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| 1. Agency Name | | | | | Date Stamp | California 005 |
| County of Alameda | | | | | | Form 802 |
| Division, Department, or Re | gion (if appl | icable) | | | | For Official Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | - | |
| 1221 Oak Street, Suite 536 | 6 | | | | | |
| Designated Agency Contact | : (Name, Title) | | | | | |
| Crystal Hishida Graff, Clerk | <, Board of | Supervisors | | | Amendment (Must | provide explanation in Parl 3.) |
| Area Code/Phone Number | E-mail | | | | Date of Original Filing: | |
| (510) 272-3882 | crystal.h | ishida@acgo | v.ora | | | (month, day, year) |
| Function, Event, or Cer | emonial I | Role Inform | ation | | | |
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| Description | | | | Date(s | 14,15,13 | / |
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| Was the distribution to per | rsons iden | tified below | made at th | e behest of | an agency official? | |
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| | es | da County Sup Official's | s Name (Last, | First) and Title | | * |
| The identity of recipient(| | | | , | | |
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| | | | Yes 🗖 | | | |

No 🗖 Yes 🗖 No 🗖

3. Verification

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

| KULLIN GATRING | Lee Ann Fergerson | Ticket Administrator | 1/ 12-12 |
|---------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head of Destignee | Print Name | Title | (month, day, year) |

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

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| 1. Agency Name | | | | Date Stamp | A Public Docume |
| County of Alameda | | | | | Form 802 |
| 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 | 9) | | | | |
| Crystal Hishida Graff, Clerk, Board o | f Supervisors | | | Amendment (Must | provide explanation in Parl 3.) |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | |
| (510) 272-3882 crystal. | hishida@acgo | v.ora | | | (month, day, year) |
| Function, Event, or Ceremonial | | | | | |
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| Title | | ······ | Face V | alue of Each Admis | sions SDCO |
| Description Baseba | (1) | | | , | 7 |
| Description | - 11 | · | Date(s |) | 5//////// |
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| Ticket(s)/Admission(s) provided by | agency? Ye | s PNO [|] If no: (/) | arland | Athletics |
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| Was the distribution to persons ide | ntified below | made at th | ne behest of | an agency official? | |
| Alam Alam | eda County Sup | | | | |
| Yes 🔀 No 🗔 If yes: | | | tt Haggerty D | istrict 1 | |
| <i>,</i> · · | Official's | Name (Last, | tt Haggerty, D | istrict 1 | ъ. |
| | | | tt Haggerty, D First) and Title | istrict 1 | |
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3. Verification

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

| Kullin Gothing | Lee Ann Fergerson | Ticket Administrator | 11-12-12 |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head on Designee | Print Name | Titie | (month, day, year) |
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| 1. Agency Name | | | | Date Stamp | California DOS |
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| | cable) | | | | For Official Use Only |
| Board of Supervisors Street Address | | | | | |
| | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | | | |
| Crystal Hishida Graff, Clerk, Board of | Cupenia | | | Amendment (Mus | t provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | Supervisors | | | | |
| | ishida@acgo | V 050 | | Date of Original Filing | (month, day, year) |
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| Title T Dasebo | M | | Face V | alue of Each Admis | ssion \$ 8500 |
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| Description <u>B2 BUY</u> | 20 Jul | TC) | Date(s) | 5,18,13 | |
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| Ticket(s)/Admission(s) provided by | agency? Ye | s 🖾 No 🗆 | If no: | Mama | Athletics |
| | | , | | Nume C | " Source |
| Was the distribution to persons ider | ntified below | made at the | e behest of | an agency official? | \$ |
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| | | s Name (Last, F | | | × |
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| I have read and understand FPPC Regulations in accordance with the provisions. | ons 18944.1 an | d 18942. I hav | e verified that | t the distribution of adn | nissions, set forth above, |
| Kullin Briam | Lee Ann F | ergerson | Ticket A | dministrator | 4-11-12 |
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| 1. AgeIrly Name Date Stamp California 80 County of Alameda Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Street Address For Official Use Only Street Address Crystal Hishida Graff, Clerk, Board of Supervisors Amendment (Must provide explanation in Pari 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Amendment (Must provide explanation in Pari 3.) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Date(s) Description Mameda County Supervisor Scott Haggerty, District 1 Description If yes: Alameda County Supervisor Scott Haggerty, District 1 Offical's Name (Last, First) and Title Vas the distribution to persons identified below made at the behest of an agency official? Yes No Interview Amenda Title Amenda County Supervisor Scott Haggerty, District 1 Offical's Name (Last, First) and Title No If yes: Amenda Scotter Street Address Amenda Scotter Street Address and protofficial? Yes | | | | | | A Public Document |
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| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graft, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 crystal.hishida@acgov.org 2. Function, Event, of Ceremonial Role Information Title Date of Original Filing:(monin, cay year) Description Based Mathematic Mathematics Description Based Mathematics Ticket(s)/Admission(s) provided by agency? Yeb ON □ If yes: Alameda County Supervisor Scott Haggerty, District 1 Officiel's Name (Last, First) and Title Date of on noprofit organization The identity of recipient(s) and the explanation: To reward a school or noprofit organization Was growthey Yes □ No □ Margywelly Yes □ Income Margywelly Yes □ Income Margywelly Yes □ Income Margymelly Yes □ Income Jamed Active Yes □ </td <td>Division, Department, or Region (if applic</td> <td>cable)</td> <td></td> <td></td> <td>1</td> <td>For Official Use Only</td> | Division, Department, or Region (if applic | cable) | | | 1 | For Official Use Only |
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| Lee Ann Fergerson Ticket Administrator | VULLA ASTERBARCON | Lee Ann F | ergerson | Ticket A | Administrator | el c 17 |
| Signature of Agency Head on Designee Print Name Title | Signature of Agency Head of Designee | and the second second second | | _ | | 7-8-15 |
| (month, day, year) | | | | | nue | (month, day, year) |

3.

A Public Document

| 1. Agency Name County of Alameda Division, Department, or Region (if applic Board of Supervisors | able) | Date Stamp | California Form 802 |
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| Division, Department, or Region (if applic Board of Supervisors | able) | | Form DU |
| Board of Supervisors | adie) | | |
| | | | For Official Use Only |
| Street Address | | | |
| - | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | |
| | | | provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board of S | Supervisors | | sovide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | Date of Original Filing: | (month, day, year) |
| | shida@acgov.org | | (monin, day, year) |
| 2. Function, Event, or Ceremonial R | lole Information | | |
| Title A'S Surte | | | 1 700 |
| | | Face Value of Each Admis | sion \$ 1,100 |
| Description <u>Baseball</u> | , | 9 22 12 | (|
| | | Date(s)5 | |
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| solution and solution provided by a | | Name of | <u>Source</u> |
| Mine the distribution to some it | | | |
| Was the distribution to persons iden | tified below made at the | behest of an agency official? | |
| Yes 🕱 No 🗖 If yes: | a County Supervisor Scott H | laggerty, District 1 | |
| A | Official's Name (Last, Fir. | | v |
| The identity of recipient(s) and the | e explanation: | | |
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| Juylor Family Foundest | M 20 NO 0 | To reward a school or nonp | profit organization |
| | Yes 🗖 | For its contributions to the | ne community |
| 5555 Arroyo Rd | No 🗖 | | |
| Livermore, CA. 94550 | Yes 🗖 | | income |
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| 94550 | Yes 🗖 | | |
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| VIII ONTON | Lee Ann Fergerson | Ticket Administrator | 1010 |
| Signature of Agency Head on Designee | Print Name | Title | - 4-8-15 |
| Comment: (Use this space or an attachment for t | | | (month, day, year) |

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| Agency Name | | | | | A Public Docum |
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| County of Alameda Division, Department, or Region <i>(if appl</i> | linchini | | | | Form OL |
| , | iicable) | | | | For Official Use Only |
| Board of Supervisors Street Address | | | | | |
| | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | I | | | | |
| Crystal Hishida Graff, Clerk, Board of | | | | Amendment (Mus | t provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | Supervisors | | | | |
| | nishida@acgov | | Da | te of Original Filing | (month, day, year) |
| Function, Event, or Ceremonial | | | | | |
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| Huber Gran | Lee Ann Fergerson | Ticket Administrator | 4-6-13 |
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| Signature of Agency Head on Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and

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| Ticket/Admission Distributions | | | | | A Public Document |
|---|----------------|--|---------------------------------------|--|--|
| 1. Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | | | | Form UUZ |
| Division, Department, or Region (if application | ble) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendment (Mus | t provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board of S | upervisors | | | Data of Osiaisal Filler | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing | (month, day, year) |
| | hida@acgov. | | | | |
| 2. Function, Event, or Ceremonial R | | tion | | | |
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| Was the distribution to persons iden | tified below r | nade at th | e behest of | an agency official | ? |
| Yes 🕅 No 🗖 If yes: | a County Sup | ervisor Scot | tt Haggerty, D | District 1 | |
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

| HULLIN GATCHIM | Lee Ann Fergerson | Ticket Administrator | 4-5-R |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head on Designee | Print Name | Thie | (month, day, year) |

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| Comment: (Use this space or an attachment for an | ny additional in | formation inclu | ding amendmer | nt explanation.) | |
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| Signature of Agency Head on Designee | Lee Ann F | | Ticket A | dministrator | 4-3-12 |
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| I have read and understand FPPC Regulations | s 18944.1 and | d 18942. I ha | ve verified that | t the distribution of admis | sions set forth above |
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| Ticket(s)/Admission(s) provided by ac | Jencyr Ye | NO | | Name of S | ource |
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| 2. Function, Event, or Ceremonial Ro | ole Inform | | | | |
| (510) 272-3882 crystal.his | hida@acgov | v.org | | Date of Original Pling, _ | (month, day, year) |
| Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail | upervisors | | | Date of Original Filing: _ | |
| Designated Agency Contact (Name, Title) | Amendment (Must pr | vvide explanation in Part 3.) | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Street Address | - | | | | |
| Board of Supervisors | | For Official Use Only | | | |
| County of Alameda Division, Department, or Region <i>(if applica</i> | | California Form 802 | | | |
| 1. Agency Name | | | | | |
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FPPC Form 802 (2/11) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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| 1. Agency Name | | | Date Stamp | California 205 |
| County of Alameda | | | | Form 802 |
| Division, Department, or Region (if app | licable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Street Address | | | | |
| 1221 Oak Street, Suite 536 | | | | |
| Designated Agency Contact (Name, Title, |) | | | |
| Crystal Hishida Graff, Clerk, Board of | f Supervisors | | Amendment (M | ust provide explanation in Part 3.) |
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| Hullin Arthin | Lee Ann Fergerson | Ticket Administrator | 123 |
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| Signature of Agency Head on Designee | Print Name | Title | (month, day, year) |

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| А | Pub | lic | Document |
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| | | | | A | Public Docume |
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| 1. Agency Name | 1 | | | Date Stamp | California On- |
| County of Alameda | | | | x | Form 80 |
| Division, Department, or Regi | on (if applicable) | | | - | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | - | |
| 1221 Oak Street, Suite 536 | | | | 2 | |
| Designated Agency Contact (M | Jame, Title) | | | | |
| Crystal Hishida Graff, Clerk, | Board of Supervisors | | | Amendment (Must prov | vide explanation in Part 3.) |
| | E-mail | | | Date of Original Filing: | |
| (510) 272-3882 | crystal.hishida@acgc | | | | (month, day, year) |
| Function, Event, or Cerer | | | | | |
| | Dec. | ation | | | |
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| have read and understand FPPC In accordance with the provisions | Regulations 18944.1 ar | nd*18942. I hav | e verified tha | t the distribution of admissi | ions, set forth above. |
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| KHILL ONTOWN | Lee Ann I | Fergerson | Ticket A | dministrator | et pr |
| Signature of Agency Head of Designee | Print Na | me | | Title | 7-3-13 |
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| Division, Department, or Region (if a | | | Form DU2 For Official Use Only | | | |
| Board of Supervisors | Board of Supervisors | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | i | | |
| Designated Agency Contact (Name, Ti | tie) | | | an a | | |
| Crystal Hishida Graff, Clerk, Board | of Supervisors | | 🛄 Amendm | ent (Mustprov | ide explanation in Part 3.) | |
| Area Code/Phone Number E-mail | | | Date of Origi | nal Filing: | | |
| (510) 272-3882 crysta | l.hishida@acgc | v.org | | C | (month, day, year) | |
| 2. Function, Event, or Ceremonia | | | | | | |
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| Pa S | ball | | 1 0 | 1 15 | πφ | |
| Description | nan | | Date(s) | | / | |
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| Or Organization | | Agency Official | taxable inserve. Il Il no aper alco provido a deservición | OSAS THE NUM | | |
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| Kulhu Dartam | Lee Ann F | ergerson | Ticket Administrator | | 4-7-17 | |
| Signature of Agency Head of Designee | Print Nar | ne | Title | | (month, day, year) | |
| Comment: (Use this space or an attachment | for any additional in | formation in the | | | ,, doy, year) | |
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| County of Alameda | | Form 80 | | | |
| Division, Department, or Region (if ap) | | For Official Use Only | | | |
| Board of Supervisors Street Address | | | | | |
| | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title | | | | | |
| | | | | | provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board c Area Code/Phone Number [E-mail | of Supervisors | | | | |
| | | | | Date of Original Filing: | (month, day, year) |
| | hishida@acgo | | | | |
| . Function, Event, or Ceremonial | | ation | | | |
| Title <u>A'S Basel</u> | sall | | Eaco V | | 2000 |
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| Description Ticket | > | , | Date(s) | 4,27,13 | <i>i i</i> |
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| | eda County Sup Official's | | First) and Title | istrict 1 | x |
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| | | | C | ate Stamp | California On |
| County of Alameda Division, Department, or R | POIDD (if applicable) | | | | Form OU |
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| Board of Supervisors Street Address | | | | | |
| | _ | | | | |
| 1221 Oak Street, Suite 53 Designated Agency Contact | 6 | | | | |
| , | | | | endment (Master | vide explanation in Parl 3.) |
| Crystal Hishida Graff, Cler Area Code/Phone Number | | | | indifferent (most pre | ovide explanation in Parl 3.) |
| | E-mail | | Date of (| Original Filing: _ | |
| (510) 272-3882 Function, Event, or Ce | crystal.hishida@acg | | | | (month, day, year) |
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| 1. Agency Name | | | | | A Public Docume |
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| County of Alameda Division, Department, or Region <i>(if app</i> | licable | | | | Form OU |
| Board of Supervisors | | For Official Use Only | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Title |) | | | | |
| Crystal Hishida Graff, Clerk, Board of | | | | Amendment (Must | provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | Supervisors | | | | |
| | nichida@aaaa | | | Date of Original Filing: | (month, day, year) |
| 2. Function, Event, or Ceremonial | nishida@acgc | | | | |
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| 1. Agency Name | | | | | apric poculle |
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| County of Alameda Division, Department, or Region (| if applicable) | | | | Form BU |
| Board of Supervisors | | | | | For Official Use Only |
| Street Address | | | | _ | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name | Title) | | | | <u>.</u> |
| Crystal Hishida Graff, Clerk, Boa | * | _ | | Amendment (Mu. | st provide explanation in Parl 3.) |
| Area Code/Phone Number E-ma | | 5 | | 1 | |
| | stal.hishida@acg | | | Date of Original Filin | g:(month, day, year) |
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

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| County of Alameda Division. Department, or Region. (/ applicable) Board of Supervisors For Officer (/ applicable) Board of Supervisors Amendment. (// user / user) 1221 Oak Street, Suite 536 Amendment. (// user / user) Crystal Hinking Graff. (Left, Board of Supervisors Amendment. (// user / user) Area Codel/Phone Number E-mail (510) 272-3862 crystal. hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Face Value of Each Admission s Title Street Admission(s) provided by agency? Yes Description COMEDIAN Description Comediant Hile Yes No< If yes: Alameda County Supervisor Scott Haggerty, District 1 Officient Kame (Last, Frail and The explanation: Mane of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Alameda County Supervisor Scott Haggerty, District 1 Officient Kame (Last, Frail and The Eemaard & Cybil Rando (M Yes No No Income Was the distribution to persons identified below made at the distribution of admissions, set forth above, No Mane of Sourc | 1. Agency Name | | | | A | Public Docum |
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| Was the distribution to persons i | dentified below mad | o otthe L | - 4 - 4 | | |
| Als | modo County D | e at the p | enest of an ag | gency official? | |
| | inicua County Supervie | or Scott L | | | |
| Yes 🕅 No 🗖 If yes: — | Official's Mars | | aggeny, District | 1 | |
| The identity of recipient(a) and | ameda County Supervis Official's Nam | e (Last, First, | aggeny, District | 1 | • |
| The identity of recipient(s) and | Official's Nam | | | | • • |
| The identity of recipient(s) and | the explanation: | | | | |
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A Public Document

| Agency Name | | | | | Date Stamp | California | a RNC |
|--|---|--|--|--|---|---|-------------------------------------|
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or | Region (if applica | ble) | | | | For Officia | al Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite | 536 | | | | | | |
| Designated Agency Cont | act (Name, Title) | | | | Amendment (ML | ust provide explanation | in Part 3.) |
| Crystal Hishida Graff, C | | Supervisors | | | | | |
| Area Code/Phone Numb | er E-mail | • | | | Date of Original Filir | ng:(month, day, ye | ear) |
| (510) 272-3882 | | shida@acgov. | | | | · | |
| Function, Event, or (| Ceremonial R | ole Informat | tion | | | | |
| THE A.C. | | | | Eaco V | alue of Each Adm | nission & 30 | $\mathcal{P}^{\mathcal{O}}$ |
| Title | 2 (| | | | | • | |
| Description | Baseba | LL | | Date(s | , 4,12,1 | 3 4 | 13,12 |
| | - | | | \sim | $ 0 0 0 \dots $ | 2 | |
| Ticket(s)/Admission(s | provided by a | agency? Yes | | If no: 💭 | wane | X L | |
| Herefall values of a | | | , - | | | o of Course | |
| HCKells/Admission(s | | | L | \mathbb{D} | Hetres | e of Source | |
| | | | L | | thetics | | |
| Was the distribution to | persons iden | tified below r | nade at the | e behest of | an agency officia | | |
| | | tified below r da County Supe | nade at the | e behest of Haggerty, [| an agency officia | | |
| Was the distribution to | persons iden Alamed | tified below r da County Supe Official's | nade at the ervisor Scott Name (Last, F | e behest of Haggerty, [| an agency officia | | • |
| Was the distribution to Yes ⊠ No □ The identity of recip | persons iden Alamed | tified below r da County Supe Official's | nade at the ervisor Scott Name (Last, F | e behest of t Haggerty, [First) and Title | an agency officia | al? | |
| Was the distribution to | persons iden Alamed | tified below r da County Supe Official's | nade at the ervisor Scott Name (Last, F | e behest of t Haggerty, [First) and Title | an agency officia | al? | information |
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| Hulle Arthing | Lee Ann Fergerson | Ticket Administrator | 4-15-13 |
|-------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head dADestgnee | Print Name | Title | (month, day, year) |

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| A mamput Na | | | A Public Docume |
|--|----------------------------------|--|---------------------------------------|
| Agency Name | Date Stam | | |
| County of Alameda | | Form OU | |
| Division, Department, or Region (if a | | For Official Use Only | |
| Board of Supervisors | | | |
| Street Address | | | |
| 1221 Oak Street, Suite 536 | | | |
| Designated Agency Contact (Name, 7 | | | |
| Crystal Hishida Graff, Clerk, Board | | | (Must provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | Date of Original F | iling: |
| (510) 272-3882 crysta | al.hishida@acgov.org | | (month, day, year) |
| Function, Event, or Ceremonia | al Role Information | | |
| Title <u>A'S Baseba</u> | U | Face Value of Each Ac | tmission \$ _30° |
| Description | , | Date(s) 16 | |
| | _ | | · · · |
| Ticket(s)/Admission(s) provided | by agency?Yes 🕅 No 🗖 | I IT NO: DAKLAND AT | HLETICS |
| | l | Na | me of Source |
| Was the distribution to persons in | meda County Supervisor Scot | | ial? |
| Yes 🕅 No 🗖 If yes: | Official's Name (Last, F | | |
| | | irsi) and fille | |
| The identity of recipient(s) and | the explanation: | | |
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| and the second | Algency Admission(s)/ Content | Elization sector in an rejection of the sector in the sector in the sector is the sector in the sector is the sect | ncialitication accelentication e a l |
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| Gloria Halman | Yes □ No 1⊠ | To promote attendance at event in order to maximize | a county sponsored |
| | Yes | revenue for concession an | d parking sales. |
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| | | | <u></u> |
| | Yes □ No □ | | Income |
| | Yes 🗌 | | |
| | | | Income |
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| | | | Income |
| erification | | | |
| | ations 1804/ 1 and 10040 11 | ···· | |
| ave read and understand FPPC Regulation in accordance with the provisions. | auons 16944.1 and 18942.1hav | ve vermed that the distribution of | admissions, set forth above, |
| ALL CATION | Lee Ann Fergerson | Ticket Administrator | (1 - 1) |
| Signature of Agency Head of Designee | Print Name | | <u> </u> |
| | | Title | (month, day, year) |

A Public Document

| I. Agency Name | Date Stamp California 202 |
|---|--|
| County of Alameda | Form OUZ |
| Division, Department, or Region (if applicable) | For Official Use Only |
| Board of Supervisors | |
| Street Address | |
| 1221 Oak Street, Suite 536 | |
| Designated Agency Contact (Name, Title) | Amendment (Must provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Supervisors | |
| Area Code/Phone Number E-mail | Date of Original Filing:(month, day, year) |
| (510) 272-3882 crystal.hishida@acgov.org | |
| 2. Function, Event, or Ceremonial Role Information | |
| Title <u>A's vs. Orioles</u> Fac | as Value of Each Adminster # 30.00 |
| | ce Value of Each Admission \$ <u>30.00</u> |
| Baseball Description Dat | te(s) <u>4 / 25 / 13</u> / |
| | |
| | Oakland Athletics |
| Ticket(s)/Admission(s) provided by agency? Yes 🗹 No 🔲 If no: | |
| Ticket(s)/Admission(s) provided by agency? Yes 🖸 No 🔲 If no: 🗋 | Name of Source |
| | |
| Was the distribution to persons identified below made at the behes | at of an agency official? |
| Was the distribution to persons identified below made at the behes | at of an agency official? |
| Was the distribution to persons identified below made at the behes Yes ☑ No □ If yes: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and T | at of an agency official? |
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Lee Ann Forgerson Print Name **Ticket Administrator** -25-Ξ Signature of Agency Head or Title Designee (month, day, year)

| ICKet/Admission Distribution | | | - | , | A Public Docume |
|--|------------------------------------|-----------------|-----------------------|---|---------------------------------|
| Agency Name | | | | Date Stamp | California RO |
| County of Alameda | | | | | Form DU , |
| Division, Department, or Region (if appl | licable) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title | | | | | |
| | | | | Amendment (Must | provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number E-mail | f Supervisors | ····· | | Date of Original Filing: | |
| • | hìnhide Onennu | | | Date of Original Clining. | (month, day, year) |
| | hishida@acgov. | | | | |
| Function, Event, or Ceremonial | Role informa | ition | | | 2000 |
| Title A'S Game | | | Face V | /alue of Each Admis | sion \$ |
| 200 | | | | d = 1 | |
| Description | vay | • | Date(s |) <u> </u> | >// |
| | | - | | KI I DO NIL | |
| Ticket(s)/Admission(s) provided by | /agency? Yes | | If no: | KLAND ATH | LETICS |
| | | | | Name of | Source |
| Was the distribution to persons ide | entified below i | made at the | behest of | an agency official? | |
| Alam | neda County Sup | | | | |
| Yes 🔀 No 🗖 If yes: | | Name (Last, Fil | | | ~ |
| The identity of regiment(a) and | | | | | |
| The identity of recipient(s) and t | the explanation | | | | |
| | Nemenora | A and a | TELE | | |
| | A street setton (h.)) | TOPINE III | าปองศักลง การสาราช | nit. 1 (Storaga Terras | |
| Contra Astrony Denniquean | | | a in in inter | oppingen and search oppingen in a state of the search of t | |
| and a set the set of the | CERT DESCRIPTION OF THE SECTION OF | Yes 🗖 | To prop | Ions attendance at | |
| Chester Hay | 2 | | event ir | note attendance at a co order to maximize pot | ential county |
| | | Yes 🔲 | revenue | e for concession and pa | rking sales. |
| | | No 🗖 | | | |
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| | | No 🔲 | | | |
| | | Yes 🔲 | | | |
| | | , — (| | | |
| | | No 🔲 | | | |
| | | No 🔲 Yes 🗖 | | | |
| | | | | | |
| Verification | | Yes 🗖 | | ` | |
| have read and understand FPPC Regula | tions 18944.1 and | Yes 🗆 No 🔲 | e veriîted th | at the distribution of edu | |
| Verification have read and understand FPPC Regula s in accordance with the provisions. | tions 18944.1 and | Yes 🗆 No 🔲 | e veriñed th | at the distribution of adm | |
| have read and understand FPPC Regula | tions 18944.1 and Lee Ann F | Yes D No D | | at the distribution of adn Administrator | |

3.

A Dublis D t

| 1 Agency New | | | A Fublic Documen |
|--|---------------------------------------|--|---|
| 1. Agency Name | | Date Stam | |
| County of Alameda | | | Form OU2 |
| 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, Ti | tie) | | |
| Crystal Hishida Graff, Clerk, Board | of Supervisors | L Amendment | (Must provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | Date of Original F | iling: |
| (510) 272-3882 crysta | Il.hishida@acgov.org | | (month, day, year) |
| 2. Function, Event, or Ceremonia | | I | |
| | 1 | | |
| Title FJ Z Lu | seball | - Face Value of Each Ac | Imission \$ 30° |
| Description Munkles | .) | | |
| Description | | Date(s) 6, 12, | 12 |
| / | | | · · · |
| Ticket(s)/Admission(s) provided b | oy agency?Yes 🗖 No | 🗖 If no: | |
| | | Na | me of Source |
| Was the distribution to persons ic | lentified below made at | the behest of an agency offic | in10 |
| | | | |
| Yes 💢 No 🗖 If yes: ——— | meda County Supervisor S | cott Haggerty, District 1 | × |
| , · | Official's Name (La | st, First) and Title | |
| The identity of recipient(s) and | | | |
| Name Alexandra | | | acwofficialiciame administration and a state |
| (LEAS), (PLES), or | Numbertor Agend | W Carbio interno. Il Altragonevio, | icialipertormed accetemoniainole internet |
| Organization (Namb Address Desertpilon) | - Admission(G)/, Office Tildget(G) | | |
| Accuer(Name)Address(Description)#141 | | Clines the income box if the age exable income lightle agency/or alcoprovide a desentation. If the provide a desentation. If age income desentation. If age income desentation destination agenciation. | INHOPIC VIOLICIAL AND VIOLICIAL |
| GUARDANCON | Yes [| 1 to obtain appresight of | Fallifie ac ust |
| Junisor Dott | | hathand received country | A KMAIN & or SUMPT |
| Hascerth | Yes [|] | |
| | No E | ן ב | Income |
| | Yes [|] | |
| · · · · · · · · · · · · · · · · · · · | No 🗖 | | income |
| | Yes [|] | |
| | No 🗖 | 1 | Income |
| | Yes | 1 | |
| | No E | | Income |
| Verification | | | |
| I have read and understand FPPC Regula | ations 18944.1 and 18942. I | have verified that the distribution of | adminoione++ // |
| is in accordance with the provisions. | | | aumissions, set torth above, |
| Vall Roman | Lee Ann Fergersor | | 1 - |
| NULLAN VA (UX) | | Ticket Administrator | 4-23-13 |
| Signature of Agency Head of Designee | Print Name | Title | (month, day, year) |
| | | | ···· , |

| IICKet/Aumission Distribut | 10115 | | | A | | | |
|--|---|--------------------|------------------|--|---------------------|--|--|
| 1. Agency Name | | | | Date Stamp | California Form | 002 | |
| County of Alameda | County of Alameda | | | | | | |
| Division, Department, or Region (if a | Division, Department, or Region (if applicable) | | | | | | |
| Board of Supervisors | Board of Supervisors | | | | | | |
| Street Address | Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | 6 | |
| Designated Agency Contact (Name, 7 | Title) | | | Amendment (Must pro | vide explanation in | Part 3.) | |
| Crystal Hishida Graff, Clerk, Board | | | | | | | |
| Area Code/Phone Number E-mai | il | | | Date of Original Filing: | (month, day, yea | ar) | |
| | al.hishida@acgov. | | | | | | |
| 2. Function, Event, or Ceremoni | ial Role Informa | tion | | | | | |
| Title Golden State Warriors vs. De | enver Nuggets | | Face \ | /alue of Each Admissi | on \$ _625.00 |) | |
| Description Playoff Basketball Ga | ame | | Date(s | 6) 04 / 28 / 12 | | / | |
| | | | | | | | |
| Ticket(s)/Admission(s) provided | by agency? Yes | No ⊡ | If no: Gold | len State Warriors Name of S | Source | | |
| Was the distribution to persons | identified below r | made at th | e behest of | f an agency official? | | | |
| | | | | | | | |
| Yes 🖸 No 🔲 If yes: 🔽 | alle, Richard- Supervis | Name // ast | First) and Title | | | | |
| | | | noty and thic | | | | |
| The identity of recipient(s) an | id the explanatio | on: | 1 | | | | |
| Name (Last, First) | Number of | Agonov | | e income box if the agency offi ncome. If the agency official p | | | |
| or | Number of Admission(s)/ | Agency Official | also prov | vide a description. | | 1.00 COMULE MARCO - POLICE CARA - 1999 | |
| Organization (Name, Address, Description) | Ticket(s) | | | ome, describe the public purpo ial roles, performed by an agen tion. | | dual, or | |
| Goodwin, Mark | | Yes 🗖 | To reward a | community volunteer for his | service to the | Income | |
| | 2 | No 🗹 | public. | | | | |
| | ÷ | Yes 🗖 | | | | Income | |
| | | No 🗖 | | | | | |
| | | Yes 🗖 | | | | Income | |
| | | No 🗖 | | | | | |
| | | Yes □ No □ | | | | Income | |
| | | | | | | | |
| | | Yes 🔲 No 🗖 | | | | Income | |
| | | | | | | | |
| 3. Verification | gulations 190111 an | d 18012 14 | ave verified | that the distribution of edm | ingions and fo | th above | |
| I have read and understand FPPC Reg is in accordance with the provisions. | yulallons 10944.1 all | iu 10942.11 | ave vermed l | nacine distribution of adm | 113310115, SEt TO | nin above, | |
| | | | | | 111 | ocla | |

