Ficket/Admission Distributions					A Public Docume		cumen	
1.	Agency Name				Close Minor Minor Alter	Date Stamp	California	802
	County of Alameda					Form		
	Division, Department, or Reg	ion (if applica	ble)				For Official U	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)		1		Amendment (Must prov	vide explanation in	Part 3)
	Anna Gee, Operations Chie	f					vide explanation m	an S.)
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year	-)
	510-891-5585	anna.gee	@acgov.org				(/
	Function, Event, or Cere	emonial R	ole Informat	tion				
	Title Disney on Ice				Face \	/alue of Each Admissi	on \$ <u>34.45</u>	
	Description Show				Date(s	b) 03 , 02 , 13	03 ,03	<u>13</u>
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	☑ No [] If no: War	iors		
						Name of S	ource	
	Was the distribution to per	sons iden	tified below n	nade at th	ne behest of	an agency official?		
	-					U V		
	Yes 🗹 No 🔲 Ify	es: <u>Nate Mil</u>	ey, Alameda Co <i>Official's</i> i	unty Super	visor, District 4	, 		
			Officials	vame (Last,	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency offin ncome. If the agency official pervide a description. ome, describt the public purpo ial roles, performed by an agen tion.	erformed a ceremo se, including	onial role,
	Baria, Peter		4	Yes 🗖 No ☑		ndance at an event held at a County ial County revenue from parking an		Income
	Miley, Sarah		4	Yes □ No ☑	· ·	ttendance at an event held at a mize potential County revenu	County facility in	Income
				Yes □ No □				Income

3. Verification

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

Yes 🗖

No 🗖

Yes 🔲

No 🗖

· Ante	Anna Gee	Operations Chief	1/31/13
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.) baria - 03/02/13 tickets

Income

Income

is in accordance with the provisions.

icket/Admission Distribution	IS					A	Public Do	cumer
. Agency Name				AND A DECK AND A DECK AND A	Date Sta	imp	California	802
County of Alameda							Form	
Division, Department, or Region (if applic	cable)						For Official L	Jse Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
					Amendme	nt (Must pro	ovide explanation in	Part 3.)
Anna Gee, Operations Chief Area Code/Phone Number E-mail					Date of Origin	al Filino:		
					putto or origin	ai i iiiigi =	(month, day, year	7
. Function, Event, or Ceremonial	e@acgov.org	tion						4
	Noie information	uon						
Title AMA Supercorss				Face \	/alue of Each	Admiss	ion \$ <u>35.35</u>	
Description Show				Date/s	01 , 26	, 13	/	1
Description				Date(s	•)],
Ticket(s)/Admission(s) provided by Was the distribution to persons ide						Name of S	Source	
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u>	ntified below n liley, Alameda Co Official's	nade a ounty Su Name (L	at the	behest of	f an agency o		Source	
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and th	ntified below n liley, Alameda Co Official's	nade a ounty Su Name (L	at the	e behest of sor, District 4 First) and Title	f an agency o	fficial?	Source Ficial claims admiss	sion as
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and the Name (Last, First)	ntified below n filey, Alameda Co Official's he explanatic Number of	made a bunty Su Name (L on:	it the ipervi .ast, F	e behest of sor, District 4 First) and Title Check th taxable in	f an agency o	fficial? e agency off		
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and the Name	ntified below n filey, Alameda Co Official's he explanatic	nade a bunty Su Name (L	it the ipervi .ast, F	 behest of sor, District 4 irist) and Title Check the taxable in also provide the second s	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe	fficial? e agency official p public purp	ficial claims admiss performed a ceremo	onial role,
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes	nt the opervi cast, F	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	ual, or Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes No I If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/	nade a ounty Su Name (L on: Ager Offic Yes No	ncy incy	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	ual, or Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes No I If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L On: Ager Offic Yes No Yes	in the second se	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	iual, or Income Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes No I If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No	at the apervious ast, F	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	ual, or Income Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes No I If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a ounty Su Name (L on: Ager Offic Yes No Yes No Yes	ncy ilal	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	ual, or Income Income Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a bunty Su Name (L On: Ager Offic Yes No Yes No Yes	incy	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	Income
Ticket(s)/Admission(s) provided by Was the distribution to persons idea Yes ☑ No □ If yes: Nate N The identity of recipient(s) and the organization or Organization (Name, Address, Description) Nappo, Nick	ntified below n filey, Alameda Co Official's he explanatic Admission(s)/ Tícket(s) 4	nade a bunty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	incy	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	Income
Ticket(s)/Admission(s) provided by Was the distribution to persons idea Yes ☑ No □ If yes: Nate N The identity of recipient(s) and the organization or Organization (Name, Address, Description) Nappo, Nick	ntified below n filey, Alameda Co Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a bunty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the operation of the second	 behest of sor, District 4 irst) and Title Check the taxable in also provide also provide also provide also organiza To promote attemport 	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performe tion. ndance at an event h	e agency off icy official p public purp d by an age eld at a Coun	ficial claims admiss erformed a ceremo ose, including ncy official, individ ty facility in order to	ual, or Income Income Income

1 PM	Anna Gee	Operations Chief	1/15/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributio	ns			A	Public Do			
1. Agency Name				Date Stamp	California Form	202		
County of Alameda		Form For Official U	the second s					
Division, Department, or Region (if app	Division, Department, or Region (if applicable)							
Board of Supervisors	Board of Supervisors							
Street Address								
1221 Oak Street, Suite 536	-							
Designated Agency Contact (Name, Title	e)			Amendment (Must pro	vide explanation in I	Part 3.)		
Anna Gee, Operations Chief								
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year,)		
510-891-5585 anna.g	ee@acgov.org							
2. Function, Event, or Ceremonia	l Role Informat	tion			é			
Title Harlem Globetrotters			Ecco \	/alue of Each Admiss	ion ¢ 41.00			
Description Basketball Game/Show	Description Basketball Game/Show Date(s					/		
Ticket(s)/Admission(s) provided b	iors Name of S	Source						
	Nume of c	Jouree						
Was the distribution to persons id	entified below n	nade at th	e behest of	an agency official?				
Yes 🗹 No 🔲 If yes: <u>Nate</u>	Miley, Alameda Co Official's	Nome // est	First) and Title					
			First) and The					
The identity of recipient(s) and	the explanation	on:	2. 					
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	taxable in also prov	e income box if the agency off ncome. If the agency official p /ide a description.	erformed a ceremo			
(Name, Address, Description)	Ticket(s)		ceremon	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or				
Kong, Andy		Yes 🗖	organiza To promote atter	ndance at an event held at a Count	y facility in order to	Income		
Kong, Andy	4	No 🗹	maximize potent	tial County revenue from parking ar	nd concession sales.			
		Yes 🔲	1			Income		
		No 🔲						
		Yes 🗖	1			Income		
		No 🗖						
		Yes 🗖				Income		
		No 🗖						
		Yes 🗖				Income		

3. Verification

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

No 🔲

1741	Anna Gee	Operations Chief	1/15/13
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.)

Ti	cket/Admission Distr	ibutions			A Puk	olic Documer	
1.	Agency Name			HUR CHOICEAN CHURCH	Date Stamp Ca	llifornia 802	
	County of Alameda						
	Division, Department, or Regi	on (if applicable)				For Official Use Only	
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)			Amendment (Must provide ex	planation in Part 3.)	
	Anna Gee, Operations Chief	Contraction of the Arriver of the Ar					
	Area Code/Phone Number	E-mail			Date of Original Filing:	nth, day, year)	
	510-891-5585	anna.gee@acgov.org	en en en en de Manadorajo				
2.	Function, Event, or Cere	monial Role Informa	ation				
	Title MUSE			Eace \	/alue of Each Admission \$	70.70	
		E.					
	Description Concert			Date(s	Date(s)//////		
	Ticket(s)/Admission(s) pro	vided by agency? Yes	s 🖸 No 🗋	If no: Warr	riors Name of Source		
					Name of Source		
	Was the distribution to per	sons identified below	made at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	es: <u>Nate Miley, Alameda C</u> Official's	Name (Last	First) and Title			
	The identity of recipient	(s) and the explanati	on:				
	Name				e income box if the agency official cl ncome. If the agency official perform		
	(Last, First) or	Number of Admission(s)	Agency Official	also prov	vide a description.		
	Organization (Name, Address, Descrip	Ticket(s)			ome, describe the public purpose, in ial roles, performed by an agency off		
			Vec E	organiza To promote atte	tion. ndance at an event held at a County facility	y in order to	
	Gee, Terrence	1	Yes □ No ☑		tial County revenue from parking and conc		
	Fregoso, Ana-ilyse	1	Yes □ No ☑		ttendance at an event held at a Count	y facility in Income	
				1	mize potential County revenu	Income	
	Roy, Destinee	1	Yes □ No ☑		ttendance at an event held at a Count	y facility in	
			Yes 🗖		mize potential County revenu		
	Cuddy, Andrew	1	No 🗹		ittendance at an event held at a Count mize potential County revenu	ty facility in Income	
	· · · · · · · · · · · · · · · · · · ·		Yes 🗖			Income	
			No 🗖				

3. Verification

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

1 that	Anna Gee	Operations Chief	1/15/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Documen	A	Pub	lic	Document
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	cket/Admission Distric	outions					A	Fublic Do		
1.	Agency Name						Date Stamp	California Form	002	
	County of Alameda							Form	002	
	Division, Department, or Region	ı (if applica	ble)					For Official U	se Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	me, Title)					Amendment (Must pro	vide explanation in l	$P_{art}(2)$	
	Crystal Hishida Graff, Clerk, B	oard of S	upervisors					Nue explanation in r	an S.)	
	Area Code/Phone Number E	-mail					Date of Original Filing:	(month, day, year,		
	(510) 272-3882 c	rystal.his	hida@acgov.o	org			×.	(
2.	Function, Event, or Cerem	ionial R	ole Informat	ion						
	Title Golden State Warriors vs	. Phoenix	x Suns		_	Face \	/alue of Each Admissi	ion \$ _100		
							02 02 13			
	Description Basketball Game				-	Date(s) 02 02 13	/	/	
		a. a. i	0 V			u Gold	Golden State Warriors			
	Ticket(s)/Admission(s) provi	аеа ру а	igency? Yes	ЦИС	⊻	If no:	Name of S	Source		
	Was the distribution to persons identified below made at the behest of a						an agency official?			
			Official's	Name (L	.ast, F	First) and Title				
	The identity of recipient(s) and th	e explanatio	on:						
	Name (Last, First) or Organization (Name, Address, Descriptic	on)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov ● If not inc	e income box if the agency offi ncome. If the agency official pr ride a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremo ose, including	nial role,	
	Alameda County Family Justice C	Center	4	Yes No		To reward a r the communi	non-profit organization for its ty.	contributions to	Income	
	470 27th Street Oakland, CA 94612			Yes No					Income	
	Provides services to victims and their fan domestic violence	nilies of		Yes No					Income	
				Yes					Income	
				Yes No					Income	
2	Verification	2		NO						
5										

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.

IND_	MICHELLE DIANDA	Ticket Administrator	1/8/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

11	cket/Admission Distr	indutions					A	Public Do		
1.	Agency Name						Date Stamp	California Form	802	
	County of Alameda									
	Division, Department, or Regi	on (if applica	ble)					For Official U	lse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in I	Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						downstand - 1992	
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal.his	shida@acgov.	org						
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Golden State Warriors	vs Memnh	is Grizzlies			E	(-lus of Each Admiss	: ¢ 150.00		
	Title	vs. memph			-		/alue of Each Admiss			
	Description Basketball Gan	ne				Date(s) 01 / 09 / 13	1	1	
	Description				-	Date(3	·//			
	Ticket(s)/Admission(s) pro	vided by a	mency? Ves		0 2	lf no. Gold	den State Warriors Name of Source			
	nokedoj/Admission(s) pro	viaca by a	igeney: 103							
					4.41.					
	Was the distribution to per	sons iden	tified below n	nade a	at trie	e penest of	an agency official?			
	Yes 🔽 No 🔲 If ye	es: Valle, R	ichard- Supervis	or, Dist	rict 2					
			Official's	Name (l	ast, F	First) and Title				
	The identity of recipient	(s) and th	e explanatio	on:						
	Name					 Check th 	the income box if the agency official claims admission as			
	(Last, First)		Number of	Age			ncome. If the agency official p	erformed a ceremo	onial role,	
	or Organization		Admission(s)/ Ticket(s)	Offic	cial		o provide a description. ot income, describe the public purpose, including			
	(Name, Address, Descrip	tion)	(interest)			ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	ual, or	
	Lara, Daisy			Yes		To reward a	County employee for her ex	emplary service	Income	
			4	No	\checkmark	to the public.				
				Yes					Income	
				No						
	r.			Yes					Income	
			No							
				Yes					Income	
	No 🗖					v				
				Yes					Income	
_				No						
3.	Verification			-1 4 0 0 4	0.14				4	

I have read and understand FPPC Regulations verified that the distribution of admissions, set forth above, 109 44. I allu I is in accordance with the provisions.

Na	MICHELLE DIANDA	Ticket Administrator	1/9/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			1

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

	encurrannission bisu	INAGOIG	,						oamen		
1.	Agency Name						Date Stamp	California	802		
	County of Alameda							Form	002		
	Division, Department, or Regi	on (if applica	ble)					For Official U	lse Only		
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (/	Name, Title)					Amendment (Must 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.	org							
2.	Function, Event, or Cere	monial R	ole Informat	tion							
	Coldon State Marriara	vo Milwoul	kao Buoko					. 100			
	Title Golden State Warriors	vs. miiwau	Kee Ducks		-	Face \	Value of Each Admission \$ _ ¹⁰⁰				
	Description Basketball Gam	ne				Dete/c	Date(s) 03 / 09 / 13 /////////////////////////////////				
	Description				-	Date(s	Iden State Warriors Name of Source				
	Ticket(c)/Admission(c) pro	vidad by a	Nonou? Vee		~ 🗖	If no. Gold					
	neket(s)/Admission(s) pro	vided by a	igency? res	ЦИ	0 🖸	II 110					
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?				
	Yes 🗹 No 🔲 Ifye		ichard- Supervis	or, Dist	rict 2						
			ichard- Supervis <i>Official's</i>	Name (Last, F	irst) and Title					
	The identity of recipient((s) and th	e explanatio	on:							
						e Check th	e income box if the agency off	cial claime admiss	tion as		
	Name (Last, First)		Number of	Age	ncy	taxable i	ncome. If the agency official p				
	or Organization		Admission(s)/	Offi	cial		vide a description. ome, describe the public purpo	se. includina			
	(Name, Address, Description)						ial roles, performed by an ager		ual, or		
	Fremont Education Foundation			Yes		To reward a	nonprofit organization for its	contributions to	Income		
			4	No	\checkmark	the communi	ty.				
	39120 Argonaut Way, #381, Fremont	CA 94538		Yes					Income		
				No							

3. Verification

To encourage community involvement and

investment in Fremont schools.

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

Yes 🗖

No 🗖

Yes 🗖

No 🗖

Yes 🗖

No 🗖

Me	MICHELLE DIANDA	Ticket Administrator	1/14/13
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.

Income

Income

Income

A Public Document

Ti	cket/Admission Distr	ibutions	6				A	Public Do	cument	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form		
	Division, Department, or Regi	ion (if applica	ble)					For Official U	Jse Only	
	Board of Supervisors									
	Street Address			~						
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, Board of Supervisors							energy of the second	4. svetena - Sea v e	
	Area Code/Phone Number	E-mail				1	Date of Original Filing: _	(month, day, year	r)	
	(510) 272-3882	crystal.his	shida@acgov.o	org						
2.	Function, Event, or Cere	emonial R	ole Informat	ion						
	Title Golden State Warriors	vs. Miami I	leat			Face \	/alue of Each Admiss	ion \$ 500.00		
	1100									
	Description Basketball Gar	ne	с.		_	/				
				— Golden State Warriors						
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🗹	If no:	Name of State Vianiois	Source		
	Was the distribution to no	roono idon	tified below n	ando o	* *h.	hohoot of	f an aganay official?			
	Was the distribution to per	isons iden	tined below h	naue a	at the	e penest of	an agency official?			
	Yes 🗹 No 🔲 Ify	es: <u>Valle, R</u>	ichard- Supervis	or Distr	ict 2					
			Official's	Name (l	.ast, F	First) and Title				
	The identity of recipient	(s) and th	e explanatio	on:						
	Name						e income box if the agency of			
	(Last, First) or		Number of Admission(s)/	Ageı Offic		taxable income. If the agency official performed a ceremonial re also provide a description.			oniai role,	
	Organization (Name, Address, Descrip	otion)	Ticket(s)				come, describe the public purpose, including nial roles, performed by an agency official, individual, or			
	Briscoe, Alex			Yes	1	To reward a	County employee for his exe	emplary service	Income	
			4	No		to the public.				
				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.

MAD	MICHELLE DIANDA	Ticket Administrator	1/14/12
Signature of Agency Head or Designee	Print Name	Title	(month, dăy, year)

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

	cket/Admission Distr	innitions	5				A	Public Do		
1.	Agency Name						Date Stamp	California Form	202	
	County of Alameda							Form	002	
	Division, Department, or Region (if applicable)							For Official	Use Only	
	Board of Supervisors					а. С				
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					nae expranation m	,	
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	r)	
	(510) 272-3882	crystal.his	hida@acgov.	org						
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Golden State Warriors	vs. Miami H	leat		_	Face \	/alue of Each Admissi	on \$. <u>500.00</u>		
	Description Basketball Gan	ne			_	Date(s	<u>, 01 / 16 / 13</u>	/	/	
	Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Go						Name of S	ource		
	Yes 🔽 No 🔲 If ye	es: <u>Valle, Ri</u>	ichard- Supervis Official's	or, Disti Name (L	rict 2 . <i>ast, F</i>	First) and Title				
	The identity of recipient	(s) and th	e explanatio	on:						
	Name (Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov If not inc	he income box if the agency official claims admission as income. If the agency official performed a ceremonial role, ovide a description. come, describe the public purpose, including nial roles, performed by an agency official, individual, or			
	Van Buren, Obray			Yes		To reward a	community volunteer for his	service to the	Income	
			4	No	\checkmark	public.				
				Yes					Income	
	Development of the second s			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.

