L	it the ipervi ast, F	 behest of sor, District 4 irst) and Title Check the taxable li also provisione If not inc 	f an agency offic f an agency offic t income box if the agency of vide a description. come, describe the pub nial roles, performed by	ency offi official pe lic purpo	icial claims admis erformed a ceremo ose, including	onial role,
Was f Ye The i	the distribution to per es No If y identity of recipient Name (Last, First) or Organization	rsons identi es: <u>Nate Mile</u> (s) and the ption)	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/	nade a unty Su Name (L on: Ager Offic	nt the opervia .ast, F	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t income box if the agency of vide a description. come, describe the pub nial roles, performed by	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	onial role,
Was t Ye The i Castro Athlet	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters	rsons identi es: <u>Nate Mile</u> (s) and the ption)	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No	t the pervi ast, F	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	ual, or Income
Was t Ye The i Castro Athlet	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip o Valley High School	rsons identi es: <u>Nate Mile</u> c(s) and the ption)	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes	t the pervi ast, F	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	ual, or Income Income
Was the standard of the standa	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters Santa Maria Ave, Castro Valley	rsons identi es: <u>Nate Mile</u> (s) and the ption) (, CA 94546	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No	t the perviation of the second	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	ual, or Income Income
Was the standard of the standa	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters	rsons identi es: <u>Nate Mile</u> (s) and the ption) (, CA 94546	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes	t the perviation of the second	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	ual, or Income Income
Was the interval of the interv	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters Santa Maria Ave, Castro Valley	rsons identi es: <u>Nate Mile</u> (s) and the ption) (, CA 94546	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Yes No Yes No Yes No	t the perviation of the perviation of the pervision of th	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	Income
Was the interval of the interv	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters Santa Maria Ave, Castro Valley	rsons identi es: <u>Nate Mile</u> (s) and the ption) (, CA 94546	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes	t the perviation of the perviation of the pervision of th	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	Income
Was the interval of the interv	the distribution to per es I No I If y identity of recipient Name (Last, First) or Organization (Name, Address, Descrip to Valley High School tic Boosters Santa Maria Ave, Castro Valley	rsons identi es: <u>Nate Mile</u> (s) and the ption) (, CA 94546	fied below n y, Alameda Co Official's i explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	t the pervia ast, F	 behest of sor, District 4 irst) and Title Check th taxable 1 also prov If not inc ceremon organiza To promote atte 	f an agency offic f an agency offic t t t t t t t t t t t t t t t t t t t	ency offi official pe lic purpo an agen at a County	icial claims admis arformed a ceremo ose, including icy official, individ y facility in order to	ual, or Income Income Income

3

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

1 BASS	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public	Document
----------	----------

1 1 4	shou Aumission Distri									
1.	Agency Name						Date Stamp		California	000
	County of Alameda								Form	00/
	Division, Department, or Regio	n (if applicable)				******			For Official U	lse Only
	Board of Supervisors									
	Street Address					*******				
	1221 Oak Street, Suite 536									
	Designated Agency Contact (N	lame, Title)					_			
	Anna Gee, Operations Chief						Amendment	(Must pro	vide explanation in	Part 3.)
		E-mail					Date of Original F	ilina:		
									(month, day, year)
~		anna.gee@acgo	CONTRACTOR OF A							
2.	Function, Event, or Cerer	nonial Role In	nformat	ion						
	Title Warriors vs Charlotte					Face \	/alue of Each Ad	-l : :	en e 100.00	
						Face V	alue of Each Ad	amissi	on \$	
	Description Basketball game	a				D-4-/-	s) <u>12 21</u>	12	1	,
	Description <u>Buoketball game</u>				-	Date(s	5)//_			/
	Ticket(s)/Admission(s) prov Was the distribution to pers	sons identified	below n	nade a	t the	e behest of	f an agency offic	ame of S cial?	ource	
	Was the distribution to pers Yes ☑ No 🔲 If ye	sons identified s: <u>Nate Miley, Ala</u>	below n ameda Co Official's l	nade a unty Su Name (L	t the	e behest of	f an agency offic		ource	
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First)	sons identified s: <u>Nate Miley, Ala</u> s) and the exp	below n ameda Co Official's I blanatio nber of	nade a unty Su Vame (L on: Agen	t the pervia ast, F	e behest of sor, District 4 First) and Title Check th taxable i	f an agency offic	cial?	cial claims admiss	
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name	sons identified _{s:} <u>Nate Miley, Ala</u> s) and the exp Nurr Admis Tic	below n ameda Co Official's I blanatic	nade a unty Su Vame (L	t the pervia ast, F	 behest of sor, District 4 irst) and Title Check the taxable h also provide of the time organiza 	f an agency office f an agency office reincome box if the agency recome. If the agency of vide a description. some, describe the pub ial roles, performed by tion.	cial? Jency offi official pe blic purpc y an agen	cial claims admiss informed a ceremo ise, including cy official, individ	onial role,
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization	sons identified _{s:} <u>Nate Miley, Ala</u> s) and the exp Nurr Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Vame (L on: Agen Offic Yes	n t the pervia ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office income box if the agency of vide a description. oome, describe the pub ial roles, performed by	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	onial role, ual, or
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Vame (L on: Agen Offic Yes No	t the pervi ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Vame (L on: Agen Offic Yes No Yes	t the pervi ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Vame (L on: Agen Offic Yes No Yes No	t the pervi ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Vame (L on: Agen Offic Yes No Yes	t the perviaast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Varne (L on: Agen Offic Yes No Yes No Yes No	t the pervial ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Varne (L on: Agen Offic Yes No Yes No Yes	t the pervial ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income Income Income
	Was the distribution to pers Yes ☑ No ☐ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript	sons identified s: <u>Nate Miley, Ala</u> s) and the exp Admis Tic	below n ameda Co Official's I blanatio nber of ssion(s)/	nade a unty Su Varne (L on: Agen Offic Yes No Yes No Yes No Yes	t the pervial ast, F	 behest of sor, District 4 irst) and Title Check the taxable is also provide also provide also provide also provide altered organiza 	f an agency office f an agency office f an agency of the agency f agency of the agency of the adescription. Some, describe the pub- tal roles, performed by tion. ndance at an event held a	cial? elency offi official pe blic purpo y an agen at a County	cial claims admiss rformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income Income

3.

¢

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

: MAYE	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public I	Document
------------	----------

1.	Agency Name	_				Date Stamp	California	000
	County of Alameda						Form	302
	Division, Department, or Region (if applicable)					-	For Official U	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, 7	Title)			*******	Amendment (Must p	rovide explanation in	Part 3)
	Anna Gee, Operations Chief							
	Area Code/Phone Number E-mai					Date of Original Filing: .	(month, day, year	7
	510-891-5585 anna	.gee@acgov.org		Democratico real				
2.	Function, Event, or Ceremon	ial Role Informa	tion					
	Title Warriors vs Memphis				Face	Value of Each Admis	sion \$	
	Description Basketball game				Date(s	a)	/	/
	·					,		
	Ticket(s)/Admission(s) provided	by agency? Yes	. 171 N		If no: War	riors		
						Name of	Source	
	Yes ☑ No ☐ If yes: The identity of recipient(s) an 	ite Miley, Alameda Co Official's Id the explanatic		ast, I	Check th	e income box if the agency o		
	(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Ager Offic		also prov If not inc	ncome. If the agency official vide a description. .ome, describe the public pur ial roles, performed by an ag tion.	oose, including	
	Love Temple Missionary Baptist Chur	ch 4	Yes No		To promote atte	ndance at an event held at a Cou tial County revenue from parking a		Income
	8401 Birch Street, Oakland, CA 94621		Yes No					Income
	Christmas toy/clothing drive for needy families		Yes No					Income
			Yes		Т			Income
			No	D				
			Yes No					Income
3	Verification	n an faith fhan an ann an tha an ann an ann an ann an ann an an ann an a					na shi ka sh	
	I have read and understand FPPC Realisin accordance with the provisions.	gulations 18944.1 an	nd 1894.	2. I h		that the distribution of ad	missions, set for	

A.W.	Anna Gee	Operations Unlef	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public [Document
------------	----------