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

MICHELLE DIANDA

Print Name

Signature of Agency Head or Designee

3

(month, day year)

Ticket Administrator

Title

| A Public D | ocument) |
|------------|----------|
|------------|----------|

| 4 | | | | | | | | | | |
|------|---|---------------|---|---|-------------------------------------|--|--|--|---|---|
| 1. / | Agency Name | Date Stamp | | California | 802 | | | | | |
| į | County of Alameda | | | | | : | | | Form | 002 |
| Ī | Division, Department, or Region | ı (if applica | ble) | | | | | | For Official L | Ise Only |
| | Board of Supervisors | | | | | | | | | |
| 2 | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
|] | Designated Agency Contact (Na | Amendment (Mu | ist prov | ide explanation in | Part 3.) | | | | | |
| | Crystal Hishida Graff, Clerk, Bo | | | | | | | | | |
| | Area Code/Phone Number E- | -mail | | | | | Date of Original Filin | ıg: | (month, day, year |) |
| - | | | hida@acgov. | | | | | | | |
| 2. | Function, Event, or Cerem | nonial R | ole Informat | tion | | | | | | |
| ī | Title Oakland A's vs. San Fran | ncisco Gi | ants | | | F > | (-l | | e 85.00 | |
| | litle Oakland AS VS. Carrien | | | | - | Face V | alue of Each Adm | nissi | on \$ | |
| | Description Baseball Game | | | | | Date/s |) 03 / 30 / 13 | 3 | 1 | 1 |
| | | | | | - | Date(3 |), | | | / |
| | Ticket(s)/Admission(s) provi | dod by a | Vac | | 0 17 | I If no. Oakl | and A's | | | |
| | | | | υĽ | | | | | | |
| | nekel(s)/Admission(s) provid | ueu by a | igency res | | | | Name | e of S | ource | |
| | | | | | | | i ivanie | | ource | |
| | Was the distribution to perso | | | | | | i ivanie | | ource | |
| | Was the distribution to perso | ons iden | tified below r | nade a | at the | | i ivanie | | ource | |
| | Was the distribution to perso | ons iden | tified below r ichard- Supervis | nade a or, Dist | at th orist 2 | | i ivanie | | ource | |
| | Was the distribution to perso Yes ☑ No ロ If yes: | ons ident | tified below r ichard- Supervis Official's | nade a or, Dist Name (I | at th orist 2 | e behest of | i ivanie | | ource | |
| , | Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s) | ons ident | tified below r ichard- Supervis Official's | nade a or, Dist Name (I | at th orist 2 | e behest of First) and Title | an agency officia | 11? | | sion as |
| | Was the distribution to perso Yes ☑ No ロ If yes: | ons ident | tified below r ichard- Supervis Official's | nade a or, Dist Name (I | rict 2 Last, F | e behest of First) and Title Check th taxable in | an agency officia | ll? | cial claims admiss | |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or | ons ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a or, Dist Name (I on: | rict 2 Last, F | e behest of First) and Title Check th taxable in also prov | an agency officia e income box if the agency ncome. If the agency offic ide a description. | ul? cy offic cial pe | cial claims admiss rformed a ceremo | |
| | Was the distribution to perso Yes ☑ No ロ If yes The identity of recipient(s) Name (Last, First) | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of | nade a or, Dist Name (l on: Agen | rict 2 Last, F | behest of First) and Title Check th taxable in also prov If not inc ceremon | e income box if the agenc ncome. If the agency offic ide a description. ome, describe the public ial roles, performed by an | cy offic cial pe purpo | cial claims admiss rformed a ceremo se, including | onial role, |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a or, Dist Name (I on: Agen Offic | rict 2 Last, F | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organizat | e income box if the agency ncome. If the agency official description. ome, describte the public ial roles, performed by an | cy offic cial pe purpon agent | cial claims admiss rformed a ceremo se, including cy official, individ | onial role, ual, or |
| | Was the distribution to perso Yes ☑ No ☑ If yes The identity of recipient(s) Name (Last, First) or Organization | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a or, Dist Name (l on: Agen | rict 2 Last, F | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agenc ncome. If the agency offic ide a description. ome, describe the public ial roles, performed by an | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | onial role, |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (l on: Agen Offic Yes No | rict 2 Last, F ncy cial | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (l on: Age Offic | at the rict 2 <i>Last, F</i> | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | onial role, ual, or Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (I on: Age Offic Yes No Yes | ncy cial | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income Income Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (l on: Agen Offic Yes No Yes No | ncy cial | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (I on: Age Offic Yes No Yes No Yes | at the rict 2 Last, F | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income Income Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (l on: Agel Offic Yes No Yes No Yes No | at the rict 2 Last, F | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income Income Income |
| | Was the distribution to perso Yes ☑ No □ If yes The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Dins ident | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or, Dist Name (l on: Agen Offic Yes No Yes No Yes No Yes | at the rict 2 Last, I cial | e behest of First) and Title Check th taxable in also prov If not inc ceremon organizal To promote a | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. ttendance at an event i | cy offic cial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Income Income Income Income |

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

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

| 119 | chetraumission Dist | induona | > | | | | | | cument | |
|-----|-------------------------------|-----------------|----------------------------|---|--------------|----------------------|--|----------------------|-------------|--|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 | |
| | County of Alameda | | | | | | | Form | | |
| | Division, Department, or Reg | ion (if applica | ble) | | | | | For Official U | lse Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact | Name, Title) | | | | 6 | Amendment (Must pi | ovide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, | | Supervisors | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: . | (month, day, year |) | |
| _ | (510) 272-3882 | | shida@acgov.o | _ | | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | tion | | | | | | |
| t: | Title Oakland A's vs. San Fi | rancisco Gi | ants | | | Ease \ | /alue of Each Admiss | ton \$ 22.00 | | |
| | | | | | _ | | | | | |
| | Description Baseball Game | Э | | | _ | Date(s |) 03 / 30 / 13 | / | 1 | |
| | | | | | | | , | | | |
| | Ticket(s)/Admission(s) pro | vided bv a | aencv? Yes | | 0 🔽 | If no: Oakl | and A's | | | |
| | | ·····, | .g, · · · · · | | | | Name of | Source | | |
| | Was the distribution to pe | roone iden | tified below n | nada | • • • h | a habaat of | an aganay official? | | | |
| | was the distribution to per | isons luen | tilled below h | naue a | at trie | e benest of | an agency official? | | | |
| | Yes 🗹 No 🔲 Ify | es: Valle, R | ichard- Supervis | chard- Supervisor, District 2 | | | | | | |
| | | | Official's | Official's Name (Last, First) and Title | | | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| | Name | | | | | Check th | e income box if the agency o | ficial claims admiss | sion as | |
| | (Last, First) | | Number of | Age | | | ncome. If the agency official vide a description. | performed a ceremo | onial role, | |
| | or Organization | | Admission(s)/ Ticket(s) | Offic | cial | If not inc | ome, describe the public pur | | | |
| | (Name, Address, Descrip | otion) | | | | ceremon organizat | onial roles, performed by an agency official, individual, or | | | |
| | Armin-Hoilland, Rose | | | Yes | | To promote a | ttendance at an event held | at a County | Income | |
| | | | 2 | No | \checkmark | facility in orde | er to maximize potential rev | enue from sales. | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | 1 | Κ | | |
| | | | | 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.

| MAA2 | MICHELLE DIANDA | Ticket Administrator | 2/29/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | ckel/Aumission Dist | induitions | > | | | | A | Public Do | | |
|----|-------------------------------|---------------------|--------------------------------|---------|---------------|---------------------------|--|---------------------|-----------|--|
| 1. | Agency Name | Date Stamp | California Form | 802 | | | | | | |
| | County of Alameda | | | | | | | | | |
| | Division, Department, or Regi | on (if applica | able) | | | | | For Official U | Jse Only | |
| | Board of Supervisors | | v | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must pro | vide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, | | Supervisors | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, yea |) | |
| | (510) 272-3882 | | shida@acgov. | | | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Information | tion | | | | | | |
| | Title Golden State Warriors | vs. New O | rleans Hornets | 5 | | Face V | alue of Each Admissi | on \$ 200.00 | | |
| | | | | | | | | | | |
| | Description Basketball Gan | ne | | | - | Date(s |) <u>04</u> <u>03</u> <u>13</u> | / | | |
| | | | | | | | | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | o | lf no: <u>Gold</u> | en State Warriors Name of S | auroo. | | |
| | | | | | | | Name or S | ource | | |
| | Was the distribution to per | sons iden | tified below r | nade a | t th | e behest of | an agency official? | | | |
| | | Valla D | ishard Supervis | or Dist | tiat 0 | | | | | |
| | Yes 🗹 No 🔲 If ye | es: <u>valle, R</u> | ichard- Supervis Official's | Name (L | ast. I | First) and Title | | | | |
| | The identity of an eightent | (a) and th | | | | | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| | Name (Last, First) | | Number of | Ager | 1CV | | e income box if the agency offi ncome. If the agency official pe | | | |
| | or Organization | | Admission(s)/ | Offic | | | ide a description. | se including | | |
| | (Name, Address, Descrip | tion) | Ticket(s) | ceremo | | ceremon | ncome, describe the public purpose, including nnal roles, performed by an agency official, individual, or ration | | | |
| | Laws, Jerl | | + | Yes 🗖 | | organizat To promote a | ttendance at an event held a | at a County | Income | |
| | | | 4 | | \checkmark | facility in orde | er to maximize potential reve | nue from sales. | | |
| | | | | Yes | | | | | Income | |
| | | | | No | Ò | | | | | |
| | | c | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | | | | ×. | | Income | |
| | | | | No | | | | | | |
| | | | | | | | | | Income | |
| - | | | | No | | | | | | |
| 3. | Verification | | | | | | | | | |
| | have read and understand FP | PC Regulati | ons 18944.1 an | d 1894: | 2. <i>I h</i> | ave verified t | hat the distribution of adm | nissions, set for | th above, | |
| | | 0113. | | | | | | - | 1 | |
| | | MIC | HELLE DIANI | DA | | Ticke | t Administrator | 21 | 701 | |

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 \$20

| | CREWAUIIISSION DISUI | DULIONS | 2 | | | | A | FUDIIC DU | | |
|---|---|----------------|----------------------------|----------|--------------|---------------------|---|---|----------|--|
| 1. | Agency Name | | | | | | Date Stamp | California Form | 002 | |
| | County of Alameda | | | | | | | Form | 002 | |
| | Division, Department, or Regio | on (if applica | ble) | | | | | For Official U | se Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (/ | Vame, Title) | | | | | Amendment (Must pro | vide explanation in I | Part 3.) | |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | n manana ku ata na k aba kewaka keta akara da kata | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: _ | (month, day, year |) | |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | 2 | 10 5.37 Broger N 52 | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | tion | | | | | | |
| | Oakland A's vs. Detroit | Tigore | | | | | | • 22.00 | | |
| | Title Oakland A's vs. Detroit | ngers | | | - | Face V | alue of Each Admiss | ion \$ | | |
| | Description Baseball Game | | | | | Dato/c |) 04 / 12 / 13 | 1 | | |
| | | | | | - | Date(s |)/ | / | | |
| Ticket(s)/Admission(s) provided by ag | | | Mancy2 Vos | | 0 17 | If no. Oakl | and A's | | | |
| | | | igency: les | | 0 | II 110 | Name of S | Name of Source | | |
| | | | | | | | | | | |
| | Was the distribution to pers | tified below h | nade a | at the | e benest of | an agency official? | | | | |
| Yes 🗹 No 🔲 If yes: Valle, Richard- Sup | | | | or Distr | ict 2 | | | | | |
| | | | Official's | Name (I | ast, I | First) and Title | | | | |
| The identity of recipient(s) and the explanation: | | | | | | | | | | |
| | Name | , | | | | Check th | e income box if the agency off | icial claims admiss | ion as | |
| | (Last, First) | | Number of | Age | ncy | taxable ir | ncome. If the agency official p | | | |
| | or Organization | | Admission(s)/ Ticket(s) | Offic | cial | | ride a description. ome, describe the public purpe | rpose, including | | |
| | (Name, Address, Descript | tion) | Tienet(3) | | | | ial roles, performed by an ager | | ual, or | |
| | YMCA Newark/Fremont | | | Yes | | | non-profit organization for its | s contributions to | Income | |
| | | | 2 | No | \checkmark | the communit | iy . | | | |
| | 41811 Blacow Road, Fremont CA 9453 | 38 | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | Childcare and youth programs to fulfill | needs for a | | Yes | | | | | Income | |
| | healthy lifestyle | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | Į. | | 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.

| MAN | MICHELLE DIANDA | Ticket Administrator | 4/1/ | 13 |
|--------------------------------------|-----------------|----------------------|-------------|----------|
| Signature of Agency Head or Designee | Print Name | Title | (nonth, day | y, year) |

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

| Incret/Aumission Distributio | 115 | | | A | Fublic Docu | |
|--|----------------------------|--|------------------|---|--------------------------|---------|
| 1. Agency Name | | | | Date Stamp | California Form | 002 |
| County of Alameda | | | | | | |
| Division, Department, or Region (if app | plicable) | | | 1 | For Official Use (| Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | 1 | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Titl | e) | | | Amendment (Must pro | vide explanation in Part | : 3.) |
| Crystal Hishida Graff, Clerk, Board o | of Supervisors | | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, year) | - |
| | .hishida@acgov. | the second s | | | | |
| 2. Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| Title Oakland A's vs. Detroit Tigers | | | Eaco \ | /alue of Each Admiss | ion ¢ 22.00 | |
| | | | race | value of Each Aumiss | ion \$ | |
| Description Baseball Game | | | Date(s | b) <u>04</u> <u>13</u> <u>13</u> | / | 1 |
| • | | | , | , | | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | □ No 🖸 | If no: Oakl | land A's | | |
| | | | - | Name of S | Source | |
| Was the distribution to persons ic | lentified below r | nade at th | e behest of | f an agency official? | | |
| | | | | an agonoy oniolari | | |
| Yes 🗹 No 🔲 If yes: Valle | e, Richard- Supervis | sor District 2 | | | | |
| | Official's | Name (Last, | First) 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 | | income. If the agency official performed a ceremonial role, ovide a description. | | |
| Organization (Name, Address, Description) | Ticket(s) | Ticket(s) If not inc | | t income, describe the public purpose, including monial roles, performed by an agency official, individual, or | | |
| (Mane, Address, Description) | | | organiza | tion. | | |
| YMCA Newark/Fremont | 2 | Yes | the communi | non-profit organization for its | s contributions to In | ncome |
| | 2 | No 🗹 | une communi | ly | | |
| 41811 Blacow Road, Fremont CA 94538 | | | | | In | ncome |
| | | No 🔲 | | | | |
| Childcare and youth programs to fulfill needs for | а | | | | In | |
| healthy lifestyle | | No 🗖 Yes 🗖 | | | | hanna . |
| | | Yes □ No □ | | | Ir | ncome |
| | | Yes 🗖 | | | | |
| | | No 🗆 | | | Ir | ncome |
| | | | | | | |
| 3. Verification | lationa 19011 1 an | 210010 II | and varified | that the distribution of edge | ciocicus, ant fouth a | - h |
| I have read and understand FPPC Reguing is in accordance with the provisions. | nauons 10944.1 an | iu 10942.11 | ave vermed l | ແກລະ ເກຍ ບາຣແກມບແບກ ບາ aun | nəəlunə, sel iurin a | ibove, |
| $(/ \lambda)$ | | | | | 111, | 11- |

| | VV | MICHELLE DIANDA | Ticket Administrator | 91113 |
|---|--------------------------------------|-----------------|----------------------|--------------------|
| T | Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Document | Α | Public | Document |
|-------------------|---|--------|----------|
|-------------------|---|--------|----------|

| 11 | cket/Admission Distribution | S | | | | A | Public Do | |
|----|--|----------------------------|---|--------|------------------|---|---------------------|------------|
| 1. | Agency Name | | | | | Date Stamp | California Form | 002 |
| | County of Alameda | | | | | | Form | 002 |
| | Division, Department, or Region (if applic | able) | | | | | For Official U | Jse Only |
| | Board of Supervisors | | | | | | | |
| | Street Address | | | | | 1 | | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | Amendment (Must pro | vide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: _ | (month, day, year | <u> </u> |
| | (510) 272-3882 crystal.hi | shida@acgov. | org | | | | | |
| 2. | Function, Event, or Ceremonial F | Role Informat | tion | | | | | |
| | Title Oakland A's vs. Detroit Tigers | | | | | /alexa of Early Astronomy | • ¢ 22.00 | |
| | Title | | | - | Face V | /alue of Each Admiss | ion \$ | |
| | Description Baseball Game | | | - | Date(s |) <u>04</u> <u>14</u> <u>13</u> | / | / |
| | | | | | | | | |
| | Ticket(s)/Admission(s) provided by | agency? Yes | 🔲 No | | If no: Oakl | and A's Name of S | Course | |
| | | | | | | Name or 3 | source | |
| | Was the distribution to persons ider | ntified below r | nade a | t th | e behest of | an agency official? | | |
| | | | D' () | | | | X | |
| | Yes 🗹 No 🔲 If yes: Valle, Richard- Super Official | | | ct 2 | First) and Title | | | |
| | | 6 | | ası, 1 | nsi) anu mie | | | |
| | The identity of recipient(s) and the | ne explanatio | on: | | - | | | |
| | Name (Loot First) | | | | ALC: 2 194 1 | e income box if the agency off ncome. If the agency official p | | |
| | (Last, First) or | Number of Admission(s)/ | Agen Offic | | | vide a description. | | inar role, |
| | Organization Ticket(s) • If not in | | come, describe the public purpose, including nial roles, performed by an agency official, individual, or | | | | | |
| | | | | _ | organizat | | oontributions to | |
| | YMCA Newark/Fremont | 2 | Yes No | | the communit | non-profit organization for its | | |
| | | - | Yes | | | | | |
| | 41811 Blacow Road, Fremont CA 94538 | | No | | | | | Income |
| | | | Yes | | | | | Income |
| | Childcare and youth programs to fulfill needs for a healthy lifestyle | | | | | | | |
| | | | Yes | _ | | | | |
| | | | | | | | | Income |
| | | | | | | | | |
| | | | | | | | | Income |
| _ | | | | | | | | |
| ა. | Verification | ions 19011 1 on | d 19015 | | ave verified t | that the distribution of odm | ninninna antfor | th chave |
| | I have read and understand FPPC Regulat is in accordance with the provisions. | 10115 10944.1 dll | u 10942 | . 111 | ave venned l | กละ เกษ นารเกมนแบก บา สินิทิ | iissions, set for | in above, |
| | | | | | | | | |

| MAR | MICHELLE DIANDA | Ticket Administrator | 4/1/B |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | Α | Pub | lic | Document |
|--|---|-----|-----|----------|
|--|---|-----|-----|----------|

| 10 | CREWAUIIISSIOII DISUII | | | | | | | | | |
|----|--|--|---|---|--------------------------------|--|--|--|---|---|
| | Agency Name | | | | | | Date Stamp | Ca | alifornia | 802 |
| | County of Alameda | | | | | | | 1070 | Form | 002 |
| | Division, Department, or Regio | n (if applica | ble) | | | | | | For Official U | se Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | S | | | |
| | Designated Agency Contact (N | ame, Title) | | | | | Amendment (Mu | st provide ex | kplanation in F | Part 3.) |
| | Crystal Hishida Graff, Clerk, E | | Supervisors | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filin | g:(mor | nth, day, year) |) |
| | | | shida@acgov. | the second se | | | - | | | |
| • | Function, Event, or Ceren | nonial R | ole Informat | ion | | | | | | |
| | Title Oakland A's vs. Seattle | Mariners | | | | Face \ | /alue of Each Adm | ission \$ | 22.00 | |
| | Description Baseball Game | | | | | Date(s | ;) <u>04</u> 04_13 | | / | / |
| | | | | | | | | | | |
| | Ticket(s)/Admission(s) prov Was the distribution to pers | ons iden | tified below n | nade a | at the | | Name | of Source | | |
| | Was the distribution to pers | ons iden s: Valle, R | tified below n ichard- Supervis Official's | nade a or Distr Name (I | at the | | Name | | • | |
| | Was the distribution to pers Yes ☑ No 🔲 If yes | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's | nade a or Distr Name (I | ict 2 Last, F | behest of irst) and Title Check th taxable in also prov If not inc ceremon | e income box if the agenc roome. If the agency offic vide a description. ome, describe the public ial roles, performed by an | I? cy official cl sial perform purpose, inc | aims admiss ied a ceremo cluding | nial role, |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a or Distr Name (I on: Agen | at the ict 2 .ast, F | behest of irst) and Title Check th taxable in also prov If not inc ceremon organization | e income box if the agenc roome. If the agency offic vide a description. ome, describe the public ial roles, performed by an | I? cy official cl cial perform purpose, in agency off | aims admiss aed a ceremo cluding iicial, individ | nial role, ual, or |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a or Distr Name (I on: Agen Offic | at the ict 2 .ast, F | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agee Offic Yes | at the ict 2 .ast, F | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (l on: Agen Offic Yes No | ict 2 ast, F ncy cial | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agen Offic Yes No Yes | at the ict 2 .ast, F | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (l on: Agen Offic Yes No Yes No | at the ict 2 .ast, F | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (l on: Agei Offic Yes No Yes No Yes No Yes | at the ict 2 | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income Income Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agei Offic Yes No Yes No Yes No | at the ict 2 | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income Income Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons iden _{s:} _ ^{Valle, R} s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (l on: Agei Offic Yes No Yes No Yes No Yes | at the ict 2 | behest of iirst) and Title Check th taxable in also prov If not inc ceremon organizat To promote a | e income box if the agency ncome. If the agency officia vide a description. ome, describe the public ial roles, performed by an tion. | I? Sy official cl sial perform purpose, in agency off neld at a C | aims admiss ied a ceremo cluding ficial, individe OUNty | nial role, ual, or Income Income Income |

is in accordance with the provisions.

| MAL | MICHELLE DIANDA | Ticket |
|--------------------------------------|-----------------|--------|
| Signature of Agency Head or Designee | Print Name | |

Administrator Title

nonth,

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

| | cket/Admission Distribution | 3 | | | | | A Public Do | | |
|---|---|----------------------------|---|----------|------------------|--|------------------------|----------|--|
| 1. | Agency Name | | | | | Date Stamp | California Form | 002 | |
| | County of Alameda | | | | | | | | |
| | Division, Department, or Region (if applic | able) | | | | - | For Official L | lse Only | |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | Amendment (Must | provide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month, day, year |) | |
| | | shida@acgov. | and the second se | | | | | | |
| 2. | Function, Event, or Ceremonial F | Role Informat | tion | | | | | | |
| | Title Oakland A's vs. Chicago White S | ox | | | Eaco \ | /alue of Each Admis | sion ¢ 22.00 | | |
| | 110e | | | _ | | | | | |
| | Description Baseball Game | | | _ | Date(s |) <u>05 , 31 , 13</u> | 0601 | | |
| | * | | | | | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no | | | | | | and A's | | | |
| | | | Name o | f Source | | | | | |
| | Was the distribution to persons ide | e behest of | an agency official? | | | | | | |
| | - | | | | | | | | |
| | Yes 🗹 No 🔲 If yes: Valle, Richard- Supervisor | | | | | | | | |
| | | | | _ast, I | First) and Title | | | | |
| | The identity of recipient(s) and the | ne explanatio | on: | | | | | | |
| | Name | | | | 6.0 2 10 | · · · · · · · · · · · · · · · · · · · | | | |
| | (Last, First) or | Number of Admission(s)/ | Age Offic | | 0.01 | income. If the agency official performed a ceremonial role, ovide a description. come, describe the public purpose, including nial roles, performed by an agency official, individual, or | | | |
| | Organization (Name, Address, Description) | Ticket(s) | | | | | | | |
| | | | | | organiza | tion. | | | |
| | Hayward Animal Shelter | 4 | Yes | | the communit | non-profit organization for | its contributions to | Income | |
| | - | | No | _ | | ty. | | | |
| | 16 Barnes Court, Hayward CA 94544 | | Yes No | | | | | Income | |
| | | | | | | | | | |
| | Provides shelter of homeless animals and low cost | | Yes No | | | | | Income | |
| | veterinarian programs | | Yes | | | | | | |
| | | | No | | | | | Income | |
| | · · · · · · · · · · · · · · · · · · · | - | Yes | | | 3 | | | |
| | | | No | Н | | | | Income | |
| 2 | Verification | | | | | | | | |
| J . | have read and understand FPPC Regular | tions 18944 1 an | d 1894 | 2 I h | ave verified t | hat the distribution of a | Imissions set for | th above | |
| | is in accordance with the provisions. | | a 1004 | <u> </u> | | | | 0.000, | |

| MAR | MICHELLE DIANDA | Ticket Administrator | 4/3/13 |
|--------------------------------------|-----------------|----------------------|-------------------|
| Signature of Agency Head or Designee | Print Name | Title | month, day, year) |

| Α | P | ul | ol | ic | Do | cu | m | ıe | n | t |
|------|---|----|-----|-----|----|----|---|----|---|---|
| | | | ••• | ••• | | | | | | |

| | CREWAUIIISSION DISU | indutions | | | | | A | Public Do | cument | |
|--|---|---------------------|-------------------------|-------------------------------|--------------|---|---|--------------------|------------|--|
| 1. | Agency Name | | | | | | Date Stamp | California Form | 002 | |
| | County of Alameda | | | | | | 5 | Form | 0UZ | |
| | Division, Department, or Regi | on (if applica | ible) | | | | | For Official U | lse Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | | | | |
| | Crystal Hishida Graff, Clerk, | Supervisors | | | | Amendment (Must provide explanation in Part 3.) | | | | |
| | | E-mail | • | | | | Date of Original Filing: _ | (month, day, year | •) | |
| | (510) 272-3882 crystal.hishida@acgov.org | | | | | | (monin, day, year | | | |
| 2. | Function, Event, or Cere | | | | | | | | | |
| | | | | | | | | | | |
| | Title Oakland A's vs. Seattle | Face \ | /alue of Each Admissi | i on \$ _ <u>85.00</u> | | | | | | |
| | Reachall Come | | | | | | <u>, 06 / 14 / 13</u> | | | |
| | Description Baseball Game | | | | _ | Date(s | s)/ | / | / | |
| | | | | | | | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oakla | | | | | | Name of S | Source | | | |
| | | | | | | | | | | |
| | Was the distribution to pers | sons iden | tified below r | nade a | at th | e behest of | an agency official? | | | |
| | | | ishard Cupania | | -+ 0 | | | | | |
| | Yes 🗹 No 🔲 If ye | es: <u>Valle, R</u> | ichard- Supervis | Name (I | ast I | -irst) and Title | | | | |
| | | | | | -001, 7 | noty and mile | | | | |
| | The identity of recipient(| s) and th | e explanatio | on: | | | | | | |
| | Name | | | | | | k the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role, | | | |
| | (Last, First) or | | Number of Admission(s)/ | Ager Offic | | | vide a description. | | ina role, | |
| | Organization (Name, Address, Descript | tion) | Ticket(s) | | | | ome, describe the public purpo ial roles, performed by an ager | | ual. or | |
| | (Nulles, Audress, Descript | | | - | | organizat | tion. | | | |
| | Hayward Area Historical Society | / | | Yes | | | non-profit organization for its | contributions to | Income | |
| | | | 4 | | \checkmark | the communit | ly. | | | |
| | 22380 Foothill Blvd. Hayward CA 9454 | 1 | | Yes | | | | | Income | |
| | | | | No | | ļ | | | | |
| | Support the preservation of historic site | es & legacy | | Yes | | | | | Income | |
| | of the Hayward area. | | | | | | | | | |
| | | | | | | | | | Income | |
| | | | | No | | | | | | |
| | | | | | | | | | 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.

| $M\lambda$ | MICHELLE DIANDA | Ticket Administrator | 4/5/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| 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 \$17

Agency Report of: Ceremonial Role Events and Ti - 4/ 4 -1-Т.