MAD	MICHELLE DIANDA	Ticket Administrator	1/15/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distributions	ò					A Public Do	cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if application)	ble)					For Official U	Jse Only
	Board of Supervisors Street Address	5				-		
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
	Crystal Hishida Graff, Clerk, Board of S	Amendment (Ma	ust provide explanation in	Part 3.)				
	Area Code/Phone Number E-mail			Date of Original Fili	ng:	r)		
	(510) 272-3882 crystal.his	shida@acgov.	org				(,
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Title Golden State Warriors vs. Miami I	leat		_	Face	/alue of Each Adn	nission \$ _500.00	
	Description Basketball Game			_) 01 / 16 / 13		/
	Ticket(s)/Admission(s) provided by a	agency? Yes		5 🔽	I If no: Gold	len State Warriors		
		igonoyi 100				Nam	ne of Source	
	Was the distribution to persons iden	tified below n	nade a	t th	e behest of	f an agency officia	al?	
	Yes 🔽 No 🔲 If yes: Valle, R	ichard- Supervis	or, Distr	rict 2				
	Yes 🗹 No 🔲 If yes: Valle, R	Official's	Name (L	.ast, I	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:					
	Name					ne income box if the agen	·····	
	(Last, First) or	Number of Admission(s)/	Ager Offic		also pro	ncome. If the agency off vide a description.		mai role,
	Organization (Name, Address, Description)	Ticket(s)			ceremon	ome, describe the public nial roles, performed by a		lual, or
	Wieckowski, Bob		Yes		organiza To promote a	attendance at an event	held at a County	Income
	WIEGROWSKI, DOD	2				er to maximize potentia		
			Yes					Income
			No					
			Yes					Income
			No Yes					
			No					Income
	· · · · · · · · · · · · · · · · · · ·		Yes					Income
			No					
3.	Verification							
	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942	2. I h	ave verified	that the distribution o	t admissions, set for	th above,
		HELLE DIANI	DA		Ticke	et Administrator	1/10	5/12
	Signature of Agency Head or Designee	Print Na	me			Title	(month	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.

	cket/Admission Distributi	IOHa						FUDIIC DO	cument	
1.	Agency Name						Date Stamp	California	802	
	County of Alameda							Form		
	Division, Department, or Region (if applicable)							For Official L	Ise Only	
	Board of Supervisors Street Address									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, 7	Title)					Amendment (Must pro	vide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, Board	_	Supervisors							
	Area Code/Phone Number E-mai	il					Date of Original Filing: _	(month, day, year)	
L			shida@acgov.o							
2.	Function, Event, or Ceremon	ial R	ole Informat	ion						
	Title Golden State Warriors vs. Da	allas I	Mavericks			Face \	/alue of Each Admiss	ion \$ 200.00		
					-					
	Description Basketball Game				-	Date(s	s) <u>01 / 31 / 13</u>	/	/	
						Cald	lan Chaha M/ami'ana			
	Ticket(s)/Admission(s) provided	by a	igency? Yes	🗆 No	D √	If no: Gold	Name of State	Source		
	Was the distribution to persons	iden	tified below n	nade a	t th	e behest of	f an agency official?			
	Mar D No D Ifwaa Ve	alle. Ri	ichard- Supervis	or Distri	ict 2					
	Yes 🗹 No 🔲 If yes: 💆		Official's	Name (L	.ast, I	First) and Title				
	The identity of recipient(s) an	nd th	e explanatio	on:						
	Name					 Check th 	he income box if the agency official claims admission as income. If the agency official performed a ceremonial role, by de a description.			
	(Last, First)		Number of	Ager						
	or Organization		Admission(s)/ Ticket(s)	Offic	ial	If not inc	ncome, describe the public purpose, including			
	(Name, Address, Description)					ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	ual, or	
	Moran, Joseph			Yes			attendance at an event held		Income	
			4	No	1	facility in orde	er to maximize potential rev	enue from sales.		
				Yes		2			Income	
				No		ļ	/			
				Yes					Income	
									Income	
					_					
				100.00		8			Income	
_			6	110						
3.	Verification I have read and understand FPPC Re	aulati	ons 18044 1 on	d 1801	216	ave verified	that the distribution of adv	nissions set for	th above	
	is in accordance with the provisions.	guiun	יווט ווטיד. ו מוו	u 10041	L. 1 11					
	MANTA IN	MIC				Tieke	at Administrator	1/1	6/17	

INAR	MICHELLE DIANDA	Ticket Administrator	1/16/13					
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)					
Comment: (Use this space or an attachment for any additional information including amendment explanation.)								

Includes 1 parking pass at the value of \$20.

V

A Public Documen	Α	Public	Document
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. Agency Name					Date Stamp		Califor	
County of Alameda							Form	
Division, Department, or Region (if app	licable)						For Off	īcial Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title					Amendment (Mu	ist provi	ide explanati	on in Part 3.)
Crystal Hishida Graff, Clerk, Board o Area Code/Phone Number [E-mail	of Supervisors				Date of Original Fili	na:		
	hishida@saray				Butto of original film	.9	(month, day	, year)
(510) 272-3882 crystal.	hishida@acgov.	the second se	_					
Function, Event, of Ceremonia	Role morma	lion						
Title Golden State Warriors vs. Phoe	enix Suns		_	Face \	/alue of Each Adn	nissio	on \$ <u>150</u>	0.00
Description Basketball Game			-	Date(s	;) <u>02</u> , <u>20</u> ,13			//
				Cald	on State Marriara			
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gol					Nam	e of Sc	ource	
Was the distribution to persons id		nade a	at the	e behest of				
Was the distribution to persons id	entified below r			e behest of				
Was the distribution to persons id	entified below r	or, Dist	rict 2	e behest of				
Was the distribution to persons id Yes ☑ No □ If yes: ^{Valle}	entified below n , Richard- Supervis Official's	or, Dist Name (L	rict 2					
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and	entified below n , Richard- Supervis Official's	or, Dist Name (L	rict 2	First) and Title	an agency officia	al?	ial claims a	dmission as
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First)	entified below n , Richard- Supervis Official's the explanatic Number of	or, Dista Name (L on: Agen	rict 2 .ast, F	First) and Title Check th taxable in	an agency officia	al? cy offic		
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name	entified below n , Richard- Supervis Official's the explanatic Number of Admission(s)/	or, Disti Name (L	rict 2 .ast, F	First) and Title Check th taxable in also prov	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public	al? cy offic icial per purpos	rformed a ce se, including	eremonial role,
Was the distribution to persons id Yes ☑ No □ If yes: Valle The identity of recipient(s) and Name (Last, First) or	entified below n , Richard- Supervis Official's the explanatic Number of	or, Dista Name (L on: Agen	rict 2 .ast, F	First) and Title Check th taxable in also prov	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a	al? cy offic icial per purpos	rformed a ce se, including	eremonial role,
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization	entified below n , Richard- Supervis Official's the explanatic Number of Admission(s)/	or, Dista Name (L on: Agen	rict 2 . <i>ast, F</i> ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role,
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis Official's the explanatic Number of Admission(s)/	or, Dist Name (L Dn: Agen Offic Yes No	rict 2 Last, F	 First) and Title Check the taxable in also provide of the second se	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, J dividual, or
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Distr Name (L On: Agen Offic Yes No Yes	rict 2 Last, F	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, dividual, or Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Dist Name (L Dn: Agen Offic Yes No Yes No	rict 2 .ast, F ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, dividual, or Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Dist Name (L On: Ager Offic Yes No Yes No Yes	rict 2 <i>ast, F</i> ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Distr Name (L Dn: Ager Offic Yes No Yes No Yes No	ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, dividual, or Income Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Dist Name (L Dn: Ager Offic Yes No Yes No Yes No Yes	ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparison 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, Income Income Income Income Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Distr Name (L Dn: Ager Offic Yes No Yes No Yes No	rict 2 .ast, F	 Check th taxable in also prov If not inc ceremon organizat To reward a comparent 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, Income
Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	entified below n , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s)	or, Distr Name (L Dn: Ager Offic Yes No Yes No Yes No	ncy cial	 Check th taxable in also prov If not inc ceremon organizat To reward a comparent 	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by a tion.	al? cy offic icial per purpos n agenc	rformed a ce se, including cy official, in	eremonial role, 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.

IN AL	MICHELLE DIANDA	Ticket Administrator	1/23/13
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

Δ	Public	Doci	imont

11	cket/Admission Distributions	5					A PUDIIC DO	
1.	Agency Name					Date Stamp	California Form	802
	County of Alameda							
	Division, Department, or Region (if applica	ble)					For Official	Jse Only
	Board of Supervisors		ä					
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Mus	st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	Supervisors						
	Area Code/Phone Number E-mail					Date of Original Filin	g:(month, day, yea	r)
_		shida@acgov.	the second s			2		
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Title MUSE				Eaco \	/alue of Each Adm	ission ¢ 70.70	
			13					
	Description Concert	ίš.			Date(s) 01 / 28 / 13	//_//_///_////	
						/		
	Ticket(s)/Admission(s) provided by a	agency? Yes		o ⊡	If no: Gold	en State Warriors		
		0				Name	of Source	
	Was the distribution to persons iden	tified below n	nade a	t the	e hehest of	an agency officia	12	
						an agency emera		
	Yes 🗹 No 🔲 If yes: Valle, R	ichard- Supervis	or Distri	ct 2				
		Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:					
	Name				PROFESSION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e income box if the agenc	•	
	(Last, First) or	Number of Admission(s)/	Ager Offic			come. If the agency offic ride a description.	ial performed a cerem	onial role,
	Organization	Ticket(s)		, ici		ome, describe the public ial roles, performed by an		lual or
	(Name, Address, Description)				organizat	tion.		
	Rodriguez, Angelina		Yes			ttendance at an event h		Income
		2			racility in orde	er to maximize potential	revenue from sales.	
			Yes					Income
			No					
		-	Yes					Income
	L				-			
			Yes No					Income
			1.00					Income
3.	Verification I have read and understand FPPC Regulati	ons 18011 1 on	d 1801	216	ave verified f	hat the distribution of	admissions sot for	th above
	is in accordance with the provisions.	0113 10344.1 dll	u 1094	L. / 11			uumissions, set 101	00000,
							1/-	77/1-
		HELLE DIANI	JA		Ticke	t Administrator		1211

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

Print Name

Signature of Agency Head or Designee

month, day yea

Title

	Α	Public	Document
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IICKet/Admission Distribution	9				1		oamon
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	
Division, Department, or Region (if application)	able)					For Official U	ise Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must pi	ovide explanation in l	Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				Date of Original Filing: .		
Area Code/Phone Number E-mail					Date of Original Filling: .	(month, day, year)
	shida@acgov.	_				3C	
2. Function, Event, or Ceremonial F	kole informat	lion					
Title MUSE				Face \	/alue of Each Admiss	sion \$ _70.70	
Description Concert			_	Date(s	3) 01 / 28 / 13	/	/
				<u> </u>			
Ticket(s)/Admission(s) provided by	agency? Yes	ΠN	0 🗹	If no: Gold	len State Warriors Name of	Source	
Was the distribution to persons ider	ntified below r	nade a	at the	e behest of	f an agency official?		
	Richard- Supervis	or. Dist	rict 2				
Yes 🖸 No 🔲 If yes: Valle, P	Richard- Supervis Official's	Name (I	Last, I	First) and Title	Y		
The identity of recipient(s) and the time of time of the time of time of the time of time of time of the time of t	no ovnlanatiz			22			
		//. 		Chock th	e income box if the agency o	fficial claime admics	sion as
Name (Last, First)	Number of	Age	ncy	taxable i	ncome. If the agency official		
or Organization	Admission(s)/	Offi			vide a description. come, describe the public pur	oose, includina	
(Name, Address, Description)	Ticket(s)				ial roles, performed by an ag		ual, or
MacGregor, Jenn		Yes		To promote a	attendance at an event held		Income
	2	No	\checkmark	facility in orde	er to maximize potential rev	venue from sales.	
		Yes					Income
		No					
		Yes		1.			Income
		No					
		Yes					Income
		No					
		Yes					Income
		No					
3. Verification							
I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	id 1894	2. I h	ave verified	that the distribution of ad	missions, set for	th above,

 MICHELLE DIANDA
 Ticket Administrator
 1/28/13

 Signature of Agency Head or Designee
 Print Name
 Ticket Administrator
 1/28/13

Ti	cket/Admission Distribution	S					A Pul	olic Doo	cument
1.	Agency Name					Date Stamp		alifornia	802
	County of Alameda Division, Department, or Region (if applica	abla)						Form For Official Us	
	Board of Supervisors Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
	Crystal Hishida Graff, Clerk, Board of	Supervisors				Amendment (Mu	st provide ex	xplanation in P	Part 3.)
	Area Code/Phone Number E-mail	ouportiooro				Date of Original Filin	ig:	nth, day, year)	
	(510) 272-3882 crystal.hi	shida@acgov.	org				(mor	nin, day, year)	
2.	Function, Event, or Ceremonial F	Role Informat	tion						
	Title Golden State Warriors vs. New Y	ork Knicks		_	Face \	/alue of Each Adm	ission \$	250.00	
	Description Basketball Game			-	Date(s	s) // / / // / / // // // // // // // // //	3	/	/
	Ticket(s)/Admission(s) provided by	agency? Yes			l If no [.] Gold	len State Warriors			
		ageney: 100				Name	e of Source	9	
	Was the distribution to persons identified below made at the behest					f an agency officia	1?		
	Yes 🗹 No 🔲 If yes: Valle, F	Richard- Supervis	or, Dist	rict 2					
	Yes 🗹 No 🔲 If yes: Valle, Richard- Supervisor, Dis Official's Name				-irst) and Title				
	The identity of recipient(s) and the	ne explanatio	on:						
	Name (Last, First)				2	e income box if the agend ncome. If the agency offic	Si		
	or	Number of Admission(s)/	Ager Offic		also prov	vide a description.			·····,
	Organization (Name, Address, Description)	Ticket(s)	Tickot(s) If not in		ncome, describe the public purpose, including nial roles, performed by an agency official, individual, or ation.			ual, or	
	Villarreal, David		Yes		·····	attendance at an event l		•	Income
		4	No	\checkmark	facility in ord	er to maximize potentia	revenue f	rom sales.	
			Yes						Income
			No				<u>.</u>		
			Yes						Income
			No						Enned
			Yes No						Income
	е. 1		Yes No			X			Income
			NO						
3.	Verification I have read and understand FPPC Regulat	tions 18944.1 an	d 1894	2. I h	ave verified	that the distribution of	^r admissic	ons, set fort	h above,
	is in accordance with the provisions.								

Print Name

MICHELLE DIANDA

Signature of Agency Head or Designee

(month,

day, yea

Ticket Administrator

Title

A	Destate	D
A	Public	Document

1 Agoney Name					
1. Agency Name				Date Stamp	California
County of Alameda					Form 802
Division, Department, or Region (if applied	cable)				For Official Use Only
Board of Supervisors					
Street Address					-
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)	-				
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
(510) 272-3882 crystal.h	ishida@acgov	.org			(month, day, year)
2. Function, Event, or Ceremonial F					
Title <u>Carrie</u> Underr Description <u>Concert</u>			Date(s	falue of Each Admis	
Ticket(s)/Admission(s) provided by	agency? Yes	No 🗆	If no:	-SW	
		L		Name of	f Source
Was the distribution to persons ider	itified below i	made at the	behest of	an agency official?	
Was the distribution to persons ider					
	da County Sup	ervisor Scott	Haggerty, D		
Yes 🕅 No 🔲 If yes:	da County Sup Official's	ervisor Scott Name (Last, Fi	Haggerty, D		
· · · · · · · · · · · · · · · · · · ·	da County Sup Official's	ervisor Scott Name (Last, Fi	Haggerty, D		
Yes 🕅 No 🔲 If yes:	da County Sup Official's	ervisor Scott Name (Last, Fi	Haggerty, E rst) and Title • Checkthe taxable in also prov • If not inco	District 1	performed a ceremonial role.
Yes No D If yes: Alame The identity of recipient(s) and the Name (Last, Eirst) Or Organization	da County Sup Official's ne explanatio	ervisor Scott Name (Last, Fi DDT: Agency	Haggerty, E rst) and Title • Checkthe taxable in also prov • If not inco	District 1	Performed acceremonia irole Pose, including Provofficial, individual vor
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3.

is in accordance with the provisions. nissions, set forth above,

Kullin Griling	Lee Ann Fergerson	Ticket Administrator	1-17-13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

3.