								COLUMN TRANSPORT	in the second			
1. A	gency Name						Di	ate Stam	0	Califo	ornia	$\mathbf{O}\mathbf{O}\mathbf{O}$
С	County of Alameda								For	m	002	
D	Division, Department, or Region (if applicable) Board of Supervisors								For	Official L	lse Only	
В												
St	treet Address					*******						
1	221 Oak Street, Suite 536											
	esignated Agency Contact ((Name, Title)					Г] А		/			
А	nna Gee, Operations Chie	f						nament	(must pro	vide explan	auon in i	-an 3.)
	rea Code/Phone Number	E-mail		The line is the same of the			Date of	Original	Filing:	(month, a	law year	<u>*************************************</u>
5	10-891-5585	anna.gee	@acgov.org							(month, d	ay, year	/
2. F	unction, Event, or Cere	Contraction of the second second second		tion								
Ti	itle Warriors vs Portland					Face \	/alue of	Each A	dmissi	ion \$ _ <u>1(</u>	00.00	
	Deelethell com						01	11	13			
D	escription Basketball gam	ne				Date(s	s)/	/	10	*******	_/	
	icket(s)/Admission(s) pro								ame of S	Source		
w	/as the distribution to per	rsons iden es: <u>Nate Mil</u>	tified below n ley, Alameda Co Official's	nade a ounty Su Name (L	it the	behest of	^r an ager			Source		
w	/as the distribution to per Yes I∕ No 🛄 If y	rsons iden es: <u>Nate Mil</u> (s) and th	tified below n ley, Alameda Co Official's	nade a ounty Su Name (L	nt the opervis ast, Fr	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc ceremon 	e income bu ncome. If th Idde a descri ial roles, pe	ox if the agency iption.	cial? gency offi official p	icial claims erformed a ose, includi	ceremo ng	nial role,
	/as the distribution to per Yes ☑ No ☐ If y he identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (s) and th	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic	ncy	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role,
	Vas the distribution to per Yes ☑ No ☐ If y he identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (ameda	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Ager Offic Yes No Yes	ncy	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc ceremon organiza To promote attention 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income
	As the distribution to per Yes No I If your frecipient Name (Last, First) or Organization (Name, Address, Description (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description)	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (ameda	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Ager Offic Yes No Yes	nt the opervis ast, F ncy sial	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc ceremon organiza To promote attention 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income Income
	/as the distribution to per Yes ☑ No □ If y he identity of recipient (Last, First) or Organization (Name, Address, Descrip Inited Seniors of Oakland & Al	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (ameda	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No	at the opervis ast, F ney ial	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc ceremon organiza To promote attention 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income Income
	As the distribution to per Yes No I If your frecipient Name (Last, First) or Organization (Name, Address, Description (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description)	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (ameda	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes	at the apervision of the second secon	 behest of sor, District 4 irst) and Title Check th taxable in also prov. If not inc ceremon organiza To promote atter maximize potent 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income Income Income
	As the distribution to per Yes No I If your frecipient Name (Last, First) or Organization (Name, Address, Description (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description)	rsons ident es: <u>Nate Mil</u> (s) and th (s) and th (s) and th (s) and th (s) and th	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Ager Offic Yes No Yes No Yes	nt the apervision of the second secon	 behest of sor, District 4 irst) and Title Check th taxable in also prov If not inc ceremon organiza To promote attention 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income Income
	As the distribution to per Yes No I If your frecipient Name (Last, First) or Organization (Name, Address, Description (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description) (Name, Address, Description)	rsons iden es: <u>Nate Mil</u> (s) and th (s) and th (ameda	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	the the apervision of the second seco	 behest of sor, District 4 irst) and Title Check th taxable in also prov. If not inc ceremon organiza To promote atter maximize potent 	e income bu ncome. If the ride a descri- lal roles, pe tion. ndance at an	ox if the agency iption. be the pu rformed b event held	cial? gency offi official pu blic purpo y an ager at a Count	icial claims erformed a ose, includi icy official, y facility in or	ceremo ng Individ rder to	nial role, ual, or Income 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.

A.A.	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

is in accordance with the provisions.

. Agency Name					Data Of			
					Date Stamp		California Form	802
County of Alameda Division, Department, or Region (if a	andicable				-		For Official U	Jse Only
	ippricable)							·
Board of Supervisors Street Address			11 Calores		-			
1221 Oak Street, Suite 536 Designated Agency Contact (Name, 7	Title)	tt alle twice channed as to						23675/mmmmmmmmmmmmmmm
Anna Gee, Operations Chief	illoy				Amendment (Must prov	ide explanation in	Part 3.)
Area Code/Phone Number E-mai					Date of Original F	iling:	(month, day, year	-)
510-891-5585 anna	.gee@acgov.org							,
Function, Event, or Ceremoni	ial Role Informat	tion	i New York, and a start of the					
Title Warriors vs Miami				Face	Value of Each Ac	dmissio	on \$ <u>500.00</u>	
Description Basketball game		NO11701 077 38100000, 00 0.00			s)16			/
Ticket(s)/Admission(s) provided Was the distribution to persons	identified below n	nade a	t the	behest o	of an agency offic	ame of Sc cial?	ource	
Was the distribution to persons	identified below n ate Miley, Alameda Co Official's i	nade a bunty Su Name (L	t the	behest o	of an agency offic		burce	
Was the distribution to persons Yes 🖸 No 🗋 If yes: <u>Na</u>	identified below n ate Miley, Alameda Co Official's i	nade a bunty Su Name (L	t the perviso	behest o or, District st) and Title Check t taxable also pro If not in ceremo	the income box if the agency offic he income box if the agency c by de a description. come, describe the pub nial roles, performed by	sial? ency offic official per lic purpos	ial claims admiss formed a ceremo	onial role,
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an Name (Last, First) or Organization	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/	nade a ^{uunty} Su Name (L on: Agen Offic	t the perviso ast, Fin ial	 Check t st) and Title Check t taxable also pro organiz. 	the income box if the agency offic he income box if the agency c by de a description. come, describe the pub nial roles, performed by	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	onial role, ual, or
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Agen Offic Yes No Yes	t the pervise ast, Fin	 Check t st) and Title Check t taxable also pro organiz. 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	ual, or Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Agen Offic Yes No Yes No	t the pervise ast, Fin	 Check t st) and Title Check t taxable also pro organiz. 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	ual, or Incom Incom
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Agen Offic Yes No Yes No Yes	t the pervise ast, Fin	 Check t st) and Title Check t taxable also pro organiz. 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	ual, or Incom Incom
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Agen Offic Yes No Yes No Yes No	t the pervise ast, Fir.	 Check ti taxable also pro- organiz- opromote attra aximize poter 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	Income Income Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below m ate Miley, Alameda Co Official's , ad the explanatic Number of Admission(s)/ Ticket(s) 2	nade a ounty Su Name (L on: Agen Offic Yes No Yes No Yes No Yes	t the pervise ast, Fin	 Check ti taxable also pro- organiz- opromote attra aximize poter 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	Income Income Income Income Income
Was the distribution to persons Yes ☑ No ☐ If yes: Na The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n ate Miley, Alameda Co Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Yes No Yes No Yes No Yes No	t the pervise ast, Fin	 Check ti taxable also pro- organiz- opromote attra aximize poter 	the income box if the agency offic the income box if the agency of income. If the agency of by de a description. come, description the pub nial roles, performed by ation.	cial? ency offic official per lic purpos an agenc it a County	ial claims admiss formed a ceremo se, including y official, individ facility in order to	ual, or Income Income Income

 Anna Gee
 Operations Chief
 12/20/12

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

A Public Document

1.	Agency Name				Date Stamp	California	a
	County of Alameda				F	Form	302
	Division, Department, or Region (if app.			For Official Us	e Only		
	Board of Supervisors						
	Street Address		di Weladan da Sunna Anarova Sunna an				
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)			Amendment (Must pro	vide explanation in P	art 3)
	Anna Gee, Operations Chief					woe explanation in P	an 3.)
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	
	510-891-5585 anna.ge	ee@acgov.org				(······), , ,, ,	
2.	Function, Event, or Ceremonial	Role Informat	tion		a 1997 da Brinning - Characteristica de la contrata de la contra a su companya de la contra de la contra de la		
	Not Co Cilopt Night					70.05	
	Title Not So Silent Night			Face V	/alue of Each Admiss	ion \$ <u>72.25</u>	
	Description Concert			D-1-1-	<u>, 12 , 07 , 12</u>	12 ,08	, 12
	Description			Date(s	••••••••••••••••••••••••••••••••••••••		
			manage &) promo	Warr	iors		
	Ticket(s)/Admission(s) provided by	/ agency / Yes	M NO L		Name of S	Source	****
	Was the distribution to persons ide	entified below n	nade at th	e behest of	an agency official?		
	Nate	Milev Alameda Co	unty Superv	isor District 4			
	Yes 🕢 No 🛄 If yes: <u>Nate</u>	Official's	Name (Last, I	First) and Title	and a standard standard formation and standard standards		
	The identity of recipient(a) and	the evolopetic					
	The identity of recipient(s) and		///. [<u> </u>			
	Name (Last, First)	Number of	Agency	e al actual desenvate secultations de Bener	e income box if the agency off ncome. If the agency official p		
	or	Number of Admission(s)/	Official		vide a description.		
	Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an age		al, or
		<u>1. 1</u>	Vee 🖻	organizat	tion. ndance at an event held at a Count	v facility in order to	Incore
	Kokotaylo, Kristopher	1	Yes ☑ No □		ial County revenue from parking ar		Income
					₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		
	Carrion, Ashley	1	Yes 🗖 No 🖸		attendance at an event held at a	• •	Income
				order to maxir	nize potential County revenue	from parking and	
	Miley, Sarah	4	Yes	To promote at	Itendance at an event held at a	County facility in	Income
			No 🗹	order to maxir	nize potential County revenue t	from parking and	
			Yes 🗖				Income
			No 🗖	ļ			
			Yes 🗖				Income
10.03222			No 🗖				D
3.	Verification						
	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adn	nissions, set forth	n above,
\sim	is in accordance with the provisions.						

	Anna Gee	Operations Chief	12/20/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
A Pub	lic	Document	
-------	-----	----------	
-------	-----	----------	