| A Public Document | Α | Puk | olic | Doc | um | ent |
|-------------------|---|-----|------|-----|----|-----|
|-------------------|---|-----|------|-----|----|-----|

| | cket/Admission Distri | | | | | | | | | | | |
|---|--|---|---|---|--|--|---|--|---|---|-------------------------------|---------------------------------|
| 1. | Agency Name | i | | | | | Dat | te Stamp | | Calif | ornia | 002 |
| | County of Alameda | Ĺ | | | | | | | | Fo | rm | 802 |
| | Division, Department, or Regio | on (if applica | ble) | | | | 1 | | | For | Official U | Ise Only |
| | Board of Supervisors | | | | | | | | | | | |
| | Street Address | | | | | | 1 | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | Amen | ndmont (| Mustoro | uido ovolor | nation in | Port 21 |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | iument (| wust pro | nue explai | auonini | -an S.) |
| | Area Code/Phone Number | E-mail | | | | | Date of O | riginal Fi | iling: | (month | dav vear | ;) |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | | | | (| auj, jou | / |
| 2. | Function, Event, or Cerei | and the second se | A second s | | | | | | | | | |
| | | | | | - | | | | | | | |
| Title Oakland A's vs. Chicago Cubs Face | | | | | | | Value of E | Each Ad | lmissi | on \$ _8 | 5.00 | |
| Baseball Game | | | | | | | s)/_ | 03 | 13 | | | |
| | Description Baseball Game Date | | | | | | s)/_ | / | | | / | / |
| | | | | | | | | | | | | |
| | | | | 100 mm | | Oak | land A'e | | | | | |
| | Ticket(s)/Admission(s) prov | vided by a | igency? Yes | | ⊃ | If no: Oak | land A's | Na | me of S | ource | | |
| | Ticket(s)/Admission(s) prov | vided by a | igency? Yes | □ No | ⊃ | If no: Oak | land A's | Na | me of S | ource | | |
| | Ticket(s)/Admission(s) prov Was the distribution to pers | | | | | | | | | ource | | |
| | Was the distribution to pers | sons iden | tified below r | nade a | it the | e behest o | f an agen | | | ource | | |
| | Was the distribution to pers | sons iden | tified below r | nade a | it the | e behest o | f an agen | | | ource | | |
| | Was the distribution to pers | sons iden es: <u>Valle, Ri</u> | tified below r ichard- Supervis Official's | nade a or Distri <i>Name (L</i> | it the | e behest o | f an agen | | | ource | | |
| | Was the distribution to pers Yes ☑ No □ If ye | sons iden es: <u>Valle, Ri</u> | tified below r ichard- Supervis Official's | nade a or Distri <i>Name (L</i> | it the | behest o | f an agen ine income box | cy offic | ial? | cial claims | | |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) | sons iden es: <u>Valle, Ri</u> | tified below r ichard- Supervis Official's e explanatic Number of | made a sor Distri Name (L on: Agen | ict 2 .ast, F | behest o First) and Title Check the taxable is | f an agen ne income boo ncome. If the | cy offic | ial? | cial claims | | |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic | made a or Distri Name (L | ict 2 .ast, F | behest o First) and Title Check the taxable is also pro If not income taxable is also pro | f an agen ne income boo ncome. If the vide a descrip come, describ | x if the age agency o ption. are the publ | ial? ency offi fficial pe lic purpo | cial claims rformed a se, includ | a ceremo | nial role, |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ | made a sor Distri Name (L on: Agen | ict 2 .ast, F | behest o First) and Title Check the taxable is also pro If not income taxable is also pro | f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, perf | x if the age agency o ption. are the publ | ial? ency offi fficial pe lic purpo | cial claims rformed a se, includ | a ceremo | nial role, |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | made a sor Distri Name (L on: Agen | ict 2 .ast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | nial role, |
| | Was the distribution to pers Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ | nade a sor Distri Name (L Dn: Agen Offic Yes | ict 2 .ast, F | behest o First) and Title Check the taxable i also pro If not inc ceremor organiza | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | nial role, ual, or |
| | Was the distribution to pers Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | made a sor Distri <i>Name (L</i> Dn: Agen Offic Yes No Yes | ict 2 ast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | nial role, ual, or Income |
| | Was the distribution to pers Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | made a sor Distri <i>Name (L</i> Dn: Agen Offic Yes No Yes | ict 2 .ast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | ual, or Income |
| | Was the distribution to pers Yes I No I If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | made a sor Distri <i>Name (L</i> Dn: Agen Offic Yes No Yes | t the ict 2 aast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | ual, or Income Income |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club 11601 Main Street, Sunol CA 94586 | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | made a sor Distri Name (L On: Agen Offic Yes No Yes No Yes | t the ict 2 aast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | ual, or Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club 11601 Main Street, Sunol CA 94586 Provides additional funding to the school | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a sor Distri Name (L On: Agen Offic Yes No Yes No Yes No Yes | t the ict 2 aast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club 11601 Main Street, Sunol CA 94586 Provides additional funding to the school | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a sor Distri Name (L On: Agen Offic Yes No Yes No Yes No Yes | t the ict 2 .ast, F | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | Income |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript Sunol Glen Community Club 11601 Main Street, Sunol CA 94586 Provides additional funding to the school | sons ident es: <u>Valle, Ri</u> s) and th | tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a sor Distri Name (L On: Agen Offic Yes No Yes No Yes No Yes | t the ict 2 ast, F idl idl idl idl idl idl idl idl | behest o First) and Title Check the taxable is also pro If not inconstruction organization To reward a | f an agen ne income boo ncome. If the vide a descrip come, describ nial roles, perf ition. non-profit or | cy offic x if the age agency o ption. be the publ formed by | ency offi fficial pe lic purpo an agen | cial claims rformed a se, includ cy official | a ceremo ling , individ | Income |

3. Verifica

-

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 | 415/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| 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 \$17

1

Agency Report of: **Ceremonial Role Events and** Ti Lead A aluat

| A Public Document | Α | A Publi | ic Document |
|-------------------|---|---------|-------------|
|-------------------|---|---------|-------------|

| 11 | cket/Admission Distr | iputions | ō | | | | A | Public Do | cumen |
|--|---|----------------|---------------------------------------|---------------------|----------------|------------------|--|-----------------------|----------|
| 1. | Agency Name | | | | | | Date Stamp | California | 002 |
| | County of Alameda | | | | | | | Form | 802 |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official U | se Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | | | | | | |
| | | | | | | | Amendment (Must pro | vide explanation in l | Doct 2) |
| | Crystal Hishida Graff, Clerk, Board of Supervi | | | pervisors | | | | vide explanation in r | -an 3.) |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month. day. year |) |
| | (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | (intentin, day, year, | |
| 2. | Function, Event, or Cere | monial R | ole Informat | ion | | | | | |
| | | | | Lana | | | | 050.00 | |
| | Title Golden State Warriors | vs. Oklano | Face V | alue of Each Admiss | ion \$ _250.00 | | | | |
| Description Basketball Game | | | | | | |) 04 / 11 / 13 | , | |
| Description Basketball Game Dat | | | | | | |)// | / | / |
| Ticle (1-) (A locities in (1)) and the latence of the matrix of the state Warriors | | | | | | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Gold | | | | | | | Name of S | Source | |
| Was the distribution to persons identified below made at the behest of an agency off | | | | | | | | | |
| | | | | | | | an agency official? | | |
| | | Valle Ri | ichard- Supervis | or Distr | ict 2 | | | | |
| | Yes 🗹 No 🔲 If ye | es: | ichard- Supervis <i>Official's</i> | Name (L | ast, I | First) and Title | | | |
| | The identity of recipient | | | | | | | | |
| | | (5) and th | | | | Chock th | the income box if the agency official claims admission as | | |
| | Name (Last, First) | | Number of | Agei | ıcv | A 4 | ncome. If the agency official p | | |
| | or Organization | | Admission(s)/ | Offic | | | ovide a description. come, describe the public purpose, including | | |
| | (Name, Address, Descrip | tion) | Ticket(s) | | | | ial roles, performed by an ager | | ual, or |
| | Mejia, Manuel | | | Yes | | | ttendance at an event held a | • | Income |
| | | | 5 | No | \checkmark | facility in orde | er to maximize potential reve | nue from sales. | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | | | | | | |
| | | | | Yes | | а. | | | Income |
| | | | | | | | | | |
| | | | | Yes | | | | | Income |
| Real Property lies | | | | No | | | | | |
| 3. | Verification | | | | | | | | <i>P</i> |

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.

| | AAt Z- | MICHELLE DIANDA | Ticket Administrator | 4/8/13 |
|---|--------------------------------------|-----------------|----------------------|-------------------|
| 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.
| Α | Public | Document |
|---|--------|----------|
| | | |

| TICKet/Admission Distric | unona | | | | | | A PUDIIC DO | |
|--|-------------|----------------------------|--------|--------------|----------------------|---|------------------------|----------|
| 1. Agency Name | | | | | | Date Stamp | California Form | 002 |
| County of Alameda | | | | | | | Form | 002 |
| Division, Department, or Regior | (if applica | ble) | | | | | For Official U | lse Only |
| Board of Supervisors | | | | | Ę | | | |
| Street Address | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | |
| Designated Agency Contact (Na | me, Title) | | | | | Amendment (Must | provide explanation in | Part 3) |
| Crystal Hishida Graff, Clerk, B | oard of S | Supervisors | | | | | | un o.y |
| Area Code/Phone Number E | -mail | | | | | Date of Original Filing | (month, day, year |) |
| (510) 272-3882 c | rystal.his | hida@acgov. | org | | | | | |
| 2. Function, Event, or Cerem | ionial R | ole Informat | ion | | | | | |
| Coldon State Warriers vs | Oklaha | ma City Thung | lor | | | | | |
| Title Golden State Warriors vs | . Okiano | | lei | - | Face \ | /alue of Each Admis | sion \$ | |
| Description Basketball Game | | | | | Dete |) <u>04 / 11 / 13</u> | 1 | 1 |
| Description | | | | - | Date(s | 5)/// | / | / |
| Ticket(s)/Admission(s) provi | | | - | | Id | en State Warriors | | |
| licket(s)/Admission(s) provi | аеа бу а | igency? res | | o M | If no: | Name o | of Source | |
| Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: | | | | | | | | |
| Name | | | | | 18 103104 DOUD + 100 | e income box if the agency official claims admission as | | |
| (Last, First) or | | Number of | AUCIUV | | | e income. If the agency official performed a ceremonial role, rovide a description. | | |
| Organization (Name, Address, Description | on) | Admission(s)/ Ticket(s) | Onic | 101 | | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or | | |
| Pomroy, Kathryn | | | Yes | | To promote a | ittendance at an event he | ld at a County | Income |
| | | 5 | No | \checkmark | facility in orde | er to maximize potential re | evenue from sales. | |
| | | | Yes | | | | | Income |
| | | | No | | | | , | |
| | | | Yes | | _ | | | Income |
| | | | No | | | | | |
| | | | Yes | | | | 6 | 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.

| Math | MICHELLE DIANDA | Ticket Administrator | 4/8/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| 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 I UDIIC DOCUMENT | A | Public | Document |
|--------------------|---|--------|-----------------|
|--------------------|---|--------|-----------------|

| 11 | cket/Admission Distri | induitions | | | | | A | Public Do | |
|---|--|--|---------------|--|---|---------------------------------------|--|-----------------------|----------|
| 1. | 1. Agency Name | | | | | | Date Stamp | California Form | 802 |
| | County of Alameda | | | | | | | | |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official U | lse Only |
| | Board of Supervisors | | 3 | 2 | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | Amendment (Must prov | vide explanation in I | Part 3.) |
| | Crystal Hishida Graff, Clerk, Board of Supervisors | | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, year |) |
| | (510) 272-3882 | and the second | shida@acgov.o | the second s | | | | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | ion | | | | | |
| Title Golden State Warriors vs. Oklahoma City Thunder Face Value of Each Admission \$ _250.00 | | | | | | | | | |
| | Description Basketball Game Date(| | | | | |) 11 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: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title | | | | | | | | | |
| | The identity of recipient(| | | | | , | | | |
| | | | | Ager Offic | | taxable in also prov If not inc | k the income box if the agency official claims admission as le income. If the agency official performed a ceremonial role, provide a description. income, describe the public purpose, including nonial roles, performed by an agency official, individual, or ization. | | |
| | Hickey, Neal | | | Yes | | To promote a | ttendance at an event held a | at a County | Income |
| | | | 5 | No | 1 | facility in orde | er to maximize potential reve | nue from sales. | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes No | | | | | Income |
| | | | | Yes No | | | | | Income |
| 2 | Verification | | | | | | | | |

3. Verification

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

| MANT | IICHELLE DIANDA | Ticket Administrator | 418/13 |
|--|-----------------|----------------------|--------------------|
| 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.

| Hered Admission Dist | INGUIOIIS | | | | ~ | | cument | |
|---|-------------------------|----------------------------|---------|------------------------|--|------------------------|----------|--|
| 1. Agency Name | | | | | Date Stamp | California | 802 | |
| County of Alameda | | | | | | Form | 002 | |
| Division, Department, or Regi | on (if applicable) | | њ. — | | | For Official U | lse Only | |
| Board of Supervisors | | | | | | | | |
| Street Address | | A | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | |
| Designated Agency Contact (| Amendment (Must pr | | Part 21 | | | | | |
| Crystal Hishida Graff, Clerk, | Board of Supervisor | S | | | | ovide explanation in t | Fan S.) | |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing: | | | |
| (510) 272-3882 crystal.hishida@acgov.org | | | | (month, day, you | , | | | |
| 2. Function, Event, or Ceremonial Role Information | | | | | | | | |
| Title Golden State Warriors vs. Oklahoma City Thunder Face Value of Each Admission \$ _250.00 | | | | | | | | |
| Description Basketball Gan | Date(s | 6) 04 , 11 , 13 | / | / | | | | |
| Ticket(s)/Admission(s) pro | vided by agency? | Yes 🔲 | No 🔽 | If no: Gold | en State Warriors Name of | Source | | |
| Was the distribution to per Yes ☑ No ロ If ye The identity of recipient(| es: Valle, Richard- Sup | ervisor Dis cial's Name | trict 2 | First) and Title | | | | |
| | | | | Cheale th | • | | | |
| Name (Last, First) | Number | of Ag | ency | 1001 DOI 1000 DOI 1000 | e income box if the agency of ncome. If the agency official p | | | |
| or | Admission | n(s)/ Of | ficial | | vide a description. ome, describe the public purp | ana including | | |
| Organization (Name, Address, Descrip | tion) Ticket(s | \$) | | ceremon organiza | ial roles, performed by an age tion. | ncy official, individ | ual, or | |
| Briones, Tomas | | 2 m m | s 🗖 | | attendance at an event held | • | Income | |
| | 5 | No | | facility in orde | er to maximize potential rev | enue from sales. | | |
| | | | s 🗖 | | | | Income | |
| | | | | | | | | |
| | | Ye No | | | | | Income | |
| | | Ye | s 🗆 | | | | Income | |
| | | | | | | | | |
| | | | s 🗆 | | | | Income | |
| 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.

| Math | MICHELLE DIANDA | Ticket Administrator | 91913 |
|--------------------------------------|-----------------|----------------------|--------------------|
| 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.

| 11 | cket/Admission Distri | putions | 5 | | | | A | Public Do | cument |
|--|---|----------------|--------------------------------|----------|--------------------------|-------------------|---|---------------------|----------|
| 1. | 1. Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | 4 | Form | 002 |
| | Division, Department, or Regio | on (if applica | ble) | | | | | For Official U | Jse Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (A | lame, Title) | | | | | Amendment (Must pro | vide explanation in | Part 3) |
| | Crystal Hishida Graff, Clerk, I | Board of S | Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, year |) | | |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | | | ŕ |
| 2. | Function, Event, or Cerei | monial R | ole Informat | ion | | | | | |
| | October Otata Warriana un Ocra Antonia Ocean | | | | | | | | |
| Title Golden State Warriors vs. San Antonio Spurs Face Value of Each Admission \$ 200.00 | | | | | | | | | |
| | Description Basketball Gam | e | | | | Dete |) 04 / 15 / 13 | | , |
| | Description | | | | - | Date(s | 5)// | / | / |
| | Ticket(s)/Admission(s) prov | udad by a | manau? Vaa | | | If no. Gold | en State Warriors | | |
| | ricket(s)/Admission(s) prov | /ided by a | igency? Yes | | o ⊡ | If no: | Name of S | Source | |
| | | | | | | | | | |
| | Was the distribution to pers | sons iden | tified below n | nade a | it the | e behest of | an agency official? | | |
| | Yes 🗹 No 🔲 Ifye | . Valle, Ri | ichard- Supervis | or Distr | ict 2 | | | | |
| | | | ichard- Supervis Official's | Name (L | .ast, F | First) and Title | | | |
| | The identity of recipient(s | s) and th | e explanatio | n. | | | | | |
| | | | | | | Check the | e income box if the agency offi | aial alaima admiaa | lon ao |
| | Name (Last, First) | | Number of | Ager | ıcv | (v) (v) (v) (v) | ncome. If the agency official pe | | |
| | or Organization | | Admission(s)/ | Offic | | | rovide a description. | | |
| | (Name, Address, Descript | ion) | Ticket(s) | | | ceremon | ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or | | |
| | Decena, Eduardo | | | Yes | Π | organizat | ittendance at an event held a | at a County | Income |
| | Decena, Eduardo | | 4 | | $\overline{\checkmark}$ | | er to maximize potential reve | | |
| | | | | Yes | _ | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | to the second | | 1 | Yes | | | | | Income |
| | | | | | | | | | |
| _ | Varification | | | | | | | | Loui a |

3. Verification

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

| Ant | MICHELLE DIANDA | Ticket Administrator | 4/15/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | CREWAUIIISSIOII DISU | induona | 2 | | | A | Public Do | | |
|----|---|----------------|--------------------------------|--------------------|--|---|---|-----------|--|
| 1. | Agency Name | | | | | Date Stamp | California Form | 002 | |
| | County of Alameda | | | | | | Form | 002 | |
| | Division, Department, or Regi | on (if applica | able) | | | | For Official U | Jse Only | |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | £ | | | |
| | Designated Agency Contact (| Name, Title) | | | | Amendment (Must pro | vide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | • | · | |
| | Area Code/Phone Number | E-mail | | | | Date of Original Filing: _ | (month, day, year | r) | |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Information | tion | | | | | |
| | Title Oakland A's vs. Housto | n Astros | | | | | • <u> </u> | | |
| | | /////00/00 | | | Face | Value of Each Admiss | ion \$ | | |
| | Description Baseball Game |) | 4 | | Date(s | 5) <u>04</u> <u>16</u> <u>13</u> | / | / | |
| | | | | | | | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | 🔲 No 🛛 | If no: Oak | land A's Name of Source | | | |
| | | | | | | | Jouroo | | |
| | Was the distribution to per | sons iden | tified below r | nade at tl | ne behest of | f an agency official? | | | |
| | | Valle R | ichard- Supervis | or District 2 |) | | | | |
| | Yes 🗹 No 🔲 If ye | es: | ichard- Supervis Official's | Name (Last. | First) and Title | | | | |
| | The identify of registeria | | | | | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | |
| | Name (Last, First) | | - Number of | Agonou | | e income box if the agency off ncome. If the agency official p | | | |
| | or | | Number of Admission(s)/ | Agency Official | also prov | vide a description. | | | |
| | Organization (Name, Address, Descrip | tion) | Ticket(s) | | If not inc ceremon | ome, describe the public purpo ial roles, performed by an ager | ose, including ncy official, individ | ual, or | |
| | | | | Vec E | organiza | tion. attendance at an event held a | at a County | linearen | |
| | Archuleta, Justin | | 4 | Yes □ No ☑ | | er to maximize potential reve | , | Income | |
| | | | | Yes 🗖 | | | | | |
| | | | | No 🔲 | | | | Income | |
| | | | | Yes 🗆 | | | | | |
| | | | | | | | | Income | |
| | | | | Yes 🗖 | | | | | |
| | | | | No 🗖 | | | | Income | |
| | | | | Yes 🗖 | | · 3 | | Income | |
| | | | | No 🗖 | | | | | |
| 3. | Verification | | | | | | | | |
| | I have read and understand FPI | PC Regulation | ons 18944.1 an | d 18942. I | have verified t | that the distribution of adm | nissions. set for | th above. | |
| | is in accordance with the provisi | ions. | | | | | | | |
| | | | | | | | | | |

| MAR | MICHELLE DIANDA | Ticket Administrator | 4/10/13 |
|--|-----------------|----------------------|--------------------|
| V Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and T

| A Public Docum | ument |
|----------------|-------|
|----------------|-------|

| icket/Admission Distribution | ons | | | | | | Public Do | |
|--|--|---|--|---|--|---|---|--|
| Agency Name | | | | | Date Stamp | | California Form | 000 |
| County of Alameda | | | | | | | Form | 004 |
| Division, Department, or Region (if ap | plicable) | | | | | | For Official L | lse Only |
| Board of Supervisors | | | | | | | | |
| Street Address | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | |
| Designated Agency Contact (Name, Tit | ile) | | | | Amendment (M | ust prov | ide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, Board | of Supervisors | | | | _ | | · | , |
| Area Code/Phone Number E-mail | | | | | Date of Original Fili | ng: | (month, day, year |) |
| and the second | l.hishida@acgov. | | | £ | | | | |
| Function, Event, or Ceremonia | al Role Informat | tion | | | 3 | | | |
| Title Oakland A's vs. Houston Astro |)S | | | | /alue of Each Adr | | en e 22.00 | |
| | | | - | | | | | |
| Description Baseball Game | | | _ | Date(s |) <u>04</u> <u>17</u> <u>1</u> | 3 | / | 1 |
| | | | _ | | | | | |
| | | | | | | | | |
| Ticket(s)/Admission(s) provided l | ov agencv? Yes | I No | | lf no: Oakl | and A's | | | |
| Ticket(s)/Admission(s) provided I Was the distribution to persons in Yes ∇ No \Box If yes: Vall | dentified below r | nade at | t the | behest of | f an agency offici | ne of S al? | ource | |
| Was the distribution to persons i | dentified below r e, Richard- Supervis Official's | nade af or Distric Name (La | t the | behest of | f an agency offici | | ource | |
| Was the distribution to persons in Yes ☑ No □ If yes: Vall The identity of recipient(s) and Name | dentified below r e, Richard- Supervis Official's | nade af or Distric Name (La | t the | behest of st) and Title Check th | ivan an agency officion | al? | cial claims admiss | |
| Was the distribution to persons if Yes No If yes: Vall The identity of recipient(s) and | dentified below r e, Richard- Supervis Official's d the explanatic Number of | nade at or Distric Name (La on: Agend | t the ct 2 ast, Fir cy | behest of st) and Title Check th taxable in | ivan | al? | cial claims admiss | |
| Was the distribution to persons in Yes ☑ No □ If yes: Vall The identity of recipient(s) and Name (Last, First) | dentified below r e, Richard- Supervis Official's d the explanatic | nade at or Distric Name (La on: | t the ct 2 ast, Fir cy | behest of st) and Title • Check th taxable in also prov • If not inc | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a | al? acy offic icial pe : purpo | cial claims admiss rformed a ceremo se, including | onial role, |
| Was the distribution to persons in Yes I No I If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ | nade at or Distric Name (La on: Agend | t the ct 2 ast, Fin cy ial | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | onial role, ual, or |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ | nade af or Distric Name (La on: Agend Offici | t the ct 2 ast, Fin cy ial | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, descripte the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | onial role, ual, or |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici | t the ct 2 ast, Fir cy ial T fa | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Incom |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade at or Distric Name (La on: Agend Offici Yes No Yes | t the ct 2 ast, Fir cy ial T fa | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Incom |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici Yes No Yes No | t the ct 2 ast, Fir cy ial | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Incom Incom |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici Yes No Yes No Yes No | t the ct 2 ast, Fir cy ial T fa C | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza o promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | ual, or Incom Incom |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici Yes No Yes No Yes No | t the ct 2 ast, Fir cy ial T fa C t t cy ial | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza 0 promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | Income Income Income |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici Yes No Yes No Yes No Yes No | t the ct 2 ast, Fir cy ial T fr C C C C C C C C C C C C C | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza 0 promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | Income |
| Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r e, Richard- Supervis Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade af or Distric Name (La on: Agend Offici Yes No Yes No Yes No | t the ct 2 ast, Fin | behest of st) and Title • Check th taxable in also prov • If not inc ceremon organiza 0 promote a | e income box if the ager ncome. If the agency off vide a description. ome, describe the public ial roles, performed by a tion. | al? acy offic icial pe purpo n agen held a | cial claims admiss rformed a ceremo se, including cy official, individ t a County | Income Income Income Income Income |

dance with the provisions.

MICHELLE DIANDA Signature of Agency Head or Designee

Print Name

Ticket Administrator Title

(month, day, year)

| A Fublic Document | Α | Public | Document |
|-------------------|---|--------|----------|
|-------------------|---|--------|----------|

| | | 3 | | | | F | | cumen |
|----|--|---|---------------|------------------|---------------------------------------|--|---------------------------------------|-------------|
| 1. | Agency Name | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | Form | 002 |
| | Division, Department, or Region (if application | able) | | | | | For Official U | Jse Only |
| | Board of Supervisors | | ÷ | | | | | |
| | Street Address | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | Amendment (Must p | rovide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, Board of S | Supervisors | | | | _ | , | , |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month, day, year |) |
| _ | (510) 272-3882 crystal.hi | shida@acgov. | org | | | | | |
| 2. | Function, Event, or Ceremonial F | Role Informat | tion | | | | | |
| | Oakland A's vs. Houston Astros | | | | | | | |
| | Title Oakland A's vs. Houston Astros | | | - | Face \ | /alue of Each Admis | sion \$ _22.00 | |
| | Description Baseball Game | | | _ | Date(s |) <u>04</u> <u>16</u> <u>13</u> | / | / |
| | Ticket(s)/Admission(s) provided by a | agency? Yes | | o 🗸 | If no: Oakl | and A's | | 6 |
| | | | | | | Name of | Source | |
| | Yes ☑ No □ If yes: Valle, R The identity of recipient(s) and th | | Name (L | ict 2 .ast, I | First) and Title | | | |
| | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Ager Offic | | taxable in also prov If not inc | e income box if the agency o ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. | performed a ceremo pose, including | onial role, |
| | Raffo, Steve | | Yes | | 1 · | attendance at an event held | · · · · · · · · · · · · · · · · · · · | Income |
| | | 2 | No | \checkmark | facility in orde | er to maximize potential re | venue from sales. | |
| | | | Yes | | | | | Income |
| | | | No | | | | | |
| | | | Yes | | 2 | | | Income |
| | | | | | | | | |
| | | | Yes | | | | | Income |
| | | | No | | | | | |
| | | | Yes | | | .45 | | Income |
| | | | No | | | | | |
| 3. | Verification | | | | | | | |
| P | have read and understand FPPC Regulations in accordance with the provisions. | ions 18944.1 an | d 1894: | 2. I h | ave verified t | hat the distribution of ac | missions, set for | th above, |

3

| | MICHELLE DIANDA | Ticket Administrator | 4/10/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and

| A Public Documen | Α | ocumen [®] | Ľ | ildu | Ρι | Α |
|------------------|---|---------------------|---|------|----|---|
|------------------|---|---------------------|---|------|----|---|

| | cket/Admission Distri | putions | 5 | | | A | Public Do | cument |
|----|--|--------------------|--------------------------------|--------------------|--|---|---------------------|------------|
| 1. | Agency Name | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | Form | 002 |
| | Division, Department, or Regio | n (if applica | ble) | | | | For Official U | lse Only |
| | Board of Supervisors | | | | | * | | |
| | Street Address | e. | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (N | lame, Title) | | | | Amendment (Must pro | vide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, E | | Supervisors | | | _ | | |
| | Area Code/Phone Number | E-mail | | | | Date of Original Filing: | (month, day, year |) |
| _ | | | shida@acgov.o | | | | | |
| 2. | Function, Event, or Cerer | nonial R | ole Informat | ion | | | | |
| | Title The Rolling Stones | | | | Eaco \ | /alue of Each Admissi | en e 600.00 | |
| | | | | | | | | |
| | Description Concert | | | | Date(s | <u>, 05 , 05 , 13</u> | / | |
| | | 11 | | | | , | | |
| | Ticket(s)/Admission(s) prov | vided by a | agency? Yes | 🗆 No 🗹 | If no: Gold | en State Warriors | | |
| | 4 · · · · · · · · · · · · · · · · · · · | - | | | | Name of S | Source | |
| | Was the distribution to pers | ons iden | tified below n | nade at th | e hehest of | an agency official? | | |
| | | | ŧ. | | | | | |
| | Yes 🗹 No 🔲 If ye | s: <u>Valle, R</u> | ichard- Supervis Official's | or, District 2 | | | | |
| | | | Official's | Name (Last, I | First) and Title | | | |
| | The identity of recipient(s | s) and th | e explanatio | on: | | | | |
| | Name | | | | The state state of the state of | e income box if the agency offi | | |
| | (Last, First) or | | Number of Admission(s)/ | Agency Official | | ncome. If the agency official po vide a description. | erformed a ceremo | nial role, |
| | Organization | | Ticket(s) | Unicial | | ome, describe the public purpo ial roles, performed by an agen | | ual or |
| | (Name, Address, Descripti | ion) | | | organizat | tion. | | ual, or |
| | Aro-Valle, Barbara | | | Yes 🗖 | | ttendance at an event held a | • | Income |
| | | | 2 | No 🗹 | facility in orde | er to maximize potential reve | nue from sales. | |
| | | | | Yes 🗖 | | | | Income |
| | | | | No 🗖 | | | | |
| | | | | Yes 🗖 | | | | Income |
| | | | | No 🗖 | | | | |
| | | | | Yes 🔲 | | | | Income |
| | | | | No 🗖 | | | | |
| | | | | Yes 🗖 | | | | Income |
| | | | | No 🗖 | | | | |
| 3. | Verification | | | | | | | |
| | I have read and understand FPP is in accordance with the provision | | ons 18944.1 an | d 18942. l h | ave verified t | hat the distribution of adm | nissions, set for | th above, |
| | | | | | | | 11/1 | 1/1- |
| | MASS | MIC | HELLE DIAN | AC | Ticke | et Administrator | 411 | e/13 |

V Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

| A FUDIIC DOCUMENT | A | F | ub | lic | Document |
|-------------------|---|---|----|-----|----------|
|-------------------|---|---|----|-----|----------|

| 11 | cket/Admission Distr | inditions | Š | | | | A | Public Do | |
|--|--|----------------|---|---------------|---|---|---|---------------------|-------------|
| 1. | Agency Name | | | | | | Date Stamp | California Form | 002 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official U | Jse Only |
| | Board of Supervisors | | | | | | 5 | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must pro | uido ovalonation in | Dort 21 |
| | 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. | org | | | | (monui, day, yea | / |
| 2. | Function, Event, or Cere | monial R | ole Informat | tion | | | | | |
| | Title Oakland A's vs. Baltime | ore Orioles | | | | Face \ | /alue of Each Admissi | on \$ _22.00 | |
| | Description Baseball Game |) | | | _ | Date(s |) 04 / 26 / 13 | / | / |
| Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's Was the distribution to persons identified below made at the behest of an agency Yes ☑ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: | | | | | | | | ource | |
| | Name (Last, First) or Organization (Name, Address, Descrip | otion) | Number of Admission(s)/ Ticket(s) | Ager Offic | | taxable in also prov e If not inc | e income box if the agency offi ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion | erformed a ceremo | onial role, |
| | Inamdar, Syeda Fareeda | | | Yes | П | the second se | student for outstanding schol | astic | Income |
| | | | 2 | No | | achievement. | r - | | |
| | | | | 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.

| MALE | MICHELLE DIANDA | Ticket Administrator | 4/22/13 |
|--|-----------------|----------------------|--------------------|
| V Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| icket/Ad | dmission Disti | | | | | | | | | | |
|---------------------------|--|---|---|---|-----------------------------------|---|--|---|--------------------------------------|------------------|---|
| . Agency | v Name | | | | | | Date Star | np | Calif | ornia | 000 |
| County of | of Alameda | | | | | | | | | orm | 802 |
| | Department, or Reg | ion (if applica | able) | | | | | | Fo | r Official U | se Only |
| Board of | f Supervisors | | | | | | | | | | |
| Street Ad | | | | | | | | | | | |
| 1221 Oa | ak Street, Suite 536 | | | | | | | | | | |
| | ed Agency Contact | | | | | | | | | | |
| _ | | | Nunomilaoro | | | | Amendmen | it (Must pro | vide expla | nation in F | Part 3.) |
| | Hishida Graff, Clerk, le/Phone Number | E-mail | supervisors | | | | Date of Origina | l Filina: | | | |
| | | | | | | | | | (month, | day, year) | |
| (510) 27 | | | shida@acgov. | | | | | | | | |
| . Functio | on, Event, or Cere | emonial R | ole Information | tion | | | | | | | |
| Title Oal | kland A's vs. Baltim | ore Orioles | | | | Ease \ | alue of Each | Adminoi | on ¢ á | 22.00 | |
| | | | | | | | | | | | |
| Descrint | tion Baseball Gam | е | | | | Dato/s |) | , 13 | | 1 | 1 |
| Descript | | | | | _ | Date | // | _/ | | / | / |
| Ticket(s) |)/Admission(s) pro | ovided by a | agency? Yes | | 0 🗹 | | | Name of S | ource | | |
| Was the | distribution to pe | rsons iden | tified below r | nade a | at the | e behest of | | | ource | | |
| | distribution to pe | rsons iden | tified below r | nade a | at the | e behest of | | | ource | | |
| Was the Yes | distribution to pe | rsons iden ves: _ ^{Valle, R} | tified below r ichard- Supervis Official's | nade a or Distr Name (I | at the | e behest of | | | ource | | |
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is in accordance with the provisions.

