3.

DULE t

				1	A Public Docume
Agency Name				Date Stamp	California 201
County of Alameda Division, Department, or Region	// applicable \			]	Form DU.
	(If applicable)				For Official Use Only
Board of Supervisors Street Address	Steward (1992 B) Constraining of the Carl Difference of the State of the State of the State of the State of the				
1221 Oak Street, Suite 536					
Designated Agency Contact (Nam				Amendment (Must	
Crystal Hishida Graff, Clerk, Boa	And the second				provide explanation in Part 3.)
Area Code/Phone Number Ε-π	nail			Date of Original Filing:	(mank -
	stal.hishida@acgov.c				(month, day, year)
Function, Event, or Ceremo	nial Role Informat	ion			
Title Disney on le ( Par	+ Dream)				
little RESTRY DA ICE (Vari	e to Pran)		Face V	alue of Each Admiss	sion \$ <u>39,45</u>
Description _ ICP Show	l)			$Z \mid J \rangle$	>
		da néramanang pananang panan	Date(s	3, 1, 12	
Ticket(s)/Admission(s) provide			(	FSIN	
ricket(s)/Admission(s) provide	d by agency? Yes		If no:	Name of	<b>N</b> =
					Source
Was the distribution to persons	s identified below m	ade at the	behest of	an agency official?	
	Alameda County Super				
Yes 🕅 No 🔲 If yes:	Official's N	ame (Last, Fi	st) and Title		5
The identity of recipient(s) a			ely une mic		
- 1 manual mediate in a second s	nu the explanation	1:			
Namo (Last) (First)	Numerous		O Charktha tayahlanta	noomebox if the agency off one. If the agency official p	icialiciaims admission as the
10F	Numberiof Admission(s)/ TildSi(s)				
ologanitzaiton (Nama-Addressa, Daserip <u>iton</u> ):-			<ul> <li>Innot linear</li> <li>Beramonia</li> </ul>	anno alleida eth eo hosta, eth anno alleida eth eo hosta	DSD, lineluciing
			- inorganizatio	no (coservinton) Te, coservinto (the public of the Ireles, action (techy an (tech Ireles)	OVACITICAL HIGH VIDUAL OT CASE
Mary Koppel	4	Yes <u>□</u> No No	To prom	ote attendance at a cou	unty sponsored
		Yes T	revenue	order to maximize pote for concession and par	
1					ntial county king sales
					ntial county king sales.
مى مەرىپىيى بىلىكى ب بىلىكى بىلىكى		No 🔲	Not and the second second second second		ntial county king sales. ب
		Yes 🔲	Steroup Leanning ( <u>Chinese</u>		king sales.
		Yes 🔲 No 🔲			king sales.
		Yes No Yes			king sales.
		Yes  Yes  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes			king sales. Income
		Yes  No Yes Yes Yes Yes Yes			king sales.
		Yes  Yes  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes			king sales. Income
neve read and understand FPPC Reg		Yes No Yes No Yes No Yes No Yes No Yes	e verified that		king sales.
erification nive read and understand FPPC Reg in accordance with the provisions.		Yes No Yes No Yes No Yes No Yes No Yes	e verified that		king sales.
erification accordance with the provisions.	gulations 18944.1 and 1	Yes    No    Yes    No    Yes    No    18942.   have		t the distribution of admi.	king sales.
neve read and understand FPPC Reg		Yes    No    Yes    No    Yes    No    18942.   have			king sales.

3.

A Dublic D t

1. Agency Name					A Public Docume
County of Alameda				Date Stamp	California 802
Division, Department, or Region (if a	applicable)			-	Form UU
Board of Supervisors					For Official Use Only
Street Address	na sa ang ang ang ang ang ang ang ang ang an		and the second secon	-	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, 7	Title)				
Crystal Hishida Graff, Clerk, Board				Amendment (Musi	provide explanation in Parl 3.)
Area Code/Phone Number  E-mai					
•				Date of Original Filing	:(month, day, year)
. Function, Event, or Ceremoni	al.hishida@acgo				
<i>b</i>		ation			
Title VISNey on Ice / Dare	to pream)		Face	alue of Each Admir	ssion \$ <u>34.45</u>
			1 800 8		ssion \$ $37.93$
Description CC DNOW			Date/s	13,2,13	
Ticket(s)/Admission(s) provided	by agency? Ye	s 🔯 No 🗖	If no:(	SSW	
		<i>t</i>		Name o	f Source
Was the distribution to persons i	dentified below	made at the	a hehest of		
Yes 🙀 No 🔲 Ifyes:	ameda County Suj			District 1	м.
		s Name (Last, F	first) and Title		
The identity of recipient(s) and	the explanati	ion:			
Name			•) dGheckuha	incomelboxif/thelagency/o	fficialicialment
्राह्य (स्वर्ग) (स्वर्ग) जा	Numinariai		taxablerin	come ul une agency official	penormediarceremoniairrole as
- Organization	Titelser((s)		D IP noi ilingo	02 a deseripilan. 102. deseripa therabble and Irales, sedannad by an to an	posovindiudino "-
(Name, Address, Description)			ceremonia Riorganizatio	Ingles performed by an ag	stevorieral sindividual tor
Shanna Akara		Yes 🗖	To prom	ote attendance at a co	ounty sponsored
Zitanna Mara		No X	eventin	order to maximize pot	ential county
		Yes 🔲	10VCIII10	for concession and pa	arking sales.
		No 🗖			L
		Yes 🗖			Income
		No 🗖			
		Yes 🔲			Income
		No 🗆			
		Yes 🗖		and a second	Income
		No 🗆			
have read and understand FPPC Regul	ations 18944.1 an	d 18942. I hav	e verified tha	t the distribution of adm	
	ations 18944.1 an	d 18942. I hav	e verified tha	t the distribution of adm	
have read and understand FPPC Regul	lations 18944.1 an Lee Ann F				nissions, set forth above.
erification have read and understand FPPC Regul for a coordance with the provisions.		ergerson		t the distribution of adm Administrator	

3.

A Public D É

1. Agency Name					A Public Docume
County of Alameda				Date Stamp	California Form 80
Division, Department, or Region (if	applicable)	and the second	- Stante Storiege and States		For Official Use Only
Board of Supervisors					
Street Address	an ban ayan ya ay da ana ang ang ang ang ang ang ang ang an				
1221 Oak Street, Suite 536					
Designated Agency Contact (Name,				<b>F</b> <sup></sup> 1 A.	
Crystal Hishida Graff, Clerk, Boar	d of Supervisors			🛄 Amendment (Mi	ist provide explanation in Parl 3.)
Area Code/Phone Number E-ma	il			Date of Original Filir	ng;
	tal.hishida@acgov.				(month, day, year)
Function, Event, or Ceremon	ial Role Informa	tion			
Title Pizny ov Description Ice Show	n Ice (Da	retain			
· · · · · · · · · · · · · · · · · · ·			ur Face V	alue of Each Adm	hission $\frac{20.65}{20.65}$
Description Ice Show	<i>⊾</i>	Manufacture and the second	Date(s)	2,27,1	3,,
Ticket(s)/Admission(s) provided	by agency? Yes	No 🗆	If no:	SW	
				Name	of Source
Was the distribution to persons	identified below n	nade at the	e behest of	an arrency official	2
Yes 🕅 No 🔲 If yes: 🖳	ameda County Supe Official's I	Name (Last 6	t Haggerty, D First) and Title	istrict 1	×
			rist) and ritte		
The identity of recipient(s) an	a the explanatio	<b>1</b> 77 <b>1</b>			
a land the second se	IS STATE DESIGNATION OF A STATE	Line Stern Line	F		
Natino. (BatsQ Friga)	Netratastat		O. Checktha taxable in-	ome Witthe agency offici	/Officialic laims admission las vas
(LEES) (FIES) OF	Numborni Narrissinnisy.	Agency	taxablering	omenilittheragencyroffici	alipentormediatceremonializoie
Netros (Erros) (Piros) or - Objenite illon (Marros Additospa, Desoription)	Numinaria Administration Mathematica Mathe	Agency	taxablering	omenilittheragencyroffici	alipentormediatceremonializoiet
(bassu Fried) of Ofganitization (Neme: Addresss, Description)	Ngmaaror Adritssionis)/ Titeker((s))	Agency Official	Catabionic Elico (provid Catabionic Catabion	Groo II Umraganey ajjid 1-alitesenaton 1-alitesenaton 1-alitesenaton 1-alitesenaton 1-alitesenaton 1-alitesenaton	Unpadorminal exertentional exerts uringes, linelated into " uning your iteral align with a series uning your iteral align with a series of the
(िन्द्राउँ), निग्दर)) एग एगालनातनिहासका,	Numberoi Admission(s)/ Tibker(s)	Agency	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	directormed accelerion autors upposed including genovorrical kinal values of a county sponsored potential county
(basu Rinsu) or Ofiganitzation (Neme: Address, Description)	INUMBERION ADDRESSION(S)// TitleRef((S))	Agency/ Official) Yes	To pror event in	one Ulthoragency offici o adeseriation to cosciloation freiex public meday enti- trates attendance at a	directormed accelerion accelerion uppose including states opprovortical kindivation of a county sponsored potential county
الالتيةية (كتيةية) pr Officialiticition) (الجنسة: منظانية: المحمد المحمد المحمد المحمد	NUMPERIOT ASIMI SSION(S)/ TILICKO((S)) 	Acipiney Porricial Yes D No S	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	diperconnect according to the second according to the second according to the second accounty sponsored potential county a parking sales.
الالتيةية (كتيةية) pr Officialiticition) (الجنسة: منظانية: المحمد المحمد المحمد المحمد	ADDREDFOR	Agency/ eofficial) Yes No Yes Yes	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	diperconnect accremon
(brist, Fried) or Organitzation (Denne Address, Description)	NUMPERIOT ASIAUSSION(S)/ TILERO((S))	Acipitation Porticial) Yes No Yes No Ves No No	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	diperconnected encounter and a second encount
(bassu Fried) of Ofganitization (Neme: Addresss, Description)	ADDREDFOR	Action Ac	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	elipercomed acceremonaucies uppeen including gencycorrical kindividual kon- a county sponsored potential county d parking sales.
(Enist) (Friest) or Orgenitization (Memor Addresses, Description)	INUMPERIOT ASUMISSION(S)/A TITERET(S)	Agenow Pofficial) Yes   No 20 Yes   No   Yes   No   Yes   No   Yes   No	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	alline documentation autores vitros minelucines vertex official vindivitual offi- a county sponsored potential county d parking sales.
(Enist) (Friest) or Orgenitization (Memor Addresses, Description)	INUMBERION ADDRESSION(S)/ADDRESSION TITCKER((S))	Agiphoy Tofficial) Yes   No 24 Yes   No   Yes   No   Yes   No	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	almentormed accremonia usies uposi vincluding percyloftical vindividual on a county sponsored potential county d parking sales.
(Bash First) Organitzation (Name Address Description) Amanda Parken	INUMPERATOR	Agenow Pofficial) Yes   No 20 Yes   No   Yes   No   Yes   No   Yes   No	To pror event in	one Ulthoragency offici o adescription to description roles recorrectly and mote attendance at a n order to maximize	Income
Verification	4- 	Acopolicity Porficially Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	To prove event ir revenue	dere Blittheragency ortic loadescription an erectiontherability roles performed by any note attendance at a n order to maximize e for concession and	Alipercompetence in on a point of a county sponsored potential county diparking sales.
ULTEN FITEN OLGENTZENOTA (NEMIE Additions, DESCRIPTION) AMANGA Parken	4- 	Acopolicity Porficially Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	To prove event ir revenue	dere Blittheragency ortic loadescription an erectiontherability roles performed by any note attendance at a n order to maximize e for concession and	Alleencomed accessmon aucores Alleencomed accessmon aucores are revealed and a set are county sponsored potential county d parking sales.
Verification Adv understand FPPC Requ	Value of the second sec	Aggiological Porficially Yes   No 24. Yes   No   Yes   No	To prove event ir revenue	dere Blittheragency ortic loadescription an erectiontherability roles performed by any note attendance at a n order to maximize e for concession and	Alleencomed accessmon aucores Alleencomed accessmon aucores are revealed and a set are county sponsored potential county d parking sales.
Verification	4- 	Aggiological Porficially Yes   No 24. Yes   No   Yes   No	Ve verified that	dere Blittheragency ortic loadescription an erectiontherability roles performed by any note attendance at a n order to maximize e for concession and	Alipercompetence in on a point of a county sponsored potential county diparking sales.

A Fublic Documen	А	Publi	c Documen
------------------	---	-------	-----------

1	Agency Name				Date Stamp	California OO
11	County of Alameda			Date Stamp	Form 802	
	Division, Department, or Region (if application	ble)			-	For Official Use Only
	Board of Supervisors				6	
	Street Address	-				
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amondmont (Must	annida cuntanalian la Dad 2)
	Anna Gee, Operations Chief				=	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				Date of Original Filing	(month. day. year)
	510-891-5585 anna.gee(	@acgov.org				(monini, doy, yeery
2.	Function, Event, or Ceremonial Re	I AND A TOTAL CONTRACTOR OF A DESCRIPTION OF A DESCRIPTIO	tion			
	Monoton Jam					44.00
	Title Monster Jam			Face	Value of Each Admis	ssion \$ _41.00
	Description Show			Date(	s) <u>02 / 23 / 13</u>	///////
					1.00000	of Source
	Was the distribution to persons ident Yes ☑ No □ If yes: <u>Nate Mile</u> The identity of recipient(s) and the	ey, Alameda Co Official's i	unty Supe Name (Las		4	,
	antola se resture - estancia comprendutar, a reactive d'hubertant dantes un son	ey, Alameda Co Official's i	unty Supe Name (Las	rvisor, District f, First) and Title Check t taxable also pro I foot in ceremo	4 9 income box if the agency income. If the agency officia ovide a description. come, describe the public pu nial roles, performed by an a	official claims admission as Il performed a ceremonial role, Irpose, including
	Yes ☑ No ☐ If yes: <u>Nate Mill</u> The identity of recipient(s) and the Name (Last, First) or Organization	ey, Alameda Co Official's / e explanatio Number of Admission(s)/	unty Supe Name (Lasi on: Agency	rvisor, District t, First) and Title e Check t taxable also prc e If not in ceremo organiz To promote attu maximize poter	4 9 income box if the agency income. If the agency officia ovide a description. come, describe the public pu nial roles, performed by an a	official claims admission as Il performed a ceremonial role, Irpose, including gency official, individual, or unly facility in order to
	Yes I No I If yes: <u>Nate Mill</u> The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description)	ey, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	unty Supe Name (Lasi on: Agency Official Yes 🔽	rvisor, District t, First) and Title e Check t taxable also pro e If not in ceremo organiz To promote alt maximize poter	4 be income box if the agency income. If the agency officia ovide a description. come, describe the public pu- nial roles, performed by an a ation. endance at an event held at a Co	official claims admission as I performed a ceremonial role, gency official, individual, or unty facility in order to g and concession sales
	Yes I No I If yes: <u>Nate Mile</u> The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) DeVries, Joe	ey, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s)	unty Supe Name (Las on: Agency Official Yes I No I Yes I	rvisor, District t, First) and Title Check t taxable also pro- for finot in ceremo organiz To promote atte maximize poter To promote at order to maximize To promote at transference	4 be income box if the agency income. If the agency officia ovide a description. come, description. come, descripte the public pu- nial roles, performed by an a atton. endance at an event held at a Co ntial County revenue from parking attendance at an event held at timize potential County revenue attendance at an event held at attendance at an event held at	official claims admission as Il performed a ceremonial role, gency official, individual, or unty facility in order to g and concession sales and concession sales t a County facility in Incom ue from parking and Incom
	Yes ☑ No ☑ If yes: <u>Nate Mile</u> The identity of recipient(s) and the Name (Last, FIrst) or Organization (Name, Address, Description) DeVries, Joe DeVries, Eli	ey, Alameda Co Official's / e explanatio Number of Admission(s)/ Ticket(s) 1	unty Supe Name (Last on: Agency Official Yes I No I Yes I Yes I	rvisor, District t, First) and Title • Check t taxable also pro- • If not in ceremo organiz To promote atternation maximize poternation order to max To promote a order to max To promote a order to max	4 be income box if the agency income. If the agency officia ovide a description. come, describe the public pu- nial roles, performed by an a ation. endance at an event held at a Co- ntial County revenue from parking attendance at an event held at imize potential County reven	official claims admission as al performed a ceremonial role, rrpose, including gency official, individual, or unty facility in order to g and concession sales at a County facility in ue from parking and ta County facility in ue from parking and ta County facility in ta County facility in ta County facility in ta County facility in ta County facility in

AN.	Anna Gee	Operations Chief	02/21/13	
Signature of Agency Pead or Designee	Print Name	Title	(month. day. year)	

Signature of Agency Head or Designee

Ti	icket/Admission Dist	ribution	S				A	Public Do	ocument
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	and the state of
	Division, Department, or Reg	ion (if applic	able)					For Official	Use Only
	Board of Supervisors			-					
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact	(Namo Title)		_	_				
		• • • • • • • • • • • • • • • • • • •	0				Amendment (Must pro	ovide explanation in	n Part 3.)
	Cheryl Perkins Interim Clerk Area Code/Phone Number	E-mail	Supervisors		_		Date of Original Filing: _		
	(510) 272-3882		erkins@acgov.d	ard				(month, day, ye	ar)
$\frac{1}{2}$	Function, Event, or Cere	TAXABLE INCOME.	A REAL PROPERTY AND A REAL	NAME AND ADDRESS OF TAXABLE PARTY.	-				
<i>.</i>	randion, Event, or den	emomari	tole information	lion					
	Title			_	_	Face \	/alue of Each Admiss	ion \$ <u>\$85</u>	
	Alisia Kawa as						3 10 13		
	Description Alicia Keys co	ncert			_	Date(s	s) <u>3 / 10 / 13</u>	/	/
		10.00	_			Gold	on State Warriers		
	Ticket(s)/Admission(s) pro	ovided by	agency? Yes		0 🗸	If no: Gold	Name of State	Source	
	Was the distribution to pe	rsons ider	ntified below r	nade	at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	Superv	risor Wilma Chan						
	Yes 🗹 No 🔲 Ify	es	isor Wilma Chan Official's	Name (	Last, I	First) and Title			
	The identity of recipient	(s) and th	ne explanatio	on:					
	Name					e Check th	e income box if the agency off	icial claims admit	selon as
	(Last, First)		Number of	Age	ncy	taxable in	ncome. If the agency official p		
	or Organization		Admission(s)/	Offi			vide a description. ome, describe the public purp	ose, including	
	(Name, Address, Descri	otion)	Ticket(s)	Ser			emonial roles, performed by an agency official, individual, or		
				Yes		and the second se	e attendance at an eve	nt held at a	Income
	Chan, Daren		2	No	7	County fac	cility in order to maximiz	ze potential	
				Yes		County rev	venue from sales.		Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
	4			Yes	1				Income
-				No					
3.	Verification				21.22				
	I have read and understand FP is in accordance with the provis	PC Regulat	tions 18944.1 an	d 1894	2. I h	ave verified t	hat the distribution of adn	nissions, set fo	rth above,
	A D								
	U P	Ale	xandra Boskov	rich		Ticke	t Administrator	2/27/2	013

Print Name

(month, day, year)

Title

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

			a abito boodiner
Agency Name		Date Stamp	California Form 802
County of Alameda		10- 1	Form OUZ
Division, Department, or Reg	jion (if applicable)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact			
Designated Agency Contact	(Name, nue)	Amendment (Must p	rovide explanation in Part 3.)
Cheryl Perkins, Clerk, Boar	d of Supervisors		
Area Code/Phone Number	E-mail	Date of Original Filing:	(month day year)
(510) 272-3882	cheryl.perkins@acgov.org		(monul, day, year)
Title Description Disney on Ice	Dare to Dream	Face Value of Each Admis Date(s) <u>2 / 28 / 13</u>	÷
	ovided by agency? Yes ☐ No ☑ rsons identified below made at the	Name of	' Source
		senest of an agency official.	
Yes 🗹 No 🔲 If	/es: Supervisor Wilma Chan		
	Official's Name (Last, Fir	st) and Title	
The identity of recipien	t(s) and the explanation:		
Name		Check the income box if the agency o	fficial claims admission as

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>		
Garling, Angie	2	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.

	Alexandra Boskovich	Ticket Administrator	2/21/2013	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

1.