1.000	This proves and a second s						NAMES OF TAXABLE PARTY.
1.	Agency Name				Date Stamp		California
	County of Alameda						California Form 802
	Division, Department, or Region (if applic	able)				ſ	For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536					1	
2	Designated Agency Contact (Name, Title)						
	Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (A	Aust provi	ide explanation in Part 3.)
	Area Code/Phone Number E-mail	1			Date of Original Fil	ing:	
	(510) 272-3882 crystal.hi	shida@acgov.	ora				(month, day, year)
_	Function, Event, or Ceremonial F				the second second second		
							GODD
	Title WARDLOTS			Face Va	lue of Each Ad	missic	on \$
	Richath				5 11 c	2	
	Description Du Ster Du	ul		Date(s)	3,11,1	5	//
	Ticket(s)/Admission(s) provided by	agency? Yes	D No	If no:	SW		
			Nar	ne of So	ource		
			15				
			made at the	behest of a	in agency offici	al2	
	Was the distribution to persons ider	itified below i				al?	
	Was the distribution to persons ider	itified below i da County Supe	ervisor Scott	Haggerty, Di		al?	
	Was the distribution to persons ider Yes 🕅 No 🔲 If yes: Alame	ntified below r da County Sup Official's	ervisor Scott Name (Last, Fir	Haggerty, Di		al?	
	Was the distribution to persons ider	ntified below r da County Sup Official's	ervisor Scott Name (Last, Fir	Haggerty, Di		al?	
	Was the distribution to persons ider Yes X No I If yes: Alame The identity of recipient(s) and th	ntified below r da County Sup Official's	ervisor Scott Name (Last, Fir	Haggerty, Di st) and Title	strict 1	ncyroffic	ial claims admission as
	Was the distribution to persons ider Yes X No I If yes: Alame The identity of recipient(s) and th Name (Liast First))	ntified below i da County Sup Official's ne explanatio	ervisor Scott Name (Last, Fir DR: Agency	Haggerty, Di st) and Title Oheckithe taxable inc	strict 1 ncome box if the age one. If the agency of	ncyroffic	ial claims admission as formed a ceromonial role).
	Was the distribution to persons ider Yes X No I If yes: Alame The identity of recipient(s) and the (Linst/First) or Organization	ntified below i da County Sup Official's ne explanatio	ervisor Scott Name (Last, Fir on:	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceremonial role).
	Was the distribution to persons ider Yes ⋈ No ロ If yes: Alame The identity of recipient(s) and th Name (Linst/First))	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir DR: Agency	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceremonial role).
3	Was the distribution to persons ider Yes X No I If yes: Alame The identity of recipient(s) and the (Linst/First) or Organization	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agençy Official	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed acceremonial role,
	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Official	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role, exincluding y official, individual, or
	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Official Yes	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role exinctitiding y official, individual, or Incom
	Was the distribution to persons ider Yes X No I If yes: Alame The identity of recipient(s) and the (Linst/First) or Organization	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir DIT: Agency Official Yes I No I	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role e, including y official, individual, or Incom
- Internet and the second	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD 6134 BALL OAK CT-	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Official Yes D Yes D	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role sexincluding y official, individual, or Incom Incom
-	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir DR: Agency Dfficial Yes No Yes No Yes No Yes No	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role e, including y official, individual, or Incom
-	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD 6134 BALL OAK CT-	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Cofficial Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role exinctitiding y official, individual, or Incom Incom Incom
-	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD 6134 BALL OAK CT-	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir On: Agency Official Yes No Yes No Yes No Yes No	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role exincluding yofficial, individual, or Incom Incom Incom Incom Incom
-	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD 6134 BALL OAK CT-	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Official Yes No Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	tormed a ceromonial role sexincluding yofficial, individual, or Incom Incom Incom Incom
- Internet in the second	Was the distribution to persons ider Yes No If yes: Alame The identity of recipient(s) and the Name (Last First)) Organization (Name, Address, Description) CUNTON CONRAD 6134 BALL OAK CT-	da County Sup Official's De explanatio	ervisor Scott Name (Last, Fir on: Agency Official Yes No Yes No Yes No Yes No	Haggerty, Di st) and Title • Checkithe (taxable inc also provid	strict 1 ncome box lifthe age ome. If the agency of le a description.	ncy offic ficial per	formed a ceromonial role exincluding yofficial, individual, or Incom Incom Incom Incom Incom

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

A Public Document

	CREUAAIIII33IOII DISII	induone	,						ooumoni
1.	. Agency Name					Date Stamp	Californi	a gno	
	County of Alameda							Form	
	Division, Department, or Regi	on (if applica	ble)					For Officia	al Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					·	
	Area Code/Phone Number	E-mail	анан — 3399 нис 2012 орос 27 ниц төрөөс 34940 ор				Date of Original Filing: _	(monlh, day, y	ear)
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
								150	
	Title Warriors vs. 76ers	48)-4			•	Face \	/alue of Each Admiss	ion \$	
	n Baskethall					Data) 01 / 09 / 13	,	1
	Description Basketball	<u></u>			•	Date(s)		
					(prostory)	u Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	wided by a	igency? Yes		\checkmark	If no:	Name of S	Source	
Was the distribution to persons identified below made at the behest of an agency					an agency official?				
		Carson.	Keith Alameda	Countv S	Supe	rvisor			
	Yes 🖸 No 🔲 If ye	es:	Official's	Name (La	ist, F	irst) and Title			
	The identity of reginight	(a) and th	o ovplanatio						
	The identity of recipient	(s) and th	e explanatio	on: 					
	Name (Last, First)		Number of	Agon			e income box if the agency off ncome. If the agency official p		
	or		Number of Admission(s)/	Ageno Offici		also prov	ovide a description.		
	Organization (Name, Address, Descrip 	otion)	Ticket(s)			ceremon organiza		ncy official, indi	vidual, or
	Williams, Sharifa			Yes			ndance at a County facility in order revenue from parking and conces		Income
			4	No	<	potential County	revenue nom parking and conces		
				Yes					Income
				No		aurusumunanitisi da uktivisi kiliterili			
				Yes					Income
		011414204004400000000000000000000000000		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.

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

A Public Document

	cket/Admission Distr	iputions					F	A PUDIIC DU	
1.	Agency Name						Date Stamp	California Form	202
	County of Alameda						Form	004	
	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 p	rovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						un 0.)
	HOMORED AND AND AND AND AND AND AND AND AND AN	E-mail					Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org				(1101111, 00), you	
2.	Function, Event, or Cere								
								* 4 = 0	
	Title Warriors vs. Hornets					Face V	/alue of Each Admis	sion \$ _ <u>\$150</u>	
	Paskathall						.) <u>12</u> 18_12		
	Description Basketball					Date(s) <u> </u>	//	/
						Cald	on State Merriara		
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		0 🖸	If no: Goid	Name o	f Source	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Yes 🗹 No 🔲 If y	es. Carson,	Keith Alameda	County	Supe	rvisor			
		00.	Keith Alameda (<i>Official's</i>	Name (l	.ast, F	First) and Title	,		
	The identity of recipient	(s) and th	e explanatio	on:					
	Name	(-)	1	[Check th	e income box if the agency o	official claims admiss	sion as
	(Last, First)		Number of	Age	ncy	taxable ii	ncome. If the agency official		
	or Organization		Admission(s)/	Offic	cial		vide a description. ome, describe the public pu	pose, including	
	(Name, Address, Descrip	otion)	Ticket(s)			ceremon organiza	ial roles, performed by an ag	ency official, individ	ual, or
	Asian Community Collaborative			Yes	Π		ool or nonprofit organization for i	ts contributions to the	Income
	Coordinate API serving CBOs		4	No		community.			
				Yes					Income
				No					
	Exected with the first of the f	anderson and		Yes	<u> </u>		ann an ann an an an an air an an air a tha an		Income
				No					
		ale <u>n i anno comu vasc-occum-</u> o		Yes			<u></u>		Income
				No					
				Yes					Income
				No					
3	Verification								
0.	* stilloution								

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.

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

A Public Document

1. Agency Name	. Agency Name					California	802
County of Alameda						Form	
Division, Department, or Region (if applica	ble)					For Official Us	se Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, Board of S	upervisors					-	
Area Code/Phone Number E-mail		**************************************	÷		Date of Original Filing: _	(month, day, year)	
(510) 272-3882 crystal.his	hida@acgov.o	org					
2. Function, Event, or Ceremonial R	ole Informat	tion					
						@ 1 E O	
Title Warriors vs. Hornets				Face \	/alue of Each Admiss	ion \$	
n Basketball) 01 , 31 , 13	,	1
Description Basketball				Date(s)	/	/
	0.14			ur Gold	en State Warriors		
Ticket(s)/Admission(s) provided by a	gency? Yes		0 1/	If no:	Name of S	Source	
Was the distribution to persons iden	tified below n	nade a	at the	e behest of	an agency official?		
Var D Na D If where Carson.	Keith Alameda	Countv	Supe	rvisor			
Yes 🖸 No 🗋 If yes: Carson,	Official's	Name (L	ast, F	irst) and Title			
The identity of recipient(s) and th	o ovplanatic	.					
		///. 			- ! h !# 4h ##	(
Name (Last, First)	Number of	Agei	nev	F	e income box if the agency off ncome. If the agency official p		
or	Admission(s)/	Offic		-	also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or		
Organization (Name, Address, Description)	Ticket(s)			ceremon			
		Yes	 -	organiza To reward a sch	tion. ool or nonprofit organization for its	contributions to the	Income
Asian Community Collaborative Coordinate API serving CBOs	4	No		community.			
		Yes					
		No					Income
		Yes No					Income
		Yes					
		No					Income
			-		พระพุมพรรมพรรมการสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวส		<u> </u>
		Yes No					Income

3. Verification

Å

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

A Public	Document
----------	----------

A concurrent Manual		.			A Public Docume
1. Agency Name				Date Stamp	California 802
County of Alameda Division, Department, or Region <i>(if applicabl</i> e			Form 0007 For Official Use Only		
	e)				For Onicial Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Crystal Hishida Graff, Clerk, Board of Su	nervisors			Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing	J:
(510) 272-3882 crystal.hish	ida@acgov.	ora			(month, day, year)
2. Function, Event, or Ceremonial Ro					
Title Bruce Springs	ten		Face V	alue of Each Admi	55ion \$ 103 200
Parant					•
Description			Date(s	11,30,1	
Ticket(s)/Admission(s) provided by ag	ency? Yes	□ No □	lf no:	Mamo	of Source
				wanie	
Was the distribution to persons identif	ied below r	made at the	behest of	an agency official	?
Alameda	County Sup	ervisor Scott	Hannerty [District 1	
Yes 🕅 No 🗔 If yes: Alameda	Official's	Name (Last. F	irst) and Title		×
The identity of recipient(s) and the					
1 Store is some for the second property of the second se	explanation			i still worden state at he was a statement	
Name (Last First)	Number of	Agency	taxablerin	come/lifthe/agency/offici	rofficial claims admission as) aliperformed arceremonial irole.
Or an Article	Admission(s)/	Official	👘 🕺 also prov	lde ardescription. Die: describethe public.p	a service and the service of the
(Name, Address, Description).	Tiicket(s)		ceremoni	aliroles, performed by an a	urpose; including, igency:official; individual; or
T . /		Yes 🗖			nty sponsored event in order
Donna Garrison	2	No 🛒	to maxir - parking	nize potential county rev	venue for concession and
2323 Ruby Hill Drive		Yes 🗖	- parking	50105.	
		No 🗖		-	 -1
Pleasanton, CA 94566		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes			Incom
		No 🗖			
. Verification	100444	1100 10 11			
I have read and understand FPPC Regulation is in accordance with the provisions.	15 10944.1 an	iu 18942.1ha	ive verified ti	nat the distribution of a	admissions, set forth above,
$\left(\int \left(\int \right) \right) = \sum_{i=1}^{n} \left(\int \left(\int \left(\int \right) \right) \right) = \int \left(\int $	1 6	_			
KULLIN GTUN	Lee Ann I	Fergerson	Ticke	t Administrator	11-7-1