| MARL | MICHELLE DIANDA | Ticket Administrator | 4/22/13 |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| 1. Agency Name County of Alameda County of Alameda Division, Department, or Region (# applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: County of Alameda Designated Agency Contact (Name, 7tile) Image: Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explanation in Part 3.) Carystal Hishida Graff, Clerk, Board of Supervisor Image: Amendment (Must provide explanation in Part 3.) Description, Baseball Game Date(s) Image: Amendment (Must provide explanation in Part 3.) Ticket(s)/Admission(s) provided by agency? Yes Image: Male Science Date(s) Mame of Source Was the distribution to persons identified below made at the behest of an agency official c | | CREWAUIIISSION DISU | induona | • | | | A | Fublic Do | |
|---|----|------------------------------------|---------------------|---|---|-----------------------|---|---------------------|-------------|
| Division, Department, or Region (// applicable) Board of Supervisors Street Address | 1. | Agency Name | | | | | Date Stamp | California | 002 |
| Borard of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [610) 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [610) 272-3882 Crystal Hishida @acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Texas Rangers Description Baseball Game Date(s) O9 / 04 / 13 // Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Valle, Richard-Supervisor District 2 Official's Name (Last, First) Organization Name, Address, Description) St. Rose Hospital Foundation 20 No St. Rose Hospital Foundation 20 No Yes In corme Provides community support and assistance to Yes Provides | | County of Alameda | | | | | | Form | 002 |
| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 Crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Texas Rangers Description Baseball Game Description Baseball Game Description Baseball Game Det of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) and Title Name, Address, Description Number of or organization (Name, Address, Description) St. Rose Hospital Foundation 20 Yes To reward a nonprofit organization for its contributions to Income agency official, Individual, or organization (Name, Address, Description) St. Rose Hospital Foundation 20 Yes To reward a nonprofit organization for its contributions to Income agency official, Individual, or organization (Name, Address, Ineed Yes Income< | | Division, Department, or Regi | on (if applica | ble) | | | | For Official U | Jse Only |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Texas Rangers Description Baseball Game Date of Original Filing: month, dey, year) Citket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) and Title Name, Address, Description) Admission(s) St. Rose Hospital Foundation 20 Yes To reward a nonprofit organization for its contributions to Income in the community 27200 Calaroga Avenue, Hayward, CA 9456 Yes Provides community support and assistance to Yes Provides community support and assistance to Yes Income Income No Income Income <th></th> <td>Board of Supervisors</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | Board of Supervisors | | | | | | | |
| Designated Agency Contact (Name, Title) | | Street Address | | | | | | | |
| Crystal Hishida Graff, Clerk, Board of Supervisors □ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org □ Date of Original Filing: | | 1221 Oak Street, Suite 536 | | | | | | | |
| Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: | | Designated Agency Contact (/ | Name, Title) | | e. | | Amendment (Must pro | vide explanation in | Part 3.) |
| (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Texas Rangers Face Value of Each Admission \$ 1768.00 Description Baseball Game Date(s) 09 / 04 / 13 / / / Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Yes □ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title • Check the income hox if the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. Address, Description St. Rose Hospital Foundation 20 No □ To reward a nonprofit organization for its contributions to income enable the hospital to serve those in need No □ Income Income Provides community support and assistance to enable the hospital to serve | | | Board of S | Supervisors | | | _ | | , |
| (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Texas Rangers Face Value of Each Admission \$ 1768.00 Description Baseball Game Date(s) 09 / 04 / 13 / / / Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Yes □ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title • Check the income hox if the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. If the agency official claims admission as taxable income. Address, Description St. Rose Hospital Foundation 20 No □ To reward a nonprofit organization for its contributions to income enable the hospital to serve those in need No □ Income Income Provides community support and assistance to enable the hospital to serve | | Area Code/Phone Number | E-mail | | | | Date of Original Filing: | (month, day, year | 7 |
| Title Oakland A's vs. Texas Rangers Face Value of Each Admission \$ 1768.00 Description Baseball Game Date(s) 09 , 04 , 13 ,,,,,,, | _ | (510) 272-3882 | crystal.his | hida@acgov.o | org | | м 1 | | |
| Description Baseball Game Date(s) 09 .04 .13 | 2. | Function, Event, or Cere | monial R | ole Informat | ion | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes _ No _ If no: Oakland A's Was the distribution to persons identified below made at the behest of an agency official? Yes _ No _ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. St. Rose Hospital Foundation 20 Yes _ To reward a nonprofit organization for its contributions to Income the community St. Rose Hospital Foundation 20 Yes _ Income No _ Income Provides community support and assistance to Yes _ Income Income No _ Yes _ Income Income No _ Yes _ Income Income | | Title Oakland A's vs. Texas | Rangers | | | Face \ | /alue of Each Admissi | on \$ _1768.00 | 0 |
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3. Verification

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

| Inthe | MICHELLE DIANDA | Ticket Administrator | 4/23/13 |
|--|-----------------|----------------------|--------------------|
| V Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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| Agency Name | | | | 18 | | Date S | itamp | California Form | 202 |
| County of Alameda | | | | | | | | | |
| Division, Department, or Reg | ion (if applica | ble) | | | | 1 | | For Official U | Ise Only |
| Board of Supervisors | | | | | | | | | |
| Street Address | | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | | |
| Designated Agency Contact | (Name, Title) | | | | | Amendm | ent (Must pro | vide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, | | Supervisors | | | | | | | |
| Area Code/Phone Number | E-mail | | | | | Date of Origi | inal Filing: _ | (month, day, year |) |
| (510) 272-3882 | | shida@acgov. | | | | | | | |
| Function, Event, or Cere | emonial R | ole Informat | tion | | | | | | |
| Title Oakland A's vs. Los Ar | ngeles Ange | els | | _ | Face V | /alue of Eac | h Admiss | ion \$ <u>1768.00</u> |) |
| Description Baseball Game | e | | | | Date(s |) <u>04</u> <u>30</u> | | / | |
| Ticket(s)/Admission(s) pro | ovided by a | igency? Yes | ΠN | o 🗹 | If no: Oak | and A's | Name of S | Source | |
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| Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agen Offic Yes No | at the ict 2 Last, F ncy cial | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | ual, or Income |
| Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Age Offic Yes No Yes No Yes | at the ict 2 Last, F | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | Income |
| Was the distribution to per Yes No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Age Offic Yes No Yes No Yes No | at the ict 2 Last, F | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | ual, or Income |
| Was the distribution to per Yes No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes | at the | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | Income |
| Was the distribution to per Yes No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Age Offic Yes No Yes No Yes No Yes No | at the | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | ual, or Income Income Income |
| Was the distribution to per Yes No I If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Newark Unified School District | rsons iden es: <u>Valle, Ri</u> c(s) and th | tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes | at the | behest of iirst) and Title Check th taxable i also prov If not inc ceremon organiza | f an agency e income box if t ncome. If the ag vide a description ome, describe th ial roles, perform tion. | official? - the agency off ency official p n. he public purpo hed by an ager | icial claims admiss erformed a ceremo ose, including ncy official, individ | Income |

3

is in accordance with the provisions.

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

| Α | Pub | lic | Document |
|---|-----|-----|----------|
| | | | |

| 1 | | DULIONS | | | · • | Public Do | |
|-----|---|--|--|---|--|--|---|
| ••• | Agency Name | | | | Date Stamp | California Form | 002 |
| | County of Alameda | | | | | | |
| | Division, Department, or Regio | on (if applicable) | | | 1 | For Official U | Jse Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | |] | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (/ | lame, Title) | | | Amendment (Must pro | vide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, | Board of Supervisors | | | | 1 1 | |
| | Area Code/Phone Number | E-mail | | | Date of Original Filing: | (month, day, year | 7) |
| | (510) 272-3882 | crystal.hishida@acgov | .org | | | \ | |
| 2. | Function, Event, or Cere | monial Role Informa | tion | | | | |
| | Title Oakland A's vs. Texas I | Rangers | ······································ | Face | /alue of Each Admissi | on \$_22.00 | |
| | Description Baseball Game | | | Date(s | s) <u>05 / 14 / 13</u> | / | / |
| | | sons identified below s: Valle, Richard- Supervis Official's | made at th | ie behest of | Name of S | ource | |
| | The identity of recipient | s) and the explanation | on: | | | | |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency | taxable i also prov If not inc | e income box if the agency offi ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion. | erformed a ceremo | onial role, |
| | Name (Last, First) or Organization | Number of Admission(s)/ Ticket(s) | Agency | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | onial role, |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes D No Ø | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official pervide a description. ome, describe the public purpo ial roles, performed by an agen tion. | erformed a ceremo rse, including cy official, individ at a County | onial role, ual, or |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes 🗖 | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income Income |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes D No Ø Yes D | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes Yes Yes Yes | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income Income Income |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No No No | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income Income Income |
| | Name (Last, First) or Organization (Name, Address, Descript | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes Yes Yes | taxable i also prov If not inc ceremon organiza To promote a | ncome. If the agency official per vide a description. ome, describe the public purpo ial roles, performed by an agen tion. attendance at an event held a | erformed a ceremo rse, including cy official, individ at a County | ual, or Income Income Income Income |

MICHELLE DIANDA

Signature of Agency Head or Designee

Print Name

Ticket Administrator Title

(month, day, y

A Public Document

| 1. | Agency Name | | | | | | Date Stamp | California | 002 |
|----|--|--|--------------------------------|-----------|----------|---|---|-----------------------|-----------|
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official U | Jse 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, | the second s | Supervisors | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, year | 7 |
| | | | shida@acgov. | _ | | | | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | tion | | | | | |
| | Title Golden State Warriors | vs. Denver | Nuggets | | | Face V | alue of Each Admissi | on \$ 625.00 | |
| | | | | | | | | | |
| | Description Playoff Basketb | all | | | _ | Date(s |) 26 13 | / | |
| | | | | | | | | | |
| | Ticket(s)/Admission(s) prov | vided by a | igency? Yes | | 0 🗹 | If no: Gold | en State Warriors Name of S | Course | |
| | | | | | | | Name or S | ource | |
| | Was the distribution to pers | sons iden | tified below n | nade a | at the | e behest of | an agency official? | | |
| | | Valle P | ichard Suparvia | or Diotr | iot 2 | | | | |
| | Yes 🖸 No 🔲 If ye | es: <u>valle, r</u> | ichard- Supervis Official's | Name (I | Last. I | First) and Title | | | |
| | | | | | , | | | | |
| | The identity of recipient(| s) and th | e explanatio | on: | | | | | |
| | Name (Last, First) | | Number of | Agei | nev | 5 A A A A A A A A A A A A A A A A A A A | e income box if the agency offi ncome. If the agency official pe | | |
| | or | | Admission(s)/ | Offic | | | ide a description. | as including | |
| | Organization (Name, Address, Descript | tion) | Ticket(s) | | | ceremon organizat | | icy official, individ | ual, or |
| | Briones, Mario | | | Yes | | 8.5 | ttendance at an event held a | | Income |
| | | | 2 | No | 1 | facility in orde | er to maximize potential reve | nue from sales | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No Yes | <u> </u> | | | | |
| | | | | No | | 4 | | | Income |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| 3. | Verification | | | | | | | | |
| | I have read and understand FPF is in accordance with the provisi | | ons 18944.1 an | d 1894 | 2. I h | ave verified t | hat the distribution of adm | nissions, set for | th above, |

Signature of Agency Head or Designee

| Jorac | | | |
|-------|-----|-----------------|--|
| Λ | Ith | MICHELLE DIANDA | |

Ticket Administrator Title

(month, day

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

Print Name

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

| 1. Agency Name | | | | | Date Stamp | California | 802 |
|--|--|-----------|------------------|------------------|---|---------------------|-------------|
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or Region (if applied | cable) | | | | | For Official L | Jse Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | 0 | | | | |
| Designated Agency Contact (Name, Title) | | | | | Amendment (Must pro | vide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing: _ | (month, day, year |) |
| | ishida@acgov. | | | | | | |
| 2. Function, Event, or Ceremonial | Role Informat | tion | | | | | 9 |
| Title The Rolling Stones | | 02 | _ | Face \ | /alue of Each Admissi | on \$_600.00 | |
| Description Concert | | | _ | Date(s |) <u>05</u> <u>05</u> <u>13</u> | / | / |
| Ticket(s)/Admission(s) provided by | agency? Yes | | 0 🔽 | If no: Gold | en State Warriors | | |
| × | | | | | Name of S | ource | |
| Yes ☑ No □ If yes: <u>Valle,</u> The identity of recipient(s) and t | Richard- Supervis Official's he explanatio | | ict 2 .ast, I | First) and Title | | | |
| Name | | | | Check th | e income box if the agency offi | cial claims admiss | sion as |
| (Last, First) or | Number of | Ager | | 22 | ncome. If the agency official po vide a description. | erformed a ceremo | onial role, |
| Organization (Name, Address, Description) | Admission(s)/ Ticket(s) | Offic | a | If not inc. | ome, describe the public purpo ial roles, performed by an ager | | ual, or |
| Briones, Bernardino | | Yes | | | attendance at an event held a | at a County | Income |
| | 2 | No | 1 | facility in orde | er to maximize potential reve | nue from sales | |
| | | Yes | | ŝ | | | Income |
| | | No | | | | > | |
| | | Yes | | | | | Income |
| | | No | | | · · · · · · · · · · · · · · · · · · · | | |
| | | Yes No | | | | | Income |
| | | Yes | | | | | Income |
| | | | | | | | |
| 3. Verification | tiono 19011 1 on | | | | | | |

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.

Signature of Agency Head or Designee

Print Name

Ticket Administrator

(month, day,

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

MICHELLE DIANDA

A Public Document

| | cheuAumission Disu | induona | 2 | | | | A | FUDIIC DO | |
|----|-------------------------------|-----------------|------------------|----------|--------------|------------------|---|----------------------|----------|
| 1. | Agency Name | | | | | | Date Stamp | California Form | 002 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Reg | ion (if applica | able) | | | | | For Official U | lse Only |
| | Board of Supervisors | | | | | | 8 | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | 11 | | Amendment (Must pro | vide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: _ | (month, day, year |) |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Information | tion | | | | | |
| | Title Golden State Warriors | | Nuquete | | | _ 、 | | ♠ 625.00 | |
| | Title Colden State Warriors | VS. Deriver | Nuggets | | - | Face \ | /alue of Each Admissi | ion \$ <u>020.00</u> | |
| | Description Playoff Basket | ball Game | | | | Dato/c | 04 / 28 / 13 | 1 | , |
| | | | | | | Date(s |)// | / | |
| | Ticket(s)/Admission(s) pro | wided by a | Mancy2 Vac | | | Lifno. Gold | en State Warriors | | |
| | nekel(a)/Admission(a) pro | | igency: res | | 0 🗹 | II 110 | Name of S | Source | |
| | | | | | | | | | |
| | Was the distribution to per | rsons iden | tified below n | nade a | it the | e behest of | an agency official? | | |
| | Yes 🗹 No 🔲 If y | os. Valle, R | ichard- Supervis | or Distr | ict 2 | | | | |
| | | cs | Official's | Name (L | ast, I | First) and Title | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | |
| | Name | (0) 4114 41 | | | | Check th | e income box if the agency off | icial claims admiss | ion as |
| | (Last, First) | | Number of | Ager | тсу | taxable in | ncome. If the agency official pe | | |
| | or Organization | | Admission(s)/ | Offic | ial | | ride a description. ome, describe the public purpo | ose including | |
| | (Name, Address, Descrip | otion) | Ticket(s) | | | | ial roles, performed by an ager | | ual, or |
| | Dianda, George | | | Yes | Π | | ttendance at an event held a | at a County | Income |
| | Dianaa, Coorgo | | 2 | | \checkmark | facility in orde | er to maximize potential reve | enue from sales. | |
| | | | | Yes | | | | 5 | Income |
| | | | | No | | | | | |
| | | | | Yes | | 1 | | | 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.

Ruben Briones Chief of Staff Signature of Agency Head or Designee Print Name Title

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 | Public | Document |
|-------------------|---|--------|----------|
|-------------------|---|--------|----------|

| | | | | | | Ar | | |
|---|--|--|---------------------------------|--|--|---|---|---------------------------------------|
| 1. Agency Name | | | | | Date Stamp | | California | 002 |
| County of Alameda | | | | | 1 | | Form | 802 |
| Division, Department, or Region (if appl | licable) | | | | | | For Official U | Jse Only |
| Board of Supervisors | | | | | | | | |
| Street Address | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | |
| Designated Agency Contact (Name, Title |) | | | | Amendment (M | lust provi | ide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, Board o | f Supervisors | | | | | | 991999 (MIC) (MIC) | , |
| Area Code/Phone Number E-mail | | | | | Date of Original Fili | ing: | (month, day, yea | 7 |
| (510) 272-3882 crystal. | hishida@acgov. | org | | | | | | |
| 2. Function, Event, or Ceremonial | Role Informa | tion | | | | | | |
| Title Oakland A's vs. Cinncinati Reds | 3 | | | E 1 | | | ♠ 22.00 | |
| | | | | | /alue of Each Adr | | | |
| Description Baseball Game | | | | Date(s |) 06 , 25 , 13 | 3 | 1 | 1 |
| | | | _ | Butolo |) | | | |
| | | | | 0-11 | | | | |
| Ticket(s)/Admission(s) provided by | /adency? Yes | | 0 🗖 | If no ^{. Oaki} | and A's | | | |
| Ticket(s)/Admission(s) provided by | y agency? Yes | | 0 🔽 | If no: Oaki | and A's Nam | ne of Sc | ource | |
| | | | | | Nam | | ource | |
| Ticket(s)/Admission(s) provided by Was the distribution to persons ide | | | | | Nam | | burce | |
| Was the distribution to persons ide | entified below r | nade a | at the | | Nam | | burce | |
| Was the distribution to persons ide | entified below r , Richard- Supervis | nade a sor Distr | at the ict 2 | | Nam | | ource | |
| Was the distribution to persons ide | entified below r Richard- Supervis Official's | nade a or Distr Name (I | at the ict 2 | e behest of | Nam | | ource | |
| Was the distribution to persons ide Yes ☑ No 🔲 If yes: ^{Valle,} | entified below r Richard- Supervis Official's | nade a or Distr Name (I | at the ict 2 | e behest of | Nam | al? | | sion as |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and Name (Last, First) | entified below r Richard- Supervis Official's the explanatic | made a sor Distr Name (I on: Agen | at the ict 2 Last, F | e behest of First) and Title Check th taxable in | e income box if the agen | al? | ial claims admiss | |
| Was the distribution to persons ide Yes ☑ No ☐ If yes: Valle, The identity of recipient(s) and Name (Last, First) or Organization | entified below r Richard- Supervis Official's the explanatio | made a sor Distr Name (I | at the ict 2 Last, F | behest of First) and Title Check th taxable in also prov If not incoming | e income box if the agen ncome. If the agency off ride a description. ome, describe the public | al? ncy offic ficial per c purpos | ial claims admisa formed a ceremo | onial role, |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and Name (Last, First) or | entified below r Richard- Supervis Official's the explanatic Number of Admission(s)/ | made a sor Distr Name (I on: Agen | at the ict 2 Last, F | behest of irst) and Title Check th taxable in also prov If not incc ceremoni organization | e income box if the agen ncome. If the agency off ride a description. ome, describe the public ial roles, performed by a tion. | al? ncy offic ficial per purpos n agenc | ial claims admis formed a ceremo se, including y official, individ | onial role, ual, or |
| Was the distribution to persons ide Yes ☑ No ☐ If yes: Valle, The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) League of Women Voters- | entified below r , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s) | made a sor Distr Name (I on: Agen | at the ict 2 Last, F | behest of First) and Title Check th taxable in also prov If not inco ceremoni organizati To reward a r | e income box if the agen nocome. If the agency officia ride a description. ome, describe the public lal roles, performed by a tion. | al? ncy offic ficial per purpos n agenc | ial claims admis formed a ceremo se, including y official, individ | onial role, ual, or |
| Was the distribution to persons ide Yes ☑ No ☐ If yes: Valle, The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r Richard- Supervis Official's the explanatic Number of Admission(s)/ | made a sor Distr Name (I On: Agen Offic | at the ict 2 Last, F | behest of irst) and Title Check th taxable in also prov If not incc ceremoni organization | e income box if the agen nocome. If the agency officia ride a description. ome, describe the public lal roles, performed by a tion. | al? ncy offic ficial per purpos n agenc | ial claims admis formed a ceremo se, including y official, individ | onial role, ual, or |
| Was the distribution to persons ide Yes ☑ No ☐ If yes: Valle, The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) League of Women Voters- | entified below r , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s) | made a sor Distr Name (I On: Agei Offic Yes No Yes | ict 2 Last, F ncy cial | behest of First) and Title Check th taxable in also prov If not inco ceremoni organizati To reward a r | e income box if the agen nocome. If the agency officia ride a description. ome, describe the public lal roles, performed by a tion. | al? ncy offic ficial per purpos n agenc | ial claims admis formed a ceremo se, including y official, individ | ual, or Income |
| Was the distribution to persons ide Yes No If yes: Valle, The identity of recipient(s) and If yes: Valle, Name (Last, First) If yes: Valle, Organization (Name, Address, Description) If yes: Valle, League of Women Voters-Fremont/Newark/Union City If yes: Valle, | entified below r , Richard- Supervis <i>Official's</i> the explanation Number of Admission(s)/ Ticket(s) | made a sor Distr Name (I On: Agen Offic Yes No | ict 2 Last, F ncy cial | behest of First) and Title Check th taxable in also prov If not inco ceremoni organizati To reward a r | e income box if the agen nocome. If the agency officia ride a description. ome, describe the public lal roles, performed by a tion. | al? ncy offic ficial per purpos n agenc | ial claims admis formed a ceremo se, including y official, individ | ual, or Income |
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| VAR | MICHELLE DIANDA | Ticket Administrator | 4125/R |
|--------------------------------------|-----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Document | Α | Public | Document |
|-------------------|---|--------|----------|
|-------------------|---|--------|----------|

| | cket/Aumission Dist | induona | > | | | | A | Public Do | cument |
|----|---------------------------------------|-------------------------|--------------------------------|----------|--------------|-------------------------|---|-----------------------|----------|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Reg | i on (if applica | nble) | | | | | For Official U | lse Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must pro | vide explanation in I | Part 3.) |
| | Crystal Hishida Graff, Clerk, | | Supervisors | | | | | | , |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, year, |) |
| | (510) 272-3882 | | shida@acgov. | | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | tion | | | | | 1 |
| | Title Oakland A's vs. Cinnci | nati Reds | | | | | /alua of Eoch Adusiaai | e | |
| | | | | | - | | /alue of Each Admissi | | |
| | Description Baseball Game |) | | | | Date(s |) 06 / 26 / 13 | 1 | 1 |
| | | | | | - | Batolo | ·) | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | 0 🔽 | If no ^{. Oakl} | and A's | | |
| | | | .gonoyi 100 | | | | Name of S | Source | |
| | Was the distribution to per | sons iden | tified below n | nade a | t the | e behest of | an agency official? | | |
| | | Valle R | ichard- Supervis | or Distr | ict 2 | | | | |
| | Yes 🗹 No 🔲 If y | es: | ichard- Supervis Official's | Name (L | .ast, F | First) and Title | <i>n</i> | | |
| | The identity of recipient | (s) and th | e evolanatio | n. | | | | | |
| | | (3) and th | | ///. | | Check the | a inaama hay if the aganay offi | aial alaima admina | |
| | Name (Last, First) | | Number of | Ager | ıcv | | e income box if the agency offi ncome. If the agency official pe | | |
| | or Organization | | Admission(s)/ | Offic | | · · · · | ride a description. ome, describe the public purpo | se including | |
| | (Name, Address, Descrip | tion) | Ticket(s) | | | | ial roles, performed by an agen | | ual, or |
| | League of Women Voters- | | | Yes | | To reward a r | non-profit organization for its | contributions to | Income |
| | Fremont/Newark/Union City | | 2 | No | \checkmark | the communit | ty. | | |
| | 3375 Country Drive, Fremont, CA 945 | 36 | | Yes | | | | | Income |
| | • • • | | | No | | | | | |
| | Encourages informed and active partie | cipation in | | Yes | | | | | Income |
| | government through advocacy | | | No | | | 2 | | |
| | | | | Yes | | 5 | | | Income |
| | | | | No | | | | | |
| | | | | | | | | | 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.

| Math | MICHELLE DIANDA | Ticket Administrator | 4/25/13 |
|--------------------------------------|-----------------|----------------------|------------------|
| Signature of Agency Head or Designee | Print Name | Title | month, day year) |

| Α | Pub | lic | Document |
|---|-----|-----|----------|
|---|-----|-----|----------|

| 110 | | | | | | | | |
|-----|--|--|--|-----------------------|---|---|--|--|
| 1. | Agency Name | | | | | Date Stamp | California Form | 002 |
| | County of Alameda | | | | | | | |
| | Division, Department, or Region (if applic | able) | | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | | |
| | Street Address | | | | | | \sim | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | Amendment (Mu | st provide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filin | ig:(month, day, yea | r) |
| ~ | the second se | ishida@acgov. | - | | | | | |
| 2. | Function, Event, or Ceremonial F | Role Information | tion | | | | | |
| | Title Golden State Warriors vs. Denve | er Nuggets | | _ | Face V | /alue of Each Adm | nission \$_625.00 | |
| | | | | | | | | |
| | Description Playoff Game | | | _ | Date(s | a) <u>04 / 26 / 13</u> | <u> </u> | / |
| | | | | | | 0.1.1.1.1 | | |
| | Ticket/c)/Admission/c) provided by | adapav2 Vaa | | | If no. Gold | en State Warriors | | |
| | Ticket(s)/Admission(s) provided by | agency? Yes | 🗆 No | o | If no: Gold | en State Warriors Name | e of Source | |
| | | | | | | Ivanie | | |
| | Ticket(s)/Admission(s) provided by Was the distribution to persons ide | | | | | Ivanie | | |
| | Was the distribution to persons ide | ntified below r | nade a | it the | | Ivanie | | |
| | Was the distribution to persons ide | ntified below r Richard- Supervis | nade a or Distri | i t the | | Ivanie | | |
| | Was the distribution to persons ide | ntified below r Richard- Supervis Official's | nade a or Distri Name (L | i t the | e behest of | Ivanie | | |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F | ntified below r Richard- Supervis Official's | nade a or Distri Name (L | i t the | behest of irst) and Title Check the | an agency officia | ? cy official claims admis | |
| | Was the distribution to persons iden Yes ☑ No ロ If yes: ^{Valle, F} The identity of recipient(s) and the Name (Last, First) | ntified below r Richard- Supervis Official's he explanatic | nade a or Distri Name (L on: Agen | ict 2 .ast, F | e behest of First) and Title Check the taxable in | e income box if the agency officia | ? cy official claims admis | |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization | ntified below r Richard- Supervis Official's he explanatic | nade a or Distri Name (L | ict 2 .ast, F | behest of First) and Title Check the taxable in also prov If not incomposition | e income box if the agency roome. If the agency offic ride a description. ome, describe the public | I? cy official claims admis cial performed a cerem purpose, including | onial role, |
| | Was the distribution to persons iden Yes ☑ No □ If yes: ^{Valle, F} The identity of recipient(s) and the Name (Last, First) or | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ | nade a or Distri Name (L on: Agen | ict 2 .ast, F | behest of First) and Title Check the taxable in also prov If not incaceremonior organization | e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | onial role, |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L on: Agen Offic | ict 2 .ast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency officia | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | onial role, Iual, or Income |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ | nade a or Distri Name (L on: Agen Offic Yes No | ict 2 ast, F | behest of First) and Title Check the taxable in also prov If not incaceremonior organization | e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | onial role, |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L On: Agen Offic Yes No Yes | ict 2 ast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | iual, or Income |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L on: Agen Offic Yes No Yes No | ict 2 aast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | ual, or Income |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L On: Agen Offic Yes No Yes No Yes | ict 2 aast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | iual, or Income Income Income |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L on: Agen Offic Yes No Yes No Yes No | ict 2 aast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | iual, or Income Income Income |
| | Was the distribution to persons iden Yes ☑ No □ If yes: Valle, F The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | ntified below r Richard- Supervis Official's he explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L on: Agen Offic Yes No Yes No Yes No Yes | t the ict 2 ast, F | behest of irst) and Title Check the taxable in also prov If not ince ceremoni organizat To reward a (| e income box if the agency ncome. If the agency offician ide a description. ome, describte the public ial roles, performed by an tion. | I? cy official claims admis cial performed a cerem purpose, including agency official, individ | iual, or Income Income Income Income |
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| | MAL | MICHELLE DIANDA | Ticket Administrator | 4/25/13 |
|---|--------------------------------------|-----------------|----------------------|--------------------|
| V | Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A I UNITE DOCUMENT | A | P | ubl | ic | Document |
|--------------------|---|---|-----|----|-----------------|
|--------------------|---|---|-----|----|-----------------|

| TICKet/Admission Distributio | 115 | | | | A Public De | |
|--|---|--|---|--|--|--|
| 1. Agency Name | | | | Date Stamp | California Form | 001 |
| County of Alameda | | | | | Form | 004 |
| 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, Title | | | | Amendment (Mus | st provide explanation i | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Board Area Code/Phone Number E-mail | of Supervisors | | | | | |
| | | | | Date of Original Filing | g:(month, day, ye | ar) |
| | perkins@acgov. | | | | | |
| 2. Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| Title | | | Face Va | alue of Each Adm | ission \$ \$30 | |
| | - | | | | | |
| Description <u>A's vs. Angels</u> | | | Date(s) | 4 , 30 , 13 | / | / |
| | | | | | | |
| | | | 0.11 | ad Athlatica | | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | 🔲 No 🗹 | If no: Oaklar | iu Athletics | | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | □ No ☑ | If no: Oaklar | Name | of Source | |
| | ion nan | | - | Name | | |
| Was the distribution to persons id | lentified below r | nade at th | - | Name | | |
| Was the distribution to persons id | lentified below r ervisor Wilma Chan | nade at th | e behest of a | Name | | |
| Was the distribution to persons id Yes ☑ No ☑ If yes: ^{Supe} | lentified below r ervisor Wilma Chan Official's | nade at the | - | Name | | |
| Was the distribution to persons id | lentified below r ervisor Wilma Chan Official's | nade at the | e behest of a | Name | | |
| Was the distribution to persons id Yes ☑ No □ If yes: ^{Supe} The identity of recipient(s) and _{Name} | lentified below r ervisor Wilma Chan Official's the explanatio | nade at the Name (Last, F | e behest of a First) and Title Check the i | Name an agency official | ? y official claims admis | ssion as |
| Was the distribution to persons id Yes ☑ No ☑ If yes: ^{Supe} The identity of recipient(s) and | lentified below r ervisor Wilma Chan Official's the explanation Number of | nade at the Name (Last, F On: Agency | e behest of a First) and Title Check the i taxable inc | Name | ? y official claims admis | ssion as ionial role, |
| Was the distribution to persons id Yes ☑ No ☑ If yes: ^{Supe} The identity of recipient(s) and Name (Last, First) or Organization | lentified below r ervisor Wilma Chan Official's the explanatio | nade at the Name (Last, F | e behest of a First) and Title Check the i taxable inc also provid If not incom | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p | ? y official claims admis ial performed a cerem purpose, including | nonial role, |
| Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or | lentified below r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ | nade at the Name (Last, I on: Agency Official | e behest of a First) and Title Check the inc also provid If not incon ceremonial organizatio | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p I roles, performed by an a on. | ? y official claims admis ial performed a cerem surpose, including agency official, indivi | nonial 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | nade at the Name (Last, P on: Agency Official Yes 🗖 | e behest of a First) and Title Check the i taxable inc also provid If not incon ceremonial organizatio To promote | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p i roles, performed by an in. attendance at an e | y official claims admis ial performed a cerem surpose, including agency official, indivi event 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ | nade at the Name (Last, I on: Agency Official Yes □ No ☑ | e behest of a First) and Title Check the i taxable inc also provid If not incon ceremonial organizatio To promote | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p I roles, performed by an a on. | y official claims admis ial performed a cerem surpose, including agency official, indivi event held at a | ionial role, dual, or |
| 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | nade at the Name (Last, I on: Agency Official Yes □ No ☑ Yes □ | e behest of a First) and Title Check the inc also provid If not incom ceremonial organizatio To promote County facili | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p i roles, performed by an in. attendance at an e | y official claims admis ial performed a cerem surpose, including agency official, indivi event 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | nade at the Name (Last, I on: Agency Official Yes □ No ☑ Yes □ No □ | e behest of a First) and Title Check the inc also provid If not incom ceremonial organizatio To promote County facili | Name an agency official income box if the agency ome. If the agency offici le a description. ne, describe the public p l roles, performed by an in. attendance at an e ity in order to maxi | y official claims admis ial performed a cerem surpose, including agency official, indivi event held at a | dual, or Income Income Income |
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| | Alexandra Boskovich | Ticket Administrator | 4/30/2013 |
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| 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.)