A Public	Document
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1. Agency Name Date Stamp County of Alameda Division, Department, or Region (<i>if applicable</i>) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (<i>Name, Title</i>) Crystal Hishida Graff, Clerk, Board of Supervisors □ Amendment (<i>Must.</i>) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Title BASKETBAM Description BASKETBAM Date(s) 4	California BO2 Form BO2 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description BASKETRBAM Date(s) 4 J.13	Form 002
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description BASKETBAM Date(s) 4 9 9	For Official Use Only
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description BASILET RBAM Description	
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Description BASILET BAM Description	
Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Amendment (Must) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: 2. Function, Event, or Ceremonial Role Information Face Value of Each Admis Title BASILET BAM Date(s) 4,3,13	
Crystal Hishida Graff, Clerk, Board of Supervisors Amendment (Must) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: 2. Function, Event, or Ceremonial Role Information Face Value of Each Admis Title BASILET BAM Date(s) 4,3,13 Description BASILET BAM Date(s) 4,3,13	
Orystal Hishida Grail, Clerk, Board of Supervisors Date of Original Filing: Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title WARRIDRS Pass/CETRAM Date of Each Admis Description BAS/CETRAM Date(s) 4,3,13	
(510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title WARRORS Pescription BASILET BAM Date(s) 4,3,13	wide explanation in Part 3.)
2. Function, Event, or Ceremonial Role Information Title WARRIDES Face Value of Each Admis Description BASKETBAL Date(s) 4,3,13	(month, day, year)
Title WARRIDES Face Value of Each Admis Description BASKETBAL Date(s) 4,3,13	(month, day, year)
DescriptionBASKETBAN Date(s) 4,3,13	
Description BASKETBAL Date(s) 4,3,13	ion \$_9500
	, ,
Name of Name o	
i vane u.	
	ource
Was the distribution to persons identified below made at the behest of an agency official?	
Yes 🕅 No 🔲 If yes:Alameda County Supervisor Scott Haggerty, District 1	
Official's Name (Last, First) and Title	
The identity of recipient(s) and the explanation:	
Name	and the second state of the second
(Last First) Number of Agency taxable income lifthe agency official	narchamstadmissionias nformediaiceremonialirole,
or Organization (Name Address Departments) (Name Address Departments)	Securitaria
(Name, Address, Description).	CV:officials individuals or
League of Volunteers 7 Yes To reward a school or nonprofit of	
League of Volunteers 2 Yes Contributions to the community 36120 Ruschin Drive Yes C	
	Income
No 🗆	
Newark CA 94560 Yes	Income
No 🔲	
Yes 🔲	Income
No 🔲	
Yes 🗖	Income
. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of administric accordance with the provisions.	poione and full i
Lee Ann Fergerson Ticket Administrator	ssions, set forth above,
Signature of Agency Head of Designee Print Name Title	ssions, set forth above,

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Non-profit fundraiser to enable children to "Arts in Schools" FPPC Toll-Free He participate

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

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A Public Do	ocument
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America News				A Public	e e o o a m
Agency Name				Date Stamp Califo	ornia Q
County of Alameda Division, Department, or Region <i>(i</i>	f applicable)			Fo	
	(applicable)			For	Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name	Title				
Crystal Hishida Graff, Clerk, Boa				Amendment (Must provide explan	ation in Part 3.)
Area Code/Phone Number E-m				Date of Original Filing:	
12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				(month, a	iay, year)
Function, Event, or Ceremon	stal.hishida@acgov				
Title Warrors		ation	Ease \	ر alue of Each Admission \$	15.0
Description Bask	etball			$3 \frac{3}{30} \frac{3}{13}$	
			Date(S	N	
Ticket(s)/Admission(s) provide	d by agency? Yes		If no:	GSW	
		(Name of Source	
Was the distribution to persons	identified below	made at the	behest of	an agency official?	
	Alameda County Sup				
Yes 🕅 No 🔲 If yes:	Official's	Name (Last, Fi	rst) and Title		
The identity of recipient(s) a					
Name			ALL DATE	2.25年4月9日日 音乐和石公二十月月2日中秋月前日 - 3 1411-15 - 14 - 142 - 14 - 141 - 14 - 141 - 14 - 14	
(Last, First)	Number of	Agency	a taxable in	income box if the agency official claims come. If the agency official performed are	admissionias
or Organization	Admission(s)/ Ticket(s)		alsoprov		eremonialzrole
			 If not inco 	de a description.	(1)。 (1)。 (1)。 (1)。 (1)。 (1)。 (1)。 (1)。
(Name, Address, Description);			ceremoni	ome, describe the public purpose, includin alroles, performed by an anency official	ig)
FremontEducation		Yes D No	To rewar	me, describe the public ourpose, includin	ig individual, or
Fremont Education		5	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individualy.or. or its Incor
Fremont Education Foundation	<u>n 4</u>	No P	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individual, or or its Incon
Fremont Education Foundation	<u>n 4</u>	No P Yes D No D Yes D	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individual, or or its Incor Incon
Fremont Education Foundation	<u>n 4</u>	No P Yes D No D Yes D No D	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individual, or or its Incon
Fremont Education Foundation	<u>n 4</u>	No P Yes D No D Yes D Yes D	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individual, or or its Incon Incon Incon
Fremont Education Foundation	<u>n 4</u>	No Yes No Yes No Yes No No	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ig individual, or or its Incon Incon Incon
FremontEducation	<u>n 4</u>	No P Yes D No D Yes D Yes D	To rewar	nne, describertherpublic ourpose, includin al roles, performed by an igency official vi on: d a school or nonprofit organization fo	ing inglividual sor or its Incon Incom Incom

Kullen Gran	Lee Ann Fergerson	Ticket Administrator	1-15-13
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)
^			

3.

Α	Public	Document
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1. Agency Name Date Stamp California 80. County of Alameda Division, Department, or Region (<i>if applicable</i>) For Official Use Only Board of Supervisors Street Address For Official Use Only 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Image: Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.)
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)
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)
Designated Agency Contact (Name, Title)
Amendment (Mustanist
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail Date of Original Filing:
(510) 272-3882 crystal.hishida@acgov.org
2. Function, Event, or Ceremonial Role Information
Title Warrors Escalation 9500
Description Basketball Date(s) 3,6,13
$C \leq 11$
Ticket(s)/Admission(s) provided by agency? Yes V No 🔲 If no: GSW
Was the distribution to persons identified below made at the behest of an agency official?
Alameda County Surgeries County
Yes No If yes:
The identity of recipient(s) and the explanation:
Name (Last, First) Number of Agency
Pr Admission(s)// Official also provide a description.
(Name /Address, Description)
and galaxies
Hand Hand Hand Hand Hand Hand Hand Hand
P 0 12 1 1 1 1 Yes T revenue for concession and parking sales.
1. V. DOX 2 Leley No TI
Vec T
Aut < 2] Yes]
Yes
. Verification
. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is fin accordance with the provisions.

Hellen Gran	Lee Ann Fergerson	Ticket Administrator	1-15-13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Docume	ent
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					A Public D	ocument
1.	Agency Name				Date Stamp California	000
	County of Alameda				Form	OUZ
	Division, Department, or Region (if application	ble)			For Officia	I Use Only
	Board of Supervisors					
	Street Address					-
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (Must provide explanation i	in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors				
	Area Code/Phone Number E-mail				Date of Original Filing: (month, day, ye	ar)
-		hida@acgov.				
2.	Function, Event, or Ceremonial Re	ole Informat	tion			
	TitleTHE WHO			Face \	/alue of Each Admission \$.80
	Description			Date(s	<u>, 2, 1, 13</u>	/
	Ticket(s)/Admission(s) provided by a	gencv? Yes				
	 A second contraction of the Conf. Provide the Devidence of Conf. 	<u>j</u>	E no L		Name of Source	
	Was the distribution to persons ident	ified below r	nade at the	behest of	an agency official?	
	Yes 🙀 No 🔲 If yes: Alamed	Official's	Name (Last, F	Haggerty, I	District 1	×
	The identity of recipient(s) and the	e explanatio	on:			
	Name			e Check th	e income box if the agency official claims admi	PEION COMPANY
	(Last, First)	Number of	Agency	taxable ii	ncome. If the agency official performed a ceren	nonial role,
	or Organization	Admission(s)/. Ticket(s)	Official		vide a description. ome, describe the public purpose, including	
	(Name, Address, Description)			Ceremon	ialiroles, performed by an agency official, indiv tion.	idual, or
	TAMINE PROMINI		Yes 🗖	To rewa	rd a school or nonprofit organization for its	and the second se
	TATION FAMILY		No 1	contribu	tions to the community	
	FOUNDAFION WINNer!		Yes 📋			Income
			No 🛛			
	5555 Arroyo Road		Yes 🔲			Income
	LIVERMORE CA 94550		No 🗖			
	LIVENMOR CAP 94550		Yes			Income
			No 🔲			
			Yes □ No □			Income
2	Verification					
	I have read and understand FPPC Regulation	ns 18044 1 an	d 18012 16-	we worified t	bot the distribution of a lot is in the	
1	is n accordance with the provisions.	10 10044.1 UN	0 10042.1110	ive vermeu i	nal the distribution of admissions, set fo	orth above,
Ĺ	Vall & range		Orgonos			
	TUBU AN (UK)	Lee Ann F			t Administrator	16-13
	Signature of Agency Head on Designee	Print Nar	me		Title (mon	th, day, year)
	Comment: (Use this space or an attachment fo	r any additional i	nformation incl	luding amendi	ment explanation.)	
	A facility that cares for	- children	Suffer	ring fr	om life threatening dig	seases
	(non- profit)					orm 802 (2/11)

Ticket/Admission Distributions						I	A Public D	ocumen	
1.	Agency Name			Date Stamp	Californi				
	County of Alameda							Form	802
	Division, Department, or Region (<i>if applicable)</i> Board of Supervisors							For Officia	al Use Only
	Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
							Amendment (Must provide explanation in Parl 3.)		in Part 2 1
	Crystal Hishida Graff, Clerk,		Supervisors						in Fan S.)
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, ye	ar)
-	(510) 272-3882		shida@acgov						
2.	Function, Event, or Cere	monial R	ole Informa	tion					
	Title WARRIDRG	7				F		40	500
						Face V	alue of Each Admis		5,00
	Description BASKETBALL Date(s					Date(s	4, 3, 13	/	/
Ticket(s)/Admission(s) provided by agency? Yes 🙀 No 🔲 If no:						If no:	G.S.W.		
	{~ _						Name of	Source	
	Was the distribution to persons identified below made at the behest o						an agency official?		
	Alameda County Surrey in a								
	Yes X No I If yes:					First) and Title			x
	The identity of regiminant	a) and th				nsi) and mile			
	The identity of recipient(s) and th	e explanatio	on:	the second second	1			
	Name (Last, First)		Number of	1.00	$\frac{d_{H}}{d_{H}}$	 Checkithe taxable in 	income box if the agency of come. If the agency official r	ticialiclaims admis	ssionias.
	or Organization		Admission(s)/		sial	also provi	de a description	》 《记录》 244.854	ionialirole,
	(Name, Address, Descript	ion).	Ticket(s)			ceremonia	me, describe the public pur incles, performed by an age	newsofficialsundivi	dual or
	Amoyo Seco	an is the states of	and the second second	Yes		see morganizati	on: a water the only servery way	新兴的学习的生活 的。	
	Elementary Scho	100	4	No		contributio	a school or nonprofit organs to the community	anization for its	Income
	5280 Irene' Way		• • •	Yes					Income
	Livermore, CA			No				v	
	945	50		Yes			ķ		Income
				No					
				Yes					1

3. Verification

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

Yes 🔲

No 🔲

No 🗆

Kullin Grain	Lee Ann Fergerson	Ticket Administrator	1-15-13
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.)

Income

Income

	А	Public	Document
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There and a state of the state)			A	Public Documen
1. Agency Name		1		Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if application	bie)				For Official Use Only
Board of Supervisors		й. -			
Street Address					v
1221 Oak Street, Suite 536	Ŷ				
Designated Agency Contact (Name, Title)				Amendment (Must pl	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	upervisors				
Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, year)
	hida@acgov.				
2. Function, Event, or Ceremonial R	ole Informat	tion		a	/
Title W(W(1675			F	/alue of Each Admiss	. 95
			Face V	alue of Each Admiss	sion \$
Description			Date(s	;) [[[]]]	///
Ticket(s)/Admission(s) provided by a	gency? Yes		If no:		
	0,	hand in the		Name of	Source
Was the distribution to persons iden	tified below r	nade at th	hohost of	an aganay official	
Yes 🕅 No 🔲 If yes:	a County Supe	ervisor Scot	Haggerty, I	District 1	×.
/ (Official's	Name (Last, F	irst) and Title		
The identity of recipient(s) and the	e explanatio	on:			
Name	$\label{eq:states} \left\{ \begin{array}{l} I \\ I \\ I \end{array} \right\} = \left\{ \begin{array}{l} I \\ I \end{array} \right\} \left\{ \begin{array}{l} I \end{array} \right\} \left\{ \begin{array}{l} I \\ I \end{array} \right\} \left\{ \begin{array}{l} I \end{array} \right\} \left\{ \left\{ I \end{array} \right\} \left\{ \left\{ I \end{array} \right\} \left\{ I \end{array} \right\} \left\{ I \\ I \end{array} \right\} \left\{ I \end{array} \right\} \left\{ I \\ I \\ I \\I \\I \end{array} \left\{ I \end{array} \right\} \left\{ I \\I \\$			e income box if the agency o	
(Last; First) or	Number of Admission(s)/	Agency Official		ncome. If the agency official vide a description,	performed a ceremonial role,
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public pur fairoles, performed by an age	pose, including
			organiza	tion:	ency official, individual, of
Xel Gordon	2	No 🗹			Income
320 Christing Ct	-	Yes 🛛			Income
		No 🛛			
Pleasanton CA 94566		Yes 🗖			Income
		No 🗖			
		Yes 🔲			Income
		No 🗆			
		Yes 🗋			Income
		No 🗆			
3. Verification					
l have read and understand FPPC Regulation is fin accordance with the provisions.	ons 18944.1 an	id 18942. I hi	ave verified t	hat the distribution of ad	missions, set forth above,
					1

Kulhu Graig	Lee Ann Fergerson	Ticket Administrator	1-14-13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public Document

-					A 1		Joument
1.	Agency Name				Date Stamp	California Form	000
	County of Alameda					Form	6UZ
	Division, Department, or Region (if application)	ble)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must prov	ide explanation i	n Dard 2)
	Crystal Hishida Graff, Clerk, Board of S	upervisors				ide explanation il	ran S.J
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, ye	ar)
		hida@acgov.o				(
2.	Function, Event, or Ceremonial R	ole Informat	tion				
	Title Warriors (Samp		Face \	/alue of Each Admissi	on \$ <u>9</u> 2	5.00
	Description Basker	ball	2	Date(s	2 72 12	/	/
	Ticket(s)/Admission(s) provided by a	gency? Yes		lf no:	GSW		
		(Name of S	ource	
	Was the distribution to persons ident	ified below n	nade at the	e behest of	an agency official?		
	Alamed	a County Supe					
	Yes No 🔲 If yes:		Name (Last, F				
				iisi) anu mie			
	The identity of recipient(s) and the	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc ceremon	e income box if the agency offic ncome. If the agency official pe- vide a description. ome, describe the public purpo ial roles, performed by an agen	rformed a ceren se, including	ionial role,
	Zamalal Rasshall		Yes 🗖	and the second se	tion.		Income
	Bercovich Baseball	Y	No 🗆	contribution	school or nonprofit organiza s to the community	ition for its	Income
	Foundation		Yes 🔲				
	2080 Donion Way	,	No 🔲				Income
	Steizle Dublin CA		Yes 🔲				Income
	94568		No 🔲				
			Yes 🗖				
			No 🔲				Income
			Yes 🗖				Income
			No 🗖				

3. Verification

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

Kellin Artain	Lee Ann Fergerson	Ticket Administrator	1-11-13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

А	Public	Document

	·	_		A r		cumen
1. Agency Name				Date Stamp	California Form	e na
County of Alameda					Form	002
Division, Department, or Region (if applica	ble)		Hannan		For Official	Use Only
Board of Supervisors						
Street Address				-		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)						
Crystal Hishida Graff, Clerk, Board of S	upervisors			Amendment (Must prov	ide explanation in	Part 3.)
Area Code/Phone Number E-mail		<u> </u>		Date of Original Filing:	(menth for	
(510) 272-3882 crystal.his	hida@acgov.	org			(month, day, yea	r)
2. Function, Event, or Ceremonial R						
MARRIOR					06	62
Title VVAR RUC 7			Face V	Value of Each Admissio	on \$ <u>1)</u>	.00
Description <u>BASKET B</u>	AL		Date(s	3,9,13	/	/
			· ·	Cul		
Ticket(s)/Admission(s) provided by a	gency? Yes	VZP No I] If no:	GSW	_	
		τ		Name of Sc	ource	
Was the distribution to persons iden	tified below r	nade at t	he hehest of	fan agonov official?		
Yes 🔯 No 🔲 If yes:	la County Supe					
	Official's	Name (Last	, First) and Title			
The identity of recipient(s) and th	e explanatio	on:				
Name		- 1. E.G.	· Checkuth	erincomelboxif/theragency/offic	ialiclaims admis	sionias" ^{jal} airi
(Last/First) or	Number of	Agency	taxableri	ncome: If the agency officializer vide ardescription:	formed a cerem	onialtrole,
Organization	Admission(s)/. Ticket(s)	Official	If not inc	omendescriberthe public purpos	e including	
(Name, Address, Description).			ceremon organiza	lairoles, performed by/an agenc tion.	y₂official, indivit	lual or
Church East	16	Yes 🗖		ote attendance at a county		Income
Christ Junang	4	No 🗖		order to maximize potentia for concession and parkin		
537 St. George Pond		Yes 🗇	Tevende	for concession and parkin	g duide.	Income
57) 51: Carge Mad		No 🗖				
Danville CA 94526		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗆				
		Yes 🗖				Income
		No 🗆				
3. Verification						
I have read and understand FPPC Regulation	ons 18944.1 an	id 18942. I	have verified t	that the distribution of admi	ssions, set for	th above,
is in accordance with the provisions.						