2.

cket/Admission Dist	ributions	A	Public Document	
Agency Name			Date Stamp	California 802
County of Alameda				Form OUZ
Division, Department, or Reg	gion (if applicable)		-	For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 536	3			
Designated Agency Contact Cheryl Perkins, Clerk, Boar		Amendment (Must pro		
Area Code/Phone Number	E-mail		Date of Original Filing: _	(month, day, year)
(510) 272-3882	cheryl.perkins@acgov.org			
Function, Event, or Cer	emonial Role Information			
Title	-	Face	Value of Each Admiss	ion \$\$34.45
Description Disney on Ice	Dare to Dream	Date(s	s) <u>2 / 28 / 13</u>	
Ticket(s)/Admission(s) pr	ovided by agency? Yes 🔲 No	☑ If no: Gold	den State Warriors Name of S	Source
Was the distribution to pe	ersons identified below made at t	he behest o	f an agency official?	
	Ourses dates Millage Ohion			

Yes 🗹 No 🔲 If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

#### The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official				
Cutter, Scott	2	Yes <b>□</b> 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.

	Alexandra Boskovich	Ticket Administrator	2/21/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Agency Name					Date Stan	np		ornia 80
County of Alameda								Many States
Division, Department, or Region (if appli		1		For	Official Use Only			
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)	)				Amendmen	t (Must pro	vide expla	nation in Part 3.)
Cheryl Perkins, Clerk, Board of Super	rvisors							
Area Code/Phone Number E-mail					Date of Original	l Filing:	(month,	day, year)
(510) 272-3882 cheryl.p	erkins@acgov.c	org						
Function, Event, or Ceremonial	Role Informat	ion						
Title				- · · ·			•	34 45
I tte			-	Face	/alue of Each /	Admissi	ion \$ _4	554.45
Description Disney on Ice Dare to D	ream			Date/s	s) <u>3 / 3</u>	, 13		, ,
				Date(a	,,,	/		//
				Cold	on State Warriers	0		
Ticket(s)/Admission(s) provided by	adonev2 Voe	IT N	0 17	If no. Gold	en state wantors	>		
Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☑ No □ If ves: Super	entified below n					Name of S	Source	
Was the distribution to persons ide Yes ☑ No □ If yes: Super	entified below n visor Wilma Chan Official's I	nade a Name (l	at the			Name of S	Source	2
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name	entified below n visor Wilma Chan Official's I	nade a Name (l	at the	e behest of First) and Title	f an agency of	ficial?	icial claim	
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First)	entified below n visor Wilma Chan Official's I the explanatio	nade a Name (l on: Agen	at the Last, F	e behest of First) and Title Check th taxable in	f an agency of	ficial?	icial claim	
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name	entified below n visor Wilma Chan Official's i the explanatio	nade a Name (l	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provise</li> <li>If not inc</li> </ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed	ficial? agency offi y official p ublic purpo	icial claim erformed a	a ceremonial role ling
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/	Name (l on: Agen Offic	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide of the second organization organization.</li> <li>If not inc ceremon organization.</li> <li>To reward</li> </ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role ling I, individual, or
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and the Name (Last, First) or Organization	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/	Name (l on: Agen Offic	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion.	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role ling I, individual, or
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (l on: Age Offic	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role ling I, individual, or Incor
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role fing I, individual, or Incon
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role fing I, individual, or Incor Incor
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role ling l, individual, or Incor Incor
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role fing I, individual, or Incor Incor Incor
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (lon: Agei Officional Yes No Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role ling l, individual, or Incor Incor Incor
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's / the explanatio Number of Admission(s)/ Ticket(s)	Name (l on: Age Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide on the second or the second</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. a community v	agency offi y official p ublic purpo by an ager rolunteer	icial claim erformed a pse, includ ncy officia for her	a ceremonial role fing I, individual, or Incor Incor Incor

is in accordance with the provisions,

JA JA	Alexandra Boskovich	Ticket Administrator	2/21/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Name				Date Stamp	California Form	001
County of Alameda						
Division, Department, or Region (if a	applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 7	Title)			Amendment (Must	provide explanation in	Part 3.)
Cheryl Perkins, Clerk, Board of Su	ipervisors					
Area Code/Phone Number E-mai				Date of Original Filing:	(month, day, ye	ar)
36 X X X X X X X X X X X X X X X X X X X	yl.perkins@acgov.c	A DESCRIPTION OF THE OWNER				
Function, Event, or Ceremon	ial Role Informat	tion				
7141-			(esse)		· • \$100	
Title				Value of Each Admis		
Description Warriors vs. Bucks			Date	s) <u>3 / 9 / 13</u>		1
			Date	3)		/
			0.1			
Ticket(s)/Admission(s) provided	by agonev2 Vee		GOIG GOIG	den State Warriors		
Ticket(s)/Admission(s) provided	identified below n			warne c	of Source	
Was the distribution to persons Yes ☑ No ロ If yes: <u>Su</u>	identified below n pervisor Wilma Chan Official's	nade at f		f an agency official?		
Was the distribution to persons Yes ☑ No □ If yes: <u>Su</u> The identity of recipient(s) an <sub>Name</sub>	identified below n pervisor Wilma Chan Official's	nade at f Name (Las	he behest o t, First) and Title	f an agency official?	official claims admit	
Was the distribution to persons Yes ☑ No ロ If yes: <u>Su</u> The identity of recipient(s) an	identified below n opervisor Wilma Chan Official's ad the explanatic Number of	nade at f Name (Las Dn: Agency	he behest o t, First) and Title • Check th taxable	f an agency official?	official claims admit	
Was the distribution to persons Yes ☑ No □ If yes: <u>Su</u> The identity of recipient(s) an Name (Last, First)	identified below n pervisor Wilma Chan Official's ad the explanatic	nade at f Name (Las	t, First) and Title	te income box if the agency income. If the agency official vide a description. come, describe the public pu nial roles, performed by an a	official claims admis Il performed a ceren	nonial role,
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at f Name (Las on: Agency Official Yes	t, First) and Title	te attendance at an e	official claims admit I performed a cerem prose, including gency official, indivi	nonial role, dual, or
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an Name (Last, First) or Organization	identified below n opervisor Wilma Chan Official's ad the explanatic Number of Admission(s)/	nade at f Name (Las On: Agency Official	t, First) and Title	he income box if the agency income. If the agency official? vide a description. come, describe the public pu nial roles, performed by an a ation.	official claims admit I performed a cerem prose, including gency official, indivi	nonial role, dual, or
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at f Name (Las On: Agency Official Yes D No Z Yes D	he behest o t, First) and Title • Check th taxable also pro • If not ind ceremor organize To promo County fa County re	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Incom
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at f Name (Las on: Agency Official Yes ⊑ No ☑	he behest o t, First) and Title • Check th taxable also pro • If not ind ceremor organize To promo County fa County re	te attendance at an e	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Incom
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	nade at f Name (Las On: Agency Official Yes D No Z Yes D	he behest o	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Incom Incom Incom
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Official Yes [ No [ Yes [ No [ Yes [ No [	he behest o	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Incom Incom Incom
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	Name (Las On: Agency Official Yes ⊑ No ⊑ Yes ⊑ No ⊑ Yes ⊑ No ⊑	he behest o	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	Name (Las on: Agency Official Yes [ No [ Yes [ No [ Yes [ No [	he behest o	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n opervisor Wilma Chan Official's ad the explanation Number of Admission(s)/ Ticket(s)	Name (Las On: Agency Official Yes ⊑ No ⊑ Yes ⊑ No ⊑ Yes ⊑ No ⊑	he behest o	te attendance at an er cility in order to maxin	official claims admit I performed a cerem prose, including gency official, indivi	dual, or Income Income Income Income

is in accordance with the provisions.

	Alexandra Boskovich	Ticket Administrator	2/15/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributio		A Public Docume				
1. Agency Name			Date Stamp	California		
County of Alameda				Form 802		
Division, Department, or Region (if app		For Official Use Only				
Board of Supervisors	Board of Supervisors					
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)			st provide explanation in Part 3.)		
Cheryl Perkins, Clerk, Board of Supe	ervisors			c provide explanation in Part 3.)		
Area Code/Phone Number E-mail			Date of Original Filin	g:		
(510) 272-3882 cheryl.	perkins@acgov.o	org		1		
. Function, Event, or Ceremonial				2		
Title			Face Value of Each Adm	ission \$ _ <u>\$100/\$20</u> parki		
Description Warriors vs. Suns			Date(s) 20 13	///////		
Ticket(s)/Admission(s) provided b	y agency? Yes		If no: Golden State Warriors			
			Name	of Source		
Yes ☑ No ☐ If yes: Supe		Name (Last, .	First) and Title			
Name			<ul> <li>Check the income box if the agency taxable income. If the agency offic</li> </ul>			
(Last, First) or	Number of Admission(s)/	Agency Official	also provide a description.	la penomed a ceremonial role,		
Organization (Name, Address, Description)	Ticket(s)		<ul> <li>If not income, describe the public p ceremonial roles, performed by an organization.</li> </ul>			
Brown, Lloyd	4 + parking	Yes □ No ☑	To promote attendance at an County facility in order to maximum			
		Yes □ No □	County revenue from sales.	Incomo		
		Yes 🗖		Income		
		No 🗖				
		Yes 🗖 No 🗖				
		Yes 🗖		Income		
		No 🗖				
B. Verification I have read and understand FPPC Regul is in accordance with the provisions.	lations 18944.1 an Iexandra Boskov		ave verified that the distribution of Ticket Administrator	admissions, set forth above, 2/15/2013		
Signature of Agency Head or Designed	Print Nar		Title	(month, day, year)		
		12030		(nonin, day, year)		

1

Ti	Ticket/Admission Distributions						A Public Docume		
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	002
	Division, Department, or Region (if applicable)						1	For Official	Use Only
	Board of Supervisors								
	Street Address						1		
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Must	provide explanation in	Part 3.)
	Cheryl Perkins Interim Clerk	, Board of	Supervisors						, an oy
	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 F	Role Informat	tion					
	Title					-		\$75.84	
	Title				-	Face	Value of Each Admis	sion $\frac{\phi}{0.00}$	,
	Description Carrie Underwa	ood conce	rt			Date/s	a) <u>2 , 25 , 13</u>	1	1
						Date(a	») ——		/
	Ticket(s)/Admission(s) pro	vided by	agency? Ves		0 17	I If no. Gold	len State Warriors		
	none (e)/name of one of one of one	indea by	agency: 105				Name o	f Source	
		191				S. 6		*	
	Was the distribution to per	sons ider	itified below n	nade a	at the	e behest of	f an agency official?		
	Yes 🗹 No 🔲 Ify	es. Superv	isor Wilma Chan						
			Official's	Name (I	Last, I	First) and Title			
	The identity of recipient	(s) and th	ne explanatio	on:					
	Name	. ,				Check th	e income box if the agency o	official claims admis	sion as
	(Last, First)		Number of	Age	ncy	taxable i	ncome. If the agency official		
	or Organization		Admission(s)/ Ticket(s)	Offi	cial		vide a description. come, describe the public pu	rpose, including	
	(Name, Address, Descrip	otion)	Ticket(s)	and the			ial roles, performed by an ag		dual, or
				Yes		And the second sec	te attendance at an ev	ent held at a	Income
	Landon, Joe		2	No	7		cility in order to maxim		
			0	Yes		County re	venue from sales.		Income
				No		obunty ro	vende nom sales.		
				Yes					Income
				No					
				Yes					Income
	i.			No					
				Yes					Income
_				No					
3.	Verification								
	I have read and understand FP	PC Regulat	ions 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of ac	dmissions, set fo	rth above,
	is in accordance with the provis	ions.							
	al	Ale	xandra Boskov	vich		Ticke	et Administrator	2/13/2	013
				- <del></del>		1.5.16		2/10/2	010

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

Ticket/Admission Distributions						A Public Docur			ocumen	
1.	Agency Name						Date Star	np	California	802
	County of Alameda								Form	Service and
	Division, Department, or Reg	Division, Department, or Region (if applicable)							For Officia	l Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536				_			_		
	Designated Agency Contact	0 0160.					Amendmen	t (Must pro	ovide explanation	in Part 3.)
	Cheryl Perkins, Clerk, Boar	and the second se	/isors				Data of Ordeland			
	Area Code/Phone Number	1819 (1919) 1819 (1919)					Date of Origina	r Filing: _	(month, day, ye	ear)
	(510) 272-3882	the second se	erkins@acgov.c	ALC: NO. OF CO., NO.						
2.	Function, Event, or Cer	emonial F	Role Informat	tion						
	Title				-	Face V	/alue of Each	Admiss	ion \$ _\$100	
	Description Warriors vs. K	lings			_	Date(s	s) <u>3 / 27</u>	/ 13	/_	/
						in the state of the				
	Ticket(s)/Admission(s) pr	ovided by	adency? Vee		0 🗹	lf no: Gold	en State Warrior	S		
	increate manual provides his		ugeney. iea	Lanna I						
	nekel(s)/Admission(s) pr	,	ugency: rea					Name of :	Source	
								Name or a	Source	
	Was the distribution to pe							Name or a	Source	
	Was the distribution to pe	ersons ider	<b>ntified below n</b> isor Wilma Chan	nade a	at the	e behest of		Name or a	Source	
	Was the distribution to pe	ersons ider	<b>ntified below n</b> isor Wilma Chan	nade a	at the			Name or a	Source	
	Was the distribution to pe	ersons ider yes: <u>Superv</u>	n <b>tified below</b> n isor Wilma Chan Official's i	nade a <sub>Name (l</sub>	at the	e behest of		Name or a	Source	
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipien <sub>Name</sub>	ersons ider yes: <u>Superv</u>	n <b>tified below</b> n isor Wilma Chan Official's i	nade a <sub>Name (l</sub>	at the	e behest of First) and Title	f an agency of	ficial?	īcial claims adm	
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipien Name (Last, First)	ersons ider yes: <u>Superv</u>	ntified below n isor Wilma Chan Official's ne explanatio Number of	nade a <sup>Name (I</sup> on: Agen	at the Last, F	e behest of First) and Title • Check th taxable i	f an agency of	ficial?	īcial claims adm	
	Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's i ne explanatio	nade a <sub>Name (I</sub> on:	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provise</li> <li>If not inc</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p	agency official public purp	icial claims adm erformed a cerei ose, including	nonial role,
	Was the distribution to pe Yes ☑ No ロ If y The identity of recipien Name (Last, First) or	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanatio Number of Admission(s)/	nade a <sup>Name (I</sup> on: Agen	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provise</li> <li>If not inc</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed	agency official public purp	icial claims adm erformed a cerei ose, including	nonial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Offic Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide on the second second</li></ul>	f an agency of e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. e attendance a	agency off cy official p by an age	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanatio Number of Admission(s)/	Name (I On: Agen Offic Yes No	at the Last, F ncy cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide on the second second</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion.	agency off cy official p by an age	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, Idual, or
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (I on: Age Offic Yes No Yes	Last, F Last, F Cial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. e attendance a	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I On: Age Offic Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Age Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Age Office Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	ersons ider yes: <u>Superv</u> t(s) and th	ntified below n isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the taxable is also provide if not incorremon organiza</li> <li>To promot County factor</li> </ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency off gy official p by an age t an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indiv ent held at a	nonial role, ridual, 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.

NY	Alexandra Boskovich	Ticket Administrator	2/13/2013
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

A	Public	Document
	1 010110	D'O'O'O'I'O'I'C

	A non ou Nouse								
•	Agency Name					Date Stamp	)	California Form	° 802
	County of Alameda Division, Department, or Region (i	f applicable)						For Officia	10-100 - 100-
	Board of Supervisors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name	e, Title)				Amendment	(Must pro	vide explanation	in Part 3.)
	Cheryl Perkins, Clerk, Board of S	and the second se						<i>5</i> .	2
	Area Code/Phone Number E-m					Date of Original F	-iling:	(month, day, ye	ear)
_		eryl.perkins@acgov.c	and the second se					_	_
ĉ	Function, Event, or Ceremo	nial Role Informat	tion						
	Title				Face V	alue of Each A	dmissi	on \$ _\$20.6	5
	Disease las Davis					2 27	13		
	Description Disney on Ice Dare	to Dream		C.	Date(s)	) <u>2 , 27 ,</u>	15	/_	/
	Ticket(s)/Admission(s) provide	a by agency 1 165				N	ame of S	ource	
	Was the distribution to person Yes ☑ No 🔲 If yes: _	s identified below n Supervisor Wilma Chan Official's	nade at Name (La	the be	ehest of	N		ource	
	Was the distribution to person Yes ☑ No ロ If yes: _ The identity of recipient(s) a	s identified below n Supervisor Wilma Chan Official's	nade at Name (La	the be	ehest of	™ an agency offi	cial?	,	ssion as
	Was the distribution to person Yes ☑ No □ If yes: <u>△</u> The identity of recipient(s) a Name (Last, First)	s identified below n Supervisor Wilma Chan Official's and the explanatic Number of	nade at Name (La on: Agenc	the be	ehest of and Title Check the taxable in	An agency office	cial? gency offi	cial claims adm	
	Was the distribution to person Yes ☑ No ☐ If yes: The identity of recipient(s) a Name	s identified below n Supervisor Wilma Chan Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at <sub>Name (La</sub> on:	the be	ehest of and Title Check the taxable in also provi	An agency offi an agency office b income box if the agency come. If the agency ide a description. bome, describe the put al roles, performed by	cial? gency offi official pe olic purpo	cial claims adm erformed a cerei ese, including	nonial role,
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) a Name (Last, First) or Organization	s identified below n Supervisor Wilma Chan Official's and the explanatic Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc	the be ast, First) al • •	ehest of and Title Check the taxable in also provi If not inco ceremonia organizati promote	An agency offi an agency office b income box if the agency come. If the agency ide a description. bome, describe the put al roles, performed by	cial? gency offi official pe olic purpo y an agen an evel	cial claims adm erformed a cerer ose, including cy official, indiv nt held at a	nonial role, idual, or
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc Officia Yes [ No ] Yes [	the basis, First)	check the taxable in also provi if not inco ceremonia organizati promote ounty faci	An agency office an agency office b income box if the agency come. If the agency ide a description. bome, describe the put al roles, performed by ion. a attendance at	cial? jency offi official pe offic purpo y an agen an even naximiz	cial claims adm erformed a cerer ose, including cy official, indiv nt held at a	idual, or Incom
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc Officia Yes [ No [ Yes [ No [ Yes [	the basis, First)	check the taxable in also provi if not inco ceremonia organizati promote ounty faci	An agency office an agency office b income box if the age come. If the agency ide a description. bome, describe the put al roles, performed by ion. a attendance at ility in order to n	cial? jency offi official pe offic purpo y an agen an even naximiz	cial claims adm erformed a cerer ose, including cy official, indiv nt held at a	idual, or Incom Incom Incom
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below n Supervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade at Name (La on: Agenc Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [	the basis, First)	check the taxable in also provi if not inco ceremonia organizati promote ounty faci	An agency office an agency office b income box if the age come. If the agency ide a description. bome, describe the put al roles, performed by ion. a attendance at ility in order to n	cial? jency offi official pe offic purpo y an agen an even naximiz	cial claims adm erformed a cerer ose, including cy official, indiv nt held at a	idual, or Incom Incom Incom Incom

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

	Alexandra Boskovich	Ticket Administrator	2/13/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1