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| | Board of.Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | Amendment (Mu | ust provide expla | nation in Part 3.) |
| | Cheryl Perkins, Interim Clerk, Board of | Supervisors | | | | | , |
| | Area Code/Phone Number E-mail | | | | Date of Original Filin | ng: | day, year) |
| | | rkins@acgov.c | | | | | |
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| | Alexandra Boskovich | Ticket Administrator | 4/29/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Agency Name | | | | Date Stamp | California | |
|--|--|--|--|--|---|--|
| County of Alameda | | | | | Form | 802 |
| Division, Department, or Region (if applied | cable) | | | | For Officia | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | ······ | | ust provide explanation i | n Port 21 |
| Cheryl Perkins, Interim Clerk, Board o | of Supervisors | | | | , , | · · · · · · · · · · · · · · · · · · · |
| Area Code/Phone Number E-mail | | | | Date of Original Fili | ng:(month, day, ye | ar) |
| (510) 272-3882 cheryl.pe | erkins@acgov.o | org | | | | |
| Function, Event, or Ceremonial I | Role Informat | tion | | | | |
| Title | | | Eaco V | alue of Each Adr | minalan ¢ \$85/\$ | 17-park |
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| Description <u>A's vs.</u> Rangers | | | Date(s) | 5 , 13 , 13 | 3 / | , |
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| | | | Ookla | nd Athletics | | |
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| | Alexandra Boskovich | Ticket Administrator | 4/29/2013 |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
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| e explanatio Number of Admission(s)/ Ticket(s) 2+1 parking | Agenco Officia Yes [No [2 No [2 No [2 No [2 No [2] | Check ti taxable also pro organize To promo County fa County re | he income bo income. If the vide a descrip come, describ nial roles, per ation. te attenda cility in orc | e agency ption. be the pu formed I nce at der to i | official p oblic purpo by an ager an eve maximiz | erformed a ce ose, including ncy official, in nt held at | dividual, or a Income a Income Income |
| e explanatio Number of Admission(s)/ Ticket(s) 2+1 parking | Agenc Officia Yes [No [Yes [No [Yes [No [Yes [| Check ti taxable also pro If not inc ceremor organiza To promo County far County re | he income bo income. If the vide a descrip come, describ nial roles, per ation. te attenda cility in orc | e agency ption. be the pu formed I nce at der to i | official p oblic purpo by an ager an eve maximiz | erformed a ce ose, including ncy official, in nt held at | dividual, or a Income a Income Income |
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| | kins@acgov.c ole Informat gency? Yes tified below n | kins@acgov.org ole Information gency? Yes 🔲 No tified below made at | kins@acgov.org ole Information Face Date(gency? Yes ☐ No ☑ If no: ^{Oak} tified below made at the behest o | Supervisors Date of C kins@acgov.org Date of C ole Information Face Value of E | Supervisors Date of Original kins@acgov.org Date of Original ole Information Face Value of Each A | Supervisors Date of Original Filing: kins@acgov.org Date of Original Filing: ole Information Face Value of Each Admiss | Late of Original Filing: |

| AP | ublic | Document | |
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| Aganay Nama | | | | | | |
|--|---|---|---|---|--|--|
| Agency Name | | | - | Date Stamp | Californi | |
| County of Alameda | | • | | | Form | 004 |
| Division, Department, or Region (if app | plicable) | | | | For Officia | al Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | |] | | • |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Titl | le) | | | Amendment (M | ust provide explanation | in Part 3) |
| Cheryl Perkins, Interim Clerk, Board | l of Supervisors | | | | | in r un o.y |
| Area Code/Phone Number E-mail | | | | Date of Original Fili | ng:(month, day, y | ear) |
| (510) 272-3882 cheryl. | .perkins@acgov.o | org | | | | · · · <i>,</i> |
| . Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| · | | | | | фо <i>си</i> | |
| Title | | | Face \ | Value of Each Adn | nission \$ <u>-</u> ⊅੦੦/‡ | orr-park |
| Description <u>A's vs. Rangers</u> | | | Data (a | s) <u>5</u> <u>13</u> <u>1</u> | 3, | , |
| | | , | Date(s | 5)/// | | / |
| — | A 14 | | - us Oakl | and Athletics | | |
| | | | | | | |
| Ticket(s)/Admission(s) provided b | by agency? Yes | | If no: | Nam | e of Source | |
| Vas the distribution to persons id | | | | Nam | | |
| Was the distribution to persons ic | lentified below r | nade at th | | Nam | | |
| Was the distribution to persons ic | lentified below r ervisor Wilma Chan | nade at th | | Nam | | |
| Was the distribution to persons ic | lentified below r ervisor Wilma Chan Official's | nade at th | e behest of | Nam | | |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Supe | lentified below r ervisor Wilma Chan Official's | nade at th | e behest of | Nam | al? | ission as |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) | dentified below r ervisor Wilma Chan Official's I the explanatic Number of | nade at th Name (Last, DN: Agency | First) and Title | Nam f an agency officia ne income box if the agen ncome. If the agency offi | al? cy official claims adm | |
| Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name | dentified below r ervisor Wilma Chan Official's I the explanatic Number of Admission(s)/ | made at th Name (Last, on: | First) and Title Check th taxable li also prov If not inc | Nam f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public | al? cy official claims adm icial performed a cere purpose, including | monial role, |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or | dentified below r ervisor Wilma Chan Official's I the explanatic Number of | nade at th Name (Last, DN: Agency | First) and Title Check th taxable li also prov If not inc | Nam f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describte the public ial roles, performed by an | al? cy official claims adm icial performed a cere purpose, including | monial role, |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below r ervisor Wilma Chan Official's I the explanatic Number of Admission(s)/ | nade at th Name (Last, DN: Agency | First) and Title Check th taxable li also prov If not inc ceremon organiza To promot | F an agency officia f an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion. | al? cy official claims adm icial performed a cere purpose, including n agency official, indiv event held at a | monial role, |
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| | Alexandra Boskovich | Ticket Administrator | 4/29/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Fublic Document | Α | Public | Document |
|-------------------|---|--------|----------|
|-------------------|---|--------|----------|

| | | | ~ | |
|---------------------------------------|--|--------------------|---|------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 |
| County of Alameda | | | | Form OUZ |
| Division, Department, or Region (if | applicable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Street Address | | | | |
| 1221 Oak Street, Suite 536 | | | | |
| Designated Agency Contact (Name, | Title) | | Amendment (Must pro | vide explanation in Part 3.) |
| Cheryl Perkins, Interim Clerk, Boa | | | | |
| Area Code/Phone Number E-ma | ail | | Date of Original Filing: | (month, day, year) |
| | ryl.perkins@acgov. | _ | | |
| 2. Function, Event, or Ceremor | nial Role Informa | tion | | |
| _ | | | | ¢or |
| Title | | | Face Value of Each Admiss | ion \$ _ \$80 |
| Description <u>A's vs. Rangers</u> | | | Date(s) <u>5 / 13 / 13</u> | |
| Description | | | Date(s)/// | // |
| | | | Oakland Athletics | |
| Ticket(s)/Admission(s) provided | d by agency? Yes | 5 🗌 No 🗹 | If no: <u>Variation Attributes</u> | Source |
| | | | | |
| The identity of recipient(s) a | | | First) and Title | |
| Name | an a | | Check the income box if the agency offi | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | taxable income. If the agency official per also provide a description. | erformed a ceremonial role, |
| Organization | Ticket(s) | Unicial | If not income, describe the public purpo | ose, including |
| (Name, Address, Description) | | | ceremonial roles, performed by an agen organization. | icy official, individual, or |
| | | Yes 🗖 | To promote attendance at an eve | |
| Huitzilopochtli, Salvador | 2 | No 🗹 | County facility in order to maximiz | e potential |
| | | Yes 🗖 | County revenue from sales. | Income |
| | | No 🗖 | | |
| | | Yes 🗖 | | Income |
| | | No 🗖 | | |
| | | Yes 🗖 | | Income |
| · | | No 🗖 | | |
| | | Yes 🗖 | | Income |
| | | No 🗖 | | |
| 3. Verification | | - | | |
| I have read and understand FPPC Re | gulations 18944.1 an | nd 18942. I h | ave verified that the distribution of adm | issions set forth above |
| is in accordance with the provisions. | J | | and the the the distribution of duff | issions, sectorul above, |
| | | | | |

| | Alexandra Boskovich | Ticket Administrator | 4/29/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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

| Agency Name | | | | | | |
|--|---|---|---|--|--|---|
| | | | | Date Stamp | California Form | 802 |
| County of Alameda Division, Department, or Region (if app | plicable) | | | | For Officia | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title | e) | | | | | |
| Cheryl Perkins, Interim Clerk, Board | of Supervisors | | | Amendment (Ma | ust provide explanation i | n Part 3.) |
| Area Code/Phone Number E-mail | • | | | Date of Original Fili | ng: | <u>er]</u> |
| (510) 272-3882 cheryl. | perkins@acgov.o | org | | | (monin, day, ye | ar) |
| Function, Event, or Ceremonial | | - | | 1 | | |
| | | | | | \$005 | |
| Title | | | Face V | /alue of Each Adn | nission \$ _ \$625/3 | ∮20 parκ |
| Description Warriors vs. Nuggets-P | Playoffs | | Doto/c | <u>, 4 , 26 , 13</u> | 3, | , |
| | | | Date(s | •)/// | | / |
| | | | Gold | en State Warriors | | |
| licket(s)/Admission(s) provided b | Vacancy2 Vac | | | | | |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id | entified below r | nade at th | | Nam | e of Source | |
| Was the distribution to persons id | entified below r ervisor Wilma Chan Official's | nade at th | | Nam | | |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name | entified below r ervisor Wilma Chan Official's | nade at th | First) and Title | Nam an agency officia e income box if the agen | al? cy official claims admi | |
| Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and | entified below r ervisor Wilma Chan Official's the explanatic Number of | nade at th Name (Last, On: Agency | First) and Title | Nam | al? cy official claims admi | |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization | entified below r ervisor Wilma Chan Official's the explanatio | nade at th Name (Last, On: | First) and Title Check th taxable in also prov If not inc | Nam an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public | al? cy official claims admi icial performed a ceren purpose, including | ionial role, |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ | nade at th Name (Last, on: Agency Official | First) and Title Check th taxable in also prov If not inc ceremon organiza | Nam an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion. | al? cy official claims admi icial performed a ceren purpose, including n agency official, indivi | nonial role, dual, or |
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| 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) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) | nade at th | First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac | Nam an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion. e attendance at an cillity in order to max | al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a | idual, or Income Income Income |
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| 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) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) | nade at th | First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac | Nam an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion. e attendance at an cillity in order to max | al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a | idual, 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) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) | nade at th | First) and Title Check th taxable in also prov If not inc ceremon organiza To promot County fac | Nam an agency officia e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar tion. e attendance at an cillity in order to max | al? cy official claims admi icial performed a ceren purpose, including n agency official, indiv event held at a | idual, or Income Income Income Income |

| | Alexandra Boskovich | Ticket Administrator | 4/26/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

| Α | Pub | lic | Doc | ument |
|---|-----|-----|-----|-------|
| | | | | |

| Icket/Aumssion Distri | button | 3 | | | ~ | rubiic De | |
|--|---|---|-----------------------------|---------------------------------------|--|---------------------------------------|---------------|
| . Agency Name | | | | | Date Stamp | California Form | 901 |
| County of Alameda | | | | | | | |
| Division, Department, or Regio | on (if applica | able) | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | |] | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (A | lame, Title) | | | | Amendment (Must p | rovide explanation i | n Part 3) |
| Cheryl Perkins, Interim Clerk, | Board of | Supervisors | | | | | |
| Area Code/Phone Number | E-mail | · · | | | Date of Original Filing: | (month. dav. ve | ar) |
| (510) 272-3882 | cheryl.pe | rkins@acgov. | org | | | | |
| Function, Event, or Cerei | nonial F | Role Informa | tion | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | * ~~~ | |
| Title | | | | Face \ | /alue of Each Admis | sion \$ _ $$625$ | |
| Description Warriors vs. Nug | ngets-Play | voffs | | . | a) <u>4 / 26 / 13</u> | | |
| Description <u>Hample to Has</u> | <u>1990 to 1 ha</u> | yone | | Date(s | 5)/// | / | / |
| | | . | · | - ur Gold | on State Warriors | | |
| Ticket(s)/Admission(s) prov | ided by a | agency? Yes | No 🖸 | If no: 00/0 | Name of | Source | |
| | | | | | | | |
| The identity of recipient(s | s) and th | | • | First) and Title | | | |
| Name (Last, First) or Organization | 2000 (2000) 2000 (2000) 2000 (2000) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable in also prov If not inc | e income box if the agency o ncome. If the agency official vide a description. ome, describe the public pur | performed a ceren pose, including | ionial role, |
| (Name, Address, Descripti | on) | | | organizat | | | dual, or |
| Vanderpol, Meaghan | | 2 | Yes □ No <i>⊡</i> | | e attendance at an ev cility in order to maxim | | Incom |
| <u></u> | | | Yes □ No □ | County rev | venue from sales. | | Incom |
| | | | Yes 🗖 | | | | Incom |
| | | | No 🗖 | | | | |
| | , | | Yes 🗖 | | | | Incom |
| - | | | No 🗖 | | | | |
| , | | | Yes 🗖 | | | | Incom |
| · · · · · · · · · · · · · · · · · · · | | | No 🗖 | | | | |
| Verification I have read and Understand FPP is in accordance with the provisio | C Regulati ns. | ons 18944.1 an | d 18942. I h | ave verified t | hat the distribution of ad | missions, set fo | rth above, |
| | Alex | andra Boskov | vich | Ticke | t Administrator | 4/26/2 | 013 |
| Signature of Agency Head or Designee | | Print Nar | ne | | Title | (moni | h, day, year) |

| A Public Docun | ne | nt |
|-----------------------|----|----|
|-----------------------|----|----|

| Ticket/Admission Distric | Jutions | | | <u> </u> | A Public Docume |
|--|--|--------------------|-----------------------|-------------------------|---|
| 1. Agency Name | | | | Date Stamp | California Form 80 |
| County of Alameda | | | | | Form OU |
| Division, Department, or Region | ı (if applicable) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Na | ime, Title) | | | | |
| | | | | Amendment (Must p | provide explanation in Part 3.) |
| Cheryl Perkins, Interim Clerk, Area Code/Phone Number | -mail | | na | to of Original Filing: | |
| | | | Da | te of Original Filing: | (month, day, year) |
| | cheryl.perkins@acgov. | - | | | |
| . Function, Event, or Cerem | ionial Role Informa | ition | | | |
| Title | | | | 6 - 1- A - 1 1 | \$625 |
| IIIIe | | | Face value | e of Each Admis | sion \$ $-\frac{1}{\sqrt{2}}$ |
| Description Warriors vs. Nug | gets-Plavoffs | | Data(a) 4 | , 28 , 13 | ////// |
| Description | <u></u> | | Date(s) | // | •// |
| | | | O aldan O | | |
| Ticket(s)/Admission(s) provi | ded by agency? Yes | s 🗖 No 🖸 | If no: Golden St | ate Warriors | |
| | | | | Name of | ' Source |
| Was the distribution to perso Yes ☑ No □ If yes | . Supervisor Wilma Chan | | | - , | |
| | Official's | Name (Last, | First) and Title | | |
| The identity of reginight(a) |) and the evolution of i | | | | |
| The identity of recipient(s) |) and the explanation | on: | . | | |
| Name | | | | | fficial claims admission as performed a ceremonial role, |
| (Last, First) or | Number of Admission(s)/ | Agency Official | also provide a | | performed a ceremonial role, |
| Organization | Ticket(s) | | If not income, of | describe the public pur | pose, including |
| (Name, Address, Descriptio | n) set and set and set of the set | | organization. | s, performed by an age | ency official, individual, or |
| | | Yes 🗖 | | endance at an ev | |
| Chan, Zoe | 2 | No 🗹 | County facility | in order to maxim | ize potential |
| | | Yes 🗖 | County revenu | o from coloo | Incom |
| | | No 🗖 | County revenu | e ironi sales. | |
| | | Yes 🗖 | | | |
| | | No 🗆 | | | |
| | | | | | |
| | | | | | Incom |
| | | | | | |
| | | | | | Incom |
| | | No 🗖 | | | |
| Verification | | | | | |
| I have read and understand FPPC | Regulations 18944.1 an | nd 18942. I h | have verified that th | ne distribution of ad | missions, set forth above |
| is in accordance with the provision | IS. | | | | |
| 12 | Alexandra Boskov | vich | Ticket Ad | ministrator | 4/00/0040 |
| Signature of Assessed Land State | <i>/</i> | | | | 4/26/2013 |
| Signature of Agency Head or Designee | Print Na | ime | | Title | (month, day, year) |
| Comment: (Use this space or an att | achment for any additional i | information in | cluding amendment | explanation) | |
| Comment: (Use this space or an/att. | achment for any additional i | information in | cluding amendment o | explanation.) | |

| Δ | Pı | ıh | lic | Doc | um | ont |
|---|----|-----------|------|-----|----|-----|
| ~ | гι | ID | IIC. | DOC | um | ent |

| | 0115 | | | A | Fublic Docul | |
|--|---------------------------|---------------|---------------------------------------|--|-----------------------------|------------|
| 1. Agency Name | | | | Date Stamp | California Form | 00 |
| County of Alameda | | | | | Form O | UZ |
| Division, Department, or Region (if a | pplicable) | | | | For Official Use Or | nly |
| Board of Supervisors | | | | | | |
| Street Address | | • | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, T | ïtle) | | ······ | | | |
| Cheryl Perkins, Interim Clerk, Boar | d of Supervisors | | | Amendment (Must pro | ovide explanation in Part 3 | 3.) |
| Area Code/Phone Number E-mai | | | | Date of Original Filing: _ | | |
| | | | | | (month, day, year) | |
| | l.perkins@acgov. | _ | | | | |
| 2. Function, Event, or Ceremoni | al Role Informa | tion | | | | |
| Title | | | Faco | Value of Each Admiss | ion ¢ \$625 | |
| | | | Face | value of Each Aumiss | ion \$ | |
| Description Warriors vs. Nuggets | -Playoffs | | Date/s | s) <u>4 / 28 / 13</u> | , , , | , |
| | | | Date | ») ———/———/——— | | |
| Ticket(s)/Admission(s) provided | h | | - Gold | len State Warriors | | |
| Ticket(s)/Admission(s) provided | by agency? Yes | ыПио | | Name of S | Source | |
| | | | | | | |
| Was the distribution to persons | identified below i | made at th | e behest o | f an agency official? | | |
| | | | | | | |
| Yes 🔽 No 🔲 If yes: Su | pervisor Wilma Chan | 1 | | • | | |
| | Official's | Name (Last, | First) and Title | | | |
| The identity of recipient(s) an | d the explanation | on: | | | | |
| Name | | | Check th | e income box if the agency off | icial claims admission a | 15 |
| (Last, First) | Number of | Agency | taxable i | ncome. If the agency official p | | |
| or Organization | Admission(s)/ | Official | i i i i i i i i i i i i i i i i i i i | vide a description. ome, describe the public purp | ose including | |
| (Name, Address, Description) | Ticket(s) | | ceremon | ial roles, performed by an age | | ، ۲ |
| | | Yes 🗖 | To promot | e attendance at an eve | ent held at a linc | come |
| Chan, Daren | 2 | No 🗹 | | cility in order to maximize | | |
| | | | - | - | • | |
| | | Yes □ No □ | County re | venue from sales. | | come |
| | | | - | | | |
| | | Yes 🗖 | | | Inc | come |
| | | No 🗖 | | | | |
| | | Yes 🗖 | | | Inc | come |
| | | No 🗖 | | | 1 | |
| | | Yes 🗖 | | | Inc | come |
| · · · · · · · · · · · · · · · · · · · | | No 🗖 | | | | |
| . Verification | | | | | | |
| I have read and understand FPPC Reg | ulations 18944.1 an | nd 18942. I h | ave verified t | hat the distribution of adn | nissions set forth ab | ove |
| is in accordance with the provisions. | $\overline{}$ | | | | noolono, oot loltin up | , |
| | | | | | | |
| | Alexandra Boskov | /ich | Ticke | et Administrator | 4/26/2013 | |
| Signature of Agency Head or Designee | Print Na | me | | Title | (month, day, | year) |
| Comment All history | ont for any addition | hadaan oo a | - 1 1/ | , <u>,</u> | | |
| Comment: (Use this space or an attachm | eni for any additional i. | ntormation in | ciuding amend | ment explanation.) | | |
| | | | ····· | | | |
| | | | | | FPPC Form 802 | 2 (2/1 |
| | | | | | | |

. .

| A Public Doc | ument |
|--------------|-------|
|--------------|-------|

| TICKet/Admission Distri | outions | | | | A | Public Do | ocumer |
|--|---|--------------------|---------------------------------------|--|-----------------|------------------------------------|---------------|
| 1. Agency Name | | | | Date St | amp | California | 002 |
| County of Alameda | | | | | | Form | 802 |
| Division, Department, or Regio | n (if applicable) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (N | omo Titlo) | | | | | | |
| | . , | | | Amendme | ent (Must pro | vide explanation in | n Part 3.) |
| Cheryl Perkins Interim Clerk, Area Code/Phone Number | Board of Supervisors | | | Date of Origin | al Filing: | | |
| | cheryl.perkins@acgov.o | ora | | Date et engi | | (month, day, ye | ar) |
| 2. Function, Event, or Ceren | | | | | | | |
| | | lion | X | | | | |
| Title | | | Face \ | /alue of Each | n Admissi | on \$ <u>\$600</u> | |
| Description Rolling Stones c | oncert | | Date(s | s) <u>5 / 5</u> | , 13 | 1 | 1 |
| | | | 2000/0 | | | | |
| Ticket(s)/Admission(s) prov | ided by agency? Yes | | I If no: Oakl | and Athletics | | | |
| | , , , , | | | | Name of S | Source | |
| Yes ☑ No ロ If yes | | Name (Last, I | First) and Title | | | | |
| Name (Last, First) or Organization (Name, Address, Description | Number of Admission(s)/ Ticket(s) | Agency Official | taxable in also prov If not inc | e income box if th ncome. If the agen vide a description. ome, describe the ial roles, performe tion. | ncy official pe | erformed a cerem ose, including | ionial role, |
| Schaff, Bill | 2 | Yes □ No ☑ | | a volunteer fo da students a | | | Income |
| | | Yes □ No □ | | | | | Income |
| | | Yes □ No □ | | | | | Income |
| - | | Yes □ No □ | | | | | Income |
| | | Yes □ No □ | | | | a. | Income |
| 3. Verification I have read and understand FPPO is in accordance with the provision | ns. | | | | | issions, set fo | |
| | Alexandra Boskov | | Ticke | t Administrato | or | 4/24/2 | 013 |
| Signature of Agency Head or Designee | Print Nar | me | | Title | | (mont | h. dav. vear) |

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

(month, day, year)

Title

| Ticket/Admission Distribution | าร | | | | A | Public | Document |
|--|--------------------------------|---|--------------|------------------|---|------------------|--------------------|
| 1. Agency Name | | | | | Date Stamp | Califor | |
| County of Alameda | | | | | | Forr | |
| Division, Department, or Region (if appli | cable) | | | | ¥ | For O | fficial Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | Amendment (Must p. | rovide explana | tion in Part 3.) |
| Cheryl Perkins, Interim Clerk, Board | of Supervisors | | | | | | |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month, da | y, year) |
| | erkins@acgov.c | the second se | | | ×. | | |
| 2. Function, Event, or Ceremonial | Role Information | tion | | | | | |
| Title | | | | Face \ | /alue of Each Admiss | sion \$ \$3 | 0 |
| 1110 | | | - | | | | |
| Description A's vs. Orioles | | | _ | Date(s | b) <u>4</u> <u>26</u> <u>13</u> | | |
| | | | | • | | | |
| Ticket(s)/Admission(s) provided by | agency? Yes | 🗆 No | ס ע | If no: Oakl | and Athletics | | |
| | | _ | | | Name of | Source | |
| Yes 🖸 No 🔲 If yes: Super | visor Wilma Chan Official's | Name (La | ast, I | First) and Title | | | |
| The identity of recipient(s) and t | | | | | | | |
| Name | Contraction of | 1. States | | Check th | e income box if the agency o | fficial claims a | dmission as |
| (Last, First) or | Number of | Agen Offici | | | ncome. If the agency official vide a description. | performed a c | eremonial role, |
| Organization | Admission(s)/ Ticket(s) | Unici | Iai | • If not inco | ome, describe the public pur | | |
| (Name, Address, Description) | | 1.12 | | organizat | ial roles, performed by an age tion. | ency official, i | ndividual, or |
| Sahadaa Jaaanh | | Yes | | | a community voluntee | | Income |
| Sabados, Joseph | 2 | | \checkmark | Contributio | n to Oakland publics s | schools. | |
| | | Yes | | | | | Income |
| | | | | | | | |
| | | Yes | | | | | Income |
| | | | | | | | |
| | | Yes | | | | | Income |
| | | | | <u> </u> | | | |
| | | | | | | | Income |
| | | No | | | | | |
| 3. Verification I have read and understand FPPC Regula is in accordance with the provisions. | ntions 18944.1 an | d 18942 | 2. I h | ave verified ti | hat the distribution of ad | missions, se | et forth above, |
| Al | exandra Boskov | vich | | Ticke | t Administrator | 4/2 | 24/2013 |
| Signature of Agency Head or Designee | Print Nar | me | | | Title | | (month, day, year) |