Hellen Artur	Lee Ann Fergerson	Ticket Administrator	8411-14-13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A Public	Document
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		10			A	Public Do	cument
1.	Agency Name				Date Stamp	California	000
	County of Alameda					Form	BUZ
	Division, Department, or Region (if appli	cable)				For Official L	Jse Only
	Board of Supervisors						
	Street Address				-		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)						
	Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Must prov	vide explanation in l	Part 3.)
	Area Code/Phone Number E-mail	Supervisere			Date of Original Filing:		
	(510) 272-3882 crystal.h	nishida@acgov.	ora		,	(month, day, year,)
2.	Function, Event, or Ceremonial						
	Title_Basketball	Jame	2	Face \	alue of Each Admissi	on \$ 95	
		0			1 21 12	•	
	Description WWY	1015		Date(s	(3) - (3)		
	Ticket(s)/Admission(s) provided by	agency? Yes	TANO F	l lf no	GSW		
	()			1110	Name of S	ource	
	Was the distribution to persona ide	ntified below	(
	Was the distribution to persons ide						
	Yes 🔯 No 🗔 If yes:	eda County Supe	ervisor Scot	tt Haggerty, I	District 1		
	A	Official's	Name (Last,	First) and Title			
	The identity of recipient(s) and f	he explanatio	on:				
	Name			Check th	el income box if the agency offi	Cialiolaime admire	NAME OF THE PARTY
	(Last, First)	Number of	Agency	taxable ii	ncome. If the agency official pe		
	or Organization	Admission(s)/ Ticket(s)	Official		vide a description. ome, describe the public purpo	including	
	(Name, Address, Description)			ceremon	ial roles, performed by an agen	cy official, individ	ual, or
	Machaeller Rottin	terre maneurational approximation	Yes 🗖		tion.		and the second se
	Inonnece Tang	4	No 🕅	event in	note attendance at a cour n order to maximize poten	ity sponsored	
	MAMAGIN		Yes 🗖	revenue	e for concession and park	ing sales.	Income
	1 Jei		No 🗖				
	443-There Bard		Yes 🛛				Income
	883 Tanager Road Inversione CA	L.	No 🗆				
	WYEN MARE CA		Yes 🗖	-			
	Durante Cis		No 🗆				Income
	Allerto		Yes 🗖				
	94550		No 🗆				Income
3	Verification						
0.	I have read and understand FPPC Regula	ations 18944 1 an	nd 18942 1 h	ave verified f	that the distribution of odm	vionione set far	46 - 6
, 1	is in accordance with the provisions.					issions, set ion	in above,
Y	No la Xono						
	ALUCIANA VIA ALYSIM	Lee Ann I	Fergerson	Ticke	et Administrator	-	7-13
	Signature of Agency Head of Designee	Print Na	ime		Title	(month	n, day, year)

Commente (1)	this space or an attachment for any additional information including amendment explanation)	
	this shace or an attachment for any additional information industing any additional information	

A Public Docume	ent
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						Г		ocument
1.	Agency Name					Date Stamp	California	000
	County of Alameda						Form	6 02
	Division, Department, or Region (if applica	ble)					For Officia	l Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)		,			Amendment (Must pro	vide evolution	in Dert D 1
	Crystal Hishida Graff, Clerk, Board of S	upervisors					vide explanation i	п Рап З.)
	Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, ye	iar)
	(510) 272-3882 crystal.his	hida@acgov.	org				(monal, day, ye	
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Title Warriors B	asketba	y	_	Face V	/alue of Each Admissi	on \$9	5
	Description Rapte	ors		_	Date(s	3,4,13	/	/
	Ticket(s)/Admission(s) provided by a	gency? Yes		0 🗆	If no:G	Name of S	ource	
	Was the distribution to persons iden	tified below r	nade a	at the	behest of	an agency official?		
	Yes 🕅 No 🔲 If yes:	la County Supe				District 1		×
	/ <			_ast, F	irst) and Title			
	The identity of recipient(s) and th	e explanatio	on:					
	Name			6	.Checkith	e income box if the agency offi	cial claims admi	ssionias
	(Last, First) Or	Number of Admission(s)/	Agei	CAL - 22 (MILLIN)		icome. If the agency official pe vide a description.	rformed a cerer	nonial role,
	Organization (Name, Address, Description)	Ticket(s)			If not inc	ome, describe the public purpo	se, including	
	(Name Address, Description)	an dhean ann an Anna Anna Anna Anna Anna Anna	international and a second	动力的 化动力	organizat	ial roles, performed by an agen tion.	cy official, indiv	idual, or
	Leth Anunal Senior	4	Yes No	R	To reward a contribution	a school or nonprofit organiz as to the community	ation for its	Income
	Crab Feed	*	Yes				-	Income
			No					
	Marcill Condence		Yes					Income
	Merrill Gardens		No					
(City of Fremont		Yes					Income
1	P.O. Box 5006		No					
-	Fremont CA 94537		Yes					Income
	later: Linda Dila		No					
	Verification							
	I have read and understand FPPC Regulation	ons 18944.1 an	d 1894.	2. I ha	ave verified t	hat the distribution of adm	issions, set fo	orth above,
d.	is in accordance with the provisions.							

Sullan Higeron	Lee Ann Fergerson	Ticket Administrator	1-7-13
Signature of Agency Head of Designer	Print Name	Title	(month, day, year)

Ti	cket/Admission Distr	ributions			A	Public Docu	
1.	Agency Name		5		Date Stamp	California Form	202
	County of Alameda						
	Division, Department, or Reg	ion (if applicable)				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 Par	(13)
	Cheryl Perkins Interim Clerk	, Board of Supervisors					(0.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month. day. vear)	-
	(510) 272-3882	cheryl.perkins@acgov.c	org			(-
2.	Function, Event, or Cere	emonial Role Informat	tion				
	Title Description Not So Silent N			Date(s	Value of Each Admiss) <u>12</u> / 7 / 12 len State Warriors		_]
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden				Name of S	Source		
	Was the distribution to per Yes ☑ No □ If y	rsons identified below r es: Supervisor Wilma Chan Official's					
	The identity of recipient	(s) and the explanation	on:				
	Name (Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov	ne income box if the agency off ncome. If the agency official p vide a description. come, describe the public purp	erformed a ceremonia	

Organization (Name, Address, Description)	Ticket(s)		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 			
Boone, Phoebe	4	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential	Income		
		Yes □ No □	County revenue from sales.	Income		
		Yes □ No □		Income		
		Yes 🔲 No 🔲		Income		
		Yes 🔲 No 🗖		Income		

3. Verification

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

	exandra Boskovich	Ticket Administrator	1/30/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Ro Ticket/Admissi

Ceremonial Role Events and		
Ticket/Admission Distributions	A	Public Document
1. Agency Name	Date Stamp	California 802

	County of Alameda						Form	802
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Cheryl Perkins Interim Clerk		rvisors					1
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	r)
_	(510) 272-3882	cheryl.perkins(@acgov.c	org				
2.	Function, Event, or Cere	emonial Role I	nformat	tion				
	Title				Face \	/alue of Each Admissi	on \$ <u>\$101.8</u>	0
	Description The Who conc	ert			Date(s	a) <u>2</u> <u>1</u>	/	/
	Ticket(s)/Admission(s) pro	ovided by agend	cy? Yes	🗆 No	☑ If no: Gold	en State Warriors Name of S	ource	
	Was the distribution to per	rsons identified	l below n	nade at f	he behest of	an agency official?		
	Yes 🕢 No 🔲 If y	es: <u>Supervisor Wi</u>	ilma Chan					
			Official's	Name (Las	t, First) and Title			
	The identity of recipient	(s) and the ex	planatic	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	Adm	mber of ission(s)/ cket(s)	Agency Official	, taxable in also prov If not inc	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion.	rformed a cerem se, including	onial role,
	Chow, Cedric	4		Yes ⊑ No ☑		e attendance at an ever cility in order to maximiz		Income
				Yes 🗖 No 🗖	1 Obunty 10	venue from sales.		Income

3. Verification

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

Yes 🗖

No 🗖

Yes 🗖

Yes 🗖

No 🗖

No

	Alexandra Boskovich	Ticket Administrator	1/30/2013
Signature of Agency Head or De	signee Print Name	Title	(month, day, year)

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

Income

Income

Income

Agency Report of: Ceremonial Role Events and Т

A Public Document

Income

Income

Income

Income

Ti	cket/Admission Distr	ributions	5			A	Public Do	ocument
1.	Agency Name					Date Stamp	California	802
	County of Alameda					4	Form	
	Division, Department, or Regi	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	vide explanation in	Part 3.)
	Cheryl Perkins Interim Clerk	, Board of S	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yes	ar)
	(510) 272-3882	cheryl.per	kins@acgov.c	org				
2.	Function, Event, or Cere	emonial R	ole Informat	tion				
	Title				Face	/alue of Each Admiss	ion \$ \$70.70)
	The							
	Description Muse concert		·.		Date(s	s) <u>1 / 28 / 13</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🗖 No 🗹	If no: Gold	len State Warriors		
						Name of S	Source	
	Was the distribution to per	rsons iden	tified below n	nade at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If y	es: Supervis	sor Wilma Chan Official's					
			Official's	Name (Last, I	-irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization		Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov	e income box if the agency of ncome. If the agency official p vide a description. come, describe the public purp	performed a ceren	
	(Name, Address, Descrip	otion)	noneus)		ceremon organiza	ial roles, performed by an age tion.	ncy official, indivi	idual, or
				Yes 🗖		te attendance at an eve		Income
	Samreth, Dany		4	No 🗹	County fac	cility in order to maximiz	ze potential	

3. Verification

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

Yes 🗖

No 🔲

Yes 🗖

No 🗖

Yes 🗖

Yes 🗖

No 🗖

No County revenue from sales.

0 p	Alexandra Boskovich	Ticket Administrator	1/28/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

		000010							OMILIALI
1. /	Agency Name						Date Stamp	California	002
(County of Alameda							Form	002
Ē	Division, Department, or Region	(if applical	ble)					For Official L	lse Only
E	Board of Supervisors								
S	Street Address					-			
1	1221 Oak Street, Suite 536								
	Designated Agency Contact (Nan	me, Title)					Amendment (Must pro	ido ovplanation in	Dort 21
C	Cheryl Perkins Interim Clerk, B	oard of S	Supervisors					nde explanation in l	Part 3.)
100 million		mail					Date of Original Filing:	(month, day, year	•)
((510) 272-3882 cł	heryl.per	kins@acgov.c	org				(month, day, year	/
2. F	Function, Event, or Cerem			-					
								^ ~~~~~	
Т	Fitle				-	Face \	/alue of Each Admissi	on \$ <u>\$35.35</u>	
) <u>1 / 26 / 13</u>		
L	Description <u>AMA Supercross</u>				-	Date(s)/	/	/
-			.			Gold	en State Warriors		
1	ficket(s)/Admission(s) provid	ded by a	gency? Yes		0 🗹	If no:	Name of S	ource	
v	Vas the distribution to perso Yes ☑ No □ If yes:		or Wilma Chan			First) and Title	an agency official?		
Т	The identity of recipient(s)	and the	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Description)			Agency ta Official a • If		taxable in also prov If not inc	e income box if the agency offi ncome. If the agency official pe ride a description. ome, describe the public purpo ial roles, performed by an agen tion.	rformed a ceremo se, including	onial role,
5	San Lorenzo Unified School Di	istrict	3	Yes No			a school district for its o Lorenzo community.	contributions	Income
				Yes					
1	15510 Usher Street San Loren:	zo, CA	<i>1</i>	No					Income
									Income
-				Yes					
_				Yes No					
_									Income
-				No Yes					□ Income
-				No Yes					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.

	Alexandra Boskovich	Ticket Administrator	1/24/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	Ticket/Admission Distributions					A Public Documer		
1.	Agency Name					Date Stamp	California	802
	County of Alameda							
	Division, Department, or Regi	ion (if applica	ible)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (Must prov	vide explanation in	Part 3.)
	Cheryl Perkins, Clerk, Board	d of Superv	isors					
	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	ole Informat	tion				
							¢100	
	Title					/alue of Each Admissi		
	Description Warriors vs. Ro	ockets			Date(s	3 <u>8</u> <u>13</u>	/	/
	T. L. (/.)/A. L. L. (.)		0 V		r. Gold	len State Warriors		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		If no:	Name of Se	ource	
	Was the distribution to per	rsons iden	tified below n	nade at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If y	es: Supervi	sor Wilma Chan <i>Official's</i>					
			Official's	Name (Last,	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov If not inc	e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen- tion.	rformed a cerem se, including	onial role,
	La, Phong		2	Yes □ No ☑		e attendance at an ever cility in order to maximiz		Income
				Yes □ No □	County re	venue from sales.		Income
		_	rt _e	Yes □ No □				Income
				Yes 🔲				Income

3. Verification

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

Yes 🗖

No 🗖

No 🗖

At	Atexandra Boskovich		1/23/2013
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

licket/Admission Distribution	IS				A	Public Do	ocument
1. Agency Name					Date Stamp	California Form	002
County of Alameda							
Division, Department, or Region (if applied	cable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
	esignated Agency Contact (Name, Title)						n Part 3.)
Cheryl Perkins Interim Clerk, Board of Area Code/Phone Number [E-mail]	Supervisors				Date of Original Filing:		
					Date of Original Filing: _	(month, day, ye	ar)
(510) 272-3882 cheryl.pe 2. Function, Event, or Ceremonial I	erkins@acgov.o						
2. Function, Event, or Geremoniar		uon					
Title				Face V	alue of Each Admiss	ion \$ <u>\$41</u>	
					1 10 13		
Description Harlem Gloebtrotters			_	Date(s)/ 19 13	/	/
				Gold	on Stata Marriara		
Ticket(s)/Admission(s) provided by	agency? Yes		0 🗸	If no:	Name of	Source	
Was the distribution to persons ide	ntified below r	nade a	at the	e behest of	an agency official?		
Yes 🗹 No 🔲 If yes: Superv	visor Wilma Chan						
Yes 🗹 No 🔲 If yes: Superv	Official's	Name (I	Last, I	First) and Title			
The identity of recipient(s) and t	he explanatio	on.					
Name			124	Check the	e income box if the agency of	ficial claims admir	eeion ae
(Last, First)	Number of	Age	ncy	taxable in	come. If the agency official p		
or Organization	Admission(s)/ Ticket(s)	Offic	cial	and the second se	ide a description. ome, describe the public purp	ose, includina	
(Name, Address, Description)	Ticket(S)			ceremoni organizat	al roles, performed by an age	ncy official, indivi	dual, or
		Yes		To reward	a school for its contrib	ution to the	Income
Alameda High School	4	No	\checkmark	Alameda c	ommunity		
2201 Engine Ave. Alexada, CA		Yes					Income
2201 Encinal Ave. Alameda, CA		No					
		Yes					Income
		No					
		Yes					Income
		No					
		Yes					Income
		No					
3. Verification	100 is 1	1.400.5					
I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	d 1894	2. Th	ave verified ti	hat the distribution of adr	nissions, set fo	orth above,
Ale	exandra Boskov	/ich		Ticke	t Administrator	1/18/2	2013

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

Α	Public	Document
		Document

Icket/Admission Distribut	10115							
. Agency Name	gency Name						California Form	002
County of Alameda							Form	002
Division, Department, or Region (if a	Division, Department, or Region (if applicable)						For Officia	I Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536							1	
Designated Agency Contact (Name, 7	Title)				Amendment (Must prov	vide explanation	n Part 3.)
Cheryl Perkins, Clerk, Board of Su	Ipervisors						u.	
Area Code/Phone Number E-mai	il				Date of Original F	iling:	(month, day, ye	ar)
	yl.perkins@acgov.c							
. Function, Event, or Ceremon	ial Role Informat	tion						
Title				Ease \	alue of Each Ar	lucioni	en ¢ \$100/	\$20 narkiu
Title			-	Face V	/alue of Each Ac	imissi	on \$ _ \$100/	
Description Warriors vs. Maveric	ks			Date(s	1^{1} , 3^{1} ,	13	1	/
Description Warriors vs. Mavericks Date(s) 1 / 31 / 13/								
Ticket(s)/Admission(s) provided	by agency? Yes		o 🔽	If no: Gold	en State Warriors			
Ticket(s)/Admission(s) provided Was the distribution to persons	identified below n				Na	ame of S	ource	
Was the distribution to persons Yes ☑ No □ If yes: Su	identified below n upervisor Wilma Chan Official's	nade a	t the		Na		ource	
Was the distribution to persons Yes ☑ No □ If yes: <u>Su</u> The identity of recipient(s) an	identified below n upervisor Wilma Chan Official's	nade a	t the	behest of	Na an agency offic	ial?		ssion as
Was the distribution to persons Yes ☑ No ☐ If yes: Su The identity of recipient(s) an Name (Last, First)	identified below n upervisor Wilma Chan Official's	nade a	at the	 behest of iirst) and Title Check th taxable in 	Na an agency offic e income box if the ag ncome. If the agency of	cial?	cial claims adm	
Was the distribution to persons Yes ☑ No ☐ If yes: ^{Su} The identity of recipient(s) an _{Name}	identified below n upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/	nade a Name (L on:	at the .ast, F	 behest of First) and Title Check th taxable in also prov If not inc. 	Na an agency offic e income box if the ag ncome. If the agency o ride a description. ome, describe the pub	cial? ency offic fficial pe lic purpo	cial claims adm rformed a cerer se, including	nonial role,
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or	identified below n upervisor Wilma Chan Official's Ind the explanation Number of	nade a Name (L Dn: Agen	at the .ast, F	 behest of First) and Title Check th taxable in also prov If not inc. 	Na an agency offic e income box if the ag iccome. If the agency o ride a description. ome, describe the pub ial roles, performed by	cial? ency offic fficial pe lic purpo	cial claims adm rformed a cerer se, including	nonial role,
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization	identified below n upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/	nade a Name (L on: Agen	at the ast, F	 behest of First) and Title Check the taxable in also provolution or the second sec	Na an agency offic e income box if the ag iccome. If the agency o ride a description. ome, describe the pub ial roles, performed by	ency offic official pe lic purpo an agen	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	nonial role, idual, or
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	nonial role, idual, or Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag iccome. If the agency of ride a description. ome, describe the pub ial roles, performed by ion. e attendance at a	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	nonial role, idual, or Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes No	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes No Yes	at the	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below m upervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L On: Agen Offic Yes No Yes No Yes No	ast, F	 behest of First) and Title Check th taxable in also prov If not inc ceremon organizat To promote County fact 	Na an agency offic e income box if the ag ncome. If the agency of ride a description. ome, describe the pub ial roles, performed by tion. e attendance at a cillity in order to m	ency offic official pe lic purpo an agen an ever aximiz	cial claims adm rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income Income

is in accordance with the provisions.