Tic	cket/Admission Distrik	butions						AI	Public De	ocumen
1.	Agency Name						Date Stamp	)	California	802
	County of Alameda								Form	and the state of
2	Division, Department, or Regior	n (if applicable	e)				1		For Official	Use Only
	Board of Supervisors						25			
	Street Address						1			
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Na	ame, Title)					Amendment	(Must prov	vide explanation i	n Part 3.)
	Cheryl Perkins, Clerk, Board o	of Superviso	ors					90001538/V/1795		2002.000 Artist
2	Area Code/Phone Number E	E-mail					Date of Original F	iling:	(month, day, ye	ar)
	(510) 272-3882 c	cheryl.perkir	ns@acgov.c	org		1				
2.	Function, Event, or Cerem	nonial Rol	e Informat	ion						
						22 8			¢100	
2	Title			_	-	Face	alue of Each A	dmissi	on \$ <u>\$100</u>	
	Description Warriors vs. King	gs			<u></u>	Date(s	s) <u>3</u> ,6./.	13	/_	/
						I If no. Gold	len State Warriors			
3	Ticket(s)/Admission(s) provi	ided by age	ency? Yes	$\square N$	0 1/1	II 110				
	Ticket(s)/Admission(s) provi Was the distribution to perso Yes ☑ No □ If yes	ons identif	ied below n	nade a	at the	e behest o	f an agency offi	ame of So	ource	
1	Was the distribution to perso	ons identif	<b>ied below</b> n Wilma Chan Official's i	nade a <sub>Name (l</sub>	at the	e behest o	f an agency offi		ource	
1	Was the distribution to perso Yes ☑ No □ If yes	ons identifi s: <u>Supervisor</u> s) and the	ied below n Wilma Chan Official's explanatio Number of	nade a <sub>Name (l</sub>	Last, f	e behest of First) and Title • Check th taxable i	f an agency offi	cial?	cial claims admi	
1	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First)	ons identifi 3: Supervisor 5) and the (	ied below n Wilma Chan Official's i explanatic	Name (l on: Agen Offic	Last, f	e behest of First) and Title • Check th taxable i also pro • if not inc ceremon organiza	f an agency office the income box if the agency ncome. If the agency vide a description. some, describe the put ial roles, performed by tion.	cial? gency offic official pe olic purpo y an agen	cial claims admi rformed a cerer se, including cy official, indiv	nonial role,
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	ons identifi 3: Supervisor 5) and the (	ied below n Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s)	nade a Name (l on: Agen	Last, f	e behest of First) and Title • Check th taxable i also pro • If not inc ceremon organiza To promot	f an agency office f an agency office ncome. If the agency vide a description. come, describe the put ial roles, performed by	cial? gency offic official pe olic purpo y an agen an ever	cial claims admi rformed a cerer se, including cy official, indiv nt held at a	nonial role,
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identifi 3: Supervisor 5) and the (A on)	ied below n Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s)	Name (l on: Age Offic	Last, f	e behest of First) and Title Check the taxable is also pro- if not inco- ceremono organiza To promoto County face	f an agency office the income box if the agency ncome. If the agency vide a description. come, describe the put ial roles, performed by tion.	cial? gency offic official pe olic purpo y an agen an ever naximiz	cial claims admi rformed a cerer se, including cy official, indiv nt held at a	nonial role, idual, or Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identifi 3: Supervisor 5) and the (A on)	ied below n Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s)	Name (I On: Age Office Yes No Yes	at the	e behest of First) and Title Check the taxable is also pro- if not inco- ceremono organiza To promoto County face	f an agency office the income box if the agency ncome. If the agency vide a description. some, describe the put ial roles, performed by tion. the attendance at cility in order to m	cial? gency offic official pe olic purpo y an agen an ever naximiz	cial claims admi rformed a cerer se, including cy official, indiv nt held at a	idual, or Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identifi 3: Supervisor 5) and the (A on)	ied below n Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s)	Name (I on: Age Offic Yes No Yes No Yes	Last, f	e behest of First) and Title Check the taxable is also pro- if not inco- ceremono organiza To promoto County face	f an agency office the income box if the agency ncome. If the agency vide a description. some, describe the put ial roles, performed by tion. the attendance at cility in order to m	cial? gency offic official pe olic purpo y an agen an ever naximiz	cial claims admi rformed a cerer se, including cy official, indiv nt held at a	idual, or Income Income Income

Ce 7	Alexandra Boskovich	Ticket Administrator	2/13/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A FUDIC DOCUMENT	Α	Public	Document
------------------	---	--------	----------

110	cket/Admission Distri									1 20 10	7.037.341 Y.A
1.	Agency Name					Da	ate Stamp		Califo		802
	County of Alameda								For		9241V2C-1844
	Division, Department, or Regi	on (if applica	ble)						For C	Official U	se Only
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536								_		
	Designated Agency Contact (/					Ame	ndment (/	Must prov	ide explana	ation in I	Part 3.)
	Cheryl Perkins, Clerk, Board Area Code/Phone Number		isors			Data at (	Delete et El				
		E-mail				Date of C	Original Fi	ung:	(month, d	ay, year	)
	(510) 272-3882		kins@acgov.c							_	
	Function, Event, or Cere	monial R	ole Informat	tion							
	Title				Face	Value of I	Fach Ad	mieeid	on \$ \$3	34.45	
									CIWARDS - A		
	Description Disney on Ice D	Dare to Dre	am		Date(s	s)/.	2^	13	_	_/	
						110 <b>-</b> 111 - 111					
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes	🗆 No	☑ If no: Gold	den State V	Varriors				
	Was the distribution to per	sons ident	<b>tified below</b> n	nade at t	he behest o	f an ager	Nai	me of Sc ial?	ource		
	Was the distribution to per	sons ident	tified below n sor Wilma Chan Official's	nade at t	he behest o	f an agen	Nar	ial?			
	Was the distribution to pera Yes ☑ No ロ If ye	sons ident es: <u>Supervis</u> s) and the	tified below n sor Wilma Chan Official's	nade at t	he behest o , First) and Title • Check th taxable i also pro • If not inc	f an agen he income bo income. If th vide a descri come, descri hial roles, per	Nan <b>ICY Offic</b> ox if the age e agency of iption. be the publi	ial? ency offic fficial per ic purpos	tial claims formed a c	ceremo ng	nial role,
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization	sons ident es: <u>Supervis</u> s) and the	tified below n sor Wilma Chan <i>Official's</i> e explanatic Number of Admission(s)/	nade at t Name (Lasi on: Agency	he behest o , First) and Title • Check th taxable i also pro • If not inc ceremor organiza I To reward	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Ial, or
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes D No Z Yes D	he behest o First) and Title Check th taxable i also pro If not inc ceremor organiza To reward service to	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Ial, or Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Las on: Agency Official Yes D No D	he behest o First) and Title Check th taxable i also pro If not inc ceremor organiza To reward service to	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Jal, or Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes D No Z Yes D	he behest o t, First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward service to	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Jal, or Income Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes No Yes No	he behest o F, First) and Title Check th taxable i also pro If not inc ceremor organiza To reward service to	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Jal, or Income Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes No Yes No Yes No Yes Yes No Yes	he behest o	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Jal, or Income Income Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes No Yes No Yes No	he behest o	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	nial role, Jal, or Income Income Income
	Was the distribution to pers Yes ☑ No □ If yes The identity of recipient( Name (Last, First) or Organization (Name, Address, Descript	sons ident es: <u>Supervis</u> s) and the	tified below m sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t Name (Lass on: Agency Official Yes No Yes No Yes No Yes Yes No Yes	he behest o	f an agen he income bo income. If th vide a descri nial roles, per tion. l a commu	Nan ncy offic ox if the age e agency of iption. be the publi formed by unity Volu	ial? ency offic fficial per ic purpos an agenc unteer	ial claims formed a se, includin by official, for his	ceremo ng individa	Income

	Alexandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and **Ticket/A**

	ket/Admission Dist		3					A Public De	ocumen
1	Agency Name						Date Stamp	California	000
1	County of Alameda						970 M. S. M. SAN SAN BURSLE (* 1978)	Form	802
	Division, Department, or Reg	gion (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	1							
1	Designated Agency Contact	(Name, Title)					Amendment (Mus	t provide explanation i	n Part 3 1
3	Cheryl Perkins, Clerk, Boar	d of Superv	isors					a provide explanation i	n Fan 5.)
	Area Code/Phone Number	E-mail					Date of Original Filin	g:(month, day, ye	ar)
	(510) 272-3882	cheryl.per	kins@acgov.c	org				(monin, day, ye	
-	Function, Event, or Cer	and the second se	and the second	and the second se					
•	Description <u>Warriors vs. W</u> Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If y	ovided by a ersons iden	tified below n	nade at	the I	f no: <u>Gold</u>	an agency officia	of Source	/
		/es	sor Wilma Chan Official's	Name (La	st, Firs	st) and Title	-		
1	The identity of recipien								
	Name (Last, First) or Organization (Name, Address, Descri	ption)	Number of Admission(s)/ Ticket(s)	Agenc Officia		taxable in also prov	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p lal roles, performed by an tion.	ial performed a ceren	nonial role,
	Falcon, Ernesto		2 + parking	Yes [ No [			e attendance at an ility in order to max		Income
				Yes [		County rev	venue from sales.		Income

#### The id

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admit taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivi organization.</li> </ul>	nonial role,
Falcon, Ernesto	2 + parking	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 □	3	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. 0

$Q^{-}$	Alexandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Name								
					Date Sta	mp	Californ	ia ong
County of Alameda						11-5 A.C.	Form	<sup>a</sup> 802
Division, Department, or Region (if	applicable)						For Offi	cial Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name,	Title)				Amendmer	at (Must pro)	ido ovolonatio	n in Dari 21
Cheryl Perkins, Clerk, Board of S	upervisors					it (must prov	nue explanatio	n in Fait 3.)
Area Code/Phone Number E-ma	il l				Date of Origina	al Filing:	(month, day,	vear)
(510) 272-3882 cher	yl.perkins@acgov.d	org					(monun, day,	youry
Function, Event, or Ceremon	ial Role Informat	tion						
Title			_	Face \	/alue of Each	Admissi	on \$ <u>\$34</u>	.45
- Dispey on los Dara	a Droom				3 1	13		
Description Disney on Ice Dare t	o Dieani		-	Date(s	i)_ <u>3_/</u> 1		/	/
Ticket(s)/Admission(s) provided						Name of S	ource	
Was the distribution to persons Yes ☑ No ロ If yes: <u>S</u> The identity of recipient(s) an <sub>Name</sub>	identified below n upervisor Wilma Chan Official's	nade a Name (L	at th	e behest of First) and Title	an agency of	fficial?	cial claims ad	
Was the distribution to persons Yes ☑ No ロ If yes: <u>S</u> The identity of recipient(s) an	identified below n upervisor Wilma Chan Official's	nade a Name (L	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon	an agency of e income box if the come. If the agen ide a description. ome, describe the p ial roles, performed	fficial? agency offic cy official pe	cial claims ad rformed a cer se. including	emonial role,
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) an Name (Last, First) or Organization	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/	Name (L on: Agen Offic	at the Last, I ncy cial	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza	e income box if the ncome. If the agen ride a description. ome, describe the p lal roles, performed ion.	agency offic agency offic cy official pe public purpor l by an agency	cial claims ad rformed a cer se, including cy official, inc	emonial role, lividual, or
Was the distribution to persons Yes ☑ No □ If yes: <u>S</u> The identity of recipient(s) an Name (Last, First) or Organization	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/	nade a Name (L on: Ager Offic	at the Last, I ncy cial	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	an agency of e income box if the come. If the agen ide a description. ome, describe the p ial roles, performed	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	emonial role, lividual, or Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No	at the Last, I ncy Cial	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	remonial role, lividual, or Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes	at the Last, I	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	emonial role, lividual, or Incomo Incomo
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	ividual, or Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	remonial role, lividual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	ividual, or Income Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	emonial role, lividual, or Income Income Income
Was the distribution to persons Yes ☑ No □ If yes: S The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To reward	e income box if the ncome. If the agen- ide a description. ome, describe the p ial roles, performed ion. a community v	fficial? fficial? agency offic cy official pe oublic purpo l by an agen /olunteer	cial claims ad rformed a cer se, including cy official, inc for her	ividual, or Income Income Income

is in accordance with the provisions.

VY	Alexandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

-	et/Admission Distributions							A	Public Do	cumen
1.	Agency Name						Date Stamp	)	California	802
	County of Alameda								Form	The state of the
	Division, Department, or Regi	ion (if applica	ible)						For Official U	se Only
	Board of Supervisors									
	Street Address						1			
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, Title)							(Must and	ida avalanatian in i	Devi 0 1
	Cheryl Perkins, Clerk, Board of Supervisors						Amendment	(wust pro	nde explanation in l	-aπ 3.)
	the second se	E-mail	Man a second	-			Date of Original I	⁼iling:	(month, day, year	
	(510) 272-3882	cheryl.per	kins@acgov.d	org					(monul, day, year	/
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title								\$100/\$1	0 park
	Litle	_			-		Value of Each A			
	Description Warriors vs. Kr	nicks			_	Date(	s). <u>3 /11 /</u>	13	/	/
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: G									
l.	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		0 🛛	If no: Gold	ien State Warriors			
	Was the distribution to per	rsons iden	tified below r	nade a	at the	e behest o	∾ f an agency offi	ame of S cial?	ource	
	Was the distribution to per	rsons iden es: _Supervis	tified below r sor Wilma Chan Official's	nade a	at the	e behest o	∾ f an agency offi		ource	
	Was the distribution to per Yes ☑ No 囗 If ye	rsons iden es: <u>Supervis</u> (s) and th	tified below r sor Wilma Chan Official's	nade a	at the Last, /	e behest o	f an agency offi the income box if the agency ncome. If the agency vide a description. come, describe the pul ial roles, performed b	cial? gency offi official pe	cial claims admiss rformed a ceremo se, including	nial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/	nade a Name (A on: Age	at the Last, / ncy cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the agency ncome. If the agency vide a description. come, describe the pul ial roles, performed b	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role,
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (A on: Age Offic Yes	Last, /	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jai, or Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (A on: Age Offic Yes No	Last, /	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Age Office Yes No Yes	Last, / Last, / ncy cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (A on: Age Office Yes No Yes No	Last, / Last, / ncy cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (A on: Age Offic Yes No Yes No Yes	at the Last, / Cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income Income Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (Age Office Yes No Yes No Yes No	at the Last, / Cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income Income Income
	Was the distribution to per Yes ☑ No □ If yo The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Supervis</u> (s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (A on: Age Offic Yes No Yes No Yes No Yes	at the Last, / ncy cial	e behest o First) and Title • Check th taxable i also pro • If not inc ceremor organiza To reward	f an agency offi the income box if the ag ncome. If the agency vide a description. tome, describe the pul ial roles, performed b tion. a County emplo	cial? gency offi official pe offic purpo y an agen yee for	cial claims admiss rformed a ceremo se, including cy official, individi her service	nial role, Jal, or Income Income Income Income

(PV)	Alexandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	ket/Admission Distributions						A Public Do	cumen
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if a	pplicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, The Contact (Name,	Amendment (Must	provide explanation in	Part 3.)				
	Cheryl Perkins, Clerk, Board of Su Area Code/Phone Number  E-mail					Date of Original Filling	17	
		- 21 - 2120 - 1420				Date of Original Filing	(month, day, yea	nr)
-		l.perkins@acgov.c		_	_			_
Ζ.	Function, Event, or Ceremoni	al Role Informat	tion					
	Title			_	Face V	alue of Each Admis	ssion \$ _\$100	
	Description Warriors vs. Rockets			_	Date(s	) 2 / 12 / 13	/	/
	Ticket(s)/Admission(s) provided	by agency? Yes		0 🗸	If no: Gold	en State Warriors	of Source	
	Was the distribution to persons i	identified below n	nade a	at th	e behest of	an agency official	?	
		penvisor Wilma Chan						
	Yes 🗹 No 🔲 If yes: Su	pervisor Wilma Chan Official's	Name (I	ast.	First) and Title			
	The identity of recipient(a) an		aronnar A					ų.
	The identity of recipient(s) an	u the explanatio	m.					
	Name (Last, First)	Number of	Age	ncv		e income box if the agency ncome. If the agency officia		
	or Organization	Admission(s)/	Official also		and the second se	ide a description. ome, describe the public pι	urness including	
	(Name, Address, Description)	Ticket(s)	122		ceremoni	al roles, performed by an a		dual, or
			Yes	Π	organizat	e attendance at an e	vent held at a	Income
	Yee, Melinda	4	No			ility in order to maxir		
			Yes		County rev	enue from sales.		Income
			No		County ret	fende nom sales.		
			Yes					Income
			No					
			Yes					Income
			No					
			Man					
			Yes	ш				A MARY PROPERTY AND AND A
			ves No					
	Verification		No					Income
	I have read and understand FPPC Reg	ulations 18944.1 and	No		ave verified t	hat the distribution of a	dmissions, set fo	Income
		ulations 18944.1 and	No		ave verified t	hat the distribution of a	dmissions, set fo	Income
	I have read and understand FPPC Reg is in accordance with the provisions.	ulations 18944.1 and Alexandra Boskov	No d 1894			hat the distribution of a t Administrator	dmissions, set fo 2/11/2	Income

icket/Admission Distributio	110					1	Fubil		umer
. Agency Name					Date Sta	imp	Califo	ornia 👩	002
County of Alameda							Fo		302
Division, Department, or Region (if app	plicable)						For	Official Use	Only
Board of Supervisors									
Street Address									
1221 Oak Street, Suite 536									
Designated Agency Contact (Name, Titl	(e)				Amendme	nt (Mustor	ovide explar	ation in Par	421
Cheryl Perkins, Clerk, Board of Supervisors						ne (wast pre	ovide explai	anon in Par	(3.)
Area Code/Phone Number E-mail					Date of Origina	al Filing: _	(month.	day, year)	_
(510) 272-3882 cheryl.	cheryl.perkins@acgov.org		ady, yeary						
Function, Event, or Ceremonia	I Role Informat	tion							
							¢	100/000	anna an
Title			-	Face V	alue of Each/	Admiss	ion \$ <u></u>	100/\$20	park
Description Warriors vs. Raptors				Datala	) <u>3 / 4</u>	, 13		,	7
Description			_	Date(s	//	_/			
Ticket(s)/Admission(s) provided b Was the distribution to persons id						Name of 3	Source		
Was the distribution to persons id	lentified below n ervisor Wilma Chan Official's	nade a Name (L	at the .ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni</li> </ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the ial roles, performed	fficial?	ficial claims erformed a ose. includ	i ceremonia	l role,
Was the distribution to persons id Yes ☑ No ☐ If yes: Super The identity of recipient(s) and Name (Last, First) or Organization	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/	nade a Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> </ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the ial roles, performed	fficial? fficial? e agency official p public purp d by an agen at an eve	ficial claims erformed a ose, includ ncy official ent held a	i ceremonia ing , individual, at a Ir	l role,
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of a second s	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	i ceremonia ing , individual, at a Ir itial	l role, , or ncome
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of an agency of a fit agen ide a description. ome, describe the al roles, performed ion. e attendance a ility in order to	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	ing , individual, at a Ir tial Ir	, or ncome
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of an agency of a fit agen ide a description. ome, describe the al roles, performed ion. e attendance a ility in order to	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	ing , individual, at a Ir tial Ir	, or ncome
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of an agency of a fit agen ide a description. ome, describe the al roles, performed ion. e attendance a ility in order to	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	ing , individual, at a Ir tial Ir	, or ncome ncome ncome
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of an agency of a fit agen ide a description. ome, describe the al roles, performed ion. e attendance a ility in order to	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	ing , individual, at a Ir tial Ir	n role, or ncome ncome ncome
Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below n ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fac</li> </ul>	an agency of an agency of a fit agen ide a description. ome, describe the al roles, performed ion. e attendance a ility in order to	fficial? fficial? e agency official p public purp d by an agen at an eve o maximiz	ficial claims erformed a ose, includ ncy official ent held a	ing , individual, at a Ir itial Ir Ir	il role, , or ncome ncome

	Alexandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

cket/Admission Dist	noutions								cumen
Agency Name						Date Stamp	Ca	lifornia	802
County of Alameda	alon (it and in a	h.t					and the second division of the second divisio	For Official U	
Division, Department, or Reg	gion (ir applica	ble)							,,
Board of Supervisors Street Address									
1221 Oak Street, Suite 536			_						
Designated Agency Contact	(Name, Title)		4			Amendment (/	Must provide ex	planation in	Part 3.)
Cheryl Perkins, Clerk, Boar	and the second se	isors							
Area Code/Phone Number	E-mail					Date of Original Fi	lling:(mon	nth, day, year	7
(510) 272-3882	The second se	kins@acgov.c	COLOR STORES						
Function, Event, or Cer	emonial R	ole Informat	ion						
					12			¢100	120 21
Title				-	Face	/alue of Each Ad	Imission \$	\$100 /	for pa
Description Warriors vs. K	linas				Detel	s) <u>3 6 </u>	13		ň,
Description	ango			_	Date(s	\$)//		/	/
212 1010 10					Gold	len State Warriors			
	ovided by a	dency? Vee		0 17	If no. Gold	en otate wantois			
Ticket(s)/Admission(s) pr Was the distribution to pe Yes ☑ No □ If y	ersons iden	tified below n				Na	me of Source :ial?		
Was the distribution to pe	ersons iden	<b>tified below n</b> sor Wilma Chan	nade	at th		Na			
Was the distribution to pe	ersons iden yes: <u>Supervis</u>	<b>tified below n</b> sor Wilma Chan Official's i	nade : Name (	at th	e behest of	Na			
Was the distribution to per Yes ☑ No ロ If y The identity of recipien <sub>Name</sub>	ersons iden yes: <u>Supervis</u>	<b>tified below n</b> sor Wilma Chan Official's i	nade : Name (	at th	e behest of First) and Title	f an agency offic	ial? ency official cla	aims admiss	
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First)	ersons iden yes: <u>Supervis</u>	tified below n sor Wilma Chan Official's I e explanatio Number of	nade : <sup>Name (</sup> on: Age	at the Last, I	e behest of First) and Title • Check th taxable i	f an agency offic	ial? ency official cla	aims admiss	
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's i e explanatio	nade : Name ( on:	at the Last, I	e behest of First) and Title • Check th taxable i also prov • If not inc	f an agency offic	ial? ency official cla fficial performe lic purpose, inc	aims admiss ed a ceremo	onial role,
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's I e explanatio Number of Admission(s)/	nade : <sup>Name (</sup> on: Age	at the Last, I	e behest of First) and Title • Check th taxable i also prov • If not inc	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ ial roles, performed by	ial? ency official cla fficial performe lic purpose, inc	aims admiss ed a ceremo	onial role,
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi	Last, I ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lal roles, performed by tion.	ial? ency official cla fficial performe ic purpose, inc an agency offi- nn event hel	aims admiss ed a ceremo cluding cial, individ	onial role,
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's I e explanatio Number of Admission(s)/	Name ( on: Age Offi	Last, I ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ ial roles, performed by tion.	ial? ency official cla fficial performe ic purpose, inc an agency offi- nn event hel	aims admiss ed a ceremo cluding cial, individ	onial role, ual, or
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi	at the Last, / ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No	at the Last, / ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lal roles, performed by tion.	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No Yes	at the Last, I ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No Yes No	at the Last, I ncy cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No Yes	at the	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income Income Income Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No Yes No Yes	at the	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income Income Income
Was the distribution to per Yes ☑ No □ If y The identity of recipien Name (Last, First) or Organization (Name, Address, Descri	ersons ident yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name ( on: Age Offi Yes No Yes No Yes No Yes	at the Last, / Cial	e behest of First) and Title • Check th taxable i also prov • If not inc ceremon organiza To promot County fac	f an agency offic the income box if the age ncome. If the agency o vide a description. ome, describe the publ lat roles, performed by tion. the attendance at a cility in order to ma	ial? ency official cla fficial performe ic purpose, inc an agency offi- an event hel aximize pol	aims admiss ed a ceremo cluding cial, individ	ual, or Income Income Income Income