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

Print Name

Signature of Agency Head di Destignee

U

(month, day, year)

Title

A Public	Document
----------	----------

				F	A Public Document
1. Agency Name				Date Stamp	California Form 802
County of Alameda					Form OUZ
Division, Department, or Region (if applica	able)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amondmont (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				Novide explanation in Part 3.)
Area Code/Phone Number E-mail			. 	Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.his	shida@acgov.	org			(monin, day, year)
2. Function, Event, or Ceremonial R	lole Informa	tion			
Title Bruce Springs	00.0				102 20
Title toruce opvings	een		Face \	/alue of Each Admis	sion \$ 103.22
Description <u>Concer</u>	٢		Date(s	11,30,12	
			v		
Ticket(s)/Admission(s) provided by a	agency? Yes		If no:	GSW	
				Name o	f Source
Was the distribution to persons iden	tified below r	nade at the	hehest of	an agonov official?	
Yes 🕅 No 🔲 If yes:	da County Supe	ervisor Scott	Haggerty, I	District 1	× .
	Official's	Name (Last, F	irst) and Title		
The identity of recipient(s) and th	ie explanatio	on:			
Name		THE PLAT	el Checkith	elincomelbox(if(thelagency/c	officialiclaimstadmissionias
(Last/First)	Numberlof	Agency	taxable ji	icome: If the agency official (deva/description)	pentormed acceremonial role,
Organization	Admission(s)/. Ticket(s)		. If not inc	ome: describe the joublic out	pose, including
(Name, Address, Description)			Ceremon 2	ialiroles, performed by an ag lion	ency official, individual, or
Delara Nepop	47	Yes 🗖	To prom	ote attendance at a count	v sponsored event in order
Jeaner , seeplee	FL	No 🕅	to maxin - parking s	nize potential county rever	nue for concession and
Delara Nappo 5586 Corte Sonora		Yes 🗖	- parking (Jaica.	
Pleasanton CA		No 🗖			
94566		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
·		No 🗖		- Te 18	
		Yes 🗖			Income
		No 🔲			
3. Verification					
I have read and understand FPPC Regulati , is in accordance with the provisions.	ions 18944.1 an	d 18942. I ha	ave verified t	hat the distribution of ac	lmissions, set forth above,

Kulhu Gray	Lee Ann Fergerson	Ticket Administrator	1) - 7 - 12_
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

A Public Do	cument
-------------	--------

trans a period of the second second of the second				n	i ubile boculle
. Agency Name				Date Stamp	California 802
County of Alameda					Form 804
Division, Department, or Regi	on (if applicable)			-	For Official Use Only
Board of Supervisors					
Street Address				-	
1221 Oak Street, Suite 536					
Designated Agency Contact (/	vame, Titie)				
Crystal Hishida Graff, Clerk,	Board of Supervisors			Amendment (Must pro	ovide explanation in Part 3.)
	E-mail			Date of Original Filing: _	
(510) 272-3882	crystal.hishida@acgov	/ org			(month, day, year)
. Function, Event, or Cere					
Title_Warm	375		Face \	/alue of Each Admiss	ion \$ 9500
DescriptionBas	stetball		Date(s	1 0 12	/ /
			2	(SU)	
Ticket(s)/Admission(s) prov	vided by agency? Ye	s GCNO D	If no:	Name of S	Source
					500/00
Was the distribution to per-	sons identified below	made at the	behest of	f an agency official?	Ŧ
X	Alameda County Su	pervisor Scott	Haggerty	District 1	
Yes 📉 No 🗖 Ifye		s Name (Last, Fil			14 - C
The identity of recipient(sy and me		
Name		a en sala de de la com	• Oheckith	e income box if the agency off	icial claims admission as
(Last, First)	Number of	Agency	taxable in	ncome. If the agency official p vide a description.	erformed a ceremonial role,
Organization	Admission(s) "Ticket(s)	/ Official		ome describe the public purp	ose, including
(Name /Address, Descrip	lion),		organiza	ial roles, performed by an age tion.	nçy official, individual, or
1.1.1. 20	L	Yes 🗖	To prom	ote attendance at a county	sponsored event in order
ver Laws	1	No Do	parking s	nize potential county revenu sales.	e for concession and
12714 Autor	CL H D	Yes 🗇	1. Franciska († 1987) 1. stanistik († 1987)		
649 Finitioch	21 4F C.	No 🔲			Ц
Oakland, CA	951.11	Yes 🗖			Incom
unnun, ch	1361	No 🗖			
		Yes 🗖			Incom
		No 🗖			
		Yes 🗖			Incom
		No 🗖			
. Verification					
I have read and understand FPF	°C Regulations 18944.1 a	nd 18942. I ha	ve verified t	hat the distribution of adn	nissions, set forth above
is in accordance with the provisi	ons.				
Valle Arian	Lee Ann	Fergerson	Ticke	et Administrator	1-11 -1
Taken of the M		reigerson	ПСКе	ar Administrator	

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

Print Name

Signature of Agency Head of Designee

0

(month. day, year)

Title

A Public Document

1.	Agency Name						Date Stamp	California 802	
	County of Alameda							Form 004	
	Division, Department, or Regi	on (if applica	ble)					For Official Use Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pr	ovide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					, ,	
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	tion					
	Title Not So Silent Night					Face \	/alue of Each Admiss	sion $\frac{72.25}{5.25}$	
	n Concert					- / /	、12 ,07 ,12	12 ,08 ,12	
	Description Concert					Date(s	s) <u>12</u> 07 <u>12</u> <u>12</u> 08 <u>12</u>		
							en State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🗋 No	\checkmark	If no:	Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade at	the	e behest of	an agency official?		
		Carson	Keith Alameda (County S	unoi	nvisor			
	Yes 🖸 No 🗋 Ifye	es:	Keith Alameda (Official's	Name (La	st. F	irst) and Title			
						,			
	The identity of recipient	(s) and th	e explanatio	n:				~~~~	
	Name						e income box if the agency of ncome. If the agency official		
	(Last, First) or		Number of Admission(s)/	Ageno Officia	-		vide a description.	serierinea a serementar reie,	
	Organization (Name, Address, Descrip	tion)	Ticket(s)			£	ome, describe the public purp ial roles, performed by an age		
						organiza		nuice to the nublic	
	Simpson, Sam			Yes		TO REWARD A COM	information for the se	income	
			4	No					
				Yes				Income	
	and a subscription of the			No					
				Yes				Income	
				Yes				Income	
				No					
				Yes				Income	
		문명		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.

In Amago	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	802
County of Alameda					Form	
Division, Department, or Region (if	applicable)				For Official L	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	11					
Designated Agency Contact (Name,	, Title)			Amendment (Must	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Boar						
Area Code/Phone Number E-ma	ail			Date of Original Filing	(month, day, year)
	stal.hishida@acgov.o					
2. Function, Event, or Ceremor	nial Role Informat	ion				
Title Katt Williams			Face V	alue of Each Admis	ssion \$ <u>58.00</u>	N. Machine Marketory (Construction)
				44 16 10		
Description <u>comedy</u>			Date(s)	11 16 12	///	/
Ticket/c)/Admission/c) provide	d hy aganay? Vaa					
The identity of recipient(s) a	s identified below n Carson, Keith Alameda (Official's i	nade at th County Supe Name (Last, J	e behest of ervisor First) and Title		?	sion as
Was the distribution to persons Yes ☑ No □ If yes: <u>○</u> The identity of recipient(s) a Name (Last, First)	s identified below n Carson, Keith Alameda (Official's a and the explanatic Number of	nade at th County Supe Name (Last, i on: Agency	e behest of ervisor First) and Title • Check the taxable in	an agency official a income box if the agency icome. If the agency officia	? official claims admiss	
Was the distribution to persons Yes ☑ No □ If yes: <u>○</u> The identity of recipient(s) a _{Name}	s identified below n Carson, Keith Alameda (Official's i and the explanatic	nade at th County Supe Name (Last, 1	e behest of ervisor First) and Title Check the taxable in also provi If not inco	an agency official a income box if the agency icome. If the agency official ide a description. bome, describe the public pu al roles, performed by an a	official claims admis al performed a ceremo	onial role,
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization	s identified below n Carson, Keith Alameda (Official's i and the explanatic Number of Admission(s)/	nade at th County Supe Name (Last, i on: Agency	ervisor First) and Title • Check the taxable in also provi • If not inco ceremonia organizati To promote attem	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	onial role,
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Carson, Keith Alameda (Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at th County Supe Name (Last,) on: Agency Official Yes 🗖	 e behest of ervisor First) and Title Check the taxable in also provious or the taxable in also provide the taxable in	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	ual, or Income
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Carson, Keith Alameda (Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at th County Supe Name (Last, i on: Agency Official Yes I No I	 e behest of ervisor First) and Title Check the taxable in also provious or the taxable in also provide the taxable in	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	lual, or Income
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Carson, Keith Alameda (Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at th County Supe Name (Last,) on: Agency Official Yes No Yes No Yes No	 e behest of ervisor First) and Title Check the taxable in also provious or the taxable in also provide the taxable in	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	lual, or Income
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Carson, Keith Alameda (Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at th County Supe Name (Last, 1) on: Agency Official Yes No No No No No No No No	 e behest of ervisor First) and Title Check the taxable in also provious or the taxable in also provide the taxable in	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	Income
Was the distribution to persons Yes I No I If yes: C The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Carson, Keith Alameda (Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at th County Supe Name (Last,) on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	 e behest of ervisor First) and Title Check the taxable in also provious or the taxable in also provide the taxable in	an agency official a income box if the agency icome. If the agency official ide a description. ome, describe the public pu al roles, performed by an a ion. dance at a County sponsored order to maximize potential Co	official claims admis al performed a ceremo urpose, including agency official, indivic event or event held at a	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.