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

| licket/Admission Distribution | ns | | | | nemnood ollar |
|--|---------------------------------|-------------|---------------------|--|---------------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | | | | |
| Division, Department, or Region (if appli | licable) | | <u>.</u> | | 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 | | | | . , , |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | nonth, day, year) |
| (510) 272-3882 cheryl.p | perkins@acgov.c | org | 1 | | |
| 2. Function, Event, or Ceremonial | Role Informat | tion | - | | |
| | | | | | ♠ \$30 |
| Title | | | Face | Value of Each Admission | i \$ |
| Description <u>A's vs. Angels</u> | | | Date | s) _42913 | 1 1 |
| | | | Date | 5) | // |
| Ticket(s)/Admission(s) provided by | v agoneva Voc | | Julf no. Oak | land Athletics | |
| never(s)/Admission(s) provided by | y agency res | | | Name of Sour | ce |
| | | | | | |
| Was the distribution to persons ide | entified below r | nade at f | the behest o | f an agency official? | |
| | rvisor Wilma Chan | | | | |
| Yes 🗹 No 🔲 If yes: Supe | rvisor Wilma Chan Official's | Name (Las | t, First) and Title |) | |
| The identity of recipient(s) and | | | | | |
| | | אני. ו | | | |
| Name (Last, First) | Number of | Agency | 6lal- | he income box if the agency official income. If the agency official perfo | |
| or | Admission(s)/ | | also pro | ovide a description. | 1 |
| Organization (Name, Address, Description) | Ticket(s) | | ceremoi | come, describe the public purpose, nial roles, performed by an agency o | |
| | | Yes 🗖 | organiza | ation. Ite attendance at an event l | held at a Incomo |
| Cutter, Scott | 2 | | | cility in order to maximize p | |
| | | Yes [| | • | · · · · · · · · · · · · · · · · · · · |
| | | | 1 O'O'anty i'd | evenue from sales. | Income |
| ······································ | | | | | |
| | | | | | |
| | | Yes [| - | | |
| | | | | | Income |
| | | Yes [| | | |
| | | No E | | | Income |
| 3. Verification | I | | - | | |
| I have read and understand FPPC Regul | lations 18944 1 an | nd 18942 | l have verified | that the distribution of admiss | sions set forth above |
| is in accordance with the provisions. | | | naro ronnoa | | |
| | | | | | |
| A | lexandra Boskov | vich | Tick | et Administrator | 4/23/2013 |
| Signature of Agency Head or Designee | Print Na | me | | Title | (month, day, year) |
| Comment: (Use this space or an attachmer | nt for any additional i | information | including amen | dment explanation) | |
| | any additional i | | | anon oppanation. | |
| 1 | | | | | |
| | | | | | FPPC Form 802 (2/11 |

| 11 | cket/Admission Dist | innini | | | | | ~ | | cument |
|----|---------------------------------------|------------------|-------------------------------|---------|-----------------------|--|--|-----------------------|-------------|
| 1. | Agency Name | | | | | | Date Stamp | California | 202 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Reg | ion (if applicab | le) | | | · | | For Official | Jse Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | Amendment (Must pr | vide explanation in | Part 31 |
| | Cheryl Perkins, Interim Cler | k, Board of S | Supervisors | | | | | | 1 411 0.9 |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: _ | (month, day, yea | <u>r)</u> |
| | (510) 272-3882 | cheryl.perk | kins@acgov.o | rg | | | | (,),) | · / |
| 2. | Function, Event, or Cere | | | | | | L | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | A | |
| | Title | | | | _ | Face \ | /alue of Each Admiss | ion \$ <u>\$30</u> | |
| | | | | | | | 4 28 13 | | |
| | Description <u>A's vs. Orioles</u> | | | | | Date(s | a) <u>4 / 28 / 13</u> | | / |
| | | | | | | | | | |
| | Ticket(s)/Admission(s) pro | ovided by a | gency? Yes | | o 🗹 | If no: Oaki | and Athletics Name of | <u> </u> | |
| | | | | | | | | | |
| | Was the distribution to pe | rsons ident | ified below n | nade a | at the | e behest of | an agency official? | | |
| | | | | | | | | | |
| | Yes 🗹 No 🔲 Ify | es: Supervis | or Wilma Chan Official's i | | | | | | |
| | | | Official's I | vame (I | .ast, F | -irst) and 1 itle | | | |
| | The identity of recipient | t(s) and the | e explanatio | n: | | | | | |
| | Name | | | | | And A.C., Comparison of the company of | e income box if the agency of | | |
| | (Last, First) | | Number of | Age | 10 10 10 million - 10 | | ncome. If the agency official vide a description. | performed a cerem | onial role, |
| | or Organization | | Admission(s)/ | Offic | cial | | ome, describe the public purp | ose, including | |
| | (Name, Address, Descri | ption) | Ticket(s) | | | ceremon organiza | ial roles, performed by an age tion. | ncy official, individ | dual, or |
| | | | | Yes | | | e attendance at an ev | ent held at a | Income |
| | Diolazo, Devyn | | 2 | No | | County fac | cility in order to maxim | ze potential | |
| | | | | Yes | | County ro | venue from colos | | Income |
| | | | | No | | County re | venue from sales. | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | |
| | | | | No | | | | | Income |
| | | | | | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| 2 | Varification | | | | | | | | |

3. Verification

Ŀ

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.

| Ale | xandra Boskovich | Ticket Administrator | 4/23/2013 |
|--------------------------------------|------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

Agency Report of: Ceremonial Role Events and Ti 1 - -

| icket/Admission Distributio | /13 | | | | | |
|---|---|--|--|---|--|--|
| Agency Name | | | | Date Stamp | California Form | 001 |
| County of Alameda | | | | | Form | 804 |
| 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 | provide explanation in | Part 3) |
| Cheryl Perkins, Interim Clerk, Board | of Supervisors | | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing | (month, day, yea | r) |
| | perkins@acgov. | A DESCRIPTION OF TAXABLE PARTY. | | | | |
| Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| Title | | | F | | \$30 | |
| Title | | | Face V | /alue of Each Admis | ssion \$ $\frac{000}{100}$ | |
| Description A's vs. Giants | | | Date/s | s) <u>5 / 28 / 13</u> | 1 | 1 |
| | | | Butojo | /// | | / |
| | | | | | | |
| | w agency? Ves | | I If no. Oakl | and Athletics | | |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id | lentified below r | nade at th | e behest of | Name of an agency official? | of Source | |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id | lentified below r ervisor Wilma Chan Official's the explanatio | nade at th | e behest of First) and Title Oneck th | Name of an agency official? | official claims admis | |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name | lentified below r ervisor Wilma Chan Official's | nade at th | First) and Title Check th taxable ir also prov If not ince | Name of an agency official? e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag | official claims admis I performed a ceremo | onial role, |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization | lentified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ | nade at th Name (Last, Dn: Agency | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | Name of an agency official? e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag | official claims admis I performed a ceremo rpose, including gency official, individ | onial role, lual, or |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | made at th | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | lual, or Incom |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | lual, or Incom |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | made at th | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | Iual, or Incom Incom Incom |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | made at the Name (Last, Dn: Agency Official Yes I No I Yes I No I | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | Iual, or Incom Incom Incom |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | made at th | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | Iual, or Income Income Income Income |
| Ticket(s)/Admission(s) provided b 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 r ervisor Wilma Chan Official's the explanation Number of Admission(s)/ Ticket(s) | made at the Name (Last, Dn: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | e income box if the agency e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an ag tion. a community volunte | official claims admis I performed a ceremo rpose, including gency official, individ | Income Income Income Income Income |

| | Alexandra Boskovich | Ticket Administrator | 4/22/2013 |
|---------------------------------------|--|----------------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: (Use this space or an attack | ment for any additional information in | ocluding amondment evalenation) | |

additional information including amendment explanation.) ior arry V

| Ficket/Admission Distributions | | | | | | A Public Document | | | |
|---|--|------------------------------|--|--------------|---|---|------------------|-------------|--|
| 1. Agency Name | Agency Name | | | | | | California | 802 | |
| County of Alameda | County of Alameda | | | | | | Form | 002 | |
| Division, Department, or R | Division, Department, or Region (if applicable) | | | | | | For Official | Use Only | |
| Board of Supervisors | Board of Supervisors | | | | | | | | |
| Street Address | Street Address | | | | | | | | |
| 1221 Oak Street, Suite 5 | | | | | | ж. | | | |
| Designated Agency Conta | ct (Name, Title) | | | | | Amendment (Must provide explanation in Part 3.) | | | |
| Cheryl Perkins, Interim C | | Supervisors | | | | | | | |
| Area Code/Phone Number | E-mail | | | | | Date of Original Filing: _ | (month, day, yea | ar) | |
| (510) 272-3882 | the second s | rkins@acgov.o | Contraction of the local division of the loc | | ing the delivery and a special of the second | | | | |
| 2. Function, Event, or Co | eremonial R | ole Information | tion | | | | | | |
| Title | | | | | Ease \ | /alue of Each Admiss | | | |
| Title | | | | • | | | | | |
| Description A's vs. Ange | ls | | | _ | Date(s |) <u>5</u> <u>1</u> <u>1</u> <u>13</u> | 1 | 1 | |
| | | | | - | (0 | , | | | |
| Ticket(s)/Admission(s) | provided by a | agency? Yes | □ No | | If no: Oakl | and Athletics | | | |
| | | 0 7 | Record . | | | Name of Source | | | |
| Was the distribution to | nercone iden | tified below r | nado at | the | hohoot of | an agonov official? | | | |
| | | | | | | an agency official? | | | |
| Yes 🗹 No 🗖 🛛 | f yes: <u>Supervi</u> | sor Wilma Chan Official's | | | | | | | |
| | | Official's | Name (La | ast, F | First) and Title | | | | |
| The identity of recipie | nt(s) and th | e explanatio | on: | | | | | | |
| Name | and Mill Stati | | | | Check the | Check the income box if the agency official claims admission as | | | |
| (Last, First) | | Number of | Agend | | taxable income. If the agency official performed a ce also provide a description. | | | onial role, | |
| or Organization | | Admission(s)/ Ticket(s) | | | | come, describe the public purpose, including | | | |
| (Name, Address, Des | (Name, Address, Description) | | | 4 | ceremonial roles, performed by an agency official, individua organization. | | | dual, or | |
| | | | Yes 🗖 | | To promot | te attendance at an event held at | | | |
| Broden, Tom | | 2 | No | \checkmark | County fac | ility in order to maximiz | e potential | | |
| | | | Yes | | County rev | /enue from sales. | | Income | |
| , | | | No | | | | | | |
| | | | Yes | | | | | Income | |
| | | | No | | | | | | |
| | | | Yes | | | | | Income | |
| а ———————————————————————————————————— | | | 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.

| | Alexandra Boskovich | Ticket Administrator | 4/22/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Α | Pu | blic | Doc | cum | ent |
|---|----|------|-----|-----|-----|
|---|----|------|-----|-----|-----|

| H | cket/Admission Distrii | | | | | | | | | |
|---|--|---|---|--|-------------------|--|--|---|--|--|
| | Agency Name | | | | | | Date | Stamp | California Form | 001 |
| | County of Alameda | | | | | | | | Form | 0U4 |
| | Division, Department, or Regio | n (if applicable) |) | | | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (Na | ame, Title) | | | | | - Amond | mont /Must | | n Dont 2) |
| | Cheryl Perkins, Interim Clerk, | | Amendment (Must provide explanation in Part 3.) | | | n Part 3.) | | | | |
| | Area Code/Phone Number E | -mail | | | | | Date of Ori | iginal Filing: | (month, day, ye | ar) |
| | (510) 272-3882 | cheryl.perkir | ns@acgov.c | org | | | | | (,,,,,,,,,,,,,, | |
| | Function, Event, or Ceren | nonial Role | e Informat | tion | | | | | | |
| | | | | | | | | | ¢00 | |
| | Title | | | | | Face V | Value of Ea | ach Admis | sion \$ <u>\$30</u> | |
| | Description <u>A's vs. Astros</u> | | | | | Data | 4,1 | 7,13 | / | , |
| | Description | | | | _ | Date(s | 5)/ | / | / | / |
| | Ticket(s)/Admission(s) prov Was the distribution to pers | | ency? Yes | | | If no: Oak | | Name c | f Source | |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) | ons identifi _{s:} <u>Supervisor</u> s) and the e | ency? Yes ed below r Wilma Chan Official's explanatic | Name (L Name (L On: | at the Last, F | If no: Oak behest of irst) and Title Check th taxable i | f an agenc | Name c y official? if the agency agency officia | | |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name | ons identifi _{5:} Supervisor 6) and the e | ency? Yes ed below r Wilma Chan Official's explanatic | Name (I | at the Last, F | If no: Oak behest of irst) and Title Check th taxable i also pro | f an agenc ne income box ncome. If the a vide a descript come, describe ial roles, perfo | Name c y official? if the agency agency officia ion. the public pu | official claims admi | nonial role, |
| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or Organization | ons identifi _{5:} Supervisor 6) and the e | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (L Name (L On: | Last, F | If no: Oak behest of irst) and Title Check th taxable i also pro If not inc ceremon organiza To promot | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan | if the agency agency officia ion. the public pu med by an ag | official claims admi performed a ceren rpose, including | nonial role, idual, or |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (I Name (I On: Offic Yes | at the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | idual, or Incom |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (I Name (I On: Yes No Yes | at the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan cility in orde | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | idual, or Incom Incom |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (L Name (L On: Yes No Yes No Yes | at the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan cility in orde | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | idual, or Incom Incom |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (L on: Yes No Yes No Yes No Yes | at the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan cility in orde | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | idual, or Incom Incom Incom Incom |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (I Name (I On: Yes No Yes No Yes No | At the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan cility in orde | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | idual, or Incom Incom Incom Incom |
| | Was the distribution to pers Yes No I If yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti | ons identifi S: Supervisor S) and the e An on) | ency? Yes ed below r Wilma Chan Official's explanatic Number of dmission(s)/ Ticket(s) | Name (L on: Yes No Yes No Yes No Yes | At the | If no: Oak behest of irst) and Title Check th taxable i also pro- If not inc ceremon organiza To promot County fac | f an agenc ne income box ncome. If the a vide a descript come, describe nial roles, perfo tion. te attendan cility in orde | if the agency official? | official claims admi performed a ceren rpose, including rency official, indiv /ent held at a | Income Income Income Income Income Income |

is in accordance with the provisions.

| | Alexandra Boskovich | Ticket Administrator | 4/12/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |
| Ticket/Admission Distributions | 5 | | | | A | Public Do | |
|---|---|---------------|---------|-----------------------|--|----------------------|-------------|
| 1. Agency Name | | | | | Date Stamp | California Form | 802 |
| County of Alameda | | | | | | | |
| Division, Department, or Region (if applica | 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) | | | | | mendment (Must pro | ovide explanation ir | Part 3.) |
| Cheryl Perkins, Interim Clerk, Board of | Supervisors | | | | | | |
| Area Code/Phone Number E-mail | | | | Date of | of Original Filing: _ | (month, day, yea | ar) |
| | kins@acgov.o | _ | | | | | |
| 2. Function, Event, or Ceremonial R | ole Information | tion | | | | | |
| Title | | | | Face Value (| of Each Admiss | ion \$ \$30 | |
| | | | - | | | | |
| Description A's vs. Orioles | | | _ | Date(s) _4 | <u>, 25 , 13 </u> | / | |
| - | | | | | | | |
| Ticket(s)/Admission(s) provided by a | igency? Yes | | o | If no: Oakland Ath | letics | | |
| | | | | | Name of S | Source | |
| Was the distribution to persons iden | tified below r | nade a | t th | e hehest of an an | ency official? | | |
| | | | | | ency official? | | |
| Yes 🗹 No 🔲 If yes: Supervis | sor Wilma Chan | | | | | | |
| | Official's | Name (L | .ast, F | -irst) and Title | | | |
| The identity of recipient(s) and th | e explanatio | on: | | | | | |
| Name | | | | | box if the agency of | | |
| (Last, First) or | Number of Admission(s)/ | Agen Offic | | also provide a des | f the agency official p scription. | erformed a cerem | onial role, |
| Organization | Ticket(s) | | iai | If not income, des | cribe the public purp performed by an age | ose, including | |
| (Name, Address, Description) | | | | organization. | Contraction and and | Net and the | dual, or |
| College Ed | 0 | Yes | | To promote atten | | | Income |
| Collaço, Ed | 2 | | 1 | County facility in | order to maximiz | ze potential | |
| | | Yes | | County revenue | from sales. | | Income |
| | | | | | | | |
| | | Yes | | | | | Income |
| | | | | | | | |
| | | 34.12 | | | | | Income |
| - | | | | | ¥ | | |
| | | | | 2. | | | Income |
| | | No | | | | | |
| 3. Verification | 100 11 1 | | | | | | |
| I have read and understand FPPC Regulation is in accordance with the provisions. | ons 18944.1 an | d 18942 | 2. Tha | ave verified that the | distribution of adn | nissions, set fo | rth above, |
| (MA) | | | | | | | |
| Alex | andra Boskov | rich | | Ticket Admi | nistrator | 4/12/2 | 013 |

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

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

| icket/Admission Distric | Jutions | | | A | Public Do | |
|--|----------------------------------|---------------|---|---|---------------------|------------------|
| Agency Name | | | | Date Stamp | California Form | 802 |
| County of Alameda | | | | | | |
| Division, Department, or Region | 1 (if applicable) | | | | For Official | Use Only |
| Board of Supervisors Street Address | | | | | | |
| | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Na | ame, Title) | | | | | |
| Cheryl Perkins, Interim Clerk, | 6- • | | | Amendment (Must pro | vide explanation in | Part 3.) |
| | -mail | | | Date of Original Filing: | (month day yes | ar) |
| (510) 272-3882 | cheryl.perkins@acgov.c | org | | | (monin, day, yet | |
| Function, Event, or Cerem | onial Role Information | tion | | | | |
| Title | | | Eaco \ | Value of Each Admissi | san ¢ \$30 | |
| | | | | | | |
| Description <u>A's vs. Astros</u> | | | Date(s | s) <u>4 / 15 / 13</u> | / | / |
| | | | | | | |
| Гicket(s)/Admission(s) provi | ded by agency? Yes | 🗆 No 🗹 | If no: Oakl | land Athletics | | |
| | | | | Name of S | Source | |
| Yes 🗹 No 🔲 If yes | Supervisor Wilma Chan | Nome (Lest | First) and Title | | | |
| | | | rirst) and Title | | | |
| The identity of recipient(s |) and the explanatio | on: | | | | |
| Name (Last, First) | Number of | Agency | The second se | e income box if the agency offi ncome. If the agency official pe | | |
| or | Number of Admission(s)/ | Official | also prov | vide a description. | | 199 ¹ |
| Organization (Name, Address, Descriptio | on) Ticket(s) | | ceremon | ome, describe the public purpo ial roles, performed by an agen | | dual, or |
| | | Yes 🗖 | organiza To promot | tion. e attendance at an eve | nt held at a | Income |
| Cai, Wendy | 2 | No 🗹 | | cility in order to maximiz | | |
| | | Yes 🗖 | County rev | venue from sales. | | Income |
| | | No 🗖 | | | | |
| | | | | | | Income |
| | | No 🔲 Yes 🗖 | | | | |
| | | No 🔲 | | | | Income |
| | | Yes 🗖 | | | | Income |
| | | No 🗖 | | | | |
| /erification | | | | | | |
| have read and understand FPPC is in accordance with the provision | ว Regulations 18944.1 and าร. | d 18942. I h | ave verified t | that the distribution of adm | issions, set fo | rth above, |
| UN/ | Alexandra Boskov | rich | Ticke | et Administrator | 4/12/2 | 013 |
| Signature of Agency Head or Designee | Print Nar | | | Title | | h dav vear) |

| icket/Admission Distributions | S | | | | | A Public Do | ocumen |
|---|---|---|---------|--|--|--|--|
| . Agency Name | | | | | Date Stamp | California | 802 |
| County of Alameda | | | | | | Form | |
| Division, Department, or Region (if application) | able) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | | | | | |
| | | | | | Amendment (Mu | ist provide explanation ii | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number [E-mail | Supervisors | | | | Date of Original Filir | a. | |
| | nuine Queener (| | | | Date of original film | ig:(month, day, ye | ar) |
| (510) 272-3882 cheryl.pe | rkins@acgov. | | - | | | | |
| . Function, Event, or Ceremonial R | cole informa | uon | | | | | |
| Title | | | _ | Face V | /alue of Each Adm | nission \$ <u>\$30</u> | |
| | | | | | | | |
| Description <u>A's vs. Tigers</u> | | | _ | Date(s |) 4 / 12 / 13 | <u> </u> | / |
| | | | | 0.11 | | | |
| | | | | | | | |
| Ticket(s)/Admission(s) provided by a | agency? Yes | | 0 🗸 | If no: Oakia | and Athletics | e of Source | |
| | | | | | Name | | |
| Ticket(s)/Admission(s) provided by a Was the distribution to persons iden | | | | | Name | | |
| Was the distribution to persons iden | ntified below r | nade a | at the | e behest of | Name an agency officia | | |
| Was the distribution to persons iden | ntified below r | nade a | at the | e behest of | Name an agency officia | | |
| Was the distribution to persons iden Yes I No I If yes: Supervi | atified below r isor Wilma Chan Official's | nade a | at the | e behest of | Name an agency officia | | |
| Was the distribution to persons iden Yes ☑ No □ If yes: ^{Supervin} The identity of recipient(s) and th | atified below r isor Wilma Chan Official's | nade a | at the | behest of | Namo | 1? | |
| Was the distribution to persons iden Yes ☑ No □ If yes: ^{Supervin} The identity of recipient(s) and the Name | ntified below r isor Wilma Chan Official's ne explanatio | nade a Name (L | at the | behest of irst) and Title Check the | Name an agency officia | 1 ? cy official claims admis | |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or | ntified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ | nade a | Last, F | behest of irst) and Title Check the taxable in also prov | Name an agency officia e income box if the agency ncome. If the agency offic ride a description. | I? cy official claims admis cial performed a cerem | |
| Was the distribution to persons iden Yes ☑ No □ If yes: Supervise The identity of recipient(s) and the Name (Last, First) | ntified below r isor Wilma Chan Official's ne explanatio Number of | nade a Name (L on: Ager | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni | Name an agency officia e income box if the agency come. If the agency offic vide a description. ome, describe the public ial roles, performed by an | I? cy official claims admin cial performed a cerem purpose, including | nonial role, |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervie The identity of recipient(s) and the Name (Last, First) or Organization | ntified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ | nade a Name (L on: Ager | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat | Name an agency officia e income box if the agency come. If the agency offic vide a description. ome, describe the public ial roles, performed by an | I? cy official claims admis cial performed a ceren purpose, including agency official, indivi | nonial role, dual, or |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervie The identity of recipient(s) and the Name (Last, First) or Organization | ntified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ | nade a Name (L on: Ager Offic | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote | Name an agency officia e income box if the agenc come. If the agency offic ride a description. ome, describe the public ial roles, performed by an cion. | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | nonial role, |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic | at the | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. e attendance at an sillity in order to max | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | uonial role, dual, or Income |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | Name (L on: Ager Offic Yes No | at the | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agenc come. If the agency officia ride a description. ome, describe the public ial roles, performed by an ion. e attendance at an | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | dual, or Income |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L On: Agen Offic Yes No Yes | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. e attendance at an sillity in order to max | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | dual, or Income |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes No | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. e attendance at an sillity in order to max | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | dual, or Income Income Income |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes No Yes No Yes | Last, F | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. e attendance at an sillity in order to max | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | dual, or Income |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Supervise The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | atified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes No Yes No | at the | behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency ncome. If the agency officia ide a description. ome, describe the public ial roles, performed by an tion. e attendance at an sillity in order to max | I? cy official claims admin cial performed a ceren purpose, including agency official, indivi event held at a | dual, or Income Income Income |
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| | ch Ticket Administrato | r 4/12/2013 |
|---|------------------------|--------------------|
| Signature of Agency Head or Designee Print Name | e Title | (month, day, year) |

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

| Incret/Aumission Distribution | 13 | | | | | |
|--|---|--|---|--|--|--|
| 1. Agency Name | | | | Date Stamp | California Form | 000 |
| County of Alameda | | | | | Form | 002 |
| Division, Department, or Region (if applic | Division, Department, or Region (if applicable) | | | | | Use Only |
| Board of Supervisors | 1 | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendment (Must) | provide explanation ir | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Board o | of Supervisors | | | _ | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, yea | ar) |
| (510) 272-3882 cheryl.pe | erkins@acgov.o | org | 4 | | | |
| 2. Function, Event, or Ceremonial F | Role Information | tion | | | | |
| Title | | 6 | Esse V | | \$30 | |
| Title | | | Face V | /alue of Each Admis | sion \$ $-\frac{1}{2}$ | |
| Description <u>A's vs.</u> Tigers | | | Date(s | a) <u>4 13 13</u> | 1 | 1 |
| | | | Duce | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | / | / |
| | | | | | | |
| Ticket(s)/Admission(s) provided by | agency? Yes | | I If no. Oakl | and Athletics | | |
| Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes I∕I No □ If ves: ^{Superv} | ntified below r | nade at th | _ | Name o | f Source | |
| Was the distribution to persons iden Yes ☑ No □ If yes: ^{Superv} The identity of recipient(s) and th | ntified below r visor Wilma Chan Official's | nade at th | e behest of First) and Title | Name official? | | |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv | ntified below r visor Wilma Chan Official's | nade at th | e behest of First) and Title • Check th taxable in | Name of an agency official? | official claims admis | |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the Name (Last, First) or | ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ | nade at th Name (Last, | e behest of First) and Title Check th taxable ir also prov | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. | official claims admis I performed a cerem | |
| Was the distribution to persons iden Yes ☑ No ☐ If yes: Superv The identity of recipient(s) and the Name (Last, First) | ntified below r visor Wilma Chan Official's he explanatic Number of | nade at th Name (Last, On: Agency | e behest of First) and Title • Check th taxable ir also prov • If not inc. ceremoni | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pui ial roles, performed by an ag | official claims admis I performed a cerem rpose, including | ionial role, |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ | nade at th Name (Last, On: Agency | e behest of First) and Title Check th taxable ir also prov If not inc. ceremoni organizat | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pui ial roles, performed by an ag | official claims admis I performed a cerem rpose, including jency official, indivi | ionial role, dual, or |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization | ntified below r visor Wilma Chan Official's he explanatic Number of Admission(s)/ | nade at th Name (Last, on: Agency Official | e behest of First) and Title Check th taxable in also prov If not inc. ceremoni organizat | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describte the public pui ial roles, performed by an ag tion. | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | ionial role, dual, or |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he 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 in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th Name (Last, on: Agency Official Yes I No I | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ev | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income Income Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income Income Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income Income Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th Name (Last, on: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income Income Income |
| Was the distribution to persons iden Yes ☑ No □ If yes: Superv The identity of recipient(s) and the (Last, First) or Organization (Name, Address, Description) | ntified below r /isor Wilma Chan Official's he explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check th taxable in also prov If not incu- ceremoni organizat To promote County fac | Name of an agency official? e income box if the agency of ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. e attendance at an ex- cility in order to maxim | official claims admis l performed a cerem rpose, including gency official, indivi /ent held at a | dual, or Income Income Income Income |

| C | A | lexandra Boskovich | Ticket Administrator | 4/8/2013 |
|--------------------------|-------------|--------------------|----------------------|--------------------|
| Signature of Agency Head | or Designee | Print Name | Title | (month, day, year) |

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

,

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

| . Agency Name | | | | Date Stamp | California | 802 |
|---|---|---|--|--|--|--|
| County of Alameda | | | | | Form | 002 |
| Division, Department, or Region (if ap | Division, Department, or Region (if applicable) | | | | | Use Only |
| Board of Supervisors | | | 1 | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Tit | | | | Amendment (Mu | st provide explanation in | n Part 3.) |
| Cheryl Perkins Interim Clerk, Board | of Supervisors | | | Data of Original Filir | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filir | (month, day, yea | ar) |
| | .perkins@acgov.c | | | | | |
| 2. Function, Event, or Ceremonia | al Role Informat | lion | | | | |
| Title | | | Face | Value of Each Adm | nission \$ _ ^{\$85/\$^} | 17-park |
| | | | | | | |
| Description A's vs. Tigers | | | Date(s | s) <u>4 / 14 / 13</u> | 3/ | / |
| | | | | | | |
| Ticket(s)/Admission(s) provided I | by agency? Yes | 🗌 No 🛛 | If no: Oak | Name | e of Source | |
| | | | | Name | | |
| Ticket(s)/Admission(s) provided i Was the distribution to persons in | | | | Name | | |
| Was the distribution to persons i | dentified below n vervisor Wilma Chan | nade at tl | he behest o | namo | | |
| Was the distribution to persons i | dentified below n vervisor Wilma Chan | nade at tl | | namo | | |
| Was the distribution to persons i | dentified below n pervisor Wilma Chan Official's | nade at tl | he behest o | namo | | |
| Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name | dentified below n pervisor Wilma Chan Official's | nade at tl | he behest o First) and Title | f an agency officia | I? cy official claims admis | |
| Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and | dentified below n bervisor Wilma Chan Official's d the explanatic Number of | nade at tl Name (Last, on: Agency | he behest o First) and Title • Check ti taxable i | f an agency officia | I? cy official claims admis | |
| Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization | dentified below n pervisor Wilma Chan Official's d the explanatic | nade at tl Name (Last, Dn: | First) and Title Check th taxable also pro If not inc | he income box if the agency officia | I? cy official claims admia cial performed a cerem purpose, including | nonial role, |
| Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or | dentified below n bervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ | nade at ti Name (Last, Dn: Agency Official | First) and Title Check th taxable also pro If not inc ceremor organize | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public nial roles, performed by an ation. | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi | nonial role, dual, or |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n bervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade at ti Name (Last, on: Agency Official Yes 🗖 | First) and Title Check th taxable also pro If not inc ceremor organize To promor | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public nial roles, performed by an ation. te attendance at an | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | nonial role, dual, or Income |
| Was the distribution to persons id Yes ☑ No □ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization | dentified below n bervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ | nade at ti Name (Last, on: Agency Official Yes I No I | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 20+4 parking | nade at ti Name (Last, on: Agency Official Yes I Yes I | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public nial roles, performed by an ation. te attendance at an | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n bervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) | nade at ti Name (Last, on: Agency Official Yes No Yes No | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 20+4 parking | nade at ti Name (Last, on: Agency Official Yes No Yes Yes Yes | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 20+4 parking | nade at ti Name (Last, on: Agency Official Yes No Yes No Yes No Yes No | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 20+4 parking | nade at ti Name (Last, on: Agency Official Yes No Yes Yes Yes | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income Income Income |
| Was the distribution to persons in Yes ☑ No ☑ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | dentified below n vervisor Wilma Chan Official's d the explanatic Number of Admission(s)/ Ticket(s) 20+4 parking | nade at ti Name (Last, on: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes | First) and Title Check th taxable also pro If not inc ceremor organiza To promoi County fac | he income box if the agency income. If the agency officia income. If the agency offic vide a description. come, describe the public hal roles, performed by an ation. te attendance at an cility in order to may | I? cy official claims admis cial performed a cerem purpose, including agency official, indivi event held at a | dual, or Income Income Income |

| _n_ | Alexandra Boskovich | Ticket Administrator | 3/28/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