Ale	xandra Boskovich	Ticket Administrator	2/11/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ticket/Admission Distributions	5				ŀ	A Public Do	
1. Agency Name					Date Stamp	California Form	202
County of Alameda							
Division, Department, or Region (if applica	nble)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							
Cheryl Perkins Interim Clerk, Board of	Supervisore				Amendment (Must p	rovide explanation ir	n Part 3.)
Area Code/Phone Number E-mail	Supervisors				Date of Original Filing:		
(510) 272-3882 cheryl.per	rkins@acgov.d	ora				(month, day, yea	ar)
2. Function, Event, or Ceremonial R	100 00 00 00 00 00 00 00 00 00 00 00 00						
						¢75.01	
Title		_	-	Face V	alue of Each Admis	sion \$ <u>\$75.85</u>	>
Description Carrie Underwood concer	t			Date(e)	2 , 25 , 13	1	1
			_	Dutc(3)			/
Ticket(s)/Admission(s) provided by a	agency? Yes		0 🔽	I If no: Golde	en State Warriors		
.,			- Road		Name o	f Source	
Was the distribution to persons iden	tified below n	nada r	- + + la	a habaat of	an aganay official2		
was the distribution to persons iden	tined below i	naue a	at th	e penest or	an agency official?		
Yes 🔽 No 🔲 If yes: Supervis	sor Wilma Chan						
	Official's	Name (l	Last, I	First) and Title			
The identity of recipient(s) and th	e explanatio	on:					
Name				Check the	income box if the agency o	official claims admis	ssion as
(Last, First)	Number of	Age	100 C	taxable in	come. If the agency official de a description.		
or Organization	Admission(s)/ Ticket(s)	Offic	cial	A CONTRACTOR OF A CONTRACTOR	me, describe the public pur	pose, including	
(Name, Address, Description)	Tiener(a)	ceremo			ceremonial roles, performed by an agency official, individual, or organization.		
		Yes	Yes 🗖 To promo		ote attendance at an event held at a		Income
Lam, Marianne	2	No	7	County faci	lity in order to maxim	nize potential	
		Yes		County rev	enue from sales.		Income
		No					
		Yes	200				Income
		No	<u> </u>				
		Yes No					Income
		Yes			· · · · · · · · · · · · · · · · · · ·		
		No					Income
2 Varidiaatian				a Dan			
3. Verification	ono 19011 1 on	1 100 1	0 / 6	are constituted th			
I have read and understand FPPC Regulation is in accordance, with the provisions.	0/15 10944.1 an	a 1894.	2.11	ave vermed tri	iat the distribution of ac	imissions, set to	rth above,
112 2							
Alex	kandra Boskov	/ich		Ticket	Administrator	2/7/20	13

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

**A Public Document** 

Agency Name					Date Stamp		California	802
County of Alameda							Form	
Division, Department, or Regior	n (if applicable)						For Officia	I Use Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Na	ame, Title)				Amendment (M	lust provi	ide explanation	in Part 3.)
Crystal Hishida Graff, Clerk, B								
Area Code/Phone Number E	-mail				Date of Original Fill	ing:	(month, day, ye	ear)
(510) 272-3882 c	crystal.hishida@acgov.	org						
Function, Event, or Cerem	nonial Role Informat	tion						
Title <u>Alicia Keys</u>			_	Face V	alue of Each Adı	missio	on \$	
Description Concert				Date(s	) 03 / 10 / 1	3	/	/
Ticket(s)/Admission(s) provi	ons identified below r	nade a	t the b	ehest of	an agency offici	ne of Sc i <b>al?</b>	Durce	
Was the distribution to perso	ons identified below r : <u>Carson, Keith, Alameda</u> <i>Official's</i>	nade a County Name (L	t the b	ehest of	an agency offici		burce	
Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name	ons identified below r : <u>Carson, Keith, Alameda</u> Official's ) and the explanatic	nade a County Name (L	Superv ast, Firs	ehest of isor Fifth D t) and Title Check th	an agency offici	al?	ial claims adm	
Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s	ons identified below r <u>Carson, Keith, Alameda</u> Official's ) and the explanatic Number of	nade a County Name (L on:	t the b Superv ast, Firs	ehest of isor Fifth D t) and Title Check th taxable in	an agency offici	al?	ial claims adm	
Was the distribution to person Yes ☑ No □ If yes The identity of recipient(s Name (Last, First)	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L	Superv ast, Firs	chest of isor Fifth D t) and Title Check th taxable in also prov organiza	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public al roles, performed by a	al? ncy offic ficial per c purpos an agenci	tial claims adm rformed a cere se, including cy official, indiv	nonial role,
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic	t the L Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. orme, describe the publicial roles, performed by a	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	monial role, ridual, or
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L on: Ager Offic	Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, vidual, or Income
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L On: Ager Offic Yes No Yes	Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, vidual, or Income
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L On: Ager Offic Yes No Yes	t the t Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L On: Ager Offic Yes No Yes No	t the t Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L On: Ager Offic Yes No Yes No Yes No Yes	t the b Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, ridual, or Income Income
Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons identified below r Carson, Keith, Alameda Official's and the explanation Number of Admission(s)/ Ticket(s)	nade a County Name (L On: Ager Offic Yes No Yes No Yes No Yes	t the t Superv ast, Firs	check th taxable in also prov. If not inc ceremon organizar reward a Cou	an agency offici istrict e income box if the agen ncome. If the agency of ide a description. ome, describe the public ial roles, performed by a tion. nty employee for his or her	al? ncy offic ficial per c purpos an agence	tial claims adm rformed a cere se, including cy official, indiv	nonial role, ridual, or Income Income Income

is in accordance with the provisions. Hannah Greene Ticket Administrator 02/27/13

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

11	ckeuAumission Disu	inutions					A		cument
1.	Agency Name	*******					Date Stamp	California	009
	County of Alameda							Form	802
	Division, Department, or Regi	on (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address		царар, — — — — — — — — — — — — — — — — — — —						
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Vame, Title)			,		Amendment (Must pr	ovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						r un 0.)
		E-mail					Date of Original Filing: .	(month, day, yea	ar)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(	
2.	Function, Event, or Cere			A REAL PROPERTY AND A REAL					
								400	
	Title Warriors vs. Washingto	n			_	Face \	/alue of Each Admiss	sion $ \frac{100}{2} $	
	Baskethall					<b>D</b> ( )	<u>, 03 , 23 , 13</u>	,	,
	Description Basketball					Date(s	5)//	/	/
						Gold	Ion State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		o	If no:	Name of	Source	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	f an agency official?		
		Corcon	Kaith Alamada	County	, Cum	onvicor Fifth F	Victrict		
	Yes 🖸 No 🔲 If ye		Keith, Alameda	Name (I	ast F	First) and Title			
	The identity of recipient	s) and th	e explanatio	on:					
	Name						e income box if the agency of ncome. If the agency official		
	(Last, First) or		Number of Admission(s)/	Age			vide a description.		omarroic,
	Organization	4i)	Ticket(s)				ome, describe the public purp ial roles, performed by an age		dual. or
	(Name, Address, Descrip	lion)				organiza	tion.	-	
	Sanchez, Mina			Yes			unty employee for his or her exem ourage staff development	plary service to the	Income
			4	No					
				Yes					Income
				No				9	
				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.

Hank he	Hannah Greene	Ticket Administrator	02/28/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document	Α	Publi	ic Do	cum	ent
-------------------	---	-------	-------	-----	-----

icket/Admission Distrib	ulions	-									
. Agency Name	*****					[	Date Stam	пр	Cali	fornia	802
County of Alameda									Fo	orm	002
Division, Department, or Region	i (if applica	ble)							Fo	or Official l	Jse Only
Board of Supervisors											
Street Address		for a distance in the second									
1221 Oak Street, Suite 536											
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors							endment	/Mush mr		onoli-n in	
							enument	, (wust pro	ovide expla	anauon in	Pan 3.)
	-mail					Date of	f Original	Filing: _	(month	day yea	r)
(510) 272-3882 c	rvstal.his	shida@acgov.o	ora						(monu)	, aay, yea	''
. Function, Event, or Cerem	A DESCRIPTION OF THE OWNER	IS STOLEN TO STOLEN TO STOLEN TO STOLEN TO STOLEN							*****		
Title Warriors vs. Kings				1004	Face \	/alue of	f Each A	Admiss	ion \$ _	200	
Deskathell						03	27	13			
Description Basketball					Date(s	;)	27	/	and the second se	/	/
Ticket(s)/Admission(s) provid	ded by a	igency? Yes		o 🗹	If no: <u>Gold</u>	en State	Warriors /	Name of S	Source		294.004 (CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
Was the distribution to perso	ons iden Carson,	tified below n Keith, Alameda Official's i	nade a County Name (L	t the Supe	e behest of	i an age	,		Source		
Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First)	ons iden Carson,	tified below n Keith, Alameda Official's i e explanatic Number of	nade a County Name (L on: Ager	Supe ast, F	e behest of ervisor Fifth D first) and Title Check th taxable in	istrict	box if the agency	ficial?	ficial clair		
Was the distribution to perso Yes ☑ No ロ If yes: The identity of recipient(s) <sub>Name</sub>	Carson, Carson, and th	tified below n Keith, Alameda Official's i e explanatic	nade a County Name (L	Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc</li> </ul>	e income ncome. If vide a deso ome, deso ial roles, p	box if the agency	ficial? agency of y official p ublic purp	ficial clair berformed lose, inclu	l a ceremo Iding	onial role,
Was the distribution to perso Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager	Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	onial role, lual, or
Was the distribution to person Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic	Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income
Was the distribution to perso Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No	supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income
Was the distribution to perso Yes ☑ No ☐ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No Yes	at the Supe ast, F ncy cial	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income Income Income
Was the distribution to person Yes I No I If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No Yes No	at the Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income Income Income
Was the distribution to person Yes I No I If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No Yes No Yes	at the Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income Income Income
Was the distribution to person Yes I No I If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the Supe ast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	Iual, or Income Income Income
Was the distribution to person Yes I No I If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio	Carson, Carson, and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the Supe cast, F	<ul> <li>behest of ervisor Fifth D first) and Title</li> <li>Check the taxable in also provide of finot inc ceremon organiza</li> </ul>	an age District e income ncome. If vide a desc ial roles, p tion.	box if the a the agency cription. cribe the pro- performed	agency of y official pupp ublic purp by an age	ficial clair berformed lose, inclu ncy offici	l a ceremo Iding al, indivic	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. Hannah Greene Ticket Administrator 02/28/2013

Fring C		neket Auministrator
Bignature of Agency Head or Designee	Print Name	Title

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

(month, day, year)

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

	cket/Aumission Dist	induona	>				~ ~	r ubiic D	Joumen
1.	Agency Name						Date Stamp	California	000
	County of Alameda							Form	802
	Division, Department, or Region (if applicable)							For Officia	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Amendment (Must pro	ovide explanation i	in Part 3)					
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					ongo ongoanananon i	
	Area Code/Phone Number	E-mail				******	Date of Original Filing: _	(month, day, ye	ar)
	(510) 272-3882	crystal.his	shida@acgov.	org					,
2.	Function, Event, or Cere			CONTRACTOR OF A DESCRIPTION OF A DESCRIP					
								100	
	Title Warriors vs. Pistons		1111247294119429211942942944 GAMOORE GOLGADDAA			Face	/alue of Each Admission \$ _ <del>100</del>		<u></u>
	– Baskothall						s) <u>03 , 13 , 13</u>		
	Description Basketball		******			Date(s	5)		/
	The identity of recipient	Keith, Alameda Official's	County Name (I	Supe	ervisor Fifth E First) and Title	District			
	Name (Last, First)	Number of	Agency		1	the income box if the agency official claims admission as e income. If the agency official performed a ceremonial role, rovide a description.			
	or	Admission(s)/		Official als					
	Organization (Name, Address, Description)		Ticket(s)		ceremon	ncome, describe the public purpose, including nial roles, performed by an agency official, individual, or ration			
	Wheatley, Bonnie			Yes	1	organiza To reward a con	nmunity volunteer for his or her ser	vice to the public	Income
	Wheatley, Donnie		2	No					
	REPORT CONTINUES (CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CONTINUES CON			Yes					 Income
				No					
				Yes	П				Income
				No					
				Yes					Income
				No					
	EXAMPLE INTERACTION OF A CONTRACT OF A CO			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.

Hanh he	Hannah Greene	Ticket Administrator	02/28/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	CREVAUIIISSION DISUI	Battons	,						
1.	Agency Name					Date Stamp	California		
	County of Alameda			Form OU					
	Division, Department, or Regio		For Official Use Only						
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	Amendment (Must pr	ovide explanation in Part 3.)						
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				,		
	Area Code/Phone Number	E-mail		*******		Date of Original Filing: .	(month, day, year)		
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion	3650-00-00-00-00-00-00-00-00-00-00-00-00-0		, parati		
							400		
	Title Warriors vs. Pistons	Value of Each Admiss	sion \$						
	- Baskethall					03,13,13	, ,		
	Description Basketball				Date(s	te(s)/ 13/			
			<b>.</b>			len State Warriors			
	Ticket(s)/Admission(s) prov	/ided by a	gency? Yes	🗆 No 🗹	If no:	Name of	Source		
	Was the distribution to pers								
	Yes 🖸 No 🔲 Ifye	s: <u>Carson,</u>	Keith, Alameda Official's	Name (Last, F	First) and Title	JISUICE			
	The identity of recipient(	s) and th	e explanatio	on:					
	Name					te income box if the agency of income. If the agency official			
	(Last, First) or		Number of Admission(s)/	Agency Official	also pro	provide a description.			
	Organization (Name, Address, Description)		Ticket(s)		ceremor organiza		ency official, individual, or		
	Hedani, Barbara			Yes 🗖	To reward a cor	nmunity volunteer for his or her se	rvice to the public Incon		
			2	No 🔽					
				Yes 🗖			Incon		
				No 🗖					
				Yes 🗖			Incon		
				No 🗖					
				Yes 🗖			Incon		
				No 🗖		· · · · · ·			
				Yes 🗖			Incon		
				No 🗖			Ó		

#### 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.

Hanh 20	Hannah Greene	Ticket Administrator	02/15/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

IICKEUAUIIISSIOII DISU	induciona	2				~ ~		cument	
1. Agency Name			93-945-005-4005			Date Stamp	California	802	
County of Alameda							Form	002	
Division, Department, or Reg	Division, Department, or Region (if applicable)						For Official	Use Only	
Board of Supervisors							4		
Street Address	Street Address								
1221 Oak Street, Suite 536	1221 Oak Street, Suite 536								
Designated Agency Contact (	Name, Title)					Amendment (Must pr	ovide explanation in	Part 3)	
Crystal Hishida Graff, Clerk,	Board of S	Supervisors					ovide explanation in	1 811 3.7	
Area Code/Phone Number	E-mail					Date of Original Filing: .	(month, day, yea	<u>ir)</u>	
(510) 272-3882	crystal.his	shida@acgov.	org				(	,	
2. Function, Event, or Cere			and the second						
Title Warriors vs. Kings					Face \	alue of Each Admiss	sion \$ _200		
- Baskethall						) 03 , 06 , 13			
Description Basketball					Date(s	)//	/	/	
		_			Gold	on State Marriors			
Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🖸	☑ If no: Golden State Warriors Name of Source				
Was the distribution to pe	rsons iden	tified below n	nade a	at the	e behest of	an agency official?			
	0		0	<b>.</b>		N-4-1-4			
Yes 🖸 No 🞑 Ify	es: <u>Carson,</u>	Keith, Alameda	County	Supe	First) and Title	VISTRICT			
			•	Lasi, 1	nstjanu nite				
The identity of recipient	(s) and th	e explanatio	on:						
Name					4	e income box if the agency of			
(Last, First) or		Number of Admission(s)/	Age Offi	•	1	ncome. If the agency official ride a description.	performed a cerem	omai role,	
Organization		Ticket(s)		uiui .		ome, describe the public purp ial roles, performed by an age		dual or	
(Name, Address, Descrip	otion)				organiza	tion,	•		
Jenkins, Kevin			Yes			inty employee for his or her exem urage staff development	plary service to the	Income	
		4	No						
			Yes					Income	
<b>Best</b>			No			energinedo muzer manen entre hos annaños i en trio tria triano anno and dad			
			Yes					Income	
			No						
			Yes					Income	
Ministration and a state on the state of the			No						
			Yes					Income	
			No	0					
3. Verification									

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

Hon the	Hannah Greene	Ticket Administrator	02/27/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	CREVAUINSSION DIST	inducións	,				~ ~		Vanioni
1.	Agency Name	v Name					Date Stamp	California	802
	County of Alameda							Form	004
	Division, Department, or Regi	on (if applica	ble)					For Official	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 pro	ovide explanation in	Part 3.)
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	r)
	(510) 272-3882	crystal.his	shida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	- Warriors vs. Raptors					<b>–</b> ,		t <u>.</u> 150	
	Title Warriors vs. Raptors				-	Face V	/alue of Each Admiss	ion \$	
	Description Basketball					Dato/s	<u>, 03 , 04 , 13</u>	1	1
					-	Dutcio	s)		
	Ticket(s)/Admission(s) pro	vided by a	nency2 Ves			If no. Gold	len State Warriors		
	nered a)/Admission(a) pro	viaca by a	igency: res		, C1		Name of .	Source	
						. habaat at	an ananay official?		
	Was the distribution to persons identified below made at the behest						ran agency official?		
	Yes 🗹 No 🔲 Ifye	es: Carson,	Keith, Alameda	County	Supe	ervisor Fifth D	District		
			Official's	Name (L	ast, F	irst) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name		•			Check th	e income box if the agency of	ficial claims admis	sion as
	(Last, First)		Number of	Agen			ncome. If the agency official p	performed a cerem	onial role,
	or Organization		Admission(s)/ Ticket(s)	● lf not i	If not inc	Iso provide a description. f not income, describe the public purpose, including			
	(Name, Address, Descrip	tion)	1101(01(3))			ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	lual, or
	Brown, Aisha			Yes		To reward a Cou	unty employee for his or her exemp	blary service to the	Income
			4	No		public of to enco	ourage staff development		
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					П
				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.

Achte	Hannah Greene	Ticket Administrator	02/27/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

•••	CACUACINISSION DISC	induone							oamon
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	004
	Division, Department, or Regi	on (if applica	ble)					For Official	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)	- 10 <sub>m</sub>			CONTRACTOR AND A CONTRACTOR OF A	Amendment (Mus	t provide explanation in	Dart 21
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					i provide explanation m	r an (0.)
	Area Code/Phone Number	E-mail				******	Date of Original Filing	g:	r)
	(510) 272-3882	crystal.his	hida@acgov.o	org				(monus, day, you	·/
2.	Function, Event, or Cere			and the second sec					
	Title Warriors vs. Rockets				acres :	Face \	/alue of Each Adm	ission \$ _200	
	Description Basketball				WICE.	Date(s	;) <u>03                                   </u>	///	/
	The identity of recipient	rsons iden es: <u>Carson,</u>	tified below n Keith, Alameda Official's	nade a County Name (I	at the	e behest of ervisor Fifth D First) and Title	f an agency official District	y official claims admis	
	(Last, First) or Organization (Name, Address, Descrip	tion)	Number of Admission(s)/ Ticket(s)	Agei Offic	-	also prov finot inc ceremon	ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	ourpose, including	
			<u>.</u>			organiza To reward a Cou	tion. Inty employee for his or her ex	cemplary service to the	Income
	Brown, Aisha		4	Yes No			ourage staff development		Income
	Entransministration of the second		[	Yes				,	Income
				No					
	aya ya aya ana aya a ayaa ayaa ayaa aya			Yes	<b>Г</b> 1		anna an		Income
				No					
	an a		<u></u>	Yes		1			Income
				No					
				Yes					Income
House				No		<u> </u>			D
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.