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

A Public Document

1.	Agency Name						Date Stamp	California	000
	County of Alameda						Form	012	
	Division, Department, or Regi	ion (if applica	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address	ana ann an ann an ann an an Ail							
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	L	Dart 21
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					wide explanation in F	ran 3.)
	Area Code/Phone Number	E-mail	apornooro				Date of Original Filing:	(month, day, year	
	(510) 272-3882	crystal.his	hida@acgov.o	org				(month, day, year,	
2.	Function, Event, or Cere	C. C		AND STREET, STORE					
	Ookland Paidors vs. K	aneae City	Chiefe					• • 222	
	Title Oakland Raiders vs. Ka	ansas City				Face V	alue of Each Admiss	ion \$ <u></u>	
	Description Basketball					Date(s) <u>12 16 12</u>	1	1
						Date(S)		
	Ticket(s)/Admission(s) pro	vided by a	aency? Yes		0 [7]	If no: Oakl	and Raiders		
	noket(s//kamosion(s) pro		geney: res				Name of S	Source	
	Marine the second s								
	Was the distribution to per	rsons laen	anea below n	nade a	at the	e benest of	an agency official?		
	Yes 🗹 No 🔲 Ify	es. Carson,	Keith Alameda (Official's	County	Supe	rvisor			
			Official's	Name (L	ast, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		•			Check th	e income box if the agency of	icial claims admiss	ion as
	(Last, First)		Number of	Ager	-		ncome. If the agency official p	erformed a ceremo	nial role,
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	If not inc	/ide a description. ome, describe the public purp	ose, including	
	(Name, Address, Descrip	otion)	Ticket(a)			ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	ual, or
	Carson, Keith			Yes	7		ndance at a County sponsored eve		Income
			4	No		County facility in parking and con	order to maximize potential Coun cession sales	y revenue from	
	Sanchez, Mina			Yes	\checkmark		County employee for his or her	exemplany service	
			4	No			r to encourage staff developm		Income
	Brooks, Rodney			Yes	\checkmark	To reward a C	county employee for his or her		
			2	No				exemplary service	
			–	110		to the public c	r to encourage staff developm		
	Brown, Aisha			Yes			r to encourage staff developm	ent	Income
	Brown, Aisha		4			To reward a (ent exemplary service	Income
	Brown, Aisha Shrago, Amy			Yes		To reward a C to the public c	r to encourage staff developm County employee for his or her	ent exemplary service ent	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.

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

A Public Document

	CREI/AUTIISSION DISU	inutiona	2				~ ~		
1.	Agency Name						Date Stamp	California Form	002
	County of Alameda						Form	004	
	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)	NUCCOURT AND A STRATEGY THE STRATEGY AND A STRATEGY A				Amendment (Must pr	rovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						
	Area Code/Phone Number	E-mail	***************************************	******	0001090-1908A		Date of Original Filing:	(month, day, yea	r)
	(510) 272-3882	crystal.his	shida@acgov.o	org					,
2.	Function, Event, or Cere	monial R	ole Informat	tion					
								4.0.0	
	Title Warriors vs. Jazz		1949-2012/018040/0100/0812/112/00/071112/40/0212/072/03/07			Face \	/alue of Each Admiss	sion \$ _ <u>100</u>	-
	- Rockotholl						6) 04 07 13		
	Description Basketball	· · · · · · · · · · · · · · · · · · ·				Date(s	s)	/	/
	·					Cold	Ion State Marriero		
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗹	If no:	Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade a	nt the	e behest of	f an agency official?		
		Caraaa	Kaith Alamada (Country	C				
	Yes 🖸 No 🔲 If ye	es: <u>Carson,</u>	Keith Alameda	Namo (I	Supe	First) and Title			
	The identity of recipient	s) and th	e explanatio	on:					
	Name						e income box if the agency of ncome. If the agency official		
	(Last, First) or		Number of Admission(s)/	Agency Official	1	vide a description.	performed a cerem	oniai role,	
	Organization	4:)	Ticket(s)				ome, describe the public purpose, including ial roles, performed by an agency official, individual, or		dual. or
	(Name, Address, Descrip					organiza	tion.		······
	Sanchez, Mina			Yes	_		unty employee for his or her exem ourage staff development	plary service to the	Income
			4	No			·		
				Yes					Income
				No					
				Yes					Income
				Yes					Income
	Roctument-Sources/contract-contractors and a second statement of the second statem		-	No					
				Yes					Income
				No					

3. Verification

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

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

A Public Document

IC	Reliaunission Dist									
	Agency Name						Date Stamp)	California	000
	County of Alameda								Form	002
	Division, Department, or Reg	ion (if applica	ble)						For Official	Jse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
•	Designated Agency Contact ((Name, Title)	LD27.270.01290.00000000000000000000000000000000				F1 Amondmont	(14. at - 20)	uide evelopetion in	D-#21
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				Amendment	(Musi prov	nde explanation in	Part 3.)
	Area Code/Phone Number	E-mail					Date of Original I	Filing:	(month, day, yea	<i>r</i> }
	(510) 272-3882	crystal.his	shida@acgov.o	ora					(month, day, yea	")
A1721	Function, Event, or Cere									
•	Title Warriors vs. Spurs				-	Face V	/alue of Each A	dmissi	on \$ <u>_200</u>	
							04 15	13		
	Description Basketball				CICAL	Date(s	;) <u>04 </u>		/	/
	Ticket(s)/Admission(s) pro						,,	lame of S	ource	
,	Was the distribution to pe	r sons iden res: <u>Carson,</u>	tified below n Keith Alameda (<i>Official's l</i>	nade a County Name (L	at the Super	e behest of	,,		ource	
,	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (<i>Official's l</i>	nade a County Name (L	Super Super ast, F	 behest of rvisor iirst) and Title Check the taxable in also prove If not inc ceremon 	f an agency offi e income box if the ag ncome. If the agency vide a description. some, describe the pul ial roles, performed b	cial? gency offi official po blic purpo	cial claims admis orformed a cerem ose, including	onial role,
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's i e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic	Super Super ast, F	 behest of rvisor iirst) and Title Check th taxable in also prov If not inc ceremon organiza 	f an agency offi e income box if the ag ncome. If the agency vide a description. some, describe the pul ial roles, performed b	gency offi official pe blic purpc y an agen	cial claims admis arformed a cerem ase, including icy official, individ	onial role, dual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's i e explanatio Number of Admission(s)/	nade a County Name (L on: Ager Offic	Super Super	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No	at the Super _ast, F	 behest of rvisor iirst) and Title Check th taxable in also prov If not inc ceremon organiza To promote attention 	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No Yes	at the Super- ast, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Agen Offic Yes No Yes No	at the Super Last, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No Yes	at the Super Last, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No Yes No Yes No	at the Super ast, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	anial role, dual, or Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No Yes No Yes	at the Super ast, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> c(s) and th	tified below n Keith Alameda (Official's l e explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the Super ast, F	 behest of visor iirst) and Title Check the taxable in also provoid the taxable in also pro	f an agency offi e income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. ndance at a County spor	gency offi official po blic purpo by an agen	cial claims admis orformed a cerem ose, including icy official, individ nt or event held at a	onial role, dual, or 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.

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

A Public Document

1. Agency Name		Date Stamp California 802	
County of Alameda			Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name	e, Title)		Amendment (Must provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors		
Area Code/Phone Number E-n	nail		Date of Original Filing:(month, day, year)
(510) 272-3882 cry	vstal.hishida@acgov.o	org	
2. Function, Event, or Ceremo	nial Role Informat	ion	
Title Warriors vs. TRAPBLA	12025		Face Value of Each Admission \$ _100
Description Basketball			Date(s)///
-	ns identified below n Carson, Keith Alameda (Official's (nade at the County Supe Name (Last, F	e behest of an agency official?
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 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
		Yes □ No □	Income
		Yes 🗖 No 🗖	
		Yes □ 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.

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

A Public Document

				and the second					
1.	. Agency Name					Date Stamp	California	802	
	County of Alameda							Form	
	Division, Department, or Region (if applicable)							For Official U	se Only
	Board of Supervisors						·		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				<u>, , , , , , , , , , , , , , , , , , , </u>	Amendment (Must pr	ovide explanation in F	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				,	
								500	
	Title Warriors vs. Lakers					Face \	/alue of Each Admiss	sion \$	
	- Basketball					.) <u>03</u> <u>21</u> <u>13</u>	,	,
	Description Basketball	M0-1-11			_	Date(s	i)//		
			• • •			ur Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	ovided by a	gency? Yes		0 🗹	If no:	Name of	Source	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	an agency official?		
		Corpon	Koith Alamada (County	Supo	nvicor			
	Yes 🗹 No 🔲 Ify	es: <u>Carson,</u>	Keith Alameda (Official's I	Name (Supe	irst) and Title			
						noty and mos			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name						e income box if the agency o ncome. If the agency official		
	(Last, First) or		Number of Admission(s)/	Age Offi	-	1	vide a description.	perioritica a coreino	marrole,
	Organization		Ticket(s)		Giai	 If not inc 	ome, describe the public pur ial roles, performed by an age	pose, including	ual or
	(Name, Address, Descri	otion)				organiza	tion.		
	Carson, Keith			Yes	\checkmark		ndance at a County sponsored ev order to maximize potential Court		Income
			4	No		parking and con	,		
	Brooks, Rodney			Yes	$\overline{}$	To reward a (County employee for his or he	r exemplary service	Income
			2	No			or to encourage staff developn		
	Sanchez, Mina			Yes	7	To reward a (County employee for his or he	exemplany service	Income
			5	No			or to encourage staff developn		
	Drawn Airba			Yes	\checkmark		County employee for his or he		Income
	Brown, Aisha		4	No			or to encourage staff developr		
	Shraqo Amu			Yes	\Box	1	County employee for his or he		Income
	Shrago, Amy Greene, Hannah		2,2	No		1	or to encourage staff developr		
X 1111122				1			s, to onlocatago otan autolopi		