	Alexandra Boskovich	Ticket Administrator	1/22/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributions					A Public Documer			
1.	Agency Name					Date Stamp	California	802
	County of Alameda		Form					
	Division, Department, or Reg	ion (if applica	able)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536	(1)						
	Designated Agency Contact					Amendment (Must pro	vide explanation i	n Part 3.)
	Cheryl Perkins, Clerk, Board Area Code/Phone Number	d of Superv IE-mail	/isors			Date of Original Filing: _		
						Date of Original Filling.	(month, day, ye	ar)
	(510) 272-3882		rkins@acgov.c					
۷.	Function, Event, or Cere	emoniai F	cole information	lion				
	Title				Face \	/alue of Each Admiss	ion \$ _\$100/3	\$20 parkii
	Description Warriors vs. Su	Ins				s) <u>2 / 2 / 13</u>		
	Description				Date(s	s)//	/	/
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes	🗆 No [If no: Gold	len State Warriors		
						Name of S	Source	
	Was the distribution to pe	rsons ider	ntified below n	nade at ti	he behest of	f an agency official?		
						an agoney emolari		
	Yes 🗹 No 🔲 Ify	es: Supervi	isor Wilma Chan					
				-	First) and Title			
	The identity of recipient	(s) and th	ne explanatio	on:				
	Name	1				the income box if the agency official claims admission as		
	(Last, First) or		Number of Admission(s)/	Agency Official	taxable income. If the agency official performed a c also provide a description.			ionial role,
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ome, describe the public purpo ial roles, performed by an ager tion.		dual, or
				Yes 🗖		e attendance at an eve		Income
	Roque, Albert		4 + parking	No 🗹	County fac	cility in order to maximiz	e potential	
				Yes 🔲	County rev	venue from sales.		Income
				No 🗖				
				Yes 🗖				Income
				No 🔲				
				Yes 🔲 No 🔲				Income
				Yes 🔲				
				No				Income
_								

3. Verification

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

	Alexandra Boskovich	Ticket Administrator	1/22/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

IIGNEUAUIIIISSIOII DISUIMUUII	9				-			
1. Agency Name	Agency Name					California	802	
County of Alameda	•					Form		
Division, Department, or Region (if application)	able)					For Official U	Jse Only	
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)								
				:	Amendment (Must	provide explanation in	Part 3.)	
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors				Date of Original Filing:			
	ahida@aaaay	ora				(month, day, year	r)	
(510) 272-3882 crystal.his 2. Function, Event, or Ceremonial R	shida@acgov.o	the second s	-					
		lion						
Title The Harlem Globe Trotters			_	Face V	/alue of Each Admis	sion \$ <u>41</u>		
Description Event				Date(s) 01 / 19 / 13	/		
				Bacolo	le(5)///////			
Ticket(s)/Admission(s) provided by a	agency? Yes		o ☑	If no: Gold	en State Warriors			
					Name o	f Source		
Was the distribution to persons iden	tified below n	nade a	t the	e behest of	an agency official?	,		
Yes 🔽 No 🔲 If yes: Carson	, Keith, Alameda	County	Supe	ervisor Fifth D First) and Title	District			
			.ası, 1					
The identity of recipient(s) and the	ne explanatio	on:						
Name (Last, First)				The second second second	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,			
or	Number of Admission(s)/	Ager Offic		also provide a description.				
Organization (Name, Address, Description)	Ticket(s)				ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or zation.			
Sanchez, Mina		Yes		CALL COMMON IN COMMON STATES	inty employee for his or her exe ourage staff development	mplary service to the	Income	
	4	No	\checkmark		นาสมุข รเล่า นองขับปากยาแ			
		Yes					Income	
		No						
		Yes					Income	
		No						
		Yes No					Income	
			_					
		Yes No					Income	
3. Verification						<u>6</u>		

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 11 1 1

Han he	Hannah Greene	Ticket Administrator	01-18-2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Distributi Т

A Public Document

	cket/Admission Distr	ibutions					A	Public Do	
1.	Agency Name				5210000000		Date Stamp	California Form	202
	County of Alameda								
	Division, Department, or Region (if applicable)				For Official	Use Only			
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				Amendment (Must provide explanation in Part 3.)				
	Crystal Hishida Graff, Clerk, Board of Supervisors								
	Area Code/Phone Number	E-mail			Date of Original Filing:(month, day. year)		r)		
terreturn	(510) 272-3882	crystal.hishida@acgov.org							
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Title Warriors vs. Clippers Face				Value of Each Admission \$ _200				
					Date(s	<u>, 01 , 21 , 13</u>	/	/	
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									
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Agen Offici		taxable i also prov ● If not inc	e income box if the agency official claims admission as ncome. If the agency official performed a ceremonial ro vide a description. ome, describe the public purpose, including ial roles, performed by an agency official, individual, or tion.		
	Brown, Aisha		2	Yes No			unty employee for his or her exerr ourage staff development	plary service to the	Income
	<u>E 1999 - E 199</u>	********		Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					۵
				Yes					Income
konserie -				No	П				

3. Verification

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

Alaliza	- Hannah Greene	Ticket Administrator	01-02-2013	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
A Public Document

	alifornia 802
County of Alameda	Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisors	
Street Address	
1221 Oak Street, Suite 536	
Designated Agency Contact (Name, Title)	xplanation in Part 3)
Crystal Hishida Graff, Clerk, Board of Supervisors	
Area Code/Phone Number E-mail Date of Original Filing:	onth day year)
(510) 272-3882 crystal.hishida@acgov.org	nnn, day, ycar)
2. Function, Event, or Ceremonial Role Information	
	000
Title Warriors vs. Clippers Face Value of Each Admission S	\$ _200
Description Basketball Date(s) 01 / 21 / 13	
Description Basketball Date(s) 01 / 21 / 13	//
- Golden State Warriors	
Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Golden State Warriors	e
Was the distribution to persons identified below made at the behest of an agency official?	
Carson Keith Alameda County Supervisor	
Yes No I 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) Number of Agency taxable income. If the agency official perform	
(Last, First) Number of Agency also provide a description.	·····,
Organization Ticket(s) • If not income, describe the public purpose, in	
organization.	
Jenkins, Kevin	Income
2 No 🗹	
Yes 🗖	Income
No 🗖	
Yes 🗖	Income
No 🗖	
Yes 🗖	Income
No 🗖	
Yes 🗖	
	Income

3. Verification

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

Anhke	Hannah Greene	Ticket Administrator	01-02-2013
Signature of Ageney Head or Designee	Print Name	Title	(month, day, year)

A Public Document

County of Alameda	alifornia 802
County of Alameda	
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisors Street Address	
1221 Oak Street, Suite 536	
Designated Agency Contact (Name, Title)	explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Supervisors	
Area Code/Phone Number E-mail Date of Original Filing:	onth, day, year)
(510) 272-3882 crystal.hishida@acgov.org	
2. Function, Event, or Ceremonial Role Information	
Title Warriors vs. Clippers Face Value of Each Admission \$	<u>\$ _200</u>
Destation 01 21 13	
Description Basketball Date(s) 01 / 21 / 13	//
Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Golden State Warriors Name of Source	0
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 Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation:	
Name • Check the income box if the agency official cla	laims admission as
(Last, First) Number of Agency taxable income. If the agency official performe	ned a ceremonial role,
or Admission(s)/ Official also provide a description. Organization Ticket(s) If not income, describe the public purpose, inc	ncludina
(Name, Address, Description) Ticket(s) Ticket(s) ceremonial roles, performed by an agency office organization.	fficial, individual, or
Mina Sanchez	ervice to the Income
4 No D public or to encourage staff development	
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.

Aug he	Hannah Greene	Ticket Administrator	01/11/2013
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 Regio	on (if applica	ble)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	lame, Title)					Amendment	(Must pro	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					. ,	,	
	Area Code/Phone Number	E-mail					Date of Original I	iling:	(month. day. yea	<i>r)</i>
	(510) 272-3882	crystal.his	hida@acgov.c	org					(·····································	· /
2.	Function, Event, or Cere		and the second	All the second sec						
	· · ·									
	Title Warriors vs. Clippers					Face V	/alue of Each A	dmissi	on \$ <u>200</u>	
	Packathall) 01 / 21 /	13		
	Description Basketball	17-14 12 - 1 Hat				Date(s)		<u></u>	/
						Cald	on State Marriero			
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		0 🖸	If no: Gold		ame of S	ource	
	Was the distribution to pers	sons iden	tified below n	nade a	at the	e behest of	an agency offi	cial?		
		0		Count	C	n niden Eiße F				
	Yes 🗹 No 🔲 Ifye	es: <u>Carson,</u>	Keith, Alameda	Vamo (I	Supe	First) and Title	nstrict			
					-031, 7	nsiy and mio				
	The identity of recipient(s) and th	e explanatio	n:						
	Name						the income box if the agency official claims admission as income. If the agency official performed a ceremonial role,			
	(Last, First) or		Number of Admission(s)/	Agency Official			vide a description.	onicial pe	eriorineu a cerem	oniai role,
	Organization		Ticket(s)		Jai		come, describe the public purpose, including nial roles, performed by an agency official, individual, d		dual or	
	(Name, Address, Descrip	tion)				organiza	tion.		-	
	Moreno, Doreen			Yes	\checkmark		Inty employee for his or lourage staff development		ary service to the	Income
			2	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.

Jante	Hannah Greene	Ticket Administrator	01/11/2013
^U Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name						Date Stamp	California	802
	County of Alameda						Form	002	
	Division, Department, or 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	upervisors				_		
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	emonial R	ole Informat	ion					
	Title Warriors vs. Clippers					E	/ f E h. A during .	e 200	
	Title Warners vs. Onppers				-	Face V	/alue of Each Admiss	ion \$	
	Description Basketball					Date(s) 01 , 21 , 13	1	1
						Ducolo	/		
	Ticket(s)/Admission(s) pro	wided by a	aencv? Yes			If no. Gold	en State Warriors		
	neket(aji/kumiaalon(a) pro	whated by a	igeney: rea				Name of S	Source	
					4.41-				
	Was the distribution to per	sons iden	tified below n	nade a	it the	e benest of	an agency official?		
	Yes 🔽 No 🔲 If y	es. Carson,	Keith, Alameda	County	Supe	ervisor Fifth D	District		
			Official's l	Name (L	.ast, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name	(-)				Check th	e income box if the agency off	icial claims admis	sion as
	(Last, First)		Number of	Ager	псу	taxable i	ncome. If the agency official p		
	or Organization		Admission(s)/	Offic			/ide a description. ome, describe the public purpo	ose, including	
	(Name, Address, Descrip	otion)	Ticket(s)				ial roles, performed by an ager		lual, or
	Greene, Hannah			Yes	Π	To reward a Cou	inty employee for his or her exemp	lary service to the	Income
	Oreene, Hannan		4		\square	public or to enco	ourage staff development		
				Yes				in sense til kon som som som fra fra i det	Income
				No					
				Yes		. ÷			Income
				No					
				Yes					Income
				No					
			·	Yes					Income
				No					
2	Verification								

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 1 0

Jahre	and the Hannah Greene		01-18-2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name						Date	Stamp		lifornia	802
	County of Alameda								Form		
	Division, Department, or Region (if applicable)								For Official	Use Only	
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (M	Vame, Title)					🔲 Amendr	nent (Must pro	ovide ex	planation in	n Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors								
	Area Code/Phone Number	E-mail					Date of Orig	ginal Filing: _	(mon	nth, day, yea	ar)
		the set of	shida@acgov.o	-							
2.	Function, Event, or Cere	monial R	ole Informat	tion							
	Title AMA Supercross			Ý		Face	/alue of Ea	ch Admiss	ion \$	35.35	
	Description Motorcycle		-		_	Date(s	6)	<u> </u>		/	/
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Was the distribution to persons identified below made at the behest of an agency Yes ☑ No □ If yes: Carson, Keith, Alameda County Supervisor Fifth District Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization Number of Admission(s)/ Official Agency Official If not income, definition						len State War	riore				
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or	sons iden es: <u>Carson,</u> s) and th	tified below n Keith, Alameda Official's ne explanatio Number of	nade a County Name (L Dn: Ager	Supe ast, F	 behest of ervisor Fifth I irst) and Title Check the taxable is also pro If not inconceremon 	f an agency District District income. If the a vide a description come, description inal roles, perfor	f the agency off gency official p on.	ficial cla perform	aims admi ied a ceren cluding	nonial role,
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization	sons iden es: <u>Carson,</u> s) and th	tified below n Keith, Alameda Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic	Supe ast, F	 behest of rvisor Fifth E irst) and Title Check the taxable is also pro If not ince ceremor organizator 	f an agency District District income. If the a vide a description come, description inal roles, perfor	f the agency off gency official p on. the public purp med by an age	ficial cla perform ose, ind ncy offi	aims admi ied a ceren cluding icial, indivi	idual, or Income
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is in accordance with the provisions.

Harrie	Hannah Greene	Ticket Administrator	01/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

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1.	Agency Name						Date Stamp	California	202
	County of Alameda							Form	
	Division, Department, or Regi	ion (if applica	nble)					For Official	Use Only
	Board of Supervisors								
	Street Address	<u></u>							
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)			nneo-oùnie		Amendment (Must pro	vide explanation i	Part 31
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					nue explanation i	rran s.j
	Area Code/Phone Number	E-mail				****	Date of Original Filing: _	(month, day, ye	ar)
	(510) 272-3882	crvstal.his	shida@acgov.o	ora				(month, day, ye	
2.	Function, Event, or Cere	Contraction of the second s	Sector						
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	Description Concert				-	Date(s	b) <u>01</u> <u>28</u> <u>13</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes	🛛 No	\square	If no: Gold	en State Warriors	-	
							Name of a	Source	
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	Name Katika J		Official's	Name (La	ast, F	First) and Title			
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	(Last, First)		Number of	Agend	су	taxable i	ncome. If the agency official p		
	or Organization		Admission(s)/	Offici	Official also pro		ovide a description. ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or		
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	Franklin Hysten			Yes			nmunity volunteer for his or her ser	vice to the public	Income
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				Yes					Income
				No		1			

3. Verification

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

	Hannah Greene	Ticket Administrator	02/01/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

Incheur	Admission Dist									
1. Agen	icy Name					2.1244.5240.000.000	Date Stamp		California	802
Count	ty of Alameda								Form	002
Divisio	on, Department, or Reg	ion (if applica	ible)		*******				For Official	Use Only
Board	l of Supervisors									
Street	Address	a han an a			**********					
1221	Oak Street, Suite 536									
Desigr	nated Agency Contact	(Name, Title)		*****			Amendment (M	Aust prov	ide explanation in	Part 3.)
Crysta	al Hishida Graff, Clerk	, Board of S	Supervisors				lemal (//			
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Hand he	Hannah Greene	Ticket Administrator	02/01/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1. /	Agency Name						Date Stamp	California	000
(County of Alameda							Form	002
ī	Division, Department, or Reg	ion (if applica	nble)					For Official U	Jse Only
	Board of Supervisors								
3	Street Address								
	1221 Oak Street, Suite 536								
Ī	Designated Agency Contact (Name, Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Amendment (Must pro	ovide explanation in	Part 3)
(Crystal Hishida Graff, Clerk,	Board of S	Supervisors						/ u/ 0./
. 7	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year	r)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(,
2. I	Function, Event, or Cere	emonial R	ole Informat	ion					
_	Marriors ve Hornets							• • 200	
	Title Warriors vs. Hornets					Face V	alue of Each Admiss	$\frac{200}{100}$	
	Description Basketball					Date(s) 04 03 13	//	/
-									
	Ficket(s)/Admission(s) pro	vided bv a	agency? Yes		o 🗖	If no: Gold	en State Warriors		
		, , .	· · · · · · · · · · · · · · · · · · ·		- Rescuid		Name of	Source	
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	was the distribution to per	130113 10611		laue a		e benest of	an agency official?		
	Yes 🖸 No 🔲 If y	es: <u>Carson,</u>	Keith, Alameda <i>Official's i</i>	County	Supe	ervisor			
			Official's i	Name (L	.ast, F	First) and Title			
-	The identity of recipient	(s) and th	e explanatio	n:					
-	Name					1	e income box if the agency of		
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	Organization		Admission(s)/ Ticket(s)	Offic	lai	If not inc	ome, describe the public purp		
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-				No			*****		П
				Yes					Income
-		***************************************					a a mandra a canada da na mandra da mar a canada da canada da canada da canada da canada da canada da canada d		
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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.

Hand ye	Hannah Greene	Ticket Administrator	01-03-2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

3.

i i abiic Document		A	Public	Document
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1 America No.				F	rubiic Documen
1. Agency Name				Date Stamp	California Form 802
County of Alameda Division, Department, or Region <i>(if app</i> .	licoblol				
Board of Supervisors	icable)				For Official Use Only
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title,)				
Crystal Hishida Graff, Clerk, Board of				Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail	oupervisors			Date of Original Filing: _	
(510) 272-3882 crystal.h	nishida@acgo			pate of original rining	(month, day, year)
2. Function, Event, or Ceremonial					
Ha Lalla		allon			
Title NE UM6			Face V	alue of Each Admiss	ion \$ _/0 / . SO
Description Conce	of			Thing	
			Date(s	1 tep 1/ 2013	>//
Ticket(s)/Admission(s) provided by	aganava V-			GSW	
Ticket(s)/Admission(s) provided by	agency re	S LI NO L	_ If no:	Name of S	OURCE
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Was the distribution to persons ide					
Yes 🔯 No 🔲 If yes:	eda County Sup	pervisor Sco	tt Haggerty, D	istrict 1	
	Official's	s Name (Last,	First) and Title		
The identity of recipient(s) and the	ne explanati	on:			
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(Lrist) (First) or	Number of Admission(s)/	Agency	taxablering	ome, lifthe agency officialize le a description,	donnediarceremoniaizrole;
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131 AVICADO CA				and participation and par	king sales.
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1758/		No 🗆			Income
		Yes 🗖			
		No 🔲			Income
Verification					
I have read and understand FPPC Regulatic is in accordance with the provisions.	ons 18944.1 and	d 18942. I ha	ive verified tha	t the distribution of admis	sions, set forth above
Hallen Sottato	Lee Ann F	ergerson	Ticket A	dministrator	1-1-13
Signature of Agency Head of Designee	Print Nam	ne		Title	(month, day, year)
Comment: (Use this space or an attachment for	r any additional in	formation inclu	Idina amendme	at explanation 1	
	,		any anenumer	n explanation.)	

3.