Ash the	Hannah Greene	Ticket Administrator	02/27/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

TICKEUAUIIIISSIOII DISITIDUIIOII	3				~		cument
1. Agency Name					Date Stamp	California	202
County of Alameda						Form	002
Division, Department, or Region (if applic	able)	-00				For Official U	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)					Amendment (Must p	rovide explanation in	Part 3)
Crystal Hishida Graff, Clerk, Board of \$	Supervisors						/ u/( 0.)
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	r)
(510) 272-3882 crystal.hi	shida@acgov.e	org				(	· <b>/</b>
2. Function, Event, or Ceremonial F		and the second se					
Title <u>Warriors vs.</u> Timberwolves				Face \	/alue of Each Admis	sion \$ <u>200</u>	
Deskethell					) 04 09 13		
Description Basketball		****		Date(s	)	/	/
				Cald	an Chata Manujana		
Ticket(s)/Admission(s) provided by	agency? Yes		0 🗹	If no: Gold	Name of	Source	
Was the distribution to persons ider	ntified below n	nade a	at the	e behest of	an agency official?		
		<u> </u>	~				
Yes 🔽 No 🔲 If yes: Carson	, Keith, Alameda	County	Supe	First) and Title	District		
	Oniciais	Name (L	last, r	nisi) and nile			
The identity of recipient(s) and the	ne explanatio	on:					
Name		i.			e income box if the agency o		
(Last, First) or	Number of	Age Offic		1	ncome. If the agency official /ide a description.	performed a cerem	onial role,
Organization	Admission(s)/ Ticket(s)		Jiai	If not inc	come, describe the public purpose, including		
(Name, Address, Description)				ceremon organiza	ial roles, performed by an ag tion.	ency official, individ	iual, or
Asian Health Services		Yes	Ü		ool or nonprofit organization for it	s contributions to the	Income
818 Webster St, Oakland CA 94607		No	$\overline{\mathbf{A}}$	community			
		Yes					Income
		No					
FAILS AND THE TOTAL CONTRACTOR OF CONTRACTORS AND		Yes			an maan maan ar ah an dhaad mar dhidhad dhidhad am ah al fha dha bha bhada dhinhad an an an a		Income
		No					
		Yes				·····	Income
		No					
		Yes					Income
		No					
			29 <b>12123</b> 201320				

#### 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.

Hanh Re	Hannah Greene	Ticket Administrator	02/27/2013
\$ignature of Agency Head or Designee	Print Name	Title	(month, day, year)

Heree Aumosion Distribution								
. Agency Name					Date Stamp	California	802	
County of Alameda					Form <b>OO</b>			
Division, Department, or Region (if appli	cable)					For Official	Jse Only	
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)				1970-9200-1270-1	Amendment (Must	provide explanation in	Part 3.)	
Crystal Hishida Graff, Clerk, Board of	Supervisors						, art 0.7	
Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	r)	
(510) 272-3882 crystal.h	nishida@acgov.	org				(,, ,,	<i>,</i>	
2. Function, Event, or Ceremonial		A DAMA OF THE PROPERTY OF						
						00.05		
Title Disney on Ice	101010/0010000000000000000000000000000		-	Face \	alue of Each Admis/	sion \$ _20.65		
Event les Sketing				_	) 02 , 27 , 13			
Description Event - Ice Skating	······			Date(s	)	//	/	
				0.11				
Ticket(s)/Admission(s) provided by	agency? Yes	🔲 No		If no: Gold	en State Warriors	f Source		
					Nume e			
Was the distribution to persons ide	entified below r	nade a	t the	e behest of	an agency official?			
Yes 🗹 No 🔲 If yes: Carso	n, Keith, Alameda Official's	County	Supe	ervisor Fifth D	District			
	Ufficiai's	Name (Li	ast, F	irst) and Title				
The identity of recipient(s) and t	the explanation	on:						
Name					e income box if the agency			
(Last, First) or	Number of	Agen			ncome. If the agency officia ride a description.	performed a cerem	onial role,	
Organization	Admission(s)/ Ticket(s)	Official	iai	If not inc	ome, describe the public pu			
(Name, Address, Description)				organiza			lual, or	
Jenkins, Kevin		Yes	7		inty employee for his or her exe	nplary service to the	Income	
		No		public or to enco	urage staff development			
		Yes			n ar an	n an	Income	
4		No						
		Yes					Income	
		No						
		Yes			00000000000000000000000000000000000000	2014294029000000000000000000000000000000	Income	
		No	_					
		Yes	D					
							Incomo	
		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.

Ann the	Hannah Greene	Ticket Administrator	02/27/13		
Signature of Agenoy Head or Designee	Print Name	Title	(month, day, year)		

IICKEVAUIIISSIOII DISIIIDU	liona			A		cument
1. Agency Name				Date Stamp	California	009
County of Alameda					Form	802
Division, Department, or Region (i	f applicable)				For Official	Use Only
Board of Supervisors						
Street Address	Street Address					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	e, Title)			Amendment (Must pro	ovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Boa	rd of Supervisors				·	
Area Code/Phone Number E-m	ail			Date of Original Filing: _	(month, day, yea	ir)
(510) 272-3882 cry	stal.hishida@acgov.	org				
2. Function, Event, or Ceremo	nial Role Informa	tion				
Corris Underwood						
Title Carrie Underwood			Face	Value of Each Admiss	ion \$	
Description Concert			Date(s	s) <u>02 / 28 / 13</u>	<u> </u>	/
			Colo	ton Stata Marriara		
Ticket(s)/Admission(s) provide	d by agency? Yes	No 🗌 No	If no: Gold	Name of S	Source	
Was the distribution to person	s identified below r	made at	the behest o	f an agency official?		
		<b>.</b>		<b>2</b>		
Yes 🗹 No 🔲 If yes: 🖞	Carson, Keith, Alameda	Name (La	t, First) and Title	JISTRICT		
		•	a, i ii sij aliu Tilie			
The identity of recipient(s) a	and the explanation	on:				
Name				he income box if the agency of		
(Last, First) or	Number of	Agency		income. If the agency official p vide a description.	berrormed a cerem	oniai role,
Organization	Admission(s)/ Ticket(s)	Officia	<ul> <li>If not inc</li> </ul>	come, describe the public purp		duat ar
(Name, Address, Description)			organiza	nial roles, performed by an age ation.		uuai, or
Osorio, Vickie		Yes E	To reward a cor	mmunity volunteer for his or her ser	vice to the public	Income
	4	No 🖸		304404000441040004444444444	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
		Yes 🕻	_			Income
		No C				
		Yes 🕻				Income
		No E				
		Yes				Income
		No 🖸				
		Yes [				Income
		No [	]			
3 Verification						•

#### 3. Verification

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

Atabre	Hannah Greene	Ticket Administrator	02/25/13
$\mathcal{U}$ Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

С	gency Name						Date Stamp		California	009
	ounty of Alameda								Form	802
	ivision, Department, or Reg	ion (if applica	ble)						For Official	Use Only
В	oard of Supervisors									
	Street Address									
1	1221 Oak Street, Suite 536									
	esignated Agency Contact (	Name, Title)					FT Americant ()	l		
С	rystal Hishida Graff, Clerk,	Board of S	upervisors			,	Amendment (M	ust prov	de explanation li	n Part 3.)
	rea Code/Phone Number	E-mail	<u> </u>				Date of Original Fil	ing:	(month, day, ye	arl
(	510) 272-3882	crvstal.his	hida@acgov.o	ora					(monui, day, ye	<i>ai)</i>
CONCERCION OF CONCERCIONO OFICIONO OFICICONO OFICIONO	unction, Event, or Cere			and the state of the						
Т	itle Carrie Underwood					Face \	/alue of Each Adı	nissio	on \$ <u>78.85</u>	
	Concert						02 25 1	3		
D	escription Concert	CONTRACTOR CONTRACTOR CONTRACTOR				Date(s	) 02 , 25 , 1		/	/
						<u> </u>	0			
Т	icket(s)/Admission(s) pro	ovided by a	igency? Yes	ΠN	0 🗹	If no: Gold	en State Warriors	ne of So	NUTCA	
N	las the distribution to pe	rsons iden <sup>.</sup>	tified below n	nade a	at the	e behest of	an agency offici	al?		
V	/as the distribution to pe							al?		
W			Keith, Alameda	County	/ Supe	ervisor Fifth D		al?		
W			Keith, Alameda	County	/ Supe			al?		
		es: <u>Carson,</u>	Keith, Alameda Official's	County Name (I	/ Supe	ervisor Fifth D		al?		
	Yes [2] No [_] Ify	es: <u>Carson,</u>	Keith, Alameda Official's	County Name (I	/ Supe	ervisor Fifth E First) and Title	District e income box if the age	ncy offic		
	Yes ☑ No ☑ If y he identity of recipient Name (Last, First)	es: <u>Carson,</u>	Keith, Alameda Official's e explanatic Number of	County Name (I on: Age	/ Supe Last, F	ervisor Fifth E First) and Title • Check th taxable in	District e income box if the agen ncome. If the agency of	ncy offic		
	Yes I No I If y he identity of recipient Name (Last, First) or Organization	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic	County Name (I <b>on:</b>	/ Supe Last, F	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also provide on the second s</li></ul>	District e income box if the agen ncome. If the agency of vide a description. ome, describe the public	ncy offic ficial pe c purpos	formed a ceren e, including	nonial role,
	Yes ☑ No ☐ If y he identity of recipient Name (Last, First) or	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/	County Name (I on: Age	/ Supe Last, F	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	nonial role,
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/	County Name (I on: Age	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	District e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	nonial role,
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/	County Name (I on: Age Offic	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	nonial role, idual, or
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	nonial role, idual, or Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No Yes	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No Yes No	/ Supe Last, F ncy cial	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or Income Income Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No Yes No	/ Supe Last, F	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or Income Income Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No Yes No	I Supe Last, F	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or Income Income Income
Т —	Yes I No I If y he identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	es: <u>Carson,</u> (s) and th	Keith, Alameda Official's e explanatic Number of Admission(s)/ Ticket(s)	County Name (i on: Age Offic Yes No Yes No Yes No Yes	/ Supe Last, F	<ul> <li>ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inc ceremon organiza</li> </ul>	e income box if the agen ncome. If the agency of vide a description. ome, describe the public ial roles, performed by a tion.	ncy offic ficial per c purpos in agenc	formed a ceren ie, including y official, indivi	idual, or 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.

Ante	Hannah Greene	Ticket Administrator	02/25/13
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.)

\_

Α	Publ	ic	Document
	1 01001		DOOMINOITE

1.17	cked/kum331011 b13d									
1.	Agency Name						Date Star	mp	California	802
	County of Alameda								Form	002
	Division, Department, or Regi	ion (if applicat	ble)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	(Name,Title)					Amendmen	t (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		upervisors							
	Area Code/Phone Number	E-mail					Date of Origina	d Filing:	(month, day, yea	r)
	(510) 272-3882	crystal.his	hida@acgov.o	org						
2.	Function, Event, or Cere	emonial Ro	ole Informat	ion						
	Th - 10/2 -								101.00	
	Title The Who				-	Face \	/alue of Each	Admissi	on \$	
	Description Concert				_	Date(s	a) <u>02 / 01</u>	13	/	/
	Ticket(s)/Admission(s) pro		o 🖂	If no. Gold	en State Warrior	S				
	rione (o) riannooion(o) pro	gency: res	L 140	<ul> <li>Inimit</li> </ul>						
	nonou(o)/namiosion(o) pro	ornaca by a	gency res		hind			Name of S	ource	
								Nume of e	ource	
	Was the distribution to pe							Nume of e	ource	
	Was the distribution to pe	rsons ident	<b>ified below n</b> Keith, Alameda	n <mark>ade a</mark> County	t the Supe	e behest of ervisor Fifth D	an agency of	Nume of e	ource	
	Was the distribution to pe	rsons ident	<b>ified below n</b> Keith, Alameda	n <mark>ade a</mark> County	t the Supe	behest of	an agency of	Nume of e	ource	
	Was the distribution to pe Yes ☑ No 🔲 If y	rsons ident /es: <u>Carson,</u>	i <b>fied below n</b> Keith, Alameda <i>Official's i</i>	nade a County Name (L.	t the Supe	e behest of ervisor Fifth D	an agency of	Nume of c	ource	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient	rsons ident /es: <u>Carson,</u>	i <b>fied below n</b> Keith, Alameda <i>Official's i</i>	nade a County Name (L.	t the Supe	e behest of ervisor Fifth D first) and Title	an agency of	fficial?		sion as
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient <sup>Name</sup> (Last, First)	rsons ident /es: <u>Carson,</u>	ified below n Keith, Alameda Official's l e explanatio Number of	nade a County Name (Li on: Agen	Supe ast, F	behest of ervisor Fifth D first) and Title     Check th taxable in	f an agency of District e income box if the ncome. If the agen	fficial?	cial claims admis	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or	rsons ident /es: <u>Carson,</u>	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (Li	Supe ast, F	<ul> <li>behest of</li> <li>ervisor Fifth D</li> <li>irst) and Title</li> <li>Check th</li> <li>taxable in</li> <li>also prov</li> <li>If not inc</li> </ul>	an agency of District e income box if the ncome. If the agen vide a description. ome, describe the p	fficial? agency official po cy official po public purpo	cial claims admis prformed a cerem	onial role,
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient <sup>Name</sup> (Last, First)	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of	nade a County Name (Li on: Agen	Supe ast, F	<ul> <li>behest of</li> <li>ervisor Fifth D</li> <li>irst) and Title</li> <li>Check the</li> <li>taxable in</li> <li>also prov</li> <li>If not inc</li> <li>ceremon</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the p ial roles, performed	fficial? agency official po cy official po public purpo	cial claims admis prformed a cerem	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L. on: Agen Offic	Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic	Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, describe the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L. on: Agen Offic Yes No	Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic Yes No Yes	Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic Yes No Yes	supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic Yes No Yes No Yes	supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L. on: Agen Offic Yes No Yes No Yes No Yes	t the Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L. on: Agen Offic Yes No Yes No Yes No Yes	tt the Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons ident /es: <u>Carson,</u> t <b>(s) and th</b> e	ified below n Keith, Alameda Official's l e explanatio Number of Admission(s)/	nade a County Name (L on: Agen Offic Yes No Yes No Yes No Yes No Yes	t the Supe ast, F	<ul> <li>behest of ervisor Fifth D First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc ceremon organizal To reward a Cou</li> </ul>	f an agency of District e income box if the ncome. If the agen vide a description. ome, descripte the p ial roles, performed tion.	fficial? agency offi cy official pr public purpo t by an ager or her exempl	cial claims admis erformed a cerem pse, including cy official, individ	onial role, dual, or Income Income Income Income

#### 3. Verification

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

Hach Do.	Hannah Greene	Ticket Administrator	02/01/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Documer	١t
------------------	----

110	Red Admission Dist								A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER	the second se
1	Agency Name						Date Stamp		California	202
1	County of Alameda								Form	002
Ĩ	Division, Department, or Reg	j <b>ion</b> (if applica	ible)						For Official	Use Only
	Board of Supervisors									
1	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact								lala avalanatian in	Ded 21
	Crystal Hishida Graff, Clerk	Board of S	Supervisors				Amendment (A	viust pro	vide explanation in	Part 3.)
	Area Code/Phone Number	E-mail	aportiooro				Date of Original Fi	ling:	(month, day, yea	
	(510) 272-3882	crystal his	shida@acgov.e	ora					(monin, day, yea	(/)
	Function, Event, or Cere	CONTRACTOR OF THE OWNER OWN	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	STATISTICS.						
		cinomaria								
	Title Disney on Ice				-	Face V	/alue of Each Ad	missi	on \$34.45	
		21 August 1					02 02	12		
3	Description Event - Ice Ska	ating			-	Date(s	s) <u>03</u> <u>03</u> <u>(</u>	13	/	/
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		0 🗸	If no:	Ma	maafe	010700	
1	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No ロ If y The identity of recipient	rsons ident	tified below n Keith, Alameda Official's	nade a County Name (i	a <b>t the</b> / Supe	e behest of ervisor Fifth E First) and Title	f an agency offic			
1	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient <sub>Name</sub>	rsons ident	tified below n Keith, Alameda Official's e explanatic	nade a County Name (i on:	at the Supe Last, F	e behest of ervisor Fifth E First) and Title	f an agency offic	ial?	cial claims admis	
,	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient Name (Last, First) or	rsons ident	tified below n Keith, Alameda Official's	nade a County Name (i	at the Supe Last, F	e behest of ervisor Fifth E First) and Title Check th taxable i also prov	f an agency offic District le income box if the age ncome. If the agency of vide a description.	ial? ency offi fficial po	cial claims admis erformed a cerem	
,	Was the distribution to pe Yes ☑ No ロ If y The identity of recipient <sub>Name (Last, First)</sub>	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of	nade a County Name (i on: Age	at the Supe Last, F	<ul> <li>behest of ervisor Fifth E</li> <li>First) and Title</li> <li>Check the taxable is also provide of the taxable is organization organization</li> </ul>	f an agency offic District District Income box if the age ncome. If the agency of vide a description. some, describe the publi ial roles, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	onial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i on: Age	ncy	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	onial role, dual, or
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (J On: Age Offi	ncy	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income box if the age ncome. If the agency of vide a description. some, describe the publi ial roles, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	onial role,
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (a On: Age Offi	at the Supe Last, F	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	dual, or Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i On: Age Offi Yes No	at the Supe Last, F	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	dual, or Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i On: Age Offi Yes No	at the Supe Last, F	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	unial role, dual, or Income Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i on: Age Offi Yes No Yes No	at the Supe Last, F	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	unial role, dual, or Income Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i On: Age Offi Yes No Yes No Yes	ncy cial	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	ual, or Income Income Income Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i on: Age Offi Yes No Yes No Yes No	ncy cial	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	ionial role, dual, or Income Income Income
	Was the distribution to pe Yes	rsons ident /es: <u>Carson,</u> t(s) and th	tified below n Keith, Alameda Official's e explanatic Number of Admission(s)/	nade a County Name (i on: Age Offi Yes No Yes No Yes No Yes	at the	behest of ervisor Fifth E First) and Title     Check th taxable i also pror If not inc ceremon organiza To reward a Con	f an agency offic District District Income. If the agency of vide a description. Jordes, performed by tion.	ial? ency offi fficial po ic purpo an agen	cial claims admis erformed a cerem use, including cy official, indivi	ual, or Income Income Income Income

#### 3. Verification

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

Harlito	Hannah Greene	Ticket Administrator	02/19/13			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
noncentalineoren bietins	adono				1 010110 100	oumoni
--	---	--------------------	-------------------------------------	--	---------------------	-------------
1. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region	Division, Department, or Region (if applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Nan	ne,Title)			Amendment (Must pro		0-401
Crystal Hishida Graff, Clerk, Bo	ard of Supervisors				wide explanation in	Part 3.)
	mail			Date of Original Filing:	(month, day, yea	-1
(510) 272-3882 cr	ystal.hishida@acgov.	ora			(month, day, yea	0
2. Function, Event, or Ceremo	1/2011 C 1/2011	(ALAP )				
Title Disney on Ice			Face V	alue of Each Admiss	ion \$ <u>34.45</u>	
			02 01 13			
Description Event - Ice Skating	9		Date(s	) <u>03 / 01 / 13</u>	/	/
Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Golden State Warriors						
Ticket(s)/Admission(s) provid	If no:	Name of State	Source			
Was the distribution to perso	ns identified below n	nade at the	e behest of	an agency official?		
Yes 🗹 No 🔲 If yes:	Carson, Keith, Alameda	County Sup	ervisor Fifth D First) and Title	istrict		
	Officials	ivame (Last, i	rist) and Title			
The identity of recipient(s)	and the explanation	on:				
Name				e income box if the agency off		
(Last, First) or	Number of Admission(s)/	Agency Official		come. If the agency official p ide a description.	erformed a cerem	oniai role,
Organization	Ticket(s)	Oniciai		ome, describe the public purp		hual as
(Name, Address, Description	1)		organizat			iual, or
Moreno, Doreen		Yes 🔽		nty employee for his or her exemp urage staff development	lary service to the	Income
		No 🗖	public of to enco	urage stan 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. 11 1 0