3. Verification

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

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

A Public Document

•••									
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regi	on (if applica	ble)					For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						,
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
								100	
	Title Warriors vs. Bucks				-	Face V	/alue of Each Admiss	ion \$	
	Backothall						a) <u>03</u> 09 13	,	,
	Description Basketball					Date(s	;)//		/
				5			en State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🖸	If no: <u>oold</u>	Name of S	Source	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	an agency official?		
		0		C	0				
	Yes 🖸 No 🔲 Ify	es: <u>Carson,</u>	Keith Alameda	Jounty	Supe	rvisor First) and Title	A AN AN ANALYSIN NAVANAS .		
					-031, 7	noty and thic			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name						e income box if the agency off ncome. If the agency official p		
	(Last, First) or		Number of Admission(s)/	Age Offic	-	1	vide a description.		iniai role,
	Organization		Ticket(s)		Jiai		ome, describe the public purp ial roles, performed by an age		ual or
	(Name, Address, Descrip	otion)				organiza	tion.		
	Carson, Keith			Yes	\checkmark		ndance at a County sponsored even order to maximize potential Count		Income
			4	No		parking and con	•		
				Yes					Income
				No				****	
				Yes					Income
				No					
				Yes					Income
				No	D				
				Yes					Income
				No					
-0557572				<u> Les constant</u>					

3. Verification

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

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

A Public Document

gency Name						Date Stamp	California	802
ounty of Alameda							Form	
vision, Department, or Reg	ion (if applica	ble)					For Official U	se Only
pard of Supervisors								
reet Address		<u>анциялары жарын көнкстер торылуу областуу</u>						
21 Oak Street, Suite 536								
signated Agency Contact	(Name, Title)	standarda zaczenia -				Amendment (Must pr	ovide explanation in I	Part 3.)
ystal Hishida Graff, Clerk	, Board of S	upervisors					·	
ea Code/Phone Number	E-mail		Contract of Contractor			Date of Original Filing: _	(month, day, year,	
10) 272-3882	crystal.his	hida@acgov.c	org					
unction, Event, or Cere	emonial R	ole Informat	ion					
Marriero ve Supe					_ 、		• • 100	
					Face \	alue of Each Admiss	sion \$	
Basketball					Data/s	02,02,13	,	1
escription <u></u>				-	Date(s)//		
				. —	If no. Gold	en State Warriors		
cket(s)/Admission(s) pro	bvided by a	igency? res		οM	II 110	Name of	Source	<u></u>
				Supe .ast, F	rvisor First) and Title			
					Check th	e income box if the agency o		
(Last, First)		Number of	Ager				ficial claims admiss	ion as
or Organization				ncy		ncome. If the agency official		
(Name, Address, Descri		Admission(s)/	Offic	-	also prov		performed a ceremo	
(ption)	Admission(s)/ Ticket(s)	-	-	also prov If not inc ceremon	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an age	performed a ceremo pose, including	nial role,
	ption)	• • •	Offic	cial	also prov If not inc ceremon organiza To promote atte	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an age tion. ndance at a County sponsored ev	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or
arson, Keith	ption)	• • •	-	cial	also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role,
	ption)	Ticket(s)	Offic Yes No		also prov If not inc ceremon organiza To promote atte	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income
	ption)	Ticket(s)	Offic Yes		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income
	ption)	Ticket(s)	Offic Yes No Yes		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income Income
	ption)	Ticket(s)	Offic Yes No Yes No		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income Income
	ption)	Ticket(s)	Offic Yes No Yes No Yes		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income Income Income
	ption)	Ticket(s)	Ves No Yes No Yes No		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income Income Income
	ption)	Ticket(s)	Offic Yes No Yes No Yes		also prov If not inc ceremon organiza To promote atte County facility in	ncome. If the agency official vide a description. ome, describe the public purp ial roles, performed by an age tion. ndance at a County sponsored ev order to maximize potential Court	performed a ceremo pose, including ency official, individ ent or event held at a	nial role, ual, or Income Income Income Income
	bard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact of ystal Hishida Graff, Clerk, ea Code/Phone Number 10) 272-3882 Inction, Event, or Cercon le Warriors vs. Suns escription Basketball cket(s)/Admission(s) pro- as the distribution to pe Yes ☑ No □ If y he identity of recipient Name (Last, First)	bard of Supervisors reet Address 121 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Sea Code/Phone Number 10) 272-3882 crystal.his Inction, Event, or Ceremonial R Ile Warriors vs. Suns escription Basketball cket(s)/Admission(s) provided by a as the distribution to persons iden Yes ☑ No □ If yes: Carson, ne identity of recipient(s) and th	bard of Supervisors reet Address 121 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors ea Code/Phone Number 10) 272-3882 crystal.hishida@acgov.c inction, Event, or Ceremonial Role Informat tle Warriors vs. Suns escription Basketball cket(s)/Admission(s) provided by agency? Yes as the distribution to persons identified below no Yes ☑ No □ If yes: Carson, Keith Alameda (Official's) ne identity of recipient(s) and the explanation	bard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 10) 272-3882 inction, Event, or Ceremonial Role Information Ie Warriors vs. Suns escription Basketball cket(s)/Admission(s) provided by agency? Yes □ Ne as the distribution to persons identified below made a Yes ☑ No □ If yes: Carson, Keith Alameda County Official's Name (I	pard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors ea Code/Phone Number [E-mail] 10) 272-3882 crystal.hishida@acgov.org inction, Event, or Ceremonial Role Information Ile Warriors vs. Suns escription Basketball cket(s)/Admission(s) provided by agency? Yes □ No ☑ as the distribution to persons identified below made at the Yes ☑ No □ If yes: Carson, Keith Alameda County Supe Official's Name (Last, F	pard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors ea Code/Phone Number 10) 272-3882 crystal.hishida@acgov.org inction, Event, or Ceremonial Role Information Ie Warriors vs. Suns scription Basketball Date(s cket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Gold as the distribution to persons identified below made at the behest of Yes ☑ No □ If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title the identity of recipient(s) and the explanation:	aard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors ea Code/Phone Number tenail 10) 272-3882 crystal.hishida@acgov.org inction, Event, or Ceremonial Role Information de Warriors vs. Suns escription Basketball cket(s)/Admission(s) provided by agency? Yes No If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title	aard of Supervisors ieet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title) ystal Hishida Graff, Clerk, Board of Supervisors ea Code/Phone Number E-mail (nonth, day, year) 10) 272-3882 crystal.hishida@acgov.org unction, Event, or Ceremonial Role Information Ile Warriors vs. Suns Face Value of Each Admission \$ _100 escription Basketball Date(s) 02 / 02 / 13 cket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors Name of Source as the distribution to persons identified below made at the behest of an agency official? Yes ☑ No □ If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title

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 Anaso	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 County of Alameda					
County of Alameda				Date Stamp	California 802
					Form OUZ
Division, Department, or Region (if app	licable)				For Official Use Only
Board of Supervisors					
Street Address			****		
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)			Amendment (Must p	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board o	f Supervisors				
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.	hishida@acgov.o	org			
2. Function, Event, or Ceremonial	A REAL PROPERTY AND A REAL				
					400
Title Warriors vs. 76ers		200-00-00-00-00-00-00-00-00-00-00-00-00-	Face \	/alue of Each Admis	sion \$ _ <u>100</u>
Deskathell				12 . 28 . 12	
Description Basketball			Date(s	;) <u>12</u> <u>28</u> <u>12</u>	······································
			Cold	on State Marriero	,
Ticket(s)/Admission(s) provided b	y agency? Yes	🗖 No 🗹	If no: Gold	Name of	f Source
Was the distribution to persons id	entified below n	nade at th	- hahaat a		
Mus the distribution to percent ha			e nenesi ol	i an agency official?	
				an agency official?	
Yes 🗹 No 🔲 If yes: <u>Cars</u>	on, Keith Alameda (County Supe	rvisor		
Yes 🗹 No 🔲 If yes: Cars	on, Keith Alameda (Official's i	County Supe			
Yes ☑ No ☑ If yes: <u>Cars</u> The identity of recipient(s) and	Officials	County Supe Name (Last, F	rvisor		
	Officials	County Supe Name (Last, F	rvisor First) and Title	e income box if the agency o	
The identity of recipient(s) and Name (Last, First)	the explanatic	County Supe Name (Last, F on: Agency	rvisor First) and Title • Check th taxable i	e income box if the agency official	official claims admission as performed a ceremonial role,
The identity of recipient(s) and Name	Number of Admission(s)/	County Supe Name (Last, F	First) and Title Check th taxable i also pro If not inc	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pui	performed a ceremonial role, rpose, including
The identity of recipient(s) and Name (Last, First) or	the explanatic	County Supe Name (Last, F on: Agency	First) and Title Check th taxable i also pro If not inc	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag	performed a ceremonial role, rpose, including
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	County Supe Name (Last, F on: Agency	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including gency official, individual, or ler to maximize
The identity of recipient(s) and Name (Last, First) or Organization	Number of Admission(s)/	County Supe Name (Last, F On: Agency Official	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	e income box if the agency of ncome. If the agency official vide a description. :ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, rpose, including gency official, individual, or ler to maximize
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes 🗖	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize Income ession sales.
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes I No I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize Income ession sales.
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including gency official, individual, or ler to maximize Income ession sales.
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes I Yes I	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize Income ession sales.
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F On: Agency Official Yes No Yes Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize Income ession sales. Income Income
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes No Yes No Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize Income ession sales. Income Income
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including jency official, individual, or ler to maximize ession sales.
The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	County Supe Name (Last, F on: Agency Official Yes No Yes No Yes No Yes No Yes Yes Yes Yes	First) and Title Check th taxable i also pro If not inc ceremon organiza To promote atte	te income box if the agency of ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag ition. ndance at a County facility in ord	performed a ceremonial role, rpose, including gency official, individual, or ler to maximize ession sales. 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 Smap	Amy Shrago	Ticket Administrator	12/04/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