А	Public	Document
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				A	Public Document
1. Agency Name				Date Stamp	California Ono
County of Alameda					Form 802
Division, Department, or Region (if appli	cable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Must pro	vide explanation in Parl 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
(510) 272-3882 crystal.h	ishida@acgo\	/.ora			(month, day, year)
2. Function, Event, or Ceremonial I					
Ma No					
Title Ne who			Face V	alue of Each Admissi	on \$ 101.80
Concen	rt			7 1 17	
Description			Date(s	$ \underline{-} \underline{-} \underline{-} \underline{-} \underline{-} \underline{-} \underline{-} \underline{-}$	//////////
				(all)	
Ticket(s)/Admission(s) provided by	agency? Yes	s 🗖 No 🗖	lf no:	9 700	
		C		Name of Sc	ource
Was the distribution to persons ider	tified below	made at the	behest of	an agency official?	
Alama	da County Sup				
Yes 🕅 No 🔲 If yes:		Name (Last, F			×
The identity of maining the barries of the			ist) and The		
The identity of recipient(s) and th	ie explanatio	on:			
Name (Last, First)		a de la compañía de l	O Ghae Rilha	Income box if the agency offici	aliciaimsiadmissionias
or Otganization	Number of Admission(s)/	Agency Official	alsourovir	torne. Il llite agoncy official pen le a description,	
(Mame, Address, Deserption)	THERE((S))		D IP not lineor	ne Lossi prom ne Lossi los the public rations neles, periormed by an sopro n-	, including
	and the second second			THE PARTY OF THE P	7.当时的2.24点口的运行的走行局部的运行
PAULANDAS	7	Yes 🗖 No 🗖	To promo	ote attendance at a count	y sponsored
Any vavaus		F	ovent in t	or concession and parkir	al county
2152 Bent Tree Dr		Yes 🗖 No 🗖		er concession and parkir	ig sales.
Dubl (1					
Dublin CA 94508	/	Yes □ No □			Income
		Yes 🔲			
					Income
		Yes 🔲 No 🔲			Income
Verification					
I have read and understand FPPC Regulations is in accordance with the provisions.	ns 18944.1 and	l 18942. I hav	e verified that	t the distribution of admiss	ions, set forth above,
Val Bern					
TULLIN ATLINI	Lee Ann F	ergerson	Ticket A	dministrator	2-7-13
Signature of Agency Head of Designee	Print Nam	e		Title	(month, day, year)
Comment: (Use this space or an attachment for	any additional ini	formation includ	ling amendmer	t explanation.)	-

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A Public Docum t

and the second						A	Fublic Docun	nen
1.	Agency Name					Date Stamp	California Form 8	
	County of Alameda						Form 8	12
	Division, Department, or Regi	on (if applica	able)				For Official Use On	and the second se
	Board of Supervisors							
	Street Address					×		
	1221 Oak Street, Suite 536							
	Designated Agency Contact (/	Vame, Title)						
	Crystal Hishida Graff, Clerk,	Board of S	upervisors		-	Amendment (Must pro	vide explanation in Parl 3.)	
		E-mail				Date of Original Filing:		
	(510) 272-3882	crystal his	shida@acgov	050			(month, day, year)	
2	Function, Event, or Cere							
AD 1	i anotion, Evenit, or cerei	inomai K		llion			11 -	0
	Title HARLEM G	WHET	ROTTER	5	Face V	alue of Each Admissi	on \$)
	Description	etbal	l		Date(s	1, 19, 13	//	
	Ticket(s)/Admission(s) prov	vided by a	dency? Ver		I If no:	55W		
	()	liceu by u	gondy. rea	FINUL	i iiio	Name of Se	ource	
	Was the distribution to para	ono idené		1				
	Was the distribution to pers	sons ident	ined below i	made at th	e behest of	an agency official?		
	Yes 🕅 No 🔲 Ifye	Alamed	a County Sup			District 1		
			Official's	Name (Last, I	First) and Title			
	The identity of recipient(s	s) and the	e explanatio	on:				
	Name		「「「「「「「「「「「「」」」」	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	Charkitha	income box if the agency offic	NE IS MADE THE REPORT OF A REAL PLATE MADE HERE	Charles In .
	(Last, First)	1. 14 1 1 1	Number of	Agency	taxablerin	come. If the agency official per	lai claimsiadmissionias formed a ceremonial role	
	Organization		Admission(s)/ Ticket(s)	Official	also provi	de a description, mei descripe the public purpos	· 特别的 24 网络伊尔马德尔马	
	(Name, Address, Descripti	on)	Line Parts		ceremonia	alifoles; performed by an agenc	Viofficial Lindividual	
	N 6.10			Yes 🗖		on. e attendance at a county		
	Dan O'Brien		4	No T	event in or	der to maximize potential	county -	ne J
	2228 Cudownig	1Ct		Yes 📋	revenue io	r concession and parking	Incor	me
	Der Coparina			No 🗆				
	puttinica qu	1568		Yes 🗖			Incor	ne
-				No 🗖				
				Yes 🗋			Incor	
-				No 🗖				ne
				Yes 🗖			Incor	 ne
				No 🗌				iic
	/erification							
1	have read and understand FPPC s in accordance with the provision	C Regulation	ns 18944.1 and	d 18942. I ha	ave verified the	at the distribution of admis	sions, set forth abov	e.
(15.						A)
1	KILL ONTIN		Lee Ann F	ergerson	Ticket	Administrator	197 1-	>
	Signature of Agency Head on Designee		Print Nan			Tille	17575	>

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

Print Name

(month, day, year)

Title

3.

t

	10				A Public	Documen
1. Agency Name				Date Stamp	Califor	-
County of Alameda					Form	
Division, Department, or Region (if appli	icable)			1	For Off	icial Use Only
Board of Supervisors Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must)		Dura
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number E-mail	Supervisors					n in Part 3.)
• • • • • • • • • • • • • • • • • • •				Date of Original Filing:	(month, day,	vear)
	ishida@acgov					,,
2. Function, Event, or Ceremonial I	Role Informa	ation				
Title <u>Supercro</u>	55		Face V	alue of Each Admis	sion \$ 3	5.35
Description	event		Date(s) 1, 2le (2	>/.	/
Ticket(s)/Admission(s) provided by	agency? Yes	s tono E	If no:	5W Name of	Course	
Was the distribution to persons ider	tified below	made at th	e behest of		Source	
	da County Sup					
Yes No 🔲 If yes:	Official's	Name (Last.	First) and Title			
The identity of recipient(s) and th						
Name (Last, First) or Organization (Name Address, Description):	(INumber of Admission(s)/ Ticker(s)	Agency Official	also provid	income box of the agency of come. If the agency of icial p le a description, ne, description, fe, description, the public of p roles, performed by an agen m	enformed arcere	monlalizole,
Eric Husselt	3	Yes □ No □	To promote event in ord	attendance at a count er to maximize potentia	y sponsored al county	Income
10,0,1,4,10,0	*	Yes 🛛	revenue for	concession and parkin	ng sales.	
TOT UPON WA ARE	Drive	No 🗖				Income
FROMADUL CA		Yes 🔲				Income
1. Change of		No 🗖				
0.0-00		Yes 🔲				Income
94534		No 🔲				
		Yes 🔲				Income
Vorifientien		No 🔲				
Verification I have read and understand FPPC Regulatio is in accordance with the provisions.	ns 18944.1 and	d 18942. I ha	ve verified that	t the distribution of admi	issions, set fo	rth above.
Kullin & Tam	Lee Ann F	ergerson	Ticket A	dministrator	1-	25-12
Signature of Agency Head on Designee	Print Nam	e		Title	(month	n, day, year)
Comment: (Use this space or an attachment for Behested from	any additional in	formation inclu	uding amendmer	nt explanation.)		
the second s)				

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				A F UDIR	Docume
1. Agency Name				Date Stamp Califo	m ^a 802
County of Alameda				For	m DU4
Division, Department, or Region (if applic	able)			For (Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Must provide explana	ation in Part 3.1
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors				non mir an o.)
				Date of Original Filing: (month, data	ay, vear)
	shida@acgov	U			
. Function, Event, or Ceremonial F	Role Informa	ation			
Title <u>Supercros</u>	5	1	Face V	alue of Each Admission \$	35.35
Description MODAL	les e	vent	Date(s	1/26/13	_!!
Ticket(s)/Admission(s) provided by a	agency? Yes	No 🗆	If no:(GSW	
		1		Name of Source	
Was the distribution to persons iden	tified below	made at the	e behest of	an agency official?	
Yes 👿 No 🔲 If yes:	da County Sup	ervisor Scot	t Haggerty D	District 1	
Yes 🕅 No 🔲 If yes:		Name (Last, F			×
The identity of recipient(s) and th	e explanatio	on.			
Namo	Contract States of the states		Charles	AND AND STREAM DATES OF WATER OLD THE WEIGHT OF WATER	12745 SR G = 174 F TRUITS AND
(Last, First)	Number of	Agency	taxable in	income box if the agency official claims a come. If the agency official performed arc	dmissionias eremonialirole,
Organization	Admission(s)/. Tricket(s)	Official		de a description. me, describe the public ourpose, includin	
(Name, Address, Description)			Ceremonia	airroles, performed by an agency official, in on	dividual for
Goot Nool	1	Yes 🗖		e attendance at a county sponsor	
scon Neery	Y	No 🗖	event in or	der to maximize potential county	
21557 KNAR WAL		Yes 🗋	revenue fo	or concession and parking sales.	Income
A HARDER CONT CONT		No 🗌			
Castrovalley CA		Yes 🗖			Income
Castrovalley CA 94546		No 🗖			
MUEUL.		Yes 🔲			Income
047718		No 🔲			
44576		× -			
49576		Yes □ No □			

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.

Hellen Grang	Lee Ann Fergerson	Ticket Administrator	1-75-13
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

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	allollo				
1. Agency Name	Agency Name				California
County of Alameda			Form OUZ		
Division, Department, or Region	(if applicable)			For Official Use Only	
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					<i>b</i>
Designated Agency Contact (Nar	ne, Title)			Amendment (Must pro	wide evolution in Dert 2)
Anna Gee, Operations Chief					wide explanation in Fait 5.)
Area Code/Phone Number E-	mail			Date of Original Filing: _	(month, day, year)
510-891-5585 ai	nna.gee@acgov.org			e -	(month, ddy, your)
2. Function, Event, or Cerem	the second se	tion			
Title Warriors vs Clippers			Face \	/alue of Each Admiss	ion \$ _250.00
Description Basketball game			Data/a	01 ,02 ,13	
Description			Date(s)	
			Warr	iors	
Ticket(s)/Admission(s) provid	ied by agency? res	M NO L	II no:	Name of S	Source
Was the distribution to perso	ns identified below n	nade at th	e behest of	an agency official?	
	Noto Milov, Alamada Ca	untu Sunonu	icor District (
Yes 🗹 No 🔲 Ifyes:	Nate Miley, Alameda Co Official's	Name (Last	First) and Title		
			noty and Thio		
The identity of recipient(s)	and the explanation	on:			
Name				e income box if the agency off ncome. If the agency official p	
(Last, First) or	Number of Admission(s)/	Agency Official		ide a description.	enomieu a ceremoniai role,
Organization	Ticket(s)			ome, describe the public purp ial roles, performed by an age	
(Name, Address, Description	1)		organiza	tion.	
Graham, Christine		Yes 🗖		ndance at an event held at a Count ial County revenue from parking ar	income
	3	No 🗹			
Miley, Sarah		Yes 🔲	To promote a	ittendance at an event held at a	a County facility in Income
-	6	No 🗸		nize potential County revenue	- Long
Sierra Scalise		Yes 🔲	To promote at	tendance at an event held at a	County facility in
	2	No 🗹	order to maxir	nize potential County revenue	from parking and
	1	Yes 🗖	1	ttendance at an event held at a	
Pratt, Linda		No 🗹		mize potential County revenue	
Raynor, Eric		Yes 🗖	1	ttendance at an event held at a	
	2	No 🗸		nize potential County revenue	
3 Verification					

3. ve

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. 10

A BAN	Anna Gee	Operations Chief	1/31/13
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.) 1 Parking Pass to Graham, 2 Parking Passes to Miley

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A Public	Document
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	-				
Agency Name				Date Stamp C	California
County of Alameda		Form OU			
Division, Department, or Region (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 provide	explanation in Part 3)
Anna Gee, Operations Chief					explanation in r art o.y
Area Code/Phone Number E-mail				Date of Original Filing:	nonth, day, year)
510-891-5585 anna.gee	@acgov.org				
. Function, Event, or Ceremonial R	ole Information	tion			
Title Warriors vs Portland					. 100.00
Title wanters vs Fortland	······································		Face	Value of Each Admission	ş <u>100.00</u>
Description Basketball game			Data	s) <u>01 / 11 / 13</u>	
			Date	s)	
			War	riors	
Tickot(e)/Admission(e) provided by a	Vog				
Ticket(s)/Admission(s) provided by a	agency? Yes	M NO		Name of Source	се
				Name or Source	ce
Ticket(s)/Admission(s) provided by a Was the distribution to persons iden				Name or Source	ce
Was the distribution to persons iden	tified below r	nade at	the behest o	f an agency official?	се
Was the distribution to persons iden	tified below r	nade at	the behest o	f an agency official?	се
Was the distribution to persons iden Yes I No I If yes: <u>Nate Mil</u>	tified below r ley, Alameda Co <i>Official's</i>	nade at ounty Supe Name (Las	the behest o	f an agency official?	се
Was the distribution to persons iden	tified below r ley, Alameda Co <i>Official's</i>	nade at ounty Supe Name (Las	the behest o	f an agency official?	сө
Was the distribution to persons iden Yes ☑ No ☐ If yes: <u>Nate Mil</u> The identity of recipient(s) and th Name	tified below n ley, Alameda Co Official's ne explanatic	nade at ounty Supe Name (Las	the behest o ervisor, District 4 st, First) and Title	f an agency official? 4	claims admission as
Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate Mil</u> The identity of recipient(s) and th	tified below n ley, Alameda Co Official's ne explanatic Number of	nade at bunty Supe Name (Las on: Agenc	the behest o ervisor, District 4 st, First) and Title	f an agency official?	claims admission as
Was the distribution to persons iden Yes ☑ No ☐ If yes: <u>Nate Mil</u> The identity of recipient(s) and th Name (Last, First) or Organization	tified below n ley, Alameda Co Official's ne explanatic	nade at ounty Supe Name (Las	the behest o ervisor, District 4 st, First) and Title y u l e Check th taxable i also pro e If not inc	f an agency official? 4 he income box if the agency official income. If the agency official perfor vide a description. come, description.	claims admission as med a ceremonial role, including
Was the distribution to persons iden Yes ☑ No ☐ If yes: <u>Nate Mil</u> The identity of recipient(s) and th Name (Last, First) or	tified below n ley, Alameda Co Official's ne explanatic Number of Admission(s)/	nade at bunty Supe Name (Las on: Agenc	the behest o ervisor, District 4 st, First) and Title	f an agency official? 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	claims admission as rmed a ceremonial role, including official, individual, or
Was the distribution to persons iden Yes ☑ No ☐ If yes: Nate Mill The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alameda	tified below n ley, Alameda Co Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade at bunty Supe Name (Las on: Agenc	the behest o ervisor, District 4 st, First) and Title (Check the taxable is also pro (I f not inc ceremor organiza	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom
Was the distribution to persons iden Yes ☑ No ☐ If yes: <u>Nate Mil</u> The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	tified below n ley, Alameda Co Official's ae explanatic Number of Admission(s)/ Ticket(s)	nade at ounty Supe Name (Las on: Agenc Officia	the behest o ervisor, District 4 st, First) and Title (Check the taxable is also pro (I f not inc ceremor organiza To promote hea vulnerable popu	f an agency official? 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	claims admission as med a ceremonial role, including official, individual, or ortunities to
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Was the distribution to persons iden Yes No If yes: Nate Mill The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alameda County	tified below n ley, Alameda Co Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at ounty Supe Name (Las on: Agenc Officia Yes [No]	the behest o ervisor, District 4 st, First) and Title (e Check the taxable is also pro I finot ind caremor organizz Unerable popu underprivileaed	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom ad, Incom
Was the distribution to persons idem Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Organization (Name, Address, Description) United Seniors of Oakland and Alameda County Image: County 7200 Bancroft Avenue, Suite 251 Oakland, CA 94605 Image: County	tified below n ley, Alameda Co Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at ounty Supe Name (Las On: Agenc Officia Yes [No] Yes [the behest o ervisor, District 4 st, First) and Title (Check the also pro (In the taxable is also pro (In the tax	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom ed, Incom
Was the distribution to persons idem Yes No If yes: Nate Mill The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alameda County T200 Bancroft Avenue, Suite 251	tified below n ley, Alameda Co Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at bunty Supe Name (Las on: Agenc Officia Yes [No] Yes [No]	the behest o ervisor, District 4 st, First) and Title (e) Check the also pro (e) If not incorrect organiza To promote heaving vulnerable popu underprivileged	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom ed, Incom
Was the distribution to persons idem Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Organization (Name, Address, Description) United Seniors of Oakland and Alameda County Image: County 7200 Bancroft Avenue, Suite 251 Oakland, CA 94605 Image: County	tified below n ley, Alameda Co Official's ne explanation Number of Admission(s)/ Ticket(s)	nade at ounty Super Name (Las on: Agenc Officia Yes [No [Yes [No [Yes [the behest o ervisor, District 4 st, First) and Title (e Check the taxable also pro (e If not ind ceremor organize (ceremor (ceremor)) (ceremor (ceremor)) (ceremor) (cerem	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom ad, Incom
Was the distribution to persons idem Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) Organization (Name, Address, Description) United Seniors of Oakland and Alameda County Image: County 7200 Bancroft Avenue, Suite 251 Oakland, CA 94605 Image: County	tified below n ley, Alameda Co Official's ne explanatic Number of Admission(s)/ Ticket(s) 4	nade at ounty Supe Name (Las On: Agenc Officia Yes [No [Yes [No [Yes [No [the behest o ervisor, District 4 st, First) and Title (e) Check the also pro (e) If not ind caremory organiza (f) promote hea vulnerable popu (underprivileged) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom d, Incom
Was the distribution to persons idem Yes No If yes: Nate Mill The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland and Alameda County 7200 Bancroft Avenue, Suite 251 Oakland, CA 94605 Senior Advocacy	tified below n ley, Alameda Co Official's ne explanatic Number of Admission(s)/ Ticket(s) 4	nade at ounty Super Name (Las on: Agenc Officia Yes [No [Yes [No [Yes [No [Yes [No [Yes [the behest o ervisor, District 4 st, First) and Title (e) Check the taxable is also pro- (e) If not inc caremor organizz (f) To promote hea vulnerable popu (underprivileaced) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	f an agency official? 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	claims admission as med a ceremonial role, including official, individual, or ortunities to Incom ad, Incom

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.