Hand	Hannah Greene	Ticket Administrator	02/19/13	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

А	Publi	c Doo	cument

1. Agency Name					Date Stamp	California	802
County of Alameda						Form	002
Division, Department, or Region (if ap	oplicable)					For Official	Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Ti	tle)				Amendment (Must	provide explanation in	Part 2)
Crystal Hishida Graff, Clerk, Board	of Supervisors					provide explanation in	ran s.)
Area Code/Phone Number E-mail					Date of Original Filing	(month, day, yea	r)
(510) 272-3882 crysta	al.hishida@acgov.	org				(monin, ddy, yea	.,
2. Function, Event, or Ceremonia	al Role Informat	tion					
Title Disney on Ice				Face V	alue of Each Admi	ssion \$ <u>34.35</u>	
Description Event - Ice Skating			-	Date(s	) 03 / 02 / 13	/	/
The identity of recipient(s) and	rson, Keith, Alameda Official's	County Name (L	Supe	ervisor Fifth D First) and Title	istrict		
Name (Last, First) Number of Agen or Admission(s)/ Offici							
Organization (Name, Address, Description)	Ticket(s)	<ul> <li>If not cerem</li> </ul>		<ul> <li>If not include</li> <li>ceremoni</li> <li>organizati</li> </ul>	al roles, performed by an a	gency official, individ	dual, or
Brown, Aisha		Yes No			nty employee for his or her exe urage staff development	mplary service to the	Income
		Yes					Income
		No					
		Yes No					Income
1							Income
		State and a second s					
		2011					Income
		No					
3 Verification							

#### 3. Verification

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

Halt	Hannah Greene	Ticket Administrator	02/19/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AT abile bocallent	A	Pi	ublic	Doc	ument
--------------------	---	----	-------	-----	-------

	ckeuAdmission Distri	putions	>				A	Fublic Do	
1.	Agency Name						Date Stamp	California Form	002
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applica	able)					For Official	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame,Title)					Amendment (Must pro	ovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						0
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	r)
_	All the second sec	CONTRACTOR OF THE OWNER	shida@acgov.	The second s					
2.	Function, Event, or Cere	monial R	ole Informat	tion					
	Title Monster Jam					Facel	alue of Each Admice	ion ¢ 41.00	
Description Monster Trucks Date(s					) 02 / 23 / 13	/			
Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Golden State Warriors									
Name of Source									
Was the distribution to persons identified below made at the behest of an agency official?									
Yes 🔽 No 🔲 If yes: <u>Carson, Keith, Alameda County Supervisor Fifth District</u> Official's Name (Last, First) and Title									
The identity of recipient(s) and the explanation:									
Name  Check the income box if the agency official claims admission as									
	(Last, First) or		Number of	Age			ncome. If the agency official p ride a description.	erformed a cerem	onial role,
	Organization	1 2017-032	Admission(s)/ Ticket(s)	Offic	ai	• If not inc	ome, describe the public purp		luat an
	(Name, Address, Descript	ion)				organizat		eart of assessment assess	iuai, or
	Brown, Aisha			Yes		and the second second second second	inty employee for his or her exemp urage staff development	lary service to the	Income
				No			ange stan derereprisen		
				Yes	2				Income
				_					
				Yes					Income
				No					
				Yes					Income
				Yes No					Income
_				110					
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.

Jahre	Hannah Greene	Ticket Administrator	02/19/13	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

	Α	Public	Document
--	---	--------	----------

•••	encourtainneoren bieu	in derorie					1 010110 10 0	
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	002
	Division, Department, or Regi	on (if applica	ible)				For Official	Jse Only
	Board of Supervisors	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 S	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	r)
	(510) 272-3882	crystal.his	shida@acgov.o	org				5. 
2.	Function, Event, or Cere	monial R	ole Informat	ion				
	Wessiens in Ounde						150	
						/alue of Each Admiss		
	Description Basketball				Detel	s) <u>02 , 20 , 13</u>	÷	
	Description			Date(s	5)/	/	/	
	T1-1-4/->/A-11/->				Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		If no:	Name of .	Source	
	Was the distribution to per	sons iden	tified below n	nade at th	e behest of	f an agency official?		ž.
		Carson	Keith Alameda	County Sun	ervisor Fifth D	District		
	Yes 🗹 No 🔲 Ifyo	Keith, Alameda Official's	Name (Last,	First) and Title	Journey			
	The identity of recipient(s) and the explanation:							
	The identity of recipient							
	Name (Last First)	Name (Last, First)		Aganou		e income box if the agency of ncome. If the agency official p		
or Admissio		Admission(s)/ Official also		also prov	also provide a description.			
	Organization (Name, Address, Descrip	otion)	Ticket(s)			ome, describe the public purp ial roles, performed by an age tion		lual, or
	Jenkins, Kevin			Yes 🔽	To reward a Cou	unty employee for his or her exemp	plary service to the	Income
	bernand, rectin	¥.		No 🗖	public or to enco	ourage 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.

Santhe	Hannah Greene	Ticket Administrator	02/15/2013	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

A	Publ	ic	Document
<i>n</i>		1.40	a o o o o i i i o i i o

С	gency Name								
	gency Name						Date Stamp	California Form	902
D	ounty of Alameda						$(S^{*})$ manufold is $\mathcal{L}^{m} \in S(T^{*})$ , $(S^{*})^{m} U$ is large $G$		
	ivision, Department, or Region (if applicable)							For Official U	Jse Only
	oard of Supervisors								
S	treet Address								
	221 Oak Street, Suite 536								
D	esignated Agency Contact	(Name,Title)					Amendment (Must pro	ovide explanation in	Part 3.)
	rystal Hishida Graff, Clerk		Supervisors				4453		
Α	rea Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year	7)
	510) 272-3882	and a second sec	shida@acgov.	101 m					
2. F	unction, Event, or Cere	emonial R	ole Informat	tion					
-	itle The Who					Ease V	/-luce of Fools Admine	· ¢ 101.80	
1	tite				-		/alue of Each Admiss		
D	escription Concert					Date/s	) <u>02 /01 /13</u>	1	1
						Dato(5	,		
т	icket(s)/Admission(s) pro	wided by a	adency? Ves		0 17	If no. Gold	en State Warriors		
	ionen(s) pre	ovided by e	igency: rea			ii 110	Name of S	Source	
			4						
N	las the distribution to pe	rsons iden	tified below n	nade a	at the	e behest of	an agency official?		
							and agoiney entretain		
		Valle R	ichard- Supervis	or Distr	ict 2				
	Yes 🗹 No 🔲 Ify	es: <u>Valle, R</u>	ichard- Supervis Official's	or Distr Name (I	ict 2 Last, I				
			Official's	Name (l	ict 2 Last, I	First) and Title			
T	Yes ☑ No ロ If y he identity of recipient		Official's	Name (l	ict 2 Last, I				
T	he identity of recipient		Official's e explanatio	Name (l on:	Last, F	First) and Title	e income box if the agency of		
<u>T</u>	he identity of recipient		Official's e explanatio	Name (l on: Agei	ncy	First) and Title Check th taxable in			
<u>T</u>	he identity of recipient Name (Last, First) or Organization	(s) and th	Official's e explanatio	Name (l on:	ncy	First) and Title  Check th taxable in also prov If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp	erformed a ceremo	onial role,
<u>_</u>	he identity of recipient Name (Last, First) or	(s) and th	Official's e explanatic Number of Admission(s)/	Name (l on: Agei Offic	ncy	First) and Title  Check th taxable ir also prov If not inc. ceremon organizat	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremo ose, including ncy official, individ	onial role, lual, or
	he identity of recipient Name (Last, First) or Organization	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes	Last, I ncy cial	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	ual, or Income
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanatic Number of Admission(s)/	Name (I on: Agei Offic Yes No	Last, F	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion.	erformed a ceremo ose, including ncy official, individ at a County	onial role, lual, or
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes	Last, F	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agei Offic Yes No	Last, F	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	ual, or Income
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agei Offic Yes No Yes No Yes	ncy cial	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes	Last, I ncy cial	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	iual, or Income
	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Office Yes No Yes No Yes	Last, I	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	Iual, or Income
_	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Offic Yes No Yes No Yes No	Last, I ncy cial	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	iual, or Income
_	he identity of recipient Name (Last, First) or Organization (Name, Address, Descri	(s) and th	Official's e explanation Number of Admission(s)/ Ticket(s)	Name (I on: Agen Office Yes No Yes No Yes	Last, I	First) and Title  Check th taxable in also prov If not inc ceremoni organizat To promote a	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. uttendance at an event held	erformed a ceremo ose, including ncy official, individ at a County	Income

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

MAX MI	CHELLE DIANDA	Ticket Administrator	2/1	13
Signature of Agency Head or Designee	Print Name	Title	(month, day	year)

AF	ublic	Document
----	-------	----------

	cretradinission Dist	indutions	5				A	Public Do	
1.	Agency Name						Date Stamp	California Form	002
	County of Alameda							Form	002
	Division, Department, or Reg	ion (if applica	ible)					For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	(Name, Title)					Amendment (Must pro	wide explanation in	Part 21
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					wae explanation in	ran s.j
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year	-)
	(510) 272-3882	crystal.his	shida@acgov.	org			ű.		́
2.	Function, Event, or Cere	emonial R	ole Informat	tion					
	Calden State Merriera	un Llouete	n Daskata					050.00	
	Title Golden State Warriors	vs. Housto	n Rockets		-	Face \	/alue of Each Admiss	ion \$ _250.00	
	Basketball Gar	ne					a) <u>02 / 12 / 13</u>	1.)	
	Description Basketball Gar					Date(s	;) <u> </u>	/	/
						Gold	en State Warriors		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes			If no:	Name of S	Source	
	Was the distribution to per	rsons iden	tified below n	nade a	t the	e behest of	f an agency official?		
		Valle R	ichard- Supervis	or Distri	ct 2				
	Yes 🖸 No 🔲 Ify	es:	ichard- Supervis Official's	Name (L	ast. F	First) and Title			
	The identity of recipient	(s) and th		1940-00-00-00-00 <b>-0</b> 0-00-00-00-00-00-00-00-00-00-00-00-00	2222 <b>7</b> 7.04				
	Name				-	Check th	e income box if the agency off	icial claims admiss	sion as
	(Last, First)		Number of	Agen		S25647872337348733	ncome. If the agency official p vide a description.	erformed a ceremo	onial role,
	or Organization		Admission(s)/ Ticket(s)	Offic	ial	· If not inc	ome, describe the public purp		
	(Name, Address, Descrip	otion)				ceremon organizat	ial roles, performed by an age tion.	ncy official, individ	ual, or
	Franklin, Dennis			Yes			attendance at an event held		Income
			2	No	$\checkmark$	facility in orde	er to maximize potential reve	enue from sales	
				Yes			1		Income
				No					
				Yes					Income
				No	_				
				Yes					Income
				Yes					Income
				No					
3	Verification								

# 3.

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

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

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

A Public Document	Α	Publ	ic D	ocumer	١t
-------------------	---	------	------	--------	----

Ticket/Autilission Distri	indutions			A	Fublic Do	
1. Agency Name				Date Stamp	California Form	002
County of Alameda					Form	002
Division, Department, or Regi	on (if applicable)		For Official L	Ise Only		
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (/	Vame, Title)			Amendment (Must pro	vide explanation in .	Part 3)
Crystal Hishida Graff, Clerk,	Board of Supervisors				NGE Explanation in I	ran 5.)
Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, year	-)
(510) 272-3882	crystal.hishida@acgov	/.org			(	·
2. Function, Event, or Cere	monial Role Informa	ation				
	107 11 1 107 1				100.00	
Title Golden State Warriors	vs. Washington Wizard	S	Face	/alue of Each Admissi	on \$0	
Basketball Gam	10		-	s) <u>03 / 23 / 13</u>		
Description Basketball Gam			Date(s	5)//	/	/
······································			- ur Gold	len State Warriors		
Ticket(s)/Admission(s) prov	vided by agency? Ye	s 🗌 No 🖸	If no:	Name of S	ource	
Was the distribution to per	sons identified below	made at th	e behest of	f an agency official?		
	Valle Richard Superv	ieor District 2				
Yes 🗹 No 🔲 Ifye	es: Valle, Richard- Superv	s Name (Last,	First) and Title			
The identity of recipient(			ĉ			
Name		-	• Check th	e income box if the agency offi	cial claims admiss	sion as
(Last, First) or	Number of	Agency		ncome. If the agency official pe vide a description.	erformed a ceremo	onial role,
Organization	Admission(s) Ticket(s)	/ Official	<ul> <li>If not inc</li> </ul>	ome, describe the public purpo		1000 at 1.000 1.
(Name, Address, Descript	tion)		ceremon organiza	ial roles, performed by an agen tion.	cy official, individ	ual, or
Ries, Karen		Yes 🗖	, 것 요즘 것 것 같은 것 같은 것 같은 것 같은 것 같이 많이 많이 많이 많이 했다.	attendance at an event held a	한동물법 방법 전화를 잡았다	Income
	4	No 🗹	facility in ord	er to maximize potential reve	nue from sales.	
		Yes 🗖				Income
		No 🗖				
	r.	Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
- 22		Yes 🗖				Income
		No 🗖				
3. Verification						

#### 3. Verification

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

NU	MICHELLE DIANDA	Ticket Administrator	2/4/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day) year)

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

A Public Docur	nent
----------------	------

	ckeuAumission Disu									
1.	Agency Name						Date Sta	amp	California Form	002
	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)						nt (Mustere	ide explanation in l	Dard 2 1
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					m (wast prot	nue explanation in r	Part 3.)
	President and a second se	E-mail					Date of Origin	al Filing:	(month, day, year,	
	(510) 272-3882	crystal.his	shida@acgov.	orq					(monini, day, year,	
2.	Function, Event, or Cere			ALC: NO.						
	्यः हो। सन्दर्भनातः स्वयं स्वयं स									
	Title Golden State Warriors	vs. Sacram	nento Kings		-	Face V	alue of Each	Admissi	on \$ _200.00	
	Peakethall Car						03 27	13		
	Description Basketball Gar	ne				Date(s	)/		/	/
						0.11	01 J M			
			G 14		1771	If no. Gold	en State Warrio	rs		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes			ii no		Name of S	ource	
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		) <u>(</u>	II NO		Name of S	ource	
	Ticket(s)/Admission(s) pro Was the distribution to per							Name or 5	ource	
	Was the distribution to per	rsons iden	tified below r	nade a	t the			Name or 5	ource	
	Was the distribution to per	rsons iden	<b>tified below r</b> ichard- Supervis	nade a	t the	e behest of		Name or 5	ource	
	Was the distribution to per	rsons iden	<b>tified below r</b> ichard- Supervis	nade a	t the			Name or 5	ource	
	Was the distribution to per	rsons iden es: <u>Valle, R</u>	tified below r ichard- Supervis Official's	nade a or Distric Name (La	t the	e behest of		Name or 5	ource	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name	rsons iden es: <u>Valle, R</u>	tified below r ichard- Supervis Official's	nade a or Distric Name (La	t the	e behest of First) and Title	an agency o	e agency offi	cial claims admiss	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First)	rsons iden es: <u>Valle, R</u>	tified below r ichard- Supervis Official's ne explanatic Number of	nade a or Distric Name (Li on: Agen	t the ct 2 ast, F	e behest of First) and Title Check th taxable in	an agency o	e agency offi		
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/	nade a or Distric Name (Li on:	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc.</li> </ul>	an agency o	e agency offi ncy official pe public purpo	cial claims admiss rformed a ceremo se, including	onial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ne explanatic Number of	nade a or Distric Name (Li on: Agen	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not incoceremoni organization</li> </ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion.	e agency offi ncy official pe public purpo d by an agen	cial claims admiss rformed a ceremo se, including cy official, individe	onial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/	nade a or Distric Name (Li on: Agen	at the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	onial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/	nade a or Distric Name (Li On: Agen Offici Yes	at the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion.	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	ual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or Distric Name (Li On: Agen Offici Yes	ct 2 ast, F ial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	ual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or Distric Name (Li On: Agen Offici Yes No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	ual, or Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or Distrie Name (Li On: Agen Offici Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	ual, or Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or District Name (Li On: Agen Offici Yes No Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	ual, or Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or Distric Name (Li on: Agen Offici Yes No Yes No Yes No	ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	inial role, ual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or District Name (Li On: Agen Offici Yes No Yes No Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> ( <b>s) and th</b>	tified below r ichard- Supervis Official's ie explanatic Number of Admission(s)/ Ticket(s)	nade a or District Name (Li On: Agen Offici Yes No Yes No Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prover the taxable in also prove taxa</li></ul>	an agency o e income box if the come. If the agen ide a description. ome, describe the al roles, performe ion. ttendance at an	e agency offi cy official? public purpo d by an agen event held a	cial claims admiss rformed a ceremo se, including cy official, individe at a County	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.

	MICHELLE DIANDA	Ticket Administrator	214/13
Signature of Ageney Head or Designee	Print Name	Title	(month, day, year)

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

	tour taimooron bion	inservice					~		ounion
1. A	Agency Name						Date Stamp	California	802
C	County of Alameda							Form	002
D	livision, Department, or Reg	ion (if applica	ble)					For Official	Use Only
E	Board of Supervisors								
S	itreet Address								
	221 Oak Street, Suite 536				×.				
D	esignated Agency Contact (	(Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	And the second se	Supervisors						
A	rea Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	ir)
11 COLORA	510) 272-3882	and the second state of th	shida@acgov.	and the local division in which the local division in the local di	_				
2. F	unction, Event, or Cere	emonial R	ole Informat	tion					
	itle Golden State Warriors	vs Toronto	Raptors			E	(alua of Each Aduated	e 150.00	
1		10. 1010110	raptoro		-	Face V	alue of Each Admissi	ion \$	
Б	Description Basketball Gar	ne				Date(s	) 03 / 04 / 13	1	1
						Date(a	,		
т	icket(s)/Admission(s) pro	wided by a	mency? Ves		0 17	If no. Gold	en State Warriors		
	ionet(o)/Admission(o) pre	viaca by b	igency: res				Name of S	Source	
v	Vas the distribution to pe Yes ☑ No 🔲 If y		ichard- Supervis	or Distr	ict 2	e behest of First) and Title	an agency official?		
Т	he identity of recipient	(s) and th	e explanatio	on:					
	Name (Last, First) or Organization (Name, Address, Descrip	otion)	Number of Admission(s)/ Ticket(s)	Age Offi		taxable in also prov e 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 cerem ose, including	onial role,
F	Rodriquez, Robert			Yes		To reward a o	community volunteer for his	service to the	Income
			4	No	7	public.			
0				Yes					Income
_				No					
				Yes					Income
-				No					
				Yes					Income
-				No					
				Yes					Income
				No					
3. V	/erification								

#### 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.

Mas	MICHELLE DIANDA	Ticket Administrator	2/4/13
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

A Public Docum	ent	it
----------------	-----	----

	ckeuAumission Disu	indutions				A	Fublic De	cument
1.	Agency Name					Date Stamp	California	902
	County of Alameda						Form	002
	Division, Department, or Reg	ion (if applica	ble)				For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact	(Name, Title)				Amendment (Must pro	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				nue explanation in	i dit oly
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	ir)
	(510) 272-3882	crystal.his	shida@acgov.o	org				
2.	Function, Event, or Cere	emonial R	ole Informat	ion		Aur		
	Dispersion las "Dave te	Duennell					24.45	
	Title Disney on Ice "Dare to	Dream				/alue of Each Admissi		
	Description Concert				Date(s	s) <u>03 / 02 / 13</u>	/	
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes	🗖 No 🗹	If no: Gold	len State Warriors Name of S	ource	
	Was the distribution to pe	rsons iden	tified below n	nade at th	e behest of	f an agency official?		
	Yes 🗹 No 🔲 If y	es: Valle, R	ichard- Supervis	or District 2				
			Official's	Name (Last, I	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name (Last, First) or		Number of Admission(s)/	Agency Official	taxable i also prov	e income box if the agency off ncome. If the agency official p vide a description.	erformed a cerem	
	Organization (Name, Address, Descri	ption)	Ticket(s)		<ul> <li>If not inc ceremon organiza</li> </ul>	ome, describe the public purpo ial roles, performed by an ager tion.	ose, including icy official, indivi	dual, or
	Plancarte, Luisanna			Yes 🗖	To reward a	community volunteer for her	service to the	Income
	8.		4	No 🗹	public			
				Yes 🗖				Income
		56		No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				

#### 3. Verification

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

Yes 🗖

No 🗖

	$\left  \right\rangle$	MICHELLE DIANDA	Ticket Administrator	2/(e/B
V	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