•••	CREWAUMISSION DISC	is actorio	•							
1.	Agency Name					Date Stamp	California	802		
	County of Alameda						Form			
	Division, Department, or Region (if applicable)						For Official l	Jse Only		
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)				Amendment (Must pr	ovide explanation in	Part 3.)		
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				·	,		
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	r)		
	(510) 272-3882	crystal.his	hida@acgov.o	org						
2.	Function, Event, or Cere	monial R	ole Informat	ion						
							100			
	Title Warriors vs. Trailblazer	ſS	ace		Face V	Value of Each Admission \$ _100				
	– Basketball					01 , 17 , 13	,	,		
	Description Basketball				Date(s	(s) <u>01 / 17 / 13</u> /				
			.			len State Warriors				
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		If no:	Name of	Source	*******		
	Was the distribution to per	sons iden	tified below n	nade at the	e behest of	f an agency official?				
		Carson	Keith Alameda (County Sune	rvisor					
	Yes 🗹 No 🔲 Ifye	es:	Keith Alameda (Official's	Name (Last, F	First) and Title	· · · · · · · · · · · · · · · · · · ·				
				•	,					
	The identity of recipient	(s) and th	e explanatio	on:						
	Name			_		ne income box if the agency of income. If the agency official				
	(Last, First) or		Number of Admission(s)/	Agency Official	L	vide a description.		,		
	Organization (Name, Address, Descrip	otion)	Ticket(s)			nial roles, performed by an age	ome, describe the public purpose, including ial roles, performed by an agency official, individual, o tion			
	Greene, Hannah			Yes 🔽		unty employee for his or her exem	plary service to the	Income		
			4	No 🗖	public of to enco	ourage staff development				
				Yes 🗖				Income		
				No 🗖						
		2923636692306729938827864866666666666		Yes 🗖	a positivitati da positi da constante da constante da constante da constante da constante da constante da const			Income		
			No 🗖							
				Yes 🗖				Income		
				No 🗖						
	NONO-CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			Yes 🗖		n na sana ana ana ana ana ana ana ana an	and a second	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.

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

A Public Document

•••	chet/Admission bisti							
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	EVU
	Division, Department, or Region (if applicable)						For Official I	Jse Only
	Board of Supervisors							
	Street Address			******************				
	1221 Oak Street, Suite 536							
	Designated Agency Contact (/	Vame, Title)	COOLEMALEMPILITUMIUM			Amendment (Must pr	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: .	(month, day, yea	r)
	(510) 272-3882	crystal.his	hida@acgov.o	org				
2.	Function, Event, or Cere	monial R	ole Informat	ion				
	Marriere ve LA Clipper	~					200	
	Title Warriors vs. LA Clipper	5			Face	/alue of Each Admiss	sion \$ $_{200}$	
	Description Basketball				Dete/s	s) <u>01 / 21 / 13</u>	1	1
	Description <u>Bachotsan</u>				Date(s	5)//		
		م يرما لم ي	Nomes (2) Vee		I If no. Gold	len State Warriors		
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no					Name of	Source	
	Was the distribution to per	sons ident	tified below n	hade at th	e behest o	f an agency official?		
	Yes 🖸 No 🗖 Ifye	. Carson,	Keith Alameda (County Supe	ervisor			
	Yes 🗹 No 🔲 If ye	35	Official's	Name (Last,	First) and Title			
	The identity of recipient	(s) and th	o ovnlanatic	n.				
		sj and th	e explanatio	///. 	Check th	ne income box if the agency o	fficial claims admis	eion ae
	Name (Last, First)		Number of	Agency		income. If the agency official		
	or		Admission(s)/	Official		vide a description. come, describe the public pur	nose including	
	Organization (Name, Address, Descrip	tion)	Ticket(s)		ceremor	nial roles, performed by an ag		dual, or
	Brown, Aisha			Yes 🔽	organiza To reward a Co	unty employee for his or her exem	plary service to the	Income
	brown, Aisha		4	No 🗖	public or to enc	ourage staff development		
		areaconemedia activation and a second se		Yes 🗖				Income
				No 🗖				
				Yes 🗖		un ann an an an Anna Anna Anna Anna Ann	Z₩Z£ZŦŔŔĸŖŧĸŢŢĬŢĔŦĸĸĬĬĬĬĬŎĬŎŎĬŎŎĬĬŎĬĬĬĬĬĬĬĬĬ	Income
			No 🗖					
				Yes 🗖				Income
				No 🗖				
	Weinterzen elle brei hen hen syn anter andere an en son der Gerkling frakter Urgen produktionen andere andere a	uuure reenaan en marinisteet üti		Yes 🗖	2002 000000000000000000000000000000000	<u></u>		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.

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

A Public Document

	CREIA dimission Biot								and the second
1.	1. Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Region (if applicable)							For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						,
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year	·)
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	Property of the second se		100 - 10 - 10 - 10 - 10 - 10 - 10 - 10					
								400	
	Title Warriors vs. Pacers					Face V	/alue of Each Admiss	ion \$,
	Deskathali						12 . 02 . 12		
	Description Basketball					Date(s) <u>12</u> 02 <u>12</u>	/	
						Cald	an Chata Morriero		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		o 🗹	If no: Gold	Name of State	Source	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Yes 🗹 No 🔲 If ye	es: <u>Carson,</u>	Keith Alameda (Official's I	County	Supe				
			Unicial s l	varne (i	Lası, r	irst) and Thie			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name						e income box if the agency of		
	(Last, First) or		Number of	Age			ncome. If the agency official p /ide a description.	erformed a cerem	oniai role,
	Organization		Admission(s)/ Ticket(s)	Offi	ciai	• If not inc	ome, describe the public purp	ose, including	
	(Name, Address, Descrip	otion)				organiza			
	Sanchez, Mina			Yes	\checkmark	1	unty employee for his or her exemp purage staff development	plary service to the	Income
			4	No		public of to effor	burage stan development		
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
			1999 - 2012 - 2013 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 -	Yes			ann an an an Ar 19 an bhaile ann an Ann a		Income
				No					
200000				l					

3. Verification

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

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

A Public Document

County of Alameda Form County of Alameda Division, Department, or Region (If applicable) Board of Supervisors For Official Use Only Board of Supervisors Image: Street Address Image: Street Address Image: Street Address 1221 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1221 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1221 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1221 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1221 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1231 Oak Street, Suite 536 Image: Street Address Image: Street Address Image: Street Address 1252 Street,	A	Agapau Naraa						Data Stamp	California		
County of Admitsion For Official Use Only Division, Department, or Region (If applicable) For Official Use Only Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: Address Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing:	1.	Agency Name						Date Stamp	California Form	802	
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tille) 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 Warriors vs. Bobcats Description Basketball Description Basketball Description Basketball Description Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes; Carson, Kelth Alamoda County Supervisor Official's Name (Last, First) and Tille The identity of recipient(S) and the explanation: Name Chick ha income hos if the agency official claims admission as inclusion strole, and on provide accemption. Name, Address, Bescription) Agency Brown, Aisha 4 Yes Income Yes Income Yes Income Yes Income Yes Income			on liferalise	blo)						Jse Only	
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tille) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 2. Function, Event, or Ceremonial Role Information Title Warriors vs. Bobcats Description Basketball Date (s) 12 Date (s) 12 Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Mame of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Kelth Alameda County Supervisor Official's Name (Last, First) Official's Name (Last, First) and Title Name Agency If or encompt a courty englowed for the public purpose, including ceremonial role, alage provide a description. Brown, Aisha 4 Yes Income No Income Name Yes Yes Income No Income Name Yes Income Income		· · · · · · · · · · · · · · · · · · ·	ion (ii appiica	ue)							
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 Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors (510) 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors Title Warriors vs. Bobcats Face Value of Each Admission \$ 100 Description Basketball Date(s) 12 / 21 / 12 Mame of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Name, Address, Description) Brown, Aisha 4 Yes D Income No Income No Income <th></th> <td colspan="5"></td> <td></td> <td></td> <td></td> <td></td>											
Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:											
Crystal Hishida Graff, Clerk, Board of Supervisors			(Nomo Title)	17-18/10/2010-01							
Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Date of Original Filing:			-					Amendment (Must p	provide explanation in	Part 3.)	
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Warriors vs. Bobcats Face Value of Each Admission \$ 100 Description Basketball Date(s) 12 / 21 / 12 Description Basketball Date(s) 12 / 21 / 12 Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Carson, Keith Alameda County Supervisor Ves I No I If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) or Graphization for granization (Name, Address, Description) Brown, Aisha Yes I No I Yes I Incompatible income box If the agency official performed a ceremonial role, also provide a description. • The identity of recipient(s) and the explanation: Name (Last, First) or Graphization Agency Admission(s) Ticket(s) • Creck the income box If the agency official performed a ceremonial role, also provide a description. Brown, Aisha Yes I Income Income Yes I Income Income Income No I Income Yes I Income Income Yes I Income Yes I Income Income				upervisors		waan maaan kad		Date of Original Filing:			
2. Function, Event, or Ceremonial Role Information Title Warriors vs. Bobcats Face Value of Each Admission \$ _100 Description Basketball Date(s) 12 / 21 / 12 / Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes D No D If yes: Carson, Keith Alameda County Supervisor Yes D No D If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Last, First) Organization (S) Organization Brown, Aisha Her Source Address, Description) Brown, Aisha Yes D No D Yes D No D If Yes D Income Yes D Income Yes								Date of Original Filling.	(month, day, yea	r)	
Title Warriors vs. Bobcats Face Value of Each Admission \$ 100 Description Basketball Date(s) 12 / 21 / 12 Discription Basketball Date(s) 12 / 21 / 12 Ticket(s)/Admission(s) provided by agency? Yes Do I If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes Carson, Keith Alameda County Supervisor Yes No D If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: • Check the income box if the agency official performed a ceremonial role, also provide a description. Name (Last, First) or organization (Name, Address, Description) Number of Agency Official Brown, Aisha 4 Yes D Yes D Income public or to encourage staff development Income Disting the second staff development Yes D Income No D Yes D Income D Yes D Yes D Income D Yes D Income D Income D Yes D Income D Income D Yes D Income D Income D Yes D Inc			No. of Concession, Name of								
Description Basketball Date(s) 12 12 12 Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Name, Address, Description) Brown, Aisha 4 No yes Income Yes Income No Yes Income Income No Yes Income Income No Yes Income Income<th>2.</th><th>Function, Event, or Cere</th><th>emonial R</th><th>ole Informat</th><th>ion</th><th></th><th></th><th></th><th></th><th></th>	2.	Function, Event, or Cere	emonial R	ole Informat	ion						
Description Basketball Date(s) 12 12 12 Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Name, Address, Description) Brown, Aisha 4 No yes Income Yes Income No Yes Income Income No Yes Income Income No Yes Income Income<th></th><td>Title Warriors vs. Bobcats</td><td></td><td></td><td></td><td></td><td>Fac</td><td>e Value of Each Admis</td><td>sion \$ _100</td><td></td>		Title Warriors vs. Bobcats					Fac	e Value of Each Admis	sion \$ _100		
Content of the second of the											
Content of the second of the		Description Basketball					Dat	e(s) <u>12</u> <u>21</u> <u>12</u>	//	/	
Yes No If yes: Carson, Keith Alameda County Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or 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. Income organization organization. Brown, Aisha Yes Income No Income Yes Income No Yes Income No Income Income											
The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official also provide a description. • 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. Brown, Aisha Yes • To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Yes Income Yes Income Yes Yes Income Yes Income Income Income Yes Income Income Income Yes Income Income Income		-									
Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Ves • 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. Brown, Aisha Yes If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Brown, Aisha Yes To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Yes Yes Income Yes Income Income				Official's I	Name (I	Last, F	irst) and T	ītle			
Ast, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official taxable income. If the agency official performed a ceremonial role, also provide a description. Brown, Aisha Yes Income 4 Yes Income Yes Income Income		The identity of recipient	t(s) and th	e explanatio	n:						
Brown, Aisha Yes Image: Construction of the second problem of the secon		(Last, First) or Organization	ption)	Admission(s)/	-	-	taxat also ● If nol cerer orgai	xable income. If the agency official performed a ceremonial role, so provide a description. not income, describe the public purpose, including eremonial roles, performed by an agency official, individual, or			
No No Image: Constraint of the second s		Brown, Aisha		4					mplary service to the	Income	
No Image: Constraint of the second					Yes					Income	
No Image: Constraint of the second						_					
No Image: Constraint of the second					Yes			n na sana na sa	anna an an ann an ann an an an an an an	Income	
No Ves Income											
No □ □ Yes □ Income		na ka			Yes					Income	
					No						
No 🗖		En maler de la constant de la const			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.