- AQ-	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

cket/Admission Distribution	5				A Public Do	cume
Agency Name				Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (if applic	able)				For Official	Use Only
Board of Supervisors						
Street Address			1			
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Mu	ist provide explanation in	Part 3)
Anna Gee, Operations Chief						, are only
Area Code/Phone Number E-mail				Date of Original Filir	ng:(month, day, yea	ir)
510-891-5585 anna.gee	@acgov.org					
Function, Event, or Ceremonial F	Role Informat	ion				
					250.00	
Title Warriors vs Oklahoma City			Face V	alue of Each Adm	nission \$ _250.00	
Description Basketball game			D-t-(-)	01 , 23 , 13	3	,
Description			Date(s))//]	/
				0.50		
			14/ 1	ors		
Ticket(s)/Admission(s) provided by a	agency? Yes	🛛 No 🗖	If no: Warri	Nom	o of Sourco	
Ticket(s)/Admission(s) provided by a	agency? Yes	🗹 No 🗌	If no: <u>Warri</u>	Name	e of Source	
				Name		
Ticket(s)/Admission(s) provided by a Was the distribution to persons ider				Name		
Was the distribution to persons ider	ntified below n	nade at th	e behest of	Name		
Was the distribution to persons ider		nade at th	e behest of	Name		
Was the distribution to persons ider Yes ☑ No □ If yes: ^{Nate M}	itified below n iley, Alameda Co Official's i	nade at th unty Superv Name (Last, I	e behest of	Name		
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A Public Document

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1.	Agency Name			Date Stamp	Ca	alifornia	002			
	County of Alameda						States and	Form	002	
	Division, Department, or Region (i	f applica	ble)					a.	For Official U	Jse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name	e, Title)	1			ý.	Amendment (Musi	provide e>	kplanation in I	Part 3.)
	Anna Gee, Operations Chief								ng Pana ant a tao ang Panana ant ang Panana ang P	
	Area Code/Phone Number E-m	ail	2				Date of Original Filing	:(moi	nth, day, year,)
in the second second	510-891-5585 anr	na.gee	@acgov.org		/					
2.	Function, Event, or Ceremo	nial R	ole Informat	tion						
	Title Warriors vs Oklahoma City					5		• •	250.00	
					_	Face v	alue of Each Admi	ssion \$		
	Description Basketball game					Date/s) 01 / 23 / 13		1	1
						Ducolo	,		/	
	Ticket(s)/Admission(s) provide	d by a	aency2 Ves		<u>о Г</u>	l If no. Warr	iors			
		a log a	geney: 103	Ľ K		II IIO	Name	of Source)	
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		Vate Mil	ev. Alameda Co	untv Sı	iperv	isor. District 4				
	Yes 🗹 No 🔲 If yes:		ey, Alameda Co Official's I	Name (I	Last, I	First) and Title				
	The identity of recipient(s) a	nd th	o ovolonatio							
	The identity of recipient(s) a	ina in	e explanatio	P 11.						
	Name (Last, First)		Manufacture	A			e income box if the agency ncome. If the agency offici			
	or		Number of Admission(s)/	Age Offic	10000 Mar 1000	also prov	ide a description.			
	Organization (Name, Address, Description)		Ticket(s)				ome, describe the public p al roles, performed by an a			ual, or
				~		organizat	ion. Idance at an event held at a Co	ounty facility	v in order to	
	Kokotaylo, Kristopher		1	Yes			al County revenue from parkin			Income
8				No						
	Carrion, Ashley		1	Yes			tendance at an event held			Income
			'	No	1	order to maxin	nize potential County reven	ue from pa		<u> </u>
	Stewart, Darryl		1	Yes		To promote at	tendance at an event held	at a Count	y raomy m	Income
ч х				No		order to maxin	nize potential County reven	ue from pa	arking and	<u>, П</u>
	Stewart, Tyler		1	GL 3		To promote at	tendance at an event held	at a Count	y facility in	Income
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	DeVries, Joe		1	200.00			tendance at an event held			Income
			1	No		order to maxir	nize potential County reven	ue from pa	arking and	
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 A M	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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А	Public	Document

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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	lust provid	le evolenation in	Part 3)
Anna Gee, Operations Chief						ust provid		1 an 0.)
Area Code/Phone Number E-mail					Date of Original Fili	ing:	(month, day, yea	r)
510-891-5585 anna.gee	e@acgov.org							.,
. Function, Event, or Ceremonial F	Role Informat	tion	ALC: NOT					
							050.00	
Title Warriors vs Oklahoma City			-	Face \	alue of Each Adn/	nissio	n \$ _250.00	
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Description			-	Date(s) / /		/	/
Ticket(c)/Admission(c) provided by	ananav2 Vaa			Warr	iors			
Ticket(s)/Admission(s) provided by agency? Yes 🗹 No 🔲 If no: War					Nam	ne of Sou	irce	
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. X

AP1	Anna Gee		Operations Chief	1/31/13
Signature of Agency Head or Designee	Prin	Name	Title	(month, day, year)

A Public Document

Agency Name					Date Stamp	California	າມາ
County of Alameda						Form C	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 (Must pro	vide explanation in Pa	rt 3.)
Anna Gee, Operations Chief						and a set a set of the	
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, year)	
510-891-5585 anna.gee@	COMPANY OF TAXABLE PARTY OF TAXABLE PARTY.						
2. Function, Event, or Ceremonial Rol	le Informat	ion					
Title Warriors vs Clippers				Ecos V	alue of Each Admissi	en ¢ 250.00	
Title			-				
Description Basketball game				Date(s) 01 13	/	1
				•			
Ticket(s)/Admission(s) provided by ag	encv? Yes	I7I No		If no: Warr	iors		
	,	lines.			Name of S	Source	
Was the distribution to persons identif	ind holow n	ando at	the	hohoet of	an agonov official?		
was the distribution to persons identif	ieu peiow li	naue ai	. me	penest of	an agency official?		
Yes 🔽 No 🔲 If yes: <u>Nate Miley</u>	r, Alameda Co	unty Sup	pervis	or, District 4			
	Official's I	Name (La	ast, Fi	rst) and Title			
The identity of recipient(s) and the	explanatio	n:					
Name					e income box if the agency offi		
(Last, First) or	Number of	Agen	Constraints and a		come. If the agency official pe ide a description.	erformed a ceremonia	al role,
Organization	Admission(s)/ Ticket(s)	Offici	ai	e If not inco	ome, describe the public purpo		
(Name, Address, Description)				organizat	al roles, performed by an agen ion.		l, or
Bazar, Chris		Yes	V I I		ndance at an event held at a Count ial County revenue from parking an		ncome
1	1	No		naximize potenti	al county revenue norn parking an		
Rodriguez, Angelina		Yes		To promote a	ttendance at an event held at a	County facility in	ncome
22	2	No		•	nize potential County revenue f	rom parking and	
Moe, Jim		Yes		To promote at	tendance at an event held at a	County facility in	ncome
1		No		order to maxin	nize potential County revenue f	rom parking and	
		Yes					ncome
		No				u	
						T	ncome
\frown		No					
3. Verification							
I have read and understand FPPC Regulation	s 18944.1 an	d 18942	Iha	vo vorified t	hat the distribution of adm	nissions set forth	above
is in accordance with the provisions.			. 1110	ve vermeu u	hat the distribution of adh	13310113, 301 101 111	uno ro,

ASK.	Anna Gee	Operations Chief	1/31/13
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.) 1 Parking Pass to Graham, 2 Parking Passes to Miley

А	Publ	lic	Document

				A	Public Doc	
1. Agency Name				Date Stamp	California Form	200
County of Alameda					Form	302
Division, Department, or Region (if appl		For Official Us	e Only			
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)			Amondmont (Muster		
Anna Gee, Operations Chief				Amendment (Must pr	ovide explanation in Pa	ITT 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)	
510-891-5585 anna.ge	ee@acgov.org				(month, day, year)	
2. Function, Event, or Ceremonial	AND DOG TO A	tion			and an and an array of the	
Title Warriors vs Oklahoma City			Face \	/alue of Each Admiss	sion \$ _250.00	
Deckethell serves				01 23 13		
Description Basketball game			Date(s) <u>01 / 23 / 13</u>		_/
Ticket(s)/Admission(s) provided by	y agency? Yes	No [If no: Warr	Name of	Source	
				Name or	Source	
Was the distribution to persons ide	entified below r	nade at th	he hehest of	an agency official?		
		nado at ti	ie benest of	an agency onioiar.		
Yes 🔽 No 🔲 If yes: <u>Nate</u>	Miley, Alameda Co	unty Super	visor, District 4			
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) and	the explanation	on:				
Name	-		Check th	e income box if the agency of	ficial claims admissio	on as
(Last, First)	Number of	Agency	CONTRACTOR AND AND ADDRESS TO A CONTRACTOR	ncome. If the agency official p	performed a ceremon	ial role,
or Organization	Admission(s)/	Official		provide a description. income, describe the public purpose, including nonial roles, performed by an agency official, individual, or		
(Name, Address, Description)	Ticket(s)					
Cox, Lori		Yes 🔽		ndance at an event held at a Coun	ty facility in order to	Income
COX, LOIT	1	No 🗖	maximize potent	ial County revenue from parking a	nd concession sales.	
		Yes 🗖				Income
Gray, Justin	1	No 🗹		Itendance at an event held at a	a county facility in	
				nize potential County revenue	+	Income
Nance, Patricia	2	Yes □ No ☑	To promote a	tendance at an event held at a	a County facility in	
······			order to maxir	nize potential County revenue	August 1	
Chew, Chonita	2	Yes 🔲		ttendance at an event held at a		Income
	Ξ	No 🗹	order to maxi	mize potential County revenue	from parking and	
		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.

ASI .	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documer	11	ł
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Agency Name			Date Stam	p	California Form	002		
County of Alameda							Form	6 02
Division, Department, or Region (if applicable)							For Official U	lse Only
Board of Supervisors	Board of Supervisors							
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)								
Anna Gee, Operations Chief					Amendment	(Must pro	vide explanation in	Part 3.)
Area Code/Phone Number E-mail	1				Date of Original	Filing:	(month, day, year	
510-891-5585 anna.gee	@acgov.org						(month, day, year)
2. Function, Event, or Ceremonial R	The second s	tion						
Title Warriors vs Dallas							. 200.00	
litle <u>Warners vs Dallas</u>			-	Face \	alue of Each A	dmissi	on \$ _200.00	
Description Basketball game				Date(s)//	13	/	/
·				,	15 No.			
Ticket(s)/Admission(s) provided by a Was the distribution to persons ident					Λ	lame of S	ource	
Was the distribution to persons ident Yes ☑ No □ If yes: ^{Nate Mil}	t ified below n ey, Alameda Co <i>Official's i</i>	nade a unty Su Name (L	at the	e behest of	an agency offi		ource	
Was the distribution to persons ident Yes ☑ No □ If yes: ^{Nate Mil} The identity of recipient(s) and the	t ified below n ey, Alameda Co <i>Official's i</i>	nade a unty Su Name (L	at the	e behest of isor, District 4 First) and Title	an agency offi	cial?		ion as
Was the distribution to persons ident Yes ☑ No □ If yes: ^{Nate Mil}	tified below n ey, Alameda Co Official's i e explanatic	nade a unty Su Name (L	uperv	e behest of isor, District 4 First) and Title Check th taxable in	an agency offi	cial?	cial claims admiss	
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Was the distribution to persons ident Yes ☑ No □ If yes: ^{Nate Mil} The identity of recipient(s) and the Name (Last, First)	tified below n ey, Alameda Co Official's e explanatic Number of	nade a unty Su Name (L on: Agen	iperv ast, f	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon	an agency offi	cial? gency offi official pe blic purpo	cial claims admiss rformed a ceremo se, including	nial role,
Was the distribution to persons ident Yes ☑ No □ If yes: <u>Nate Mil</u> The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	tified below n ey, Alameda Co Official's e explanatic Number of Admission(s)/	nade a unty Su Name (L on: Agen Offic	at the iperv ast, f	e behest of isor, District 4 First) and Title Check th taxable in also prov If not inc ceremon organiza	an agency offi	gency offi official pe blic purpo y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	nial role, ual, or
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Was the distribution to persons ident Yes ☑ No □ If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation	tified below n ey, Alameda Co Official's e explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Agen Offic	at the upervi _ast, I ncy cial	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	ual, or Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave	tified below n ey, Alameda Co Official's e explanatio Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Age Offic Yes No Yes	at the iperv .ast, / ncy cial	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	nial role, ual, or Income Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the line (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545	tified below n ey, Alameda Co Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Agen Offic Yes No Yes No	at the uperv. _ast, / 	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	nial role, ual, or Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave	tified below n ey, Alameda Co Official's l e explanatic Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Agen Offic Yes No Yes No Yes	at the ipervi- ast, / ncy cial	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	nial role, ual, or Income Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the line (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545	tified below n ey, Alameda Co Official's i e explanation Mumber of Admission(s)/ Ticket(s) 4	nade a unty Su Name (L on: Age Offic Yes No Yes No Yes No	at the upervised of the second	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	nial role, ual, or Income Income Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545 supports st. rose hospital	tified below n ey, Alameda Co Official's i e explanation Mumber of Admission(s)/ Ticket(s) 4	nade a unty Su Name (L on: Agen Offic Yes No Yes No Yes	at the upervised of the second	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	inial role, ual, or Income Income Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the line (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545	tified below n ey, Alameda Co Official's i e explanation Mumber of Admission(s)/ Ticket(s) 4	nade a unty Su Name (L on: Agen Offic Yes No Yes No Yes No Yes No	at the upervised of the second	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	nial role, ual, or Income Income Income Income
Was the distribution to persons idention Yes No If yes: Nate Mill The identity of recipient(s) and the line (Last, First) or Organization (Name, Address, Description) St. Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545 supports st. rose hospital	tified below n ey, Alameda Co Official's i e explanation Mumber of Admission(s)/ Ticket(s) 4	nade a unty Su Name (L On: Agen Offic Yes No Yes No Yes No Yes No Yes	at the upervised of the second	e behest of isor, District 4 First) and Title • Check th taxable in also prov • If not inc ceremon organizat	an agency offi a income box if the a icome. If the agency ide a description. ome, descripte the pu al roles, performed b ion. dance at an event held	gency offi official po blic purpo y an agen at a County	cial claims admiss irformed a ceremo se, including cy official, individ i facility in order to	inial role, ual, or Income Income Income

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

- AXVI	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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A	Public	Document
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1000									
1.	Agency Name					Date Stamp	California	802	
	County of Alameda					Form	002		
	Division, Department, or Regi	ion (if applica	able)					For Official U	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					Amendment (Must pro	ovide explanation in	Part 3.)
	Anna Gee, Operations Chief	f				1		•	
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year)
La constante	510-891-5585	anna.gee	@acgov.org						
2.	Function, Event, or Cere	monial R	ole Information	tion					
	Title Warriors vs. Houston								
	Title Warners vs. Houstern				-	Face V	/alue of Each Admiss	ion $ \frac{250.00}{250.00} $	
	Description Basketball gam	ie			_	Date(s	<u>, 02</u> <u>12</u> <u>13</u>		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		οD	If no: Warr	iors		
							Name of S	Source	
	Was the distribution to per	eone idon	tified below r	nado a	é éhe	hohoet of	an agoney official?		
	was the distribution to per	50115 TUEN	tilled below i	naue o	it tin	e nenest of	an agency official:		
	Yes 🗹 No 🔲 Ify	es: Nate Mi	ley, Alameda Co <i>Official's</i>	unty Su	ipervi	sor, District 4			
			Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		-			Check the	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	ial	· If not inc	/ide a description. ome, describe the public purp	ose, including	
	(Name, Address, Descrip	tion)	(ICKet(s)			ceremon organizat	ial roles, performed by an age	ncy official, individ	ual, or
				Yes					Income
				No					
	Kokotaylo, Kristopher			Yes	1	To promote at	ttendance at an event held at a	County facility in	Income
			1	No			nize potential County revenue	from parking and	
	Wong, Chris			Yes		To promote at	itendance at an event held at a		Income
			1	No	1	order to maxir	nize potential County revenue	from parking and	
	Lai, William		1	Yes			ttendance at an event held at a		Income
			1	No	1		mize potential County revenue		
	Shintani, Kevin			Yes		To promote at	ttendance at an event held at a	County facility in	Income
			1	No	1		mize potential County revenue		
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.

APC	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AT UNITE DOCUMENT	Α	Public	Document
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1. Agency Name					Date Stamp)	California Form	002
County of Alameda							Form	6 02
Division, Department, or Region (if appli	cable)			AN 80			For Official U	Jse Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)					Amendment	(Must pro	vido ovalonation in	Dart 21
Anna Gee, Operations Chief					L Amenument	(must pro	vide explanation in l	Part 3.)
Area Code/Phone Number E-mail					Date of Original I	Filing:	(month, day, year	•)
510-891-5585 anna.ge	e@acgov.org						(month, day, year	/
2. Function, Event, or Ceremonial	THE OWNER AND INCOME.	tion						
Title Warriors vs. Phoenix				Face \	/alue of Each A	dmissi	on \$ <u>150.00</u>	
- Baskothall game					;) <u>02</u> <u>20</u>	13		
Description Basketball game				Date(s	5) <u> </u>		/	/
	Ticket(s)/Admission(s) provided by agency? Yes 🔽 No 🔲 If no: Wa							
Ticket(s)/Admission(s) provided by	agency? Yes	🖸 No	0	If no: Wan	Λ/	lamo of S	Cource	
Ticket(s)/Admission(s) provided by	agency? Yes	☑ No	0	If no: Wall	N	lame of S	ource	
					IN IN		ource	
Ticket(s)/Admission(s) provided by Was the distribution to persons ide					IN IN		ource	
Was the distribution to persons ide	ntified below n	nade a	at the	e behest of	an agency offi		ource	
Was the distribution to persons ide		nade a	at the	e behest of	an agency offi		ource	
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate N</u>	ntified below n Miley, Alameda Co Official's	nade a unty Su Name (L	at the	e behest of	an agency offi		ource	
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate N</u> The identity of recipient(s) and t	ntified below n Miley, Alameda Co Official's	nade a unty Su Name (L	at the	e behest of isor, District 4 First) and Title	an agency offi	cial?		sion as
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate N</u>	ntified below n Miley, Alameda Co Official's	nade a unty Su Name (L	at the uperv Last, I	e behest of isor, District 4 First) and Title Check th taxable in	f an agency offi	cial? gency offi	cial claims admiss	
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate M</u> The identity of recipient(s) and t Name (Last, First) or	Miley, Alameda Co Official's Contrological's The explanation Number of Admission(s)/	nade a unty Su Name (L on:	at the uperv Last, /	e behest of isor, District 4 First) and Title Check th taxable in also prov	e income box if the agency ride a description.	cial? gency offi official pe	cial claims admiss prformed a ceremo	
Was the distribution to persons ide Yes ☑ No □ If yes: <u>Nate N</u> The identity of recipient(s) and t Name (Last, First)	Miley, Alameda Co Official's Che explanatic	nade a unty Su Name (L on: Ager	at the uperv Last, /	e behest of isor, District 4 First) and Title Check th taxable in also prov If not inc ceremon	e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b	cial? gency offi official pe blic purpo	cial claims admiss orformed a ceremo	onial role,
Was the distribution to persons ide Yes ☑ No ☐ If yes: <u>Nate M</u> The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	Miley, Alameda Co Official's Contrological's The explanation Number of Admission(s)/	nade a unty Su Name (L on: Ager Offic	ncy	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza	e income box if the ag ncome. If the agency ride a description. ome, describe the pul ial roles, performed b	cial? gency offi official pe blic purpo y an agen	cial claims admiss prformed a ceremo se, including cy official, individ	ual, or
Was the distribution to persons ide Yes ☑ No ☐ If yes: <u>Nate M</u> The identity of recipient(s) and t Name (Last, First) or Organization	Miley, Alameda Co Official's Contrological's The explanation Number of Admission(s)/	nade a unty Su Name (L on: Ager Offic	at the uperv Last, / ncy cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion.	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	ual, or
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name Name (Last, First) or Organization Organization (Name, Address, Description) Castro Valley Rotary	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No	at the uperv Last, / ncy cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	nial role, ual, or Income
Was the distribution to persons ide Yes ☑ No ☐ If yes: <u>Nate M</u> The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes	at the uperv Last, / ncy Cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name (Last, First) Or Organization (Name, Address, Description) Castro Valley Rotary PO Box 2117, Castro Valley, CA 94546	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No	at the uperv _ast, / ncy cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	ual, or Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Castro Valley Rotary	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes	at the uperv _ast, / _ cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name (Last, First) Or Organization (Name, Address, Description) Castro Valley Rotary PO Box 2117, Castro Valley, CA 94546	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes No	at the uperv Last, / cial	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	Income
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Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name (Last, First) Or Organization (Name, Address, Description) Castro Valley Rotary PO Box 2117, Castro Valley, CA 94546	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the uperv.	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	ual, or Income Income Income Income Income
Was the distribution to persons ide Yes No If yes: Nate N The identity of recipient(s) and to Name (Last, First) Or Organization (Name, Address, Description) Castro Valley Rotary PO Box 2117, Castro Valley, CA 94546	Miley, Alameda Co Official's Che explanation Number of Admission(s)/ Ticket(s)	nade a unty Su Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the uperv.	e behest of isor, District 4 First) and Title • Check th also prov • If not inc ceremon organiza To promote atter	e income box if the ag ncome. If the agency vide a description. ome, descripte the pul ial roles, performed b tion. ndance at an event held	cial? gency offi official pe blic purpo y an agen at a County	cial claims admiss prformed a ceremo se, including cy official, individ / facility in order to	nial role, ual, or Income Income Income