AF	Public	Document
- A I	GIOTIG	Doodinonic

4									
1,	Agency Name						Date Stamp	California Form	002
	County of Alameda							Form	002
	Division, Department, or Regio	on (if applical	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Name, Title)					Amendment (Mus	t provide explanation ir	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing	:(month, day, yea	ar)
	(510) 272-3882	crystal.his	hida@acgov.o	org					
2.	Function, Event, or Cere	monial R	ole Informat	ion					
	Dispey on Ice "Dare to	Dream"						20.65	
	Title Disney on Ice "Dare to	Diean			-		/alue of Each Admi		
	Description Concert					Date/s	) <u>02 / 27 / 13</u>	,	7
	Description		· ·			Date	,,		,
	Ticket(s)/Admission(s) prov	vided by a	aanev? Vee		0 17	If no. Gold	en State Warriors		
	nekel(a)/Aumasion(a) pro-	vided by a	gency: res		0 0		Name	of Source	
	Was the distribution to per-	sons ideni	ifted below n	0000					
			chard- Supervis Official's i	or Distr Name (i	rict 2	e behest of	f an agency official	?	
	The identity of recipient(		chard- Supervis Official's i	or Distr Name (i	rict 2	First) and Title		-	ssion as
			chard- Supervis Official's i	or Distr Name (i	rict 2 Last, F	First) and Title • Check th taxable i	e income box if the agency ncome. If the agency offic	/ official claims admis	
	The identity of recipient( Name (Last, First) or		chard- Supervis Official's e explanatio Number of Admission(s)/	or Distr Name (i o <b>n:</b>	rict 2 Last, F	First) and Title Check th taxable i also pro-	e income box if the agency ncome. If the agency offic vide a description.	/ official claims admir al performed a cerem	
	The identity of recipient( Name (Last, First)	s) and the	chard- Supervis Official's / e explanatio Number of	or Distr Name (i on: Age	rict 2 Last, F	First) and Title Check th taxable i also pro finot inc ceremon	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	/ official claims admir al performed a cerem urpose, including	nonial role,
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervis Official's e explanatio Number of Admission(s)/	or Distr Name (i on: Age	rict 2 Last, F ncy cial	First) and Title Check th taxable i also pro If not inc ceremon organiza	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	y official claims admir ial performed a ceren urpose, including agency official, indivi	nonial role,
	The identity of recipient( Name (Last, First) or Organization	s) and the	chard- Supervis Official's e explanatio Number of Admission(s)/	or Distr Name (i on: Age Offi	rict 2 Last, F ncy cial	First) and Title Check th taxable i also pro If not inc ceremon organiza	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	nonial role, dual, or
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offic	ncy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	uonial role, dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offic Yes No	ncy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offic Yes No Yes	ncy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offic Yes No Yes No	ncy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offin Yes No Yes No Yes No Yes	rict 2 Last, I rcy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or Income Income Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offi Yes No Yes No Yes	ncy cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or Income Income Income Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and the	chard- Supervise Official's / e explanatio Number of Admission(s)/ Ticket(s)	or Distr Name (i on: Age Offin Yes No Yes No Yes No Yes	rict 2 Last, F Cial	<ul> <li>Check the taxable is also provide the second second</li></ul>	e income box if the agency ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admir ial performed a ceren urpose, including agency official, indivi	dual, or 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.

	1ALZ-	MICHELLE DIANDA	Ticket Administrator	2/7/13
s	ignature of Agency Head or Designee	Print Name	Title	(month, day, year)

A I GOILE DOCUMENT	Α	Publi	c Doc	ument
--------------------	---	-------	-------	-------

Incredition	1331011 D131	insultona					r		ounion
1. Agency Na	ıme						Date Stamp	California	802
County of Al								Form	
Division, Dep	partment, or Regi	on (if applica	ble)					For Official U	lse Only
Board of Su					_				
Street Addre	SS					,			
	treet, Suite 536				_				
52-5 - 5 - 5 - 5 MA - 55	Agency Contact (/						Amendment (Must p	rovide explanation in	Part 3.)
	ida Graff, Clerk, hone Number	and the second se	upervisors	_			Date of Original Filing:		
		E-mail					Date of Original Filling.	(month, day, year	)
(510) 272-3	And in case of the local division of the loc	And in case of the local division of the local division of the	hida@acgov.	and the local diversion of the local diversio	_				
2. Function,	Event, or Cere	monial R	ole Informat	ion					
Title Disney	on Ice "Dare to	Dream"		_	_	Face \	alue of Each Admis	sion \$ <u>34.45</u>	
Description	Concert				-	Date(s	) <u>02</u> <u>28</u> <u>13</u>	/	/
Ticket(s)/Ad	lmission(s) pro	vided by a	gency? Yes		o 🗹	If no: Gold	en State Warriors		
		6.91.1 m. 1 975 of 1245 <b>-</b> 1779					Name of	Source	
Was the dis	tribution to per	sons iden	tified below n	nade a	t the	e behest of	an agency official?		
vius tito dis						S Boneor of	an agency emotar.		
Yes 🗹	No 🔲 If ye	es: <u>Valle, Ri</u>	ichard- Supervis	or Distr	ict 2				
				S.	.ast, I	First) and Title			
The identit	ty of recipient	(s) and th	e explanatio	on:					
	Name		2201010101010020				e income box if the agency o ncome. If the agency official		
	(Last, First) or		Number of Admission(s)/	Ager Offic		also prov	vide a description.		ina toic,
(Namo	Organization ə, Address, Descrip	tion)	Ticket(s)	1124670			ome, describe the public pur ial roles, performed by an ag tion.		ual, or
Lincoln Child	Center			Yes		A STATE OF A STATE OF A STATE OF A STATE	nonprofit organization for it	s contributions to	Income
			4	10320471		the communi	ty		
1149 A Street, H	ayward CA 94541			Yes					Income
				No					
Provides support	rt and kinship services	to foster care		Yes	1.1.1				Income
caregivers	N.			No					
				Yes					Income
				No					
									Income
				No					
3. Verificatio	n								

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.

Inth	MICHELLE DIANDA	Ticket Administrator	2/8/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: **Ceremonial Role Events and** Ticket/Admissio Distalle

A Fublic Document	Α	Pub	lic	Document
-------------------	---	-----	-----	----------

11	cket/Admission Distribu								
1.	Agency Name					Date Stamp	)	California	002
	County of Alameda							Form	802
	Division, Department, or Region (if applicable)							For Official U	se Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name	ə, Title)				-			
						Amendment	(Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, Boa Area Code/Phone Number   E-m					Date of Original I	Filing:		
			202					(month, day, year,	)
_		stal.hishida@acgov.	-						
	Function, Event, or Ceremo	nial Role Informa	tion						
	Title Disney on Ice "Dare to Drea	am"		-	Face \	alue of Each A	dmissi	on \$_34.45	
	Description Concert			-	Date(s	) 03 / 01 /	13	/	
	Ticket(s)/Admission(s) provide	, , ,	i Arrati di Alta			N	ame of S	lource	
	Was the distribution to person Yes ☑ No 🔲 If yes: _	s identified below r Valle, Richard- Supervis Official's	nade ai or Distric Name (La	t the	behest of	N		ource	
	Was the distribution to person Yes ☑ No ロ If yes: △ The identity of recipient(s) a	s identified below r Valle, Richard- Supervis Official's	nade ai or Distric Name (La	t the	behest of	an agency offi	cial?		ion as
	Was the distribution to person Yes ☑ No □ If yes: △ The identity of recipient(s) a Name (Last, First)	s identified below r Valle, Richard- Supervis Official's	nade ai or Distric Name (La	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check th taxable in</li> </ul>	an agency offi	cial?	cial claims admiss	
	Was the distribution to person Yes ☑ No □ If yes: △ The identity of recipient(s) a Name	s identified below r Valle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	made af or Distric Name (La on:	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon</li> </ul>	an agency offi e income box if the ag icome. If the agency ide a description. ome, describe the pu al roles, performed b	cial? gency offi official po blic purpo	cial claims admiss erformed a ceremo ose, including	nial role,
	Was the distribution to person Yes ☑ No ☐ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below r Valle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade af or Distric Name (La on: Agene Offici	t the ct 2 ast, F cy ial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provoid of not inconceremon organization</li> </ul>	an agency offi e income box if the agency ide a description. ome, descripte the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or
	Was the distribution to person Yes ☑ No ☐ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization	s identified below r Valle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade af or Distric Name (La on: Agene Offici	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provoid of not inconceremon organization</li> </ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or
	Was the distribution to person Yes ☑ No ☐ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center	s identified below r Valle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade af or Distric Name (La on: Agene Offici Yes   No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income
	Was the distribution to person Yes ☑ No ☐ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	s identified below r Valle, Richard- Supervis Official's and the explanatio Number of Admission(s)/ Ticket(s)	nade af or Distric Name (La on: Agene Offici Yes No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541 Provides support and kinship services to for	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541 Provides support and kinship services to for	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes No Yes No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541 Provides support and kinship services to for	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes No Yes No Yes No	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	nial role, ual, or Income Income Income Income
	Was the distribution to person Yes No I If yes: The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) Lincoln Child Center 1149 A Street, Hayward CA 94541 Provides support and kinship services to for	s identified below r Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) 4	nade af or Distric Name (La on: Agene Offici Yes No Yes No Yes No Yes	t the ct 2 ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide of ta</li></ul>	an agency offi e income box if the agency ide a description. ome, describe the pu al roles, performed b ion.	cial? gency offi official po blic purpo y an agen	cial claims admiss arformed a ceremo ose, including icy official, individ	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.

Made	MICHELLE DIANDA	Ticket Administrator	2/8/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docum
----------------

11	ckeuAumission Disu	indutions	>			A	Fublic DO	
1.	Agency Name					Date Stamp	California Form	002
	County of Alameda						Form	002
	Division, Department, or Regi	on (if applica	ble)				For Official L	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in	Part 3 )
	Crystal Hishida Graff, Clerk,	Board of S	upervisors				vide explanation in	ran s.j
	Encoder and the second s	E-mail				Date of Original Filing: _	(month, day, year	7)
	(510) 272-3882	crvstal.his	hida@acgov.o	org			(month, day, year	·
2.	Function, Event, or Cere		and the second se	and the second se				
	5. 7							
	Title Disney on Ice "Dare to	Dream"			Face	/alue of Each Admissi	on \$ <u>34.45</u>	
						02 03 13		
	Description Concert				Date(s	s) <u>03 / 03 / 13</u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes	🗖 No 🗹	If no: Gold	len State Warriors Name of S	Cource	
						Name or o	ource	
	Was the distribution to per	sons iden	tified below n	nade at th	e behest of	f an agency official?		
	R.							
	Yes 🗹 No 🔲 Ify	es: <u>Valle, R</u>	ichard- Supervis	or District 2				
			Officials	Name (Last, i	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:				
	Name					e income box if the agency offi		
	(Last, First) or		Number of	Agency		ncome. If the agency official po vide a description.	erformed a ceremo	onial role,
	Organization		Admission(s)/ Ticket(s)	Official	If not inc	ome, describe the public purpo		
	(Name, Address, Descrip	otion)			organiza	ial roles, performed by an agen tion.	icy official, individ	lual, or
	Richardson, Sarah			Yes 🗖	To reward a	community volunteer for her	service to the	Income
			4	No 🗹	public.			
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				

#### 3. Verification

1

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

Inthe	MICHELLE DIANDA	Ticket Administrator	2/8/B
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Public	Document
---	--------	----------

1.	Agency Name					Date Stan	ap	California	000	
	County of Alameda	Date Stamp			η <b>ρ</b>	Form	802			
		n, Department, or Region (if applicable)						For Official	Jse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (Name, 7	ïitle)				Amendmen	t (Must pro	vide explanation in	Part 3.)	
	Crystal Hishida Graff, Clerk, Board	l of Supervisors					- (main pro		· ur ciy	
	Area Code/Phone Number E-mai	1				Date of Original	l Filing:	(month, day, yea	<i>r)</i>	
	(510) 272-3882 cryst	al.hishida@acgov.	org							
2.	Function, Event, or Ceremoni	al Role Informat	tion							
	Title Golden State Warriors vs. Ut	ah Jazz		6	Face V	alue of Each	Admissi	on \$ _100.00		
	Description Basketball Game	1		0	Date(s	) /	_ <u>13</u>	/	/	
	Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No	V	lf no: Gold	en State Warriors	3 Name of S			
							Name of Source			
	Was the distribution to persons	identified below r	nade at	the	behest of	an agency of	ficial?			
	Was the distribution to persons					an agency of	ficial?			
						an agency of	ficial?			
		identified below r Ile, Richard- Supervis Official's				an agency of	ficial?			
		lle, Richard- Supervis Official's	or Distric Name (La			an agency of	ficial?			
	Yes 🗹 No 🔲 If yes: Va	lle, Richard- Supervis Official's	or Distric Name (La	t 2 ist, Fi	e Check the taxable in	e income box if the scome. If the agenc	agency offi			
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or	Ile, Richard- Supervis Official's Id the explanation Number of Admission(s)/	or Distric Name (La on:	et 2 ast, Fil	<ul> <li>Check the taxable in also prov</li> </ul>	e income box if the icome. If the agenc ide a description.	agency offi y official pe	erformed a cerem		
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First)	Ile, Richard- Supervis Official's d the explanatic Number of	or Distric Name (La Dn: Agenc	et 2 ast, Fil	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed	agency offi y official pe ublic purpc	erformed a cerem	onial role,	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's Id the explanation Number of Admission(s)/	or Distric Name (La Dn: Agenc	et 2 ost, Fil cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed	agency offi y official pe ublic purpc by an agen	erformed a cerem ose, including cy official, individ	onial role,	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization	Ile, Richard- Supervis Official's Id the explanation Number of Admission(s)/	or Distric Name (La Dn: Agenc Officia Yes [	et 2 ost, Fin cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the come. If the agenc ide a description. ome, describe the p al roles, performed ion.	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	onial role, lual, or	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or Distric Name (La Dn: Agenc Officia Yes [	et 2 ost, Fin cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	ual, or	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or District Name (La Dn: Agenc Officia Yes [ No [ Yes [	et 2 ost, Fin cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	lual, or Income	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or District Name (La Dn: Agenc Officia Yes [ No [ Yes [	tt 2 sst, Fil cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	Iual, or Income	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or District Name (La Dn: Agenc Officia Yes [ No [ No [ No [ No [	tt 2 ast, Fin	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	Iual, or Income	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or Distric Name (La Dn: Agenc Officia Yes [ No [ No [ No [ No [ No [ No [ No [ No	st 2 sst, Fin Cy al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	Iual, or Income Income Income	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or District Name (La Dn: Agenc Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [ No [	st 2 sst, Fin al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	Iual, or Income Income Income	
	Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	Ile, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s)	or Distric Name (La Dn: Agenc Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [ No [ Yes [	st 2 sst, Fin al	<ul> <li>Check the taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the icome. If the agenc ide a description. ome, describe the p al roles, performed ion. ttendance at an e	agency offi y official pe ublic purpo by an agen vent held a	erformed a cerem ose, including cy official, individ at a County	Iual, or Income Income Income Income	

Inde.	MICHELLE DIANDA	Ticket Administrator	2/8/13
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

A Public Documer
------------------

	ckeuAumission Distric							
1.	Agency Name					Date Stamp	California	802
	County of Alameda						and the second	
	Division, Department, or Region (if applicable)					For Official	Use Only	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Na	ame, Title)				Amendment (Mu	ist provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, B	loard of S	upervisors					
	Area Code/Phone Number E	-mail				Date of Original Filir	ng:(month, day, yea	<i>r)</i>
_	And a second		hida@acgov.					
2.	Function, Event, or Cerem	nonial R	ole Informat	tion				
	Title Monster Jam				Face	Value of Each Adm	-ii ¢ 41.00	
	Description Concert				Date(	s) <u>02 / 23 / 13</u>	3/	/
					Oal	dand A's		
	Ticket(s)/Admission(s) provi Was the distribution to perso Yes I No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	t <b>ified below n</b> chard- Supervis <i>Official's</i>	nade at t or District : Name (Lasi	t, First) and Title	he income box if the agency officia	cy official claims admis cial performed a ceremo purpose, including	onial role,
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/	nade at t or District : Name (Lasi on: Agency	t, First) and Title • Check t taxable also pro • If not in ceremo organiz   To promote	he income box if the agency officia	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	onial role, lual, or
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t or District : Name (Lasi on: Agency Official Yes	he behest of 2 t, First) and Title also pro- in ceremo organiz To promote facility in oro	he income box if the agency income. If the agency officia income. If the agency official ovide a description. come, describe the public nial roles, performed by ar ation. attendance at an event	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	lual, or Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t or District : Name (Lass on: Agency Official Yes No [7]	the behest of 2 t, First) and Title also pro- f for tin ceremo organiz To promote facility in oro	he income box if the agency income. If the agency officia income. If the agency official ovide a description. come, describe the public nial roles, performed by ar ation. attendance at an event	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	lual, or Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t or District : Name (Lasi on: Agency Official Yes No Yes No	he behest of 2 t, First) and Title also pro- e If not in ceremo organiz To promote facility in oro	he income box if the agency income. If the agency officia income. If the agency official ovide a description. come, describe the public nial roles, performed by ar ation. attendance at an event	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	Iual, or Income Income Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t or District : Name (Lasi On: Agency Official Yes D Yes D	he behest of 2 t, First) and Title also pro if not in ceremo organiz To promote facility in oro	he income box if the agency income. If the agency officia income. If the agency official ovide a description. come, describe the public nial roles, performed by ar ation. attendance at an event	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	Iual, or Income Income
	Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Description	ons ident <u>s:</u> Valle, Ri	tified below n chard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at t or District : Name (Lass On: Agency Official Yes No Yes Yes	he behest of 2 t, First) and Title also pro- e If not in ceremo organiz To promote facility in oro	he income box if the agency income. If the agency officia income. If the agency official ovide a description. come, describe the public nial roles, performed by ar ation. attendance at an event	al? cy official claims admis cial performed a cereme purpose, including n agency official, individ held at a County	Iual, or Income Income Income

	IN	MICHELLE DIANDA	Ticket Administrator	2/19/13
U	Signature of Agency Head or Designee	Print Name	Title	(month, day year)

3.

A Public Document	ocumen		ublic	Ρ	А
-------------------	--------	--	-------	---	---

					A Public Docume
. Agency Name				Date Stamp	California On
County of Alameda					Form 80
Division, Department, or Region	n (if applicable)	anna an ann an an an an an an an an an a	and the second		For Official Use Only
Board of Supervisors					
Street Address	n na na mana na ga da da ana ang mang mang mang da da ana ang mang mang mang mang mang mang				
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	me, Title)				
Crystal Hishida Graff, Clerk, Br	oard of Supervisors			Amendment (Mus	t provide explanation in Part 3.)
	mail			Date of Original Filing	1:
(510) 272-3882 c	rystal.hishida@acgo	νοια			(month, day, year)
Function, Event, or Cerem					
		anon			_
Title Warriors		an a	Face V	alue of Each Admi	ssion \$ <u>95</u>
Description Ba	rsketball			2,12,1	
Ticket(s)/Admission(s) provid	led by agency2 Vo			35W	
	icu by agency: Te		IT no:	Name	of Source
Yes 🕅 No 🗖 If yes:	Official'	pervisor Scot	t Haggerty, D First) and Title	District 1	
The identity of recipient(s)		on:	O IChat Silha	inoonelooxiiiineeneon	
he identity of recipient(s)	and the explanati	on:	O IChat Silha	inoonelooxiiiineeneon	Stricklicklingsadmission as Industried accaremonia indev inces, including RiceVofticia Strictly dual you
he identity of recipient(s) Name (Last) First)	and the explanati	on:	<ul> <li>Oline (tho)</li> <li>Oline (tho)</li> <li>Other (t</li></ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	pricial claims admission as y performed acceremonlay de pose including states and the service to the
he identity of recipient(s) Name ((Last) First) or Organization (Name, Address, Description	and the explanati	on:	<ul> <li>One alto</li> <li>One alto</li> <li>Operating the providence of the providence of</li></ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	TRADEDED I SEDDOMONIA INSTA 1999 NGC III (CONTRALISTIC) 1997 OFTIGA KING VIEW (CONTRALISTIC)
he identity of recipient(s) Name (Last) Firs() Organization (Name, Address, Description	and the explanati	on: Agency Cofficial Yes I No X	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	TRADEDED I SEDDOMONIA INSTA 1999 NGC III (CONTRALISTIC) 1997 OFTIGA KING VIEW (CONTRALISTIC)
he identity of recipient(s) Name (Last) Firs() Organization (Name, Address, Description	and the explanati	On:	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	renormed accremonian of post-principal accremonian of the post-post-principal accremonian of the post-post-post-post-post-post-post-post-
he identity of recipient(s) Name ((Last) First) or Organization (Name, Address, Description	and the explanati	On: Algency Cofficial Yes No Ves No No No	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	Inertorned Accession above pose vincluding encytorical king with for his or her service to the lincome
he identity of recipient(s) Name ((East) First) or Otganization (Name, Address, Description	and the explanati	On: Aggmes/ Cofficial Yes No Yes No Yes Y	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	Inertorned Accession and the composition of the service to the service to the line of the service to the servic
he identity of recipient(s) Name ((East) First) or Otganization (Name, Address, Description	and the explanati	on: Agentyy Cofficial Yes No Yes No Yes No Yes No Yes No Yes No O	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	Inertorned Accession above pose vincluding Encyroritical kinal vidual con- for his or her service to the Income
The identity of recipient(s) Name (Tasti First) or Otganization (Name, Address, Description	and the explanati	On: Algonovi Cofficiali Yes No Yes No Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes No Yes No Yes Ye	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	Inertorned Electer of Marzole ( pose including) encyrofricial kinal Anton for his or her service to the Income
The identity of recipient(s) Name (Ensu First) or Organization (Name, Address, Description	and the explanati	on: Agentyy Cofficial Yes No Yes No Yes No Yes No Yes No Yes No O	<ul> <li>O Tome store</li> <li>O Tome store</li> <li>O Tome store</li> <li>O Tradit Income store</li> <li>O Tradit Income store</li> <li>O Tome store</li> </ul>	inodino box174ho agonovi tomo 114ho agonovicinan do a desentanon mo, desentation frates, parlotino day antro an	Inertorned Electerromatico pose including Encytofrica Rincivata from for his or her service to t
The identity of recipient(s) Name (Last)(First) Organization (Name Address, Description	and the explanati	On: Agency Cofficial Yes   No   Yes   No	<ul> <li>Ohickets</li> <li>Chickets</li> <li>Cavable for alcorpove</li> <li>Origination</li> <li>Common and common and comm</li></ul>	Inopome box sirther approximation corne. Il filtro agency/or field to a desemption moleccor bo thereable on lineles, performed by an eo on.	Income Income Income Income Income

3.