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

A Public Document

	CREWRUMISSION DISUI	Sations						
1. Agency Name						Date Stamp	California	12
	County of Alameda						Form OL	14
	Division, Department, or Regio	on (if applicat	ole)				For Official Use Onl	у
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (A	Vame, Title)				Amendment (Must pro	wide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal.his	hida@acgov.c	org				
2.	Function, Event, or Cere	monial R	ole Informat	ion				
							200	
	Title Warriors vs. Nuggets				Face \	/alue of Each Admiss	ion \$	
	n Baskethall				Data/-	s) <u>11 / 29 / 12</u>	, ,	
	Description Basketball	(2002-CONTRO-			Date(s	5)		
			0 V			len State Warriors		
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		If no:	Name of .	Source	
	Was the distribution to per-	sons ident	ified below n	nade at the	e behest of	f an agency official?		
		Carson	Keith Alameda (County Supe	rvisor			
	Yes 🗹 No 🔲 Ifye	es:	Keith Alameda (Official's I	Name (Last, I	First) and Title	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	The identity of regiminant		o ovolonatia					
	The identity of recipient(s) and the	e explanatio	n:				
	Name (Last, First)		Number of	Aganov	1	ne income box if the agency of income. If the agency official p		
	or		Number of Admission(s)/	Agency Official	· ·	vide a description.		
	Organization (Name, Address, Descript	tion)	Ticket(s)		ceremon organiza		ncy official, individual, or	
	Youth Alive			Yes Ll		nool or nonprofit organization for its	contributions to the Inco	ome
	3300 Elm St, Oakland, CA 9460)9	4	No 🕅	community			
	e la fandin de des de sebal en de de de la martin de la m			Yes 🗖			Inc	ome
				No 🗖				
	y konstanti da se 			Yes 🗖			Inc	ome
				No 🗖				
				Yes 🗖	T		Inc	ome
No			No 🗖					
				Yes 🗖			inc	ome
				No 🗖				

3. Verification

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

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

A Public Document

Kenneg								an a	
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regi	on (if applica	ble)					For Officia	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Name, Title)	·····				Amendment (Must pr	ovide explanation i	n Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
		E-mail					Date of Original Filing: .	(month day ye	ar)
	(510) 272-3882	crvstal.his	shida@acgov.o	ora				(month, ady, yo	
2.	Function, Event, or Cere			CONTRACTOR OF CONTRACTOR					
	Title Warriors vs. Cavaliers					Face V	Value of Each Admission \$ _200		
							11 07 12		
	Description Basketball	s) <u>11 / 07 / 12</u>		/					
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden State						en State Warriors Name of	Course		
							Name Or	Source	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
	Yes 🗹 No 🔲 Ifye	es: <u>Carson,</u>	Keith Alameda (Official's	County	Supe	rvisor			
			Official's	Name (l	.ast, F	First) and Title	·		
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		- 			 Check th 	e income box if the agency o	fficial claims admi	ission as
	(Last, First)		Number of	Age	ncy		ncome. If the agency official	performed a cerei	nonial role,
	or Organization		Admission(s)/ Ticket(s)	Offic	cial		vide a description. ome, describe the public pur	oose, including	
	(Name, Address, Descrip	otion)	HCKet(S)			ceremon organiza	ial roles, performed by an age tion.	ency official, indiv	idual, or
	Jenkins, Kevin			Yes	1		nmunity volunteer for his or her se	rvice to the public	Income
			4	No					
				Yes					Income
				No					
	an a			Yes				<u></u>	Income
				No					
				Yes					Income
				No					
	ELE COMENTI LE COLONIZIONE LE COLONIZIONE RECEIVE RECEIVE DE COLONIZIONE DE COLONIZIONE DE COLONIZIONE DE COLON	-		Yes					Income
				No				0//2/0/14/22/0/00/00/00/00/00/00/00/00/00/00/00/0	

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.

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

A Public Document

110	Rearrannission Bist								
1. 4	Agency Name						Date Stamp	California	202
C	County of Alameda						Form	002	
	Division, Department, or Region (if applicable)							For Official	Jse Only
E	Board of Supervisors								
Ī	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)						Amendment (Must provide explanation in Part 3.)		
(Crystal Hishida Graff, Clerk,								
	Area Code/Phone Number	E-mail					Date of Original Filing:		
(510) 272-3882	crystal.hishida@acgov.org					(nonin, day, your)		
	Function, Event, or Ceremonial Role Information								
Ĩ	itle Warriors vs. Nets		20. 0.017			Face V	Value of Each Admission \$ _100		
) <u>11 , 21 , 12</u>		
Ľ	Description Basketball					Date(s)//	/	/
Т	icket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gold						Name c	f Source	
v	Vas the distribution to pe	rsons iden	tified below n	nade a	at the	e behest of	an agency official?	•	
Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Alameda County Supervisor									
		Official's Name (Last, First) and							
٦	ne identity of recipient(s) and the explanation:								
-	Name						he income box if the agency official claims admission as		
	(Last, First) or Organization		Number of Admission(s)/ Ticket(s)	Agency Official If not i cerem organi			axable income. If the agency official performed a ceremonial role, also provide a description.		
						• If not inc	income, describe the public purpose, including onial roles, performed by an agency official, individual, or ization.		
_	(Name, Address, Descri	ne, Address, Description)				organizat			
	Brooks, Rodney			Yes	7	1	nty employee for his or her exe urage staff development	mplary service to the	
_	· ·			NI	_	public of to enco			Income
			4	No					Income
			4	NO Yes					
_			4				,		
_			4	Yes			,		D Income
-			4	Yes No			urage stan ueveropment		Income
-			4	Yes No Yes No Yes			,		Income Income
-			4	Yes No Yes No			,		Income Income Income
-			4	Yes No Yes No Yes			,		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.

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

A Public Document

	utions	,						Journein
1. Agency Name						Date Stamp	California	202
County of Alameda						Form	00/4	
Division, Department, or Region	Division, Department, or Region (if applicable)						For Official	Use Only
Board of Supervisors	Board of Supervisors							
Street Address	,							
1221 Oak Street, Suite 536	1221 Oak Street. Suite 536							
	Designated Agency Contact (Name, Title)						st provide explanation ir	Dout 2)
Crystal Hishida Graff, Clerk, Bo	pard of S	upervisors					st provide explanation il	i r an 5.)
	mail					Date of Original Filin	ig:	ar)
(510) 272-3882 c	rystal.his	hida@acgov.o	org				(///o/////, duy, you	
2. Function, Event, or Cerem								
Title Warriors vs. Timberwolve	S	Face Value of Each Admission \$						
Description Basketball	Description Basketball				Date(s) <u>11 / 24 / 12</u> /			
Ticket(s)/Admission(s) provid Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s)	Carson,	tified below n Keith Alameda (Official's (nade a County Name (I	at the Supe	e behest of	an agency officia	e of Source	
Name (Last, First) or Organization (Name, Address, Descriptio	n)	Number of Admission(s)/ Ticket(s)	Age Offic	-	taxable i also prov If not inc ceremon	ne income box if the agency official claims admission as income. If the agency official performed a ceremonial role, vide a description. come, describe the public purpose, including nial roles, performed by an agency official, individual, or		
Carson, Keith			Yes	[7]	organiza To obtain oversi	ght of facilities or events that	have received County	Income
Carson, Reith		4	No		funding or suppo	ort		
			Yes					Income
			No					
			Yes	Π			<u>ໝະແຫນດດາວະານຈະເພດດາດເພດເຊັນອອງອາຊັນສູງອາຊັນຊາຍ</u>	Income
			No					
			Yes				Allelen (1997)	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.

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