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

| icket/Admission Distributio | A Public Document | | | | | |
|---|-------------------------|--------------------|------------------|---|-----------------------|--------------|
| . Agency Name | | | | Date Stamp | California Form | 002 |
| County of Alameda | | | | | Form | 002 |
| Division, Department, or Region (if app | licable) | | | | For Official | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title |) | | | Amendment (Must pr | ovide explanation i | n Part 2) |
| Cheryl Perkins, Interim Clerk, Board | of Supervisors | | | | ovide explanation il | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: . | (month, day, ye | ar) |
| (510) 272-3882 cheryl. | perkins@acgov.o | org | | | (month, day, ye | |
| Function, Event, or Ceremonial | | | | | | |
| | | | | | | 14 |
| Title | | | Face \ | /alue of Each Admiss | sion \$ <u>\$100</u> | / 220 par |
| - Warriors vs. Timberwol | VOC | | | b) <u>4</u> <u>9</u> <u>13</u> | | |
| Description Warriors vs. Timberwol | Ves | | Date(s | s) <u> </u> | / | / |
| | | | Cald | an Otata Maniana | | |
| Ticket(s)/Admission(s) provided by | y agency? Yes | 🗖 No 🗹 | If no: Gold | en State Warriors Name of | Source | |
| | | | | Name of | Source | |
| Was the distribution to persons id | entified below r | nade at th | e behest of | an agency official? | | |
| Que | | | | | | |
| Yes 🔽 No 🔲 If yes: Supe | rvisor Wilma Chan | Name (Last | First) and Title | | | |
| | | | First) and Title | | | |
| The identity of recipient(s) and | the explanation | on: | | | | |
| Name | | | | e income box if the agency of | | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | | ncome. If the agency official /ide a description. | performed a cerem | nonial role, |
| Organization | Ticket(s) | Unicial | • If not inc | ome, describe the public purp | | |
| (Name, Address, Description) | | | organizat | ial roles, performed by an age tion. | ency official, indivi | dual, or |
| | | Yes 🗖 | | e attendance at an eve | | Income |
| Robinson, Fred | 2 + parking | No 🗸 | County fac | ility in order to maximi | ze potential | |
| |) | Yes 🗖 | County rev | venue from sales. | | Income |
| | | No 🗖 | 2 ounty 10 | | | |
| | | Yes 🗖 | | | | Income |
| | | No 🗖 | | | | |
| | | Yes 🗖 | | | | Income |
| | | No 🗖 | | | | |

3. Verification

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

Yes 🗖

No 🗖

| | Alexandra Boskovich | Ticket Administrator | 4/8/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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

Income

| Ticket/Admission Distribution | | A Public Docum | | | | |
|---|---------------------|--|-----------------------|--|----------------------|---------------|
| 1. Agency Name | | Date Stamp | California | 802 | | |
| County of Alameda | | | Form | 002 | | |
| 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) | | | | Amendment (Must pro | ovide explanation in | Part 2) |
| Cheryl Perkins, Interim Clerk, Board o | of Supervisors | | | | ovue explanation in | Fall 3.) |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: _ | (month, day, yea | (r) |
| (510) 272-3882 cheryl.p | erkins@acgov.o | org | | | (, uu), you | , |
| 2. Function, Event, or Ceremonial | | the second s | | | | |
| Title | | | Ε | | • • \$100 | |
| 11tie | | | | /alue of Each Admiss | | |
| Description Warriors vs. Timberwolv | es | | Dato/s | s) <u>4 / 9 / 13</u> | 1 | 1 |
| | | | Date | ») ———) ——— | / | / |
| Ticket(c)/Admission(c) provided by | Adapav2 Vac | | Gold | len State Warriors | | |
| Ticket(s)/Admission(s) provided by | agency? res | | i inno: | Name of S | Source | |
| The identity of recipient(s) and t | he explanatio | on: | e Check th | e income box if the agency of | ficial claims admis | elon ae |
| (Last, First) | Number of | Agency | taxable i | ncome. If the agency official p | | |
| or Organization | Admission(s)/ | Official | 15 1 | vide a description. ome, describe the public purp | ose including | |
| (Name, Address, Description) | Ticket(s) | 100 | ceremon | ial roles, performed by an age | | dual, or |
| | | Yes 🗖 | organiza To promot | e attendance at an eve | ent held at a | Income |
| Toscano, Chel | 2 | No 🗹 | | cility in order to maximiz | | |
| | | Yes 🗖 | County re | venue from sales. | | Income |
| | | No 🗖 | | | | |
| | | Yes 🗖 | | | | Income |
| | | No 🗖 | | | | |
| | | Yes 🗖 | | | | Income |
| | | No 🗖 | | | | |
| | | Yes 🗖 | * | | | Income |
| | | No 🗖 | | | | |
| 3. Verification I have read and understand FPPC Regula is in accordance with the provisions. | ntions 18944.1 an | | ave verified t | that the distribution of adr | nissions, set fo | |
| all Ale | ∕ exandra Boskov | vich | Ticke | et Administrator | 4/8/20 | 13 |
| Signature of Agency Head or Designee | Print Nar | me | | Title | (mont | h, day, year) |

| Ticket/Admission Distributions | 6 | | | | | A Public Do | ocument |
|---|--|-----------------|----------|---|--|-------------------------|----------------|
| 1. Agency Name | | | | | Date Stamp | California | 802 |
| County of Alameda | 3 | а | | | | Form | |
| Division, Department, or Region (if application) | | For Official | Use Only | | | | |
| | Board of Supervisors | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | | | | | |
| | Supervisore | | | | Amendment (Must | provide explanation ir | 1 Part 3.) |
| Cheryl Perkins, Interim Clerk, Board of Area Code/Phone Number [E-mail | Supervisors | | | | Date of Original Filing | (month, day, yea | |
| (510) 272-3882 cheryl.pe | rkins@acgov.c | ora | | | | (month, day, yea | ar) |
| 2. Function, Event, or Ceremonial R | and the second sec | | | | | 8 | |
| | | | | | | | |
| Title | | | - | Face V | alue of Each Admis | sion \$ _ <u>\$100/</u> | 520 park |
| Description Warriors vs. Spurs | | | | Detale |) 4 / 15 / 13 | 1 | 1 |
| | | | - | Date(s |)// | / | /, |
| Ticket(s)/Admission(s) provided by a | agency? Yes | | | If no. Golde | en State Warriors | | |
| | .geney: 100 | | | | Name o | of Source | |
| Was the distribution to persons iden | tified below n | nado at | t the | hohoot of | an aganay official |) | |
| | | | | | an agency official | | |
| Yes 🗹 No 🔲 If yes: Supervis | sor Wilma Chan | £ | | | | | |
| | Official's | Name (La | ast, F | First) and Title | | | |
| The identity of recipient(s) and th | e explanatio | on: | | | | | |
| Name | 1 | | | | income box if the agency | | |
| (Last, First) or | Number of Admission(s)/ | Ageno Offici | | the second se | come. If the agency officia ide a description. | I performed a cerem | ionial role, |
| Organization (Name, Address, Description) | Ticket(s) | Onici | aı | If not inco ceremonia | ome, describe the public pu al roles, performed by an a | rpose, including | dual or |
| (Name, Address, Description) | では国際特別 | | | organizat | ion. | | uuai, oi |
| Ong, Jennifer | 2 + parking | Yes | | | e attendance at an e ility in order to maxir | | Income |
| | | No | _ | County 100 | | | |
| | | Yes No | | County rev | enue from sales. | | Income |
| | | Yes | | × | | | |
| | | | | | | | Income |
| - | | Yes | | | | | |
| | | | | | | | Income |
| | | Yes | | | | | Income |
| | | 1.1 | | | | | |
| 3. Verification | | | | | | | |
| I have read and understand FPPO Regulati | ons 18944.1 and | d 18942. | . I ha | ave verified th | nat the distribution of a | dmissions, set fo | rth above, |
| is in accordance with the provisions. | | | | | | | |
| Alex | andra Boskov | rich | | Ticket | t Administrator | 4/8/20 | 13 |
| Signature of Agency Head or Designee | Print Nar | ne | | | Title | | th, day, year) |

| Ticket/Admission Distribution | IS | | | Α | Public Do | cument |
|--|---|---|---------------------|---|---------------------------|-------------|
| 1. Agency Name | Date Stamp | California | 802 | | | |
| County of Alameda | County of Alameda Vivision, Department, or Region (<i>if applicable</i>) | | | | | |
| Division, Department, or Region (if applied | | For Official U | Jse Only | | | |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendment (Must pr | ovide explanation in | Part 3.) |
| Cheryl Perkins, Interim Clerk, Board o Area Code/Phone Number [E-mail | of Supervisors | | | Date of Original Filing: _ | | |
| | | | | Date of Original Filling. | (month, day, year | 7) |
| | erkins@acgov.o | the second se | | | | .A. |
| 2. Function, Event, or Ceremonial I | Role Informat | tion | | | | |
| Title | | | Face | Value of Each Admiss | sion \$ _ ^{\$30} | |
| | | | | | | |
| Description <u>A's vs. Tigers</u> | | | Date(s | s)/// | / | / |
| | | | | | | |
| Ticket(s)/Admission(s) provided by | agency? Yes | 🔲 No | ✓ If no: Oak | land Athletics Name of | Source | |
| | | | | Name or | Source | |
| Was the distribution to persons ide | ntified below r | nade at t | he behest o | f an agency official? | | |
| | | | | | | |
| Yes 🖸 No 🔲 If yes: Superv | visor Wilma Chan Official's | | | | | |
| | Official's | Name (Las | t, First) and Title | | | |
| The identity of recipient(s) and t | he explanatio | on: | | | | |
| Name | | | | ne income box if the agency of | | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | alaa aya | income. If the agency official p vide a description. | performed a ceremo | onial role, |
| Organization | Ticket(s) | Onicial | If not inc | come, describe the public purp nial roles, performed by an age | ose, including | ual or |
| (Name, Address, Description) | | 海道" | organiza | ition. | | ual, or |
| Harris, Bill | | Yes 🗖 | | te attendance at an eve | | Income |
| | 2 | No 🗹 | | cility in order to maximi | ze potential | |
| | | Yes 🗖 | 100unty re | venue from sales. | | Income |
| | | No 🗖 | | | | |
| | | Yes | | | | Income |
| r | | No 🗖 | | | | |
| | | Yes 🗖 No 🗖 | | | | Income |
| | | | | | | |
| | | Yes | | | | Income |
| 22 P 20184 202 | | No 🗖 | | | | |
| • Verification I have read and understand FPPC Regular is in accordance with the provisions. | tions 18944.1 an | d 18942. I | have verified | that the distribution of adr | missions, set for | th above, |
| | exandra Boskov | ich | Ticke | et Administrator | 4/8/201 | 3 |
| Signature of Agency Head or Designee | Print Nar | ne | | Title | (month | dav vear) |

1. Agency Name

| | A Public Document | |
|------------|------------------------|--|
| Date Stamp | California Form 802 | |

| | County of Alameda | | | | | | | Form | 002 |
|----|--|----------------|---|--------------|-----|---------------------------------------|--|----------------------------------|--------------|
| | Division, Department, or Regi | on (if applica | able) | | | For Official | Use Only | | |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must prov | ide explanation in | Part 2) |
| | Cheryl Perkins, Interim Clerk | , Board of | Supervisors | | | | | nde explanation li | iran S.) |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, yea | ar) |
| | (510) 272-3882 | cheryl.pe | rkins@acgov.o | org | | | | | , |
| 2. | Function, Event, or Cere | monial R | ole Information | tion | | | | | |
| | Title | | | | _ | Face \ | /alue of Each Admissi | on \$ _\$100 | |
| | Description Warriors vs. Sp | urs | | | | Date(s | a) <u>4</u> <u>15</u> <u>13</u> | / | / |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | o 🔽 | If no: Gold | en State Warriors | - | |
| | | | | | | | Name of Se | ource | |
| | Was the distribution to per Yes ✓ No □ If yes The identity of recipient(| es: Supervi | sor Wilma Chan Official's | Name (I | | | | | |
| | Name (Last, First) or Organization (Name, Address, Descrip | tion) | Number of Admission(s)/ Ticket(s) | Age Offic | | taxable in also prov If not inc | e income box if the agency offic ncome. If the agency official pe vide a description. ome, describe the public purpos ial roles, performed by an agence tion. | rformed a cerem se, including | ionial role, |
| | Medina, Sam | | 2 | Yes No | | | e attendance at an ever cility in order to maximize | | Income |
| | | | | Yes No | | County rev | venue from sales. | | Income |
| | | 5 | | Yes No | | | | | Income |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | - | | | | |

3. Verification

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

| | Alexandra Boskovich | Ticket Administrator | 4/8/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | Α | Pub | lic | Document |
|--|---|-----|-----|-----------------|
|--|---|-----|-----|-----------------|

| licket/Admission Distributio | 113 | | | | | ocumer |
|--|---|---|---|---|--|--|
| 1. Agency Name | | | | Date Stamp | California | 002 |
| County of Alameda | | | | | Form | 802 |
| Division, Department, or Region (if applicable) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | 9. | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title | e) | | | Amendment (Must p | rovide explanation ir | Part 3) |
| Cheryl Perkins Interim Clerk, Board | of Supervisors | | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, yea | ar) |
| | perkins@acgov.o | | | | | |
| 2. Function, Event, or Ceremonia | I Role Informat | tion | | | | |
| Title | | | Ecce V | /alue of Each Admis | -i ¢ \$85/\$1 | 17-nark |
| | | | Face v | alue of Each Admis | sion $\Rightarrow -\frac{\phi + \phi + \phi + \phi}{2}$ | n park |
| Description A's vs. Twins | | × | Date(s | <u>9 / 21 / 13</u> | / | 1 |
| | | | | , | | |
| | | | . | | | |
| Ticket(s)/Admission(s) provided b | v agency? Yes | | I If no: Oakla | and Athletics | | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | 🗆 No 🗹 | If no: Oakla | and Athletics Name of | Source | |
| | | | | Name of | Source | |
| Ticket(s)/Admission(s) provided b Was the distribution to persons id | | | | Name of | Source | |
| Was the distribution to persons id | entified below r ervisor Wilma Chan | nade at th | e behest of | Name of | Source | |
| Was the distribution to persons id | entified below r ervisor Wilma Chan | nade at th | | Name of | Source | |
| Was the distribution to persons id | entified below r ervisor Wilma Chan Official's | nade at th | e behest of | Name of | Source | |
| Was the distribution to persons id Yes ☑ No □ If yes: Supe | entified below r ervisor Wilma Chan Official's | nade at th | e behest of First) and Title | Name of | | ssion as |
| Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and Name (Last, First) | entified below r ervisor Wilma Chan Official's the explanatic Number of | nade at th Name (Last, Dn: Agency | e behest of First) and Title Check the taxable in | Name of an agency official? e income box if the agency official | fficial claims admis | |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization | entified below r ervisor Wilma Chan Official's the explanatio | nade at th Name (Last, on: | e behest of First) and Title Check the taxable in also prov If not ince | Name of an agency official? e income box if the agency o ncome. If the agency official ride a description. ome, describe the public purp | 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 | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ | nade at th Name (Last, Dn: Agency | e behest of First) and Title Check the taxable in also prov If not ince | e income box if the agency official? | fficial claims admis performed a cerem pose, including | ionial role, |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote | e income box if the agency official? | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | ionial role, dual, or |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ | nade at th Name (Last, Dn: Agency Official | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote | e income box if the agency official? e income box if the agency of iccome. If the agency official ride a description. ome, describe the public pur ial roles, performed by an age ion. | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | ionial role, dual, or |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | dual, or Income Income |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur fail roles, performed by an age tion. e attendance at an ev fility in order to maxim | 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 I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur fail roles, performed by an age tion. e attendance at an ev fility in order to maxim | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | dual, or Income Income Income |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th Name (Last, Dn: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur ial roles, performed by an age tion. e attendance at an ev illity in order to maxim | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | dual, or Income Income Income |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur ial roles, performed by an age tion. e attendance at an ev illity in order to maxim | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | dual, or Income Income Income |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur ial roles, performed by an age tion. e attendance at an ev illity in order to maxim | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | dual, or Income Income Income |
| Was the distribution to persons id Yes I No I If yes: Supe The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | entified below r ervisor Wilma Chan Official's the explanatic Number of Admission(s)/ Ticket(s) 20 + 4 | nade at th | e behest of First) and Title Check the taxable in also prov If not inco ceremoni organizat To promote County fac | e income box if the agency official? e income box if the agency official ride a description. ome, describe the public pur ial roles, performed by an age tion. e attendance at an ev illity in order to maxim | fficial claims admis performed a cerem pose, including ency official, indivi ent held at a | ionial role, dual, or Income Income Income |

| a | Alexandra Boskovich | Ticket Administrator | 4/4/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and

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| Α | Ρ | ub | lic | Document |
|---|---|----|-----|-----------------|
| | | | | Beeeniterite |

| icket/Admission Dist | ripution | 3 | | | | | | | Public D | oounio |
|---|---|--|---|----------------------------------|--|--|---|---|--|---|
| . Agency Name | | Dat | e Stamp | | California Form | | | | | |
| County of Alameda | | | | | | | | | Form | 004 |
| Division, Department, or Region (if applicable) | | | | | | | | 2 | For Officia | l Use Only |
| Board of Supervisors | Board of Supervisors | | | | | | | | | |
| Street Address | | | | | | | | | | |
| 1221 Oak Street, Suite 536 | i. | | | | | | | | | |
| Designated Agency Contact | | | | | | | draamt (14 | | | |
| Cheryl Perkins, Interim Cler | rk, Board of | Supervisors | | | | | | | ide explanation | |
| Area Code/Phone Number | E-mail | | | | | Date of O | riginal Fili | ng: | (month, day, ye | arl |
| (510) 272-3882 | cheryl.pe | rkins@acgov. | orq | | | | | | (monan, day, ye | |
| . Function, Event, or Cer | The second se | the second s | - | | | | | | | |
| | | | | | | | | | | |
| Title | | | | _ | Face \ | /alue of E | ach Adn | nissio | on \$ _\$100/ | \$20 park |
| - Warriere ve H | ornoto | | | | | 4 | 3 1 | 3 | | |
| Description Warriors vs. H | omets | | | - | Date(s | \$)/ | / | | / | / |
| Ticket(s)/Admission(s) pro | ovided by a | agency? Yes | | 0 🗹 | If no: Gold | en State Wa | arriors Nam | e of Sc | ource | |
| Was the distribution to pe | rsons iden | ntified below r | nade a | at the | e behest of | f an ageno | Nam | e of Sc al? | purce | |
| Was the distribution to pe | rsons iden ves: <u>Supervi</u> | sor Wilma Chan Official's | nade a | at the | e behest of | f an ageno | Nam | | burce | |
| Was the distribution to pe Yes ☑ No ロ If y | rsons iden _{/es:} <u>Supervi</u> t(s) and th | sor Wilma Chan Official's | nade a | at the | e behest of First) and Title Check th taxable in also prov If not inc ceremon | e income box ncome. If the vide a descrip ome, describe ial roles, perfo | Nam | al? cy offic icial per | ial claims adm formed a cerei | nonial role, |
| Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ | nade a Name (L on: Ager | at the ast, F | behest of First) and Title Check the taxable is also provide of the second organiza If not inc ceremon organiza To promotion | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar | if the agen agency offi tion. the public ormed by an | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | nonial role, idual, or |
| Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r isor Wilma Chan Official's ne explanation Number of Admission(s)/ | nade a Name (L on: Ager Offic | at the ast, f | behest of First) and Title Check the taxable in also provide of the second organization | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar | if the agen agency offi tion. the public ormed by an | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t 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, Descrip | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes | at the Last, F ncy Sial | behest of First) and Title Check the taxable is also provide of the second organiza If not inc ceremon organiza To promotion | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, or Income |
| Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes No | at the | behest of First) and Title Check the taxable in also provide the second sec | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, or Income Income Income |
| Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s) | nade a Name (L on: Ager Offic Yes No Yes | at the | behest of First) and Title Check the taxable in also provide the second sec | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, or Incomu Incomu Incomu |
| Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r 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 No Yes | at the | behest of First) and Title Check the taxable in also provide the second sec | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, 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 iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r 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 No | at the | behest of First) and Title Check the taxable in also provide the second sec | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, 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 iden _{/es:} <u>Supervi</u> t(s) and th | ntified below r 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 No Yes | at the | behest of First) and Title Check the taxable in also provide the second sec | e income box ncome. If the vide a descrip ome, describe ial roles, perfe tion. e attendar cility in ord | Nam cy officia if the agen agency offi tion. e the public ormed by an nce at an er to max | cy offic icial per purpos n agenco eVen | ial claims adm formed a ceren y official, indiv t held at a | idual, 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. 1

| Dec | Alexandra Boskovich | Ticket Administrator | 4/3/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

| Ticket/Admission Distributions | S | | | | | A Public Do | ocument |
|--|---|---------------|----------------|-----------------|--|-------------------------|--------------|
| 1. Agency Name | | | | | Date Stamp | California | 802 |
| County of Alameda | | | | | | Form | |
| Division, Department, or Region (if application) | able) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) | | | | | | | |
| | O | | | | Amendment (Must | provide explanation in | 1 Part 3.) |
| Cheryl Perkins Interim Clerk, Board of Area Code/Phone Number E-mail | Supervisors | | | | Date of Original Filing | | |
| (510) 272-3882 cheryl.pe | rkins@acgov.c | ora | | | | (month, day, yea | ar) |
| 2. Function, Event, or Ceremonial R | and the second se | _ | | | | | |
| Control of a state o | | | | | | . | |
| Title | | | - | Face V | alue of Each Admis | sion \$ <u>\$85/</u> \$ | 7-park |
| Description A's vs. Cardinals | | | _ | Date(s |) <u>6 / 28 / 13</u> | / | / |
| Ticket(s)/Admission(s) provided by a | annov2 Voo | | | If no. Oakla | and Athletics | | |
| novel(s)/Admission(s) provided by a | igency: res | | 0 🗹 | II 110 | Name o | of Source | |
| Was the distribution to persons iden | tified below n | nada a | 4 4 ha | . hahaat af | | | |
| | | | | | an agency official | | |
| Yes 🗹 No 🔲 If yes: Supervi | sor Wilma Chan | | | | | | |
| | | | | | | | |
| The identity of recipient(s) and th | e explanatio | on: | | | | | |
| Name | | | -25-20 | | e income box if the agency ncome. If the agency officia | | |
| (Last, First) or | Number of Admission(s)/ | Ager Offic | | | ide a description. | r performed a cerem | ioniai role, |
| Organization (Name, Address, Description) | Ticket(s) | 180 | | | ome, describe the public pu al roles, performed by an a | | dual, or |
| | | Vaa | - | organizat | ion. | | 1.00 |
| Hirota, Sherry | 4+1 parking | Yes No | | | e attendance at an e ility in order to maxin | | Income |
| | | Yes | | County rev | enue from sales. | | Income |
| | pass | | | | | | |
| ν. | | Yes | | | | | Income |
| | | | | | | | |
| | | Yes No | | | | | Income |
| | | Yes | | | | | |
| | | 3 128 | | | | | Income |
| 3. Verification | | | | | | | |
| I have read and upderstand FPPC Regulation | ons 18944.1 and | d 18942 | 2. <i>I ha</i> | ave verified th | hat the distribution of a | dmissions, set fo | rth above, |
| is in accordance with the provisions. | | | | | | | |
| | | | | | | | |

| | Α | Publi | ic Do | cum | ent |
|--|---|-------|-------|-----|-----|
|--|---|-------|-------|-----|-----|

| 1. Agency Name Date Stamp County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Image: Amendment (Muited Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number Image: Image | California Form 802 |
|---|--|
| Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors | |
| Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors | For Official Use Only |
| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors | |
| Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors | |
| Crystal Hishida Graff, Clerk, Board of Supervisors | |
| Crystal Hishida Graff, Clerk, Board of Supervisors | st provide explanation in Part 3.) |
| Area Code/Phone Number E-mail Date of Original Filin | |
| | g:(month, day, year) |
| (510) 272-3882 crystal.hishida@acgov.org | |
| 2. Function, Event, or Ceremonial Role Information | |
| | tester († 30 |
| Title Oakland A's vs. Tigers Face Value of Each Adm | |
| Description Baseball Game, Field tickets Date(s) 04 12 13 | 3/////// |
| | |
| Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Oakland A's | |
| | e of Source |
| | 10 |
| Was the distribution to persons identified below made at the behest of an agency officia | 17 |
| Yes 🔽 No 🔲 If yes: <u>Carson, Keith Supervisor</u> | |
| Yes 🗹 No 🔲 If yes: <u>Carson, Keith Supervisor</u> Official's Name (Last, First) and Title | |
| | |
| The identity of recipient(s) and the explanation | |
| The identity of recipient(s) and the explanation: | v official claims admission as |
| Name (Last, First) Number of Agency - Check the income box if the agency offi | - |
| Name (Last, First) Number of Admission(s)/ Agency Official Check the income box if the agency taxable income. If the agency offi also provide a description. | cial performed a ceremonial role, |
| Name (Last, First) Number of Agency Check the income box if the agency offi- also provide a description | cial performed a ceremonial role, |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency taxable income. If the agency offi also provide a description. If not income, describe the public ceremonial roles, performed by an organization. If not income, describe the public ceremonial roles, performed by an organization. | cial performed a ceremonial role, purpose, including nagency official, individual, or |
| Name (Last, First) or Organization (Name, Address, Description)Number of Admission(s)/ Ticket(s)Agency OfficialCheck the income box if the agency taxable income. If the agency offi also provide a description.If not income, describe the public ceremonial roles, performed by ar organization.If not income, describe the public ceremonial roles, performed by ar organization. | cial performed a ceremonial role, purpose, including a agency official, individual, or |
| Name (Last, First) or Organization (Name, Address, Description)Number of Admission(s)/ Ticket(s)Agency OfficialCheck the income box if the agency taxable income. If the agency offi also provide a description.Simpson, SamYesTo reward a community volunteer for his or h | cial performed a ceremonial role, purpose, including agency official, individual, or er service to the public Income |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency offi also provide a description. Simpson, Sam 2 Yes No To reward a community volunteer for his or h | cial performed a ceremonial role, purpose, including a agency official, individual, or er service to the public Income |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency taxable income. If the agency offi also provide a description. Simpson, Sam 2 Yes To reward a community volunteer for his or h Yes Yes Yes To reward a community volunteer for his or h | cial performed a ceremonial role, purpose, including a agency official, individual, or er service to the public Income |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency offi also provide a description. Simpson, Sam 2 Yes In ot income, describe the public ceremonial roles, performed by ar organization. Simpson, Sam 2 Yes In or reward a community volunteer for his or his No | cial performed a ceremonial role, purpose, including a gency official, individual, or er service to the public Income Income |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency offi also provide a description. Simpson, Sam 2 Yes If not income, describe the public ceremonial roles, performed by ar organization. Simpson, Sam 2 Yes Inoreward a community volunteer for his or his No Yes Yes Yes Inoreward a community volunteer for his or his | cial performed a ceremonial role, purpose, including a gency official, individual, or er service to the public Income Income Income |
| Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency taxable income. If the agency offi also provide a description. Simpson, Sam 2 Yes To reward a community volunteer for his or h Yes No Yes No Yes No Yes No Yes No Yes No | cial performed a ceremonial role, purpose, including a gency official, individual, or er service to the public Income Income Income |
| Name (Last, First) or or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency offi also provide a description. Simpson, Sam Yes If not income, describe the public ceremonial roles, performed by ar organization. Simpson, Sam Yes Image: Comparison of the agency of the age | cial performed a ceremonial role, purpose, including a gency official, individual, or er service to the public 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.

| Sont Se | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Document | 1 | 4 | Ρ | ub | lic | Do | cu | m | en | t |
|-------------------|---|---|---|----|-----|----|----|---|----|---|
|-------------------|---|---|---|----|-----|----|----|---|----|---|

| •• | cketAdmission bist | IN ALLOTIC | - | | | | | | |
|--------------|---|----------------------------|-------------------------------|---|--------------|------------------|---|---------------------------|--------------|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | | Form | |
| | Division, Department, or Reg | ion (if applica | able) | | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | - | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact | Name,Title) | | | | | Amendment (Mus | st provide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | , |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filin | g:(month, day, yea | ar) |
| | (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | ion | | | | | |
| | Ophiland Alarya Timara | | | | | | | | |
| | Title Oakland A's vs. Tigers | | | | | | /alue of Each Adm | | |
| | Description Baseball Game | e, Loge tick | ets | | | Date(s |) <u>04</u> <u>13</u> <u>13</u> | / | / |
| | | | | | | | | | |
| | Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 | | | | lf no: Oakl | and A's | of Courses | | |
| | | | | | | | ivame | e of Source | |
| | Was the distribution to pe | rsons iden | tified below n | nade a | at the | e behest of | f an agency officia | 1? | |
| | • | | | | | | | | |
| | Yes 🗹 No 🔲 Ify | es: <u>Carson,</u> | Keith Superviso Official's | r | | | | | |
| | | | Official's | Name (I | Last, F | first) and Title | | | |
| | The identity of recipient | (s) and th | e explanatio | n: | | | | | |
| | Name | | | | | 1 | e income box if the agenc | | |
| | (Last, First) or | | Number of | Age | | 1 | ncome. If the agency offic vide a description. | cial performed a ceren | ionial role, |
| Organization | | Admission(s)/ Ticket(s) | Official | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or | | | dual an | | |
| | (Name, Address, Descri | ption) | | | | organiza | tion. | | dual, or |
| | Moore-Jordan, Sara Felicia | | | Yes | | To reward a con | nmunity volunteer for his or he | er service to the public; | Income |
| | | | 4 | No | \checkmark | | | | |
| | | | | 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.

| / | Jahre | Hannah Greene | Ticket Administrator | 04/30/1 3 |
|---|--------------------------------------|---------------|----------------------|--------------------|
| / | Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Document |
|-------------------|
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| Ticket/Aum3310h Distribution | 0 | | | · · · · · · · · · · · · · · · · · · · | | |
|--|--|----------|-------------------------------------|---|-------------------------------|----|
| 1. Agency Name | | | | Date Stamp | California | 2 |
| County of Alameda | | | | | Form OU | 4 |
| Division, Department, or Region (if applic | able) | | | 1 | For Official Use Only | |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendment (Must pr | ovide explanation in Part 3.) | |
| Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | |
| Area Code/Phone Number E-mail | ····· | | | Date of Original Filing: _ | (month, day, year) | |
| (510) 272-3882 crystal.hi | ishida@acgov. | org | | | (| |
| 2. Function, Event, or Ceremonial F | | | | | | |
| | | | | | 05 | |
| Title Oakland A's vs. Tigers | | | | Value of Each Admiss | | |
| Basaball Come Lago tie | koto | | | (s) <u>04 13 13</u> | | |
| Description Baseball Game, Loge tic | KEIS | | Date | (s)// | /// | |
| | | | ~ | F1 . F A1. | | |
| Ticket(s)/Admission(s) provided by | agency? Yes | 🔲 No | \checkmark If no: $\frac{Oa}{Oa}$ | Akland A's Name of | Source | |
| | | | | Name of | | |
| Was the distribution to persons ide | ntified below r | nade at | the behest | of an agency official? | | |
| - | | | | | | |
| Yes 🗹 No 🗖 If yes: Carson | , Keith Superviso <i>Official's</i> | r | | | | |
| | Official's | Name (La | st, First) and Ti | le | | |
| The identity of recipient(s) and t | he explanatio | on: | | | | |
| Name | | . | 1 | the income box if the agency of | | |
| (Last, First) | Number of | Agenc | | e income. If the agency official rovide a description. | performed a ceremonial role | e, |
| or Organization | Admission(s)/ Ticket(s) | Officia | ● If not i | ncome, describe the public purp | | |
| (Name, Address, Description) | | | | onial roles, performed by an age ization. | ncy official, individual, or | |
| Cain, Regina | | Yes [| To reward a d | community volunteer for his or her se | vice to the public; Inco | me |
| Can, rogina | 4 | No 🕻 | | | E | ב |
| | | Yes [| | | Inco | me |
| | | No [| | | C | נ |
| | ···· | Yes [| ק | | Inco | me |
| | | I | | | C | |
| ······································ | | Yes [| 7 | | Inco | |
| | | No | | | Ē | |
| | | Yes | 7 | | Inco | |
| | | I [| 5 | | E | |
| 2 Varification | | <u> </u> | | • | | - |