Duct t

L. Agency Name County of Alameda					ublic Docume	
				Date Stamp	California DO	
Division, Department, or Region (il app		For Official Use Only				
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title						
Crystal Hishida Graff, Clerk, Board c	of Supervisors			Amendment (Must provid	e explanation in Parl 3.)	
Area Code/Phone Number E-mail		and a support of the second		Date of Original Filing:		
(510) 272-3882 crystal.	hishida@acgo	v.ora		()	month, day, year)	
Function, Event, or Ceremonial						
					. 1 _	
Title Disney on Ice (D	are to Dr	cam)	Face V	alue of Each Admission	\$34.45	
Description KeShow		,	Data(-)	3, 2, 13		
•				1	/	
Ticket(s)/Admission(s) provided by	annou? Ve		· (9)	Sw/		
noner(s) provided by	agency re	NO L		Name of Sour	20	
Was the distribution to persons ide						
Yes X No If yes: The identity of recipient(s) and t		s Name (Last,	First) and Title			
Namo				JAL TROPPOST SALE		
Last Fight	ไม่พิภาลอย่อย่	Additioner	taxablerine	noone box if the approvioned its tome. If the approvioned its	laimstadmissionias, etc.	
or Otganitation	INUmber of Admission(s)	. Official.	a laisoi provid	Baldescription		
(Name, Address, Description), app	TITOLOI((S)		e din ibu ilicon Reremonia	nn clused bo the phole controcs. I I celles - dealormed by an egency of I	nelucino Neutralizio -	
A CONTRACTOR OF A CONTRACT	1 (	Yes 📋		A REAL PROPERTY AND A REAL	<b>出来于1995日的日本</b> 预测的并且当时	
Absh Thurman	14			a county employee for h blary service to the public		
an an China ann a gu ann an Aonaichte ann an Stàitean an Stàitean an Stàitean an Aonaichtean an Stàitean an Stà		Yes 🗋				
					Income	
· · · · · · · · · · · · · · · · · · ·			and the second state of th	an a far a far an		
		Yes □ No □			Income	
a an			an Anna an Anna ann an Anna an			
					Income	
		turns/			Income	
<b>/erification</b> have read and understand FPPC Regulations	ions 18044 1 op	No D Yes D No D				
	013 10344.1 80	u 10942.Tha	ve verified that	t the distribution of admission	ns, set forth above,	
accordance with the provisions.	Lee Ann F	ergerson	Ticket 4	dministrator		
Signature of Agency Head AnDestinate	Lee Ann F		Ticket A	dministrator	2-2/13	

3.

A Dublin D t

1. Agency Name					A Public Documer
County of Alameda	Date Stamp	California 802			
Division, Department, or Region (if appli		For Official Use Only			
Board of Supervisors		i di Official Ose Offiy			
Street Address			anna an tha ann an tha	-	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Mus.	provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing	• • • • • • • • • • • • • • • • • • •
(510) 272-3882 crystal.h	ishida@acgo	v.org			(month, day, year)
2. Function, Event, or Ceremonial I					
Title DISNey on Ice (Dare	to Dra	am)	Face V	alue of Each Admir	ssion \$ <u>34, 45</u>
Description 1ce Show			_	220	,
			Date(s	3,3,12	<u> </u>
Ticket(s)/Admission(s) provided by	20000V2 Va		vr (	GGN	
Ticket(s)/Admission(s) provided by	ayency: re	S A NO	If no:	Name c	of Source
Was the distribution to non-no idea	A15: 11 1				
Was the distribution to persons ider	ntified below	made at the	behest of	an agency official?	
Yes 🙀 No 🗔 If yes:	da County Su	pervisor Scott	Haggerty, D	District 1	
	Official's	s Name (Last, Fi	irst) and Title	Name of the State of the Stat	
The identity of recipient(s) and the	ne explanati	ion:			
Name			•) "Checkuhe	income box lither approved	fficialiciaimstanmissioniaatio
(Last (First)	Number of Administration (s))	Agency	o neua van tealur	eone: Illille agency/origin te aldesenionen:	penomed acceremoniaurole
Organization (Name, Address, Description);;;	Tileker(s)		D ໄມ້ກ່າວບໍ່ແຜ່ລາ	ne, describertherpublic our	pose, including
			A Record anization	niə directi bərtibərni istraciur İralayı pationin od by anı ra ne	encytofficial tindividual tory
Teresa Wipfu	4	Yes 🗖	To prom	ote attendance at a c	ounty sponsored
101010101030		No K	revenue	order to maximize po for concession and p	arking sales.
		Yes 🔲 No 🔲			0
		Yes		and a second	
					Income
		Yes 🔲			
		No 🗖			Income
		Yes 🗖		and a second	
		No 🗖			Income
Verification		Les			
I have read and understand FPPC Regulatio is in accordance with the provisions.	ns 18944.1 an	d 18942. I have	e verified tha	t the distribution of adn	nissions, set forth above,
			<b>T</b> :-!/ (		
VIII ATAM	Lee Ann F	reigerson	i icket A	Administrator	2,71 17
Signature of Agency Héad of Designee	Lee Ann F Print Nan	-			_ 3-21-13
Signature of Agency Héad of Designee Comment: (Use this space or an attachment for	Print Nan	ne		Title	(month, day, year)

#### **Agency Report of: Ceremonial Role Events and** Ticket/Admis D' ( !!. ......

Α	Public	Document

ICKet/A	Admission Distr	110 01 01 01 110								
. Agenc	cy Name						Date Stan	np	California Form	002
County	of Alameda								Form	002
	Division, Department, or Region (if applicable)							For Official	Use Only	
Board (	of Supervisors									
Street A	Address									
1221 C	Dak Street, Suite 536									
	ated Agency Contact	(Name, Title)					Amendmen	t (Must pro	vide explanation in	Part 2)
Chervl	Perkins, Clerk, Board	d of Superv	isors							
	ode/Phone Number	E-mail					Date of Origina	l Filing:	(month day yes	ar)
(510) 2	272-3882	chervl.per	rkins@acgov.c	orq					(month, ddy, you	
	ion, Event, or Cere		the second s	the second s						
Title		1		×	_	Face \	/alue of Each	Admissi	on \$ _ <u>\$100/</u> \$	520 parkin
		aalvata					2 22	13		
Descri	ption Warriors vs. Re	ockets			-	Date(s	s) <u>2</u> <u>2</u>		/	/
Ticket(	(s)/Admission(s) pro	ovided by a	agency? Yes		0 ⊻	If no: 000	en State Warnors	Name of S	Cource	
Was th Yes	ne distribution to per s ☑ No □ If y lentity of recipient Name (Last, First) or	rsons iden <sub>res:</sub> <u>Supervi</u>	sor Wilma Chan Official's <b>De explanatic</b> Number of	nade a	at the .ast, F	First) and Title	e income box if the ncome. If the agency vide a description.	ficial? agency official p	cial claims admis erformed a cerem	
Was th Yes The id	ne distribution to per s ☑ No □ If y lentity of recipient Name (Last, First)	rsons iden res: <u>Supervi</u>	sor Wilma Chan Official's offanatic	nade a Name (L on: Ager	at the .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provise</li> <li>If not inc</li> </ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed	agency official pounds	cial claims admis erformed a ceren ose, including	ionial role,
Was th Yes The id	ne distribution to per s ☑ No ☐ If y lentity of recipient Name (Last, First) or Organization	rsons iden res: <u>Supervi</u>	sor Wilma Chan Official's <b>De explanatic</b> Number of Admission(s)/	nade a Name (L on: Ager Offic	at the .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provide the second ceremon organiza</li> <li>To promotion</li> </ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed	agency official? agency official provide the public purportion of the purportion of the purportion of the purportion of the public public public public public purportion of the public pub	cial claims admis erformed a ceren ose, including ncy official, indivi nt held at a	nonial role, dual, or
Was th Yes The id	ne distribution to per s ☑ No □ If y lentity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u>	sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic	ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second sec</li></ul>	e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. e attendance a	agency offi y official public purpo by an ager at an eve maximiz	cial claims admis erformed a ceren ose, including ncy official, indivi nt held at a	dual, or Income
Was th Yes The id	ne distribution to per s ☑ No □ If y lentity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u>	sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second sec</li></ul>	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency offi y official public purpo by an ager at an eve maximiz	cial claims admis erformed a ceren ose, including ncy official, indivi nt held at a	dual, or Income
Was th Yes The id	ne distribution to per s ☑ No □ If y lentity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u>	sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second sec</li></ul>	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. e attendance a cility in order to	agency offi y official public purpo by an ager at an eve maximiz	cial claims admis erformed a ceren ose, including ncy official, indivi nt held at a	dual, or Income Income Income

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

Ale	xandra Boskovich	Ticket Administrator	2/15/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

ΑΡι	ablic	Docun	nent
-----	-------	-------	------

110	Reliadinission Distribution								
1.	Agency Name					Date Stam	р	California Form	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	(Must pro	vide explanation i	n Part 3.)
	Cheryl Perkins, Clerk, Board of Super	rvisors						and the contraction of the second	
	Area Code/Phone Number E-mail					Date of Original	Filing:	(month, day, ye	ar)
	(510) 272-3882 cheryl.pd	erkins@acgov.c	org						
2.	Function, Event, or Ceremonial	Role Informat	ion						
								\$100/	20 norlein
	Title			-	Face V	/alue of Each A	dmissi	on $ = \frac{100}{3} $	pzu parn
	Description Warriors vs. Rockets			-	Date(s	;) <u>2 / 22</u> /	, 13	/	/
						<u></u>			
		<b>0</b> 14		and the second	Gold	en State Warriors			
	Ticket(s)/Admission(s) provided by	agency? Yes	🗆 No	⊃ 🗹	If no: Gold	en State Warriors	lame of S	ource	
	Ticket(s)/Admission(s) provided by Was the distribution to persons ide					٨		ource	
	Was the distribution to persons ide	ntified below n				٨		fource	
	Was the distribution to persons ide	entified below n	nade a	it the	behest of	٨		ource	
	Was the distribution to persons ide Yes ☑ No □ If yes: <sup>Super</sup>	entified below n visor Wilma Chan Official's	nade a	it the		٨		ource	
	Was the distribution to persons ide	entified below n visor Wilma Chan Official's	nade a	it the	behest of	٨		ource	
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First)	entified below n visor Wilma Chan Official's the explanatic Number of	nade a Name (L on: Agen	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in</li> </ul>	an agency off	icial?	cial claims admi	
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/	nade a Name (L on:	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> </ul>	an agency off	gency off	cial claims admi erformed a ceren	
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First)	entified below n visor Wilma Chan Official's the explanatic Number of	nade a Name (L on: Agen	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inccceremonia</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed b	gency off official p blic purpo	cial claims admi erformed a cerer	nonial role,
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/	nade a Name (L on: Agen	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organization</li> <li>To promote</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at	gency off official p blic purptoy an ager an eve	cial claims admi erformed a cerem ose, including icy official, indiv nt held at a	nonial role,
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/	nade a Name (L on: Agen Offic	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organization</li> <li>To promote</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed b	gency off official p blic purptoy an ager an eve	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	nonial role, idual, or
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	nonial role, idual, or Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	nonial role, idual, or Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	idual, or Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	idual, or Income Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	idual, or Income Income Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	idual, or Income Income Income Income
	Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	entified below n visor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Agen Offic Yes No Yes No Yes No Yes	ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also prov</li> <li>If not inconceremonio organizat</li> <li>To promote County factories</li> </ul>	e income box if the a ncome. If the agency vide a description. ome, describe the pu ial roles, performed to tion. e attendance at cility in order to r	gency off official p oblic purproy an ager an eve maximiz	cial claims admi erformed a ceren ose, including icy official, indiv nt held at a	idual, or Income Income Income Income

is in accordance with the provisions.			
Alex	andra Boskovich	Ticket Administrator	2/15/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comments and the			

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

.

#### Agency Report of: **Ceremonial Role Events and** Ticket/Adr . . -----

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

cket/Admission Distributio	115			A		
Agency Name				Date Stamp	California Form	202
County of Alameda					Form	002
Division, Department, or Region (if app	olicable)				For Official	Use Only
Board of Supervisors		×				
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	e)			Amendment (Must pr	ovide explanation in	Part 3.)
Cheryl Perkins, Clerk, Board of Supe	ervisors			_		
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	ar)
(510) 272-3882 cheryl.	perkins@acgov.c	org			*	
Function, Event, or Ceremonia	I Role Informat	tion				
					• <b>\$100/</b>	20 narkii
Title			Face	/alue of Each Admiss	sion \$ $\frac{100}{4}$	
Description Warriors vs. Rockets			Dato/s	s) <u>2 , 22 , 13</u>	1	1
			Date	») ———/ ———/ ———	/	/
					2	
Ticket(s)/Admission(s) provided h	wagency2 Ves		I If no. Gold	len State Warriors		
Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No □ If yes: Supe	lentified below n	nade at th	e behest of	Name of	Source	
Was the distribution to persons id	lentified below n ervisor Wilma Chan Official's	nade at th Name (Last,	e behest of	Name of	Source	
Was the distribution to persons id Yes ☑ No □ If yes: Supe	lentified below n ervisor Wilma Chan Official's	nade at th Name (Last,	e behest of First) and Title Check th taxable i also prov If not inc	Name of f an agency official? he income box if the agency of ncome. If the agency official privide a description. come, describe the public purp ial roles, performed by an age	fficial claims admis performed a cerem pose, including	ionial role,
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes 🗖	e behest of First) and Title Check th taxable i also prov If not inc ceremon organiza To promot	he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp ial roles, performed by an age tion.	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization	lentified below n ervisor Wilma Chan Official's the explanatic Number of Admission(s)/	nade at th Name (Last, on: Agency Official Yes I No I	e behest of First) and Title Check th taxable i also prov If not inc ceremon organiza To promot	Name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp ial roles, performed by an age tion.	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes 🗖	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp ial roles, performed by an age tion.	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Income
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes I Yes I	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp hal roles, performed by an age tion. te attendance at an eve cility in order to maximi	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Incom Incom Incom
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes No	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp hal roles, performed by an age tion. te attendance at an eve cility in order to maximi	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Incom Incom Incom
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th Name (Last, on: Agency Official Yes No Yes No Yes Yes	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp hal roles, performed by an age tion. te attendance at an eve cility in order to maximi	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Income Income Income Income
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	nade at th	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp hal roles, performed by an age tion. te attendance at an eve cility in order to maximi	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Incom Incom Incom Incom
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	e behest of First) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac	name of f an agency official? he income box if the agency of ncome. If the agency official vide a description. come, describe the public purp hal roles, performed by an age tion. te attendance at an eve cility in order to maximi	fficial claims admis performed a cerem pose, including ency official, indivi ent held at a	dual, or Income Income Income Income

#### **Agency Report of: Ceremonial Role Events and** Ticket/Adn - 1 D' ( 'I

A 1

A Public Docu	ment	
---------------	------	--

licket/Admission Distribution	S							
I. Agency Name	gency Name						California Form	002
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)					_		,	
Cheryl Perkins, Clerk, Board of Supervisors				<b>Amendment</b> (Must provide explanation in Part 3.)				
Area Code/Phone Number   E-mail	15015				Date of Original Filing:			
	-	ara			-		(month, day, yea	ar)
	erkins@acgov.c							
2. Function, Event, or Ceremonial I	Role Informat	tion						
Title Face					Value of Each Admission \$			
1110								
Description Warriors vs. Rockets Date(					a) <u>2 / 22 /</u>	13	/	
				(-	/			
				Gold	en State Warriors			
Ticket/s)/Admission(s) provided by	adonev2 Voe				on oluco manioro			
Ticket(s)/Admission(s) provided by Was the distribution to persons ide	ntified below r	nade a	at the	e behest of	f an agency offic	ame of S cial?	ource	
	ntified below r	nade a	at the	e behest of	f an agency offic		ource	
Was the distribution to persons ide	ntified below r visor Wilma Chan Official's	nade a	at the	e behest of	f an agency offic		ource	
Was the distribution to persons ide Yes ☑ No □ If yes: Superv	ntified below r visor Wilma Chan Official's	nade a	at the	e behest of	f an agency offic	cial?		ssion as
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First)	ntified below r visor Wilma Chan Official's he explanatic Number of	nade a Name (l on: Age	Last, F	e behest of First) and Title • Check th taxable i	f an agency offic	cial?	cial claims admis	
Was the distribution to persons ide Yes ☑ No □ If yes: Superv The identity of recipient(s) and t Name (Last, First) or	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/	nade a Name (l on:	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provided to the second /li></ul>	Man agency offic	cial? gency offi official po	cial claims admis erformed a cerem	
Was the distribution to persons ide Yes ☑ No □ If yes: Super The identity of recipient(s) and t Name (Last, First)	ntified below r visor Wilma Chan Official's he explanatic Number of	nade a Name (l on: Age	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second sec</li></ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by	cial? gency offi official po plic purpc	cial claims admis erformed a cerem	ionial role,
Was the distribution to persons ide Yes ☑ No □ If yes: Superv The identity of recipient(s) and t Name (Last, First) or Organization	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/	Name (I Dn: Office	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second sec</li></ul>	e income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by	cial? gency offi official pe blic purpo y an agen	cial claims admis erformed a cerem ose, including cy official, indivi	ionial role, dual, or
Was the distribution to persons ide Yes ☑ No □ If yes: Superv The identity of recipient(s) and t Name (Last, First) or Organization	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/	Name (I On: Offic Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promote or series of the taxable is also promote of taxa</li></ul>	tion.	cial? gency offi official po blic purpo y an agen an eve	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	ionial role, dual, or
Was the distribution to persons ide Yes ☑ No ☐ If yes: Supervector The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (l on: Agen Office Yes No	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervention The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (l on: Agen Offic Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	te income box if the ag ncome. If the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervention The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (I on: Age Offic Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income Income Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervention The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (I on: Agen Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income Income Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervent The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (l on: Agei Offic Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income Income Income Income
Was the distribution to persons ide Yes ☑ No ☐ If yes: Supervector The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (I on: Age Offic Yes No Yes No Yes No Yes	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income Income Income Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervector The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (I on: Age Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	ionial role, dual, or Income Income Income Income
Was the distribution to persons ide Yes ☑ No □ If yes: Supervent The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description)	ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s)	nade a Name (I on: Age Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also promoted in taxable is also promoted i</li></ul>	F an agency office e income box if the agency vide a description. ome, describe the put ial roles, performed by tion. e attendance at cility in order to n	cial? gency offi official po blic purpo y an agen an eve naximiz	cial claims admis erformed a cerem ose, including cy official, indivi nt held at a	dual, or Income Income Income Income

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

Alexandra Boskovich		Ticket Administrator	2/15/2013	
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)	