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

2AAS	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

А	Public	Document

					<i>и</i> ч		Gannen
1. Agency Name	Agency Name				Date Stamp	California	802
County of Alameda	ounty of Alameda					Form	002
Division, Department, or Region (if applic	cable)					For Official U	lse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
Anna Gee, Operations Chief							
Area Code/Phone Number E-mail					Date of Original Filing: _	(month, day, year)
	e@acgov.org		-				
2. Function, Event, or Ceremonial I	Role Information	tion					
Title Warriors vs. Houston				Face	/alue of Each Admiss	ion \$ 200.00	
1106							
Description Basketball game			-	Date(s	s) <u>03</u> <u>08</u> <u>13</u>	/	/
				14/			
Ticket(s)/Admission(s) provided by	agency? Yes	🗹 No	o 🗌	If no:	Name of S	Source	
						Jouroo	
Was the distribution to persons ide	ntified below r	nade a	t the	e behest of	an agency official?		
Note M	Nev Alamoda Co	unty Su	nonvi	icor District A			
Yes 🔽 No 🔲 If yes: <u>Nate iv</u>	liley, Alameda Co <i>Official's</i>	Name (L	ast. F	First) and Title			
				an in the second s		a	
The identity of recipient(s) and t)n. 1					
Name (Last, First)	Number of	Ager	1017	 Contraction of the second se Second second se	e income box if the agency off ncome. If the agency official p		
or	Admission(s)/	Offic			vide a description.	eee instudias	
Organization (Name, Address, Description)	Ticket(s)			ceremon	ome, describe the public purp ial roles, performed by an age		ual, or
		Yes		organizat To promote atter	tion. ndance at an event held at a Count	y facility in order to	Income
Hong, John	4			maximize potent	tial County revenue from parking an	nd concession sales.	
		Yes		1			Income
		Yes					Income
	×						
		Yes		1			Income
		Yes					Income
Ċ		No					
3. Verification						- ji iladi ini - Soora (Bereka)	
I have read and understand FPPC Regula	tions 18944.1 an	d 18942	2. I h	ave verified t	that the distribution of adm	nissions, set for	th above,
is in accordance with the provisions.						4	×

AP4	Anna Gee		1/31/13	
 Signature of Agency Head or Designee 	Print Name	Title	(month, day, year)	

	-				<i>1</i> ~ X		Gamen
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	002
Division, Department, or Region (if applic	able)					For Official U	Jse Only
Board of Supervisors Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						and the second sec	
					Amendment (Must pro	vide explanation in	Part 3.)
Anna Gee, Operations Chief Area Code/Phone Number E-mail					Date of Original Filing:		<i>i</i> r
510-891-5585 anna.gee	@acgov.org					(month, day, year)
2. Function, Event, or Ceremonial F	Contract of the local division of the local	tion					
Title Warriors vs. Toronto			-	Face \	/alue of Each Admissi	on \$00	
Description Basketball game			-	Date(s	<u>, 02 , 04 , 13</u>		/
•					,		
Ticket(s)/Admission(s) provided by a	agency? Yes	☑ No	o □	If no: Warr	iors		
					Name of S	Source	
Was the distribution to persons ider	tified below r	nade a	t the	e behest of	an agency official?		
Note M	ilau Alamada Ca	under Cr		iner District 4			
Yes 🗹 No 🔲 If yes: <u>Nate M</u>	Official's	Name (I	ast F	isor, District 4			
				noi) and mic			
The identity of recipient(s) and the	ie explanatio	on: I					
Name (Last, First)	Number of	Ager	vor	 Constraints of the Annotation of th	e income box if the agency offi ncome. If the agency official p		
or Organization	Admission(s)/	Offic			/ide a description. ome, describe the public purpo	se, including	1
(Name, Address, Description)	Ticket(s)				ial roles, performed by an agen		ual, or
Aguillard, Eva	1	Yes		To promote atter	ndance at an event held at a Count		Income
	4	No	\checkmark	maximize potent	ial County revenue from parking an	d concession sales.	
		Yes					Income
		No					
		Yes					Income
		No					
		Yes No					Income
		Yes					
							Income
3. Verification			inend Distante qui				
I have read and understand FPPC Regulat	ions 18944.1 an	d 1894:	2. I h	ave verified t	hat the distribution of adm	nissions, set for	th above.
is in accordance with the provisions.	nana na kana kana kana kana kana kana k				an markan - Banda da sa kata kata kata da		ana serende to est

12HC	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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A Public Docu	ment
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	0113				A PUDIIC DO	001110
. Agency Name				Date Stamp	California	001
County of Alameda					Form	802
Division, Department, or Region (if applicable)				-	For Official L	lse Only
Board of Supervisors				24		
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Tit	tle)			Amendment (Mus	t provide explanation in	Dart 31
Anna Gee, Operations Chief					i provide explanation in	an o.)
Area Code/Phone Number E-mail				Date of Original Filing	:(month, day, year)
510-891-5585 anna.	gee@acgov.org					
. Function, Event, or Ceremonia	al Role Informat	tion				
			_		101.90	
Title The Who			Face	Value of Each Admi	ssion \$	
Description Concert			Detal	s) <u>02 01 13</u>	1	r
Description			Date	>)////		/
			— War	riore		
Tielet(e)/A during ion(e) musuided b		press D.I.				
Ticket(s)/Admission(s) provided b	by agency? Yes	☑ No	If no:	Name	of Source	
Ticket(s)/Admission(s) provided b	by agency? Yes	☑ No		Name	of Source	
				Name		
Was the distribution to persons io	dentified below n	nade at	the behest o	f an agency official		
Was the distribution to persons io	dentified below n e Miley, Alameda Co	nade at ounty Supe	the behest o ervisor, District 4	f an agency official		
Was the distribution to persons io	dentified below n e Miley, Alameda Co	nade at ounty Supe	the behest o	f an agency official		
Was the distribution to persons io	dentified below n e Miley, Alameda Co <i>Official's</i> i	nade at ounty Supe Name (Las	the behest o ervisor, District 4	f an agency official		
Was the distribution to persons id Yes ☑ No 🔲 If yes: <u>Nate</u>	dentified below n e Miley, Alameda Co <i>Official's</i> i	nade at ounty Supe Name (Las	the behest of ervisor, District 4 t, First) and Title	f an agency official	?	ion as
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Was the distribution to persons in Yes ☑ No □ If yes: <u>Nate</u> The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below n e Miley, Alameda Co Official's d the explanatic Number of Admission(s)/ Ticket(s)	nade at ounty Supe Name (Las on: Agenc; Officia	the behest of ervisor, District 4 it, First) and Title • Check th taxable i also pro • If not inc ceremon organiza To promote atle maximize poten	f an agency official f ine income box if the agency ncome. If the agency offici vide a descripton. come, describe the public p inal roles, performed by an a tion. indance at an event held at a C tial County revenue from parkir	? official claims admiss al performed a ceremo urpose, including agency official, individ ounty facility in order to ng and concession sales. at a County facility in	nial role, ual, or Income Income
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

ALA	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	A	Public	Document
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			0						cument
1.	Agency Name				None of the		Date Stamp	California	002
	County of Alameda							Form	002
	Division, Department, or Reg	ion (if applica	able)					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.)
	Anna Gee, Operations Chie	f						nao ospianator in	art o.y
	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, year)
Martine and	510-891-5585	anna.gee	@acgov.org						-
2.	Function, Event, or Cere	emonial R	tole Informat	tion					
	Title Disney on Ice							. 20.65	
	Title Disitey of ice				-	Face V	/alue of Each Admissi	ion \$ _20.05	
	Description Show					Detale	<u>, 02 / 27 / 13</u>	02,28	, 13
	Description				-	Date(s)		/
					-	Warr	iors		
	Ticket(s)/Admission(s) pro	ovided by a	agency? res	V NO	ЪГ	If no:	Name of S	Source	
	Was the distribution to pe	rsons iden	tified below n	nade a	t th	e behest of	an agency official?		
		Nata Mi	lev Alameda Co	unty Su	non	isor District A			
	Yes 🗹 No 🔲 Ify	es:	ley, Alameda Co Official's	Name (I	ast I	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name (Last, First)					and the second se	e income box if the agency offi ncome. If the agency official pe		
	(Edst, Flist) Of		Number of Admission(s)/	Ager Offic	1000 Contractor	also prov	vide a description.		,
	Organization (Name, Address, Descrip	velan)	Ticket(s)				ome, describe the public purpo ial roles, performed by an agen		ual. or
	(Name, Address, Descrip					organizat	tion.		
	Muhummad, Ansar			Yes			ndance at an event held at a Count ial County revenue from parking an		Income
			8	No	\checkmark		, ,		
				10110					Income
				No					
				Yes					Income
				Yes					Income
	\bigcap			Yes					Income
				No					
3.	Verification								

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

1 JANE	Anna Gee	Operations Chief	1/31/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	icket/Admission Distribu	utions			A	Public Do	cument
1.	Agency Name				Date Stamp	California	002
	County of Alameda					Form	802
	Division, Department, or Region ((if applicable)			1	For Official U	Jse Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536	221 Oak Street, Suite 536 Besignated Agency Contact (Name, Title)					
		ie, 11(ie)			Amendment (Must pl	rovide explanation in	Part 3.)
	Anna Gee, Operations Chief Area Code/Phone Number	nail			Date of Original Filing:		
					Date of Original Filing: .	(month, day, year	7
2	Function, Event, or Ceremo	na.gee@acgov.org	tion				
<i>L</i> .	runction, Event, or Gereine		uon				
	Title Disney on Ice			Face \	Value of Each Admiss	sion \$ _20.65	
	Show				02 27 13		
	Description Show			Date(s	s) <u>02</u> <u>27</u> <u>13</u>	/	/
	·				riors		
	Ticket(s)/Admission(s) provide	ed by agency? Yes	☑ NO L	If no: <u>Han</u>	Name of	Source	
	Was the distribution to persor	ns identified below r	nade at th	e behest of	f an agency official?		
		Nate Miley, Alameda Co	ounty Superv	isor, District 4	ł v		
	Yes 🗹 No 🔲 Ifyes: .	Official's	Name (Last, I	First) and Title			
	The identity of recipient(s)	and the explanation	on:				
	Name			Check th	e income box if the agency of	fficial claims admiss	sion as
	(Last, First)	Number of	Agency	taxable in	ncome. If the agency official		
	or Organization	Admission(s)/ Ticket(s)	Official		vide a description. come, describe the public pure	pose, including	
	(Name, Address, Description)		ceremon organiza	ial roles, performed by an age tion.	ency official, individ	ual, or
	Muhummad, Ansar		Yes 🗖	To promote atter	ndance at an event held at a Cour		Income
		4	No 🗸	maximize potent	tial County revenue from parking a	and concession sales.	
			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖	ļ			
			Yes 🗖				Income
			No 🗖				
			Yes				Income
			No 🗖				
3.	Verification	Pagulations 19044 4 am	d 10010 14	our unrified	that the distribution of an	missions oot for	th above
	I have read and understand FPPC I is in accordance with the provisions		a 16942. I fi	ave vermed t	nat the distribution of ad	missions, set ior	un above,
-	$\Delta L = \Delta L$			<i></i>			
	- JAT	Anna Gee		Oper	ations Chief	1/31/13	3

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

Ticket/Admission Distributions				Α	Public Do	cument	
1. Agency Name					Date Stamp	California	802
County of Alameda						Form	002
Division, Department, or Region (if application)	able)		·			For Official U	lse Only
Board of Supervisors							5
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must prov	vide explanation in I	Part 3.)
Anna Gee, Operations Chief							
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, year)
	@acgov.org					6	
2. Function, Event, or Ceremonial R	tole Informat	tion					
Title Disney on Ice			_	Face \	/alue of Each Admissi	on \$ _34.45	
Description Show			_	Date(s) <u>02 / 28 / 13</u>	03 ,01	
Was the distribution to persons iden Yes ☑ No □ If yes: <u>Nate Mi</u> The identity of recipient(s) and th	iley, Alameda Co Official's	ounty Su Name (L		sor, District 4 First) and Title		alal alaime admin	Jon ac
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Ager Offic		taxable in also prov If not inc	e income box if the agency offi neome. If the agency official pe- vide a description. ome, describe the public purpo ial roles, performed by an agen tion.	erformed a ceremo se, including	nial role,
Muhummad, Ansar	4	Yes No			ndance at an event held at a County ial County revenue from parking an	÷	Income
Ramirez, Soccoro	4	Yes No			ttendance at an event held at a nize potential County revenu	County facility in	Income
		Yes No					Income
		Yes No					Income
		Yes No					Income
3. Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 an	d 1894.	2. I h	ave verified t	hat the distribution of adm	issions, set for	th above,

-that.	Anna Gee	Operations Chief	1/31/13
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.) muhummad - 02/27/13 tickets

A Public Docu	ment
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1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 crystal.hishida@acgov.org crystal.hishida@acgov.org crystal.hishida@acgov.org crystal.hishida@acgov.org crystal.hishida@acgov.org	Date Stamp California 802 For Official Use Only Amendment (Must provide explanation in Parl 3.) Date of Original Filing:
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 Crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information	For Official Use Only For Official Use Only
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Function, Event, or Ceremonial Role Information	Amendment (Must provide explanation in Part 3.)
Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Function, Event, or Ceremonial Role Information (A) A COLORS	Date of Original Filing
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Function, Event, or Ceremonial Role Information	Date of Original Filing
Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information (1) 0 P Crystal Role Information	Date of Original Filing
Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information (1) \Lambda CRIDES R clore Code/Phone	Date of Original Filing
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information	Date of Original Filing
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:(month, day, year)
E. Function, Event, or Ceremonial Role Information $(1) \land PRI ORS \land B \land C \land C$	
(1) APRIDRS Rola ALLA	
Title MARCIORS - Boston Celtucs Face	
	e Value of Each Admission $= 93.07$
Description BASKETBALL Date	(s) 12, 2913
Ticket(s)/Admission(s) provided by agency? Yes 🔁 No 🔲 If no:	GSW)
	Name of Source
Was the distribution to persons identified below made at the behest	
Yes 🙀 No 🔲 If yes:Alameda County Supervisor Scott Haggerty	
Official's Name (Last, First) and Tit	le
The identity of recipient(s) and the explanation:	
Name (Last, First) Numbered Arency taxable	the income box if the agency official claims admission as
Or Admission(s)// Official also pr	nincome: If the agency official performed a ceremonial sole, ovide a description.
(Name, Address, Description) Ticket(s)	rcome, describe the public our pose, including mial roles, performed by an agency official, individual, or
	note attendance at a county sponsored order to maximize potential county
Yes	e for concession and parking sales.
No 🔲	
No 🗆	
Yes 🗆	
No 🗖	
Yes 🗖	
No 🗆	
Yes □ No □ Yes □	incon

Klelle Graching	Lee Ann Fergerson	Ticket Administrator	1-17-13
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)

To: Fergerson, Lee Ann, BOS Dist 1 Subject: RE: Names for skybox donation?

Names (1) + 1 unused that he tossed in the trash + 4 on my desk Josh Thurman 4251 Jensen St Pleasanton, CA 94566 (2) Rob and Robbie Bastress 7465 Brighton Court Dublin, CA 94568 (1) Shawn Wilson 1789 Giotto Dr Brentwood, CA 94513

(1)

Dominic Trampetti 1789 Giotto Dr Brentwood, CA 94513

(1)

Alyssa Wilson 1789 Giotto Dr Brentwood, CA 94513

(2)

Nick & Eric Loretta 1895 Giotto Dr Brentwood, CA 94513

(1)

Chris Youngblood 17258 Via Annette San Lorenzo, CA 94580

(1)

John Rodrigues 4271 Silver Meadow Ct Danville, CA 94506

(1)

Jason Popper 6000 Skyfarm Dr. Castro Valley, CA 94552

(2)

Garth and Sherrie Krause 26058 Regal Ave Hayward, CA 94544

12) Elton & Albert Teixeira 26064 Regal Ave Hayward, CA 94544

-Return 4 tit

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