3. Verification

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

| John M2 | Hannah Greene | Ticket Administrator | 04/30/1 3 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Documen |
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| | CREDAULIII35IOLI DISULI | Julions | | | | - | | | |
|-------------------------------------|--|--|--|--------------------|---|----------------------------------|------------------------|-------------|--|
| 1. | Agency Name | | | | | Date Stamp | California | 802 | |
| | County of Alameda | | | | | | Form | 002 | |
| | Division, Department, or Region | n (if applical | ble) | | | | For Official | Use Only | |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (Na | ame, Title) | | | | Amendment (Must | provide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, B | Board of S | upervisors | | | | | , | |
| | | E-mail | | | | Date of Original Filing: | (month, day, yea | ar) | |
| | (510) 272-3882 | crystal.his | hida@acgov.o | org | | | | | |
| 2. | Function, Event, or Ceren | the second s | | | | | | | |
| | | | | | | | 05 | | |
| | Title Oakland A's vs. Tigers | | <u></u> | | Face | Value of Each Admis | sion \$ | | |
| | Pasaball Como | Logo tick | ata | | | s) <u>04 , 13 , 13</u> | | , | |
| | Description Baseball Game, | Loge lick | 315 | | Date(s | s)// | / | / | |
| | | | | | | Oakland A's | | | |
| | Ticket(s)/Admission(s) provided by agency? Yes 🔲 No | | | | If no: Oak | Name c | f Source | | |
| | | | | | | | | | |
| | Was the distribution to persons identified below made at t | | | | | f an agency official? | , | | |
| | | Cairaan | Kaith Cupanian | u | | | | | |
| | Yes 🗹 No 🔲 If yes | s: <u>Carson,</u> | Keith Superviso Official's | Name (Last | First) and Title | | | | |
| | | | | | | | | | |
| | The identity of recipient(s | s) and th | e explanatio | on: | | | · · · · | | |
| | Name | | | | ck the income box if the agency official claims admission as ble income. If the agency official performed a ceremonial role, | | | | |
| (Last, First) or Organization | | | Number of Admission(s)/ Ticket(s) | Agency Official | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or | | | ioina roio, | |
| | | | | | | | | dual. or | |
| | (Name, Address, Descripti | on) | | | organiza | ation. | | | |
| | Mitchell, Vince | | | Yes 🗖 | to reward a cor | mmunity volunteer for his or her | service to the public; | Income | |
| | - | | 4 | No 🗹 | | | | | |
| | | | | Yes 🗖 | | | | Income | |
| | | | | No 🗖 | | | | | |
| | · · | | | Yes 🗖 | | | | Income | |
| | | | | No 🗖 | | | | | |
| | | | | Yes 🗖 | | | | Income | |
| | | | | No 🗖 | | | | | |
| | | | | Yes 🗖 | | | | Income | |
| _ | | | | No 🗖 | | | | | |
| - | | | and a second | | | | | | |

3. Verification

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

| Hah the | Hannah Greene | Ticket Administrator | 04/30/1 3 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | CREWAUMISSION DISU | inducións | 5 | | | | | | oodinoni |
|---|-------------------------------|-------------------------|-----------------|--------|---------|---------------------|--|-------------------------|--------------|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Regi | i on (if applica | able) | | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | | r | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must p | rovide explanation i | n Part 3) |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | in an o.y |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, ye | ar) |
| | (510) 272-3882 | crvstal.his | shida@acgov. | org | | | | (| , |
| 2. | Function, Event, or Cere | | | | | | L | | |
| | | | | | | | | | |
| | Title Oakland A's vs. Tigers | | | | | Face \ | /alue of Each Admis | sion \$ _ ³⁰ | |
| | Danahall Oran | - | - 4 - | | | | 04 13 13 | | |
| Description Baseball Game, Field tickets Date(s) 04 / 13 / 13 | | | | | / | | | | |
| | | | | | | | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | 0 🗹 | If no: Oaki | and A's Name of | Source | |
| | | | | | | | Nume of | Course | |
| | Was the distribution to per | rsons iden | tified below n | nade | at the | e behest of | an agency official? | | |
| | | | | | | | 5 7 | | |
| | Yes 🗹 No 🔲 Ify | es: <u>Carson</u> , | Keith Superviso | r | | First) and Title | - | | |
| | | | Official's | Name (| Last, F | first) and Title | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | |
| | Name | | | | | Check th | e income box if the agency o | fficial claims admi | ssion as |
| | (Last, First) | | Number of | Age | | | ncome. If the agency official vide a description. | performed a cerer | nonial role, |
| | or Organization | | Admission(s)/ | Offi | cial | If not inc | ome, describe the public pur | | |
| | (Name, Address, Descrip | otion) | | | | ceremon organiza | ial roles, performed by an ag tion. | ency official, indiv | idual, or |
| | Russell, Ed | | | Yes | | To reward a con | nmunity volunteer for his or her se | ervice to the public | Income |
| | | | 2 | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | п | | | | Income |
| | | | | No | | | | | |
| | | | 1 | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| - | | | 1 | L | | L | | | السمة |

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.

| Ande | Hannah Greene | Ticket Administrator | 04/30/1 3 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Ageney Head or Designee | Print Name | Title | (month, day, year) |

| A Pu | blic | Document |
|------|------|----------|
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| Increared and a strain province | utions | | | ~ ~ | |
|---|----------------------------|------------|--------------------|--|------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | | | | Form OUZ |
| Division, Department, or Region | (if applicable) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Nan | ne, Title) | ***** | | Amendment (Must pro | vide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Bo | ard of Supervisors | | | | |
| | mail | | | Date of Original Filing: | (month, day, year) |
| (510) 272-3882 cr | ystal.hishida@acgov. | org | | | (,, ,, |
| 2. Function, Event, or Cerem | | | | | |
| | | | | | |
| Title Oakland A's vs. Tigers | ····· | | Face V | /alue of Each Admissi | ion \$ _ <u>85</u> |
| Peechall Come | ogo tiekote | | | <u>, 04 , 13 , 13</u> | |
| Description Baseball Game, Loge tickets Date(s) 04 / 13 | | | | | // |
| | | | | | |
| Ticket(s)/Admission(s) provid | led by agency? Yes | 5 🔲 No | If no: Oak | Name of S | Source |
| | | | | | |
| Was the distribution to perso | ns identified below | made at t | he behest of | f an agency official? | |
| | | | | • | |
| Yes 🗹 No 🔲 If yes: | Carson, Keith Supervise | or | , First) and Title | | |
| | Officials | Name (Lasi | , First) and Title | | |
| The identity of recipient(s) | and the explanation | on: | | | |
| Name | | 1 | | e income box if the agency off | |
| (Last, First) or | Number of | Agency | also pro | ncome. If the agency official p vide a description. | erformed a ceremonial role, |
| Organization | Admission(s)/ Ticket(s) | Official | If not inc | ome, describe the public purpo | |
| (Name, Address, Description | n) | | organiza | | • |
| Sanchez, Mina | | Yes 🗸 | | unty employee for his or her exempl ourage staff development; | lary service to the Income |
| | 5 | No 🗖 | | bulage stall development, | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | |
| | | Yes 🗖 |] | | Income |
| | | No C | | | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | |
| 2 Varification | | | | | |

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.

| Any the | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agenov Head or Designee | Print Name | Title | (month, day, year) |

| Division, Department, or Region (if applicable) For Official User Board of Supervisors For Official User Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: | County of Alameda ivision, Department, or Region (if applicable) Board of Supervisors treet Address 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number 510) 272-3882 unction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers For Official Use Only For Official | County of Alameda | | | | | |
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| Division, Department, or Region (if applicable) For Official User Board of Supervisors For Official User Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part Area Code/Phone Number (510) 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: | ivision, Department, or Region (if applicable) Board of Supervisors treet Address 221 Oak Street, Suite 536 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 runction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers For Official Use Only For Official Use Only | | | | | Date Stamp | California QOO |
| Division, Department, or Region (if applicable) For Official Use of Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: Contract (Name, Title) Designated Agency Contact (Name, Title) Image: Amendment (Must provide explanation in Part Area Code/Phone Number Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: | ivision, Department, or Region (if applicable) For Official Use Only Board of Supervisors For Official Use Only treet Address 221 Oak Street, Suite 536 221 Oak Street, Suite 536 Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) 510) 272-3882 Crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information Face Value of Each Admission \$ <u>85</u> itle Oakland A's vs. Tigers Face Value of Each Admission \$ <u>85</u> | | | | | | |
| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Crystal hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | treet Address 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Division, Department, or Regio | n (if applicable) | | | | For Official Use Only |
| 1221 Oak Street, Suite 536 Image: Constant (Name, Title) Designated Agency Contact (Name, Title) Image: Amendment (Must provide explanation in Part Area Code/Phone Number E-mail (510) 272-3882 (510) 272-3882 crystal hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ 85 | 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 Crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Board of Supervisors | | | | | |
| Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors urea Code/Phone Number E-mail 510) 272-3882 crystal.hishida@acgov.org unction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Street Address | | | | | |
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| Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$85 | unction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$85 | | | | | Date of Original Fill | ng:(month, day, year) |
| Title Oakland A's vs. Tigers Face Value of Each Admission \$85 | itle <u>Oakland A's vs. Tigers</u> Face Value of Each Admission \$ _85 | | | | | | |
| | | Function, Event, or Cerer | nonial Role Informat | tion | | | |
| Description Baseball Game, Loge tickets Date(s) 04 / 13 / 13 | | Title Oakland A's vs. Tigers | | | - Fa | ce Value of Each Adr | nission \$ _ ⁸⁵ |
| | Description Baseball Game, Loge tickets Date(s) Date(s) 13 | Description Baseball Game, | Loge tickets | | _ Da | nte(s)/ | 3/// |
| Was the distribution to persons identified below made at the behest of an agency official? | icket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's Name of Source | Was the distribution to pers | ons identified below r | nade a | t the behe | st of an agency officia | al? |
| Yes No If yes: Carson, Keith Supervisor 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 | Vas the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor 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 | The identity of recipient(s | Official's | Name (L | ast, First) and | <i>Title</i> ack the income box if the agen | icy official claims admission as |
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| Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors urea Code/Phone Number E-mail 510) 272-3882 crystal.hishida@acgov.org unction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Street Address | | | | | |
| 1221 Oak Street, Suite 536 Image: Constant of Supervisors Street, Suite 536 Designated Agency Contact (Name, Title) Image: Amendment (Must provide explanation in Part Area Code/Phone Number (510) 272-3882 Image: Crystal Hishida @acgov.org Image: Crystal Hishida@acgov.org Image: Crystal Hishida@acgov.org Image: Crystal Hishida@acgov.org < | 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 Crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Board of Supervisors | | | | | |
| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | treet Address 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | Division, Department, or Regio | n (if applicable) | | | | For Official Use Only |
| Division, Department, or Region (if applicable) For Official Use of Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: Crystal Hishida Graff, Clerk, Board of Supervisors Crystal Hishida Graff, Clerk, Board of Supervisors Image: Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers Face Value of Each Admission \$ _85 | ivision, Department, or Region (if applicable) For Official Use Only Board of Supervisors For Official Use Only treet Address 221 Oak Street, Suite 536 221 Oak Street, Suite 536 Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Contract (Name, Title) 510) 272-3882 Crystal hishida@acgov.org Tunction, Event, or Ceremonial Role Information Face Value of Each Admission \$ <u>85</u> itle Oakland A's vs. Tigers Face Value of Each Admission \$ <u>85</u> | | | | | | |
| Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 crystal.hishida@acgov.org Function, Event, or Ceremonial Role Information Title Oakland A's vs. Tigers | ivision, Department, or Region (if applicable) Board of Supervisors treet Address 221 Oak Street, Suite 536 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors rea Code/Phone Number E-mail 510) 272-3882 runction, Event, or Ceremonial Role Information itle Oakland A's vs. Tigers For Official Use Only For Official Use Only | | | | | Date Stamp | California Q1 |

is in accordance with the provisions. Hannah Greene Ticket Administrator 04/30/13

| Signature of Agency flead or Desi | gnee |
|-----------------------------------|------|

· · · · · · ·

Title

(month, day, year)

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

Print Name

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|--|---|-------------------------|-------------------------------|---------------|---------|------------------|---|------------------------|-----------|
| 1. / | Agency Name | | | | | | Date Stamp | California | 802 |
| (| County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Reg | i on (if applica | ble) | | | | | For Official | Use Only |
| l | Board of Supervisors | | | | | | | | |
| 3 | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| Ī | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must | provide explanation in | Part 3.) |
| (| Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | , art oly |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, yea | ar) |
| | (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | | , |
| 2. 1 | Function, Event, or Cere | emonial R | ole Informat | tion | | | | | |
| | | | | | | | | . 20 | |
| - | Fitle <u>Oakland A's vs. Tigers</u> | | | | | Face \ | /alue of Each Admis | sion \$ _ <u></u> | |
| | Description Baseball Game | Filed Tick | rets | | | D-4-4- | s) <u>04 14 13</u> | , | , |
| 1 | Description Description | | | | | Date(s | s)// | / | |
| Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Oakland A's | | | | | | | | | |
| | | | | | | | | | |
| ١ | Nas the distribution to pe | | | | | | | | |
| | Yes 🗹 No 🔲 Ify | es: <u>Carson,</u> | Keith Superviso Official's | r Name (l | act F | First) and Title | ., | | |
| | | | | | -031, 1 | noty and mite | | | |
| _ | The identity of recipient | (s) and th | e explanatio | on: | | | | | |
| | Name | | | | | | e income box if the agency on ncome. If the agency officia | | |
| | (Last, First) or | | Number of Admission(s)/ | Agei Offic | | also prov | vide a description. | | |
| | Organization (Name, Address, Descrip | tion) | Ticket(s) | | | | ome, describe the public pu ial roles, performed by an ag | | dual. or |
| - | (Name, Address, Descrip | | | | | organiza | | | |
| | Brooks, Rodney | | 2 | Yes | | 1 | burage staff development; | nplary service to the | Income |
| - | | | 2 | No | | | | | |
| | | | | Yes | _ | | | | Income |
| - | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| - | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| - | | ····· | | No | | ļ | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| 3 1 | 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.

| Aght | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | 8 | | |

| | CREVAUIIISSION DISTIN | | | | | | | | | |
|----|--|--------------|--|---|-------------------|---|--|--|--|--|
| 1. | Agency Name | | | | | | Date Stamp | | Califor | |
| | County of Alameda | | | | | | | | Forr | |
| | Division, Department, or Region | (if applical | ble) | | | | | | For O | ficial Use Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (Nar | me,Title) | | | | | Amendment (A | Aust prov | vide explana | tion in Part 3.) |
| | Crystal Hishida Graff, Clerk, Bo | | upervisors | | | | | | | |
| | Area Code/Phone Number E- | mail | | | | | Date of Original Fi | ling: | (month, da | y, year) |
| | | - | hida@acgov.o | | | | | | | |
| 2. | Function, Event, or Cerem | onial Re | ole Informat | tion | | | | | | |
| | Title Oakland A's vs. Astros | | | | | Face | /alue of Each Ad | micci | on \$ 30 | |
| | | | | | | | | | | |
| | Description Baseball Game, F | -iled Tick | ets | | | Date(s |) 04 , 16 , 1 | 13 | | _// |
| | | | | | | · · | | | | |
| | | | | | | | | | | |
| | Ticket(s)/Admission(s) provid | ded by a | gency? Yes | | o 🗹 | If no: Oakla | and A's | | | |
| | Ticket(s)/Admission(s) provid Was the distribution to perso | ons ident | tified below n | nade a | | | | me of S ial? | ource | |
| | Was the distribution to perso | Carson, | t ified below n Keith Superviso <i>Official's</i> | nade a r Name (l | at the | | | | ource | |
| | Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or | Carson, | tified below n Keith Superviso Official's e explanatic Number of | nade a r Name (l | Last, F | • behest of First) and Title • Check the taxable in also prov | e income box if the agency offic | ial? ency offi fficial pe | cial claims rformed a c | eremonial role |
| | Was the distribution to perso Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) | Carson, | tified below n Keith Superviso Official's e explanatic | nade a r Name (l on: Age | Last, F | behest of irst) and Title Check the taxable in also prov If not inco ceremonio organization | e income box if the age ncome. If the agency o vide a description. ome, describe the publ ial roles, performed by tion. | ial? Incy offi fficial pe ic purpo an agen | cial claims rformed a c se, includir cy official, i | eremonial role g ndividual, or |
| | Was the distribution to perso Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization | Carson, | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (l on: Age Offic | at the Last, F | behest of irst) and Title Check the taxable in also prov If not inconceremonion organization To reward a Courtier | e income box if the age ncome. If the agency o vide a describe the publ ial roles, performed by tion. inty employee for his or he | ial? Incy offi fficial pe ic purpo an agen | cial claims rformed a c se, includir cy official, i | eremonial role g ndividual, or ^{the} Incol |
| | Was the distribution to perso Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Carson, | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ | nade a r Name (l on: Age Offic Yes No | Last, F | behest of irst) and Title Check the taxable in also prov If not inconceremonion organization To reward a Courtier | e income box if the age ncome. If the agency o vide a description. ome, describe the publ ial roles, performed by tion. | ial? Incy offi fficial pe ic purpo an agen | cial claims rformed a c se, includir cy official, i | eremonial role g ndividual, or |
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| | Was the distribution to perso Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Carson, | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (l on: Age Offic Yes No Yes No Yes No Yes No | Last, F | behest of irst) and Title Check the taxable in also prov If not inconceremonion organization To reward a Courtier | e income box if the age ncome. If the agency o vide a describe the publ ial roles, performed by tion. inty employee for his or he | ial? Incy offi fficial pe ic purpo an agen | cial claims rformed a c se, includir cy official, i | eremonial role g ndividual, or the Inco Inco Inco Inco |
| | Was the distribution to perso Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Descriptio | Carson, | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (l on: Age Offic Yes No Yes No Yes | Last, F | behest of irst) and Title Check the taxable in also prov If not inconceremonion organization To reward a Courtier | e income box if the age ncome. If the agency o vide a describe the publ ial roles, performed by tion. inty employee for his or he | ial? Incy offi fficial pe ic purpo an agen | cial claims rformed a c se, includir cy official, i | eremonial role g ndividual, or the Incol Incol Incol Incol |

 Hannah Greene
 Ticket Administrator
 04/30/13

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

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

| Alfre | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | cket/Aumssion Dist | INGGIONG | | | | | • | | |
|----|-------------------------------|----------------|---|------|--------------|---------------------|---|---------------------------------------|-------------|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must | provide 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 | hida@acgov. | org | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | ion | | | | | |
| | Ookland Ala va Oriola | _ | | | | | | 30 | |
| | Title Oakland A's vs. Orioles | 5 | | | - | Face \ | /alue of Each Admis | sion $ \frac{30}{50} $ | |
| | Description Baseball Game | e. Field Tick | ets | | | Data/a | <u>, 04 , 25 , 13</u> | 1 | 1 |
| | Description Description | , i ioia i ioi | | | | Date(s | ;)// | // | / |
| | | | | | _ | ur | and A's | | |
| | Ticket(s)/Admission(s) pro | ovided by a | igency? Yes | | 0 🖸 | If no: | Name o | of Source | |
| | Yes I No I if y | | Keith Superviso Official's e explanatio | | Last, F | First) and Title | | | |
| | Name | | - | | | Check th | e income box if the agency | official claims admis | sion as |
| | (Last, First) | | Number of | Age | - | | ncome. If the agency officia vide a description. | I performed a cerem | onial role, |
| | or Organization | | Admission(s)/ Ticket(s) | Offi | cial | If not inc | ome, describe the public pu | | |
| | (Name, Address, Descrip | otion) | | | | ceremon organiza | ial roles, performed by an a tion. | gency official, indivi | dual, or |
| | Brown, Aisha | | | Yes | \checkmark | | unty employee for his or her exe | mplary service to the | Income |
| | | | 2 | No | | public of to enco | ourage staff development | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
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| | | | | 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.

| Adre | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | Α | Pub | olic | Doc | ument |
|--|---|-----|------|-----|-------|
|--|---|-----|------|-----|-------|

| Agency Name | | | | | | Date Stamp |) | California | 000 |
|---|---|--|--|----------------------------------|--|---|---|---|--|
| County of Alameda | | | | | | - Date Otding | | Form | 802 |
| Division, Department, or Regio | on (if applica | ble) | | | | | | For Official | Jse Only |
| Board of Supervisors | | | | | | | | | |
| Street Address | | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | 2 | | | | | |
| Designated Agency Contact (A | lame, Title) | | | | | Amendment | (Must pro | vide explanation in | Part 3) |
| Crystal Hishida Graff, Clerk, I | Board of S | Supervisors | | | | | (muot pro | | , un o.y |
| | E-mail | | | | | Date of Original I | Filing: | (month, day, yea | r) |
| (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | | | |
| Function, Event, or Cere | monial R | ole Informat | ion | | | | | | |
| Ookland Ala va Orioloa | | | | | | | | a 30 | |
| Title Oakland A's vs. Orioles | | | | _ | Face | /alue of Each A | dmissi | on \$ | |
| Description Baseball Game | , Field Ticl | kets | | | Date/s | <u>, 04 , 26 ,</u> | 13 | 1 | 1 |
| | <u>, </u> | | | | Date | ,, | | | |
| Ticket(s)/Admission(s) prov | uidad by a | aoney2 Vos | | . [7] | If no. Oak | and A's | | | |
| | VIUGU DV C | | | | IT 110. | | | Curco | |
| | | | | | | | lame of S | ource | |
| Was the distribution to pers | sons iden | tified below n | nade a | at the | e behest of | an agency offi | | ource | |
| Was the distribution to pers | sons iden | tified below n | nade a | at the | e behest of | an agency offi | | | |
| Was the distribution to pers | sons iden | | nade a | at the | e behest of | an agency offi | | | |
| Was the distribution to pers | sons iden es: <u>Carson,</u> | tified below n Keith Superviso Official's | n ade a r Name (L | at the | e behest of | an agency offi | | | |
| Was the distribution to pers Yes ☑ No ロ If ye The identity of recipient(_{Name} | sons iden es: <u>Carson,</u> | tified below n Keith Superviso Official's | n ade a r Name (L | at the | behest of irst) and Title Check th | an agency offi | cial? gency off | icial claims admis | |
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| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's ne explanatic Number of Admission(s)/ | nade a r Name (L on: Ager | Last, F | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | onial role, iual, or |
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| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic | at the Last, F ncy cial | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | anial role, Iual, or Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No | at the Last, F ncy cial | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | anial role, dual, or Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes | at the | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | iual, or Income Income Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes | at the | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | iual, or Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes No Yes | at the | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | iual, or Income Income Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes No Yes | at the | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | iual, or Income Income Income |
| Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript | sons iden es: <u>Carson,</u> s) and th | tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes No Yes | at the | behest of First) and Title Check the taxable in also provide also prov | e income box if the ag ncome. If the agency vide a description. ome, descripte the pu ial roles, performed b tion. | cial? gency offi official p blic purpo y an ager her exemp | icial claims admis erformed a cerem ose, including ncy official, individ | 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.

| Anne | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| 11 | | | | | | | | | | |
|----|---|--|--|--|--|---|---|--|---|--|
| 1. | . Agency Name | | | | | Date S | tamp | California | 802 | |
| | County of Alameda | | | | | | Form | 002 | | |
| | Division, Department, or Region (if applicable) | | | | | | | | For Official | Jse Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendm | ent (Must pro | ovide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, | | Supervisors | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Origi | inal Filing: _ | (month, day, yea | r) |
| | (510) 272-3882 | crystal.his | shida@acgov. | org | | | | | | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | tion | | | | | | |
| | Title Warriors vs. Nuggets | | | | | 5 | /- f m | I. A.I | tau ♠ 625 | |
| | Litle <u>Warners</u> vs. Nuggets | | | | | Face V | alue of Eac | n Admiss | ion \$ | |
| | Description Basketball | | | | | Date(s | 04 / 26 | , 13 | / | 1 |
| | | | | | | Dutcio | , | | | |
| | Ticket(s)/Admission(s) provided by agency? Yes 🔲 No | | | | | ur Gold | en State Warri | iors | | |
| | Tickot(c)/Admiceion(c) pro | widod by a | ancy? Voe | | ∧ [7] | | | | | |
| | Ticket(s)/Admission(s) pro | ovided by a | agency? Yes | | 0 🖸 | If no: | | Name of S | Source | |
| | | | | | | , | | | Source | |
| | Ticket(s)/Admission(s) pro | | | | | , | | | Source | |
| | Was the distribution to per | rsons iden | tified below n | nade a | at the | e behest of | | | Source | |
| | Was the distribution to per | rsons iden | tified below n Keith Alameda | nade a County | at the Supe | e behest of | | | Source | |
| | Was the distribution to per Yes ☑ No □ If y | rsons iden es: <u>Carson,</u> | tified below n Keith Alameda Official's | nade a County Name (I | at the Supe | e behest of | | | Source | |
| | Was the distribution to per Yes ☑ No □ If y The identity of recipient | rsons iden es: <u>Carson,</u> | tified below n Keith Alameda Official's | nade a County Name (I | at the Supe | • behest of rvisor First) and Title | an agency | official? | | sion as |
| | Was the distribution to per Yes ☑ No □ If y | rsons iden es: <u>Carson,</u> | tified below n Keith Alameda Official's e explanatic | nade a County Name (L | at the Supe Last, F | behest of rvisor irst) and Title Check th taxable in | an agency | official? | Source Ficial claims admis Performed a cerem | |
| | Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or | rsons iden es: <u>Carson,</u> | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ | nade a County Name (I | Supe Last, F | e behest of rvisor First) and Title Check th taxable in also prov | an agency e income box if ncome. If the ag ride a description | official? — the agency off ency official p n. | ficial claims admis performed a cerem | |
| | Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of | nade a County Name (I on: Agen | Supe Last, F | behest of rvisor irst) and Title Check th taxable in also prov If not inc ceremon | e income box if fincome. If the agride a description ome, description ome, describe th | official? — the agency off ency official p n. he public purp | ficial claims admis performed 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 iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ | nade a County Name (I On: Agen Offic | Supe Last, F | behest of rvisor irst) and Title Check th taxable in also prov If not inc ceremon organiza | e income box if ncome. If the ag ride a description ome, describe th ial roles, perform tion. | official? — the agency off ency official p n. ne public purp ned by an age | ficial claims admis erformed a cerem ose, including | onial role, lual, or |
| | Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ | nade a County Name (I on: Agen | Supe Supe Last, F | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | onial role, |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Age Offic Yes No | at the Supe Last, F | behest of rvisor irst) and Title Check the taxable in also prov. If not inc ceremon organiza To promote attention | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | onial role, dual, or Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I on: Agei Offic | at the Supe Last, F | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | onial role, Iual, or Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Agen Offic Yes No Yes | at the Supe Last, F ncy cial | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | ual, or Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Age Offic Yes No Yes | at the Supe Last, F ncy cial | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | uial role, dual, or Income Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Age Offic Yes No Yes No Yes | at the Supe Last, F | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | iual, or Income Income Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Age Offic Yes No Yes No Yes | at the Supe Last, F Concy Sial | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | iual, or Income Income Income |
| | Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip | rsons iden es: <u>Carson,</u> (s) and th | tified below n Keith Alameda Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a County Name (I On: Agen Offic Yes No Yes No Yes | at the Supe Last, F | behest of rvisor rist) and Title Check th taxable in also prov If not inc ceremon organiza To promote atten County facility in | e income box if f ncome. If the ag ride a description ome, describe th ial roles, perform tion. ndance at a County order to maximize | official? — the agency off ency official p n. he public purp hed by an agen y sponsored eve | ficial claims admis berformed a cerem ose, including ncy official, individ ent or event held at a | iual, 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.

| Stal he | <u>Hann</u> ah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|-----------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

| A Public Docume | ent |
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| | CREWAUIIISSIOII DIşti | indución | , | | | | | | ounione |
|----|--|--------------------|-------------------------------|---------------------|---|----------------------|--|--|-------------|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 |
| | County of Alameda Division, Department, or Region (if applicable) | | | | | Form | 002 | | |
| | | | | | | | For Official | Use Only | |
| | Board of Supervisors | | | | | | , | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must | provide explanation in | Part 3) |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | provide explanation in | , u, (0.) |
| | 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 | | | | | | | | |
| | | | | | | | | 005 | |
| | Title Warriors vs. Nuggets | | | | - | Face V | /alue of Each Admi | ssion \$ _ 625 | |
| | - Baskethall | | | | | - () | <u>, 04 , 26 , 13</u> | , | , |
| | Description Basketball | | | | - | Date(s | s)/// | / | / |
| | | | | | | Gold | en State Warriors | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | o ☑ | If no: Oold | Name | of Source | |
| | | | | | | | | | |
| | Was the distribution to persons identified below made at th | | | | it the | e behest of | an agency official | ? | |
| | · | | | Suno | nuicor | | | | |
| | Yes 🗹 No 🔲 If y | es: <u>Carson,</u> | Keith Alameda (Official's | Name (I | ast. F | First) and Title | <u></u> | | |
| | The identity of recipient | | | | | ···· , ···· · | | | |
| | Name | | | | | Check th | e income box if the agency | official claims admis | sion as |
| | (Last, First) | | Number of | Agency Official | | | ncome. If the agency offici vide a description. | al performed a cerem | onial role, |
| | or Organization | | Admission(s)/ Ticket(s) | | | If not inc | ome, describe the public p | | |
| | (Name, Address, Descrip | otion) C | | ceremon organiza | nonial roles, performed by an agency official, individual, or | | | | |
| | Brown, Aisha | | | Yes | | | inty employee for his or her exe | emplary service to the | Income |
| | | | 2 | | | public or to enco | ourage staff development | | |
| | 1 | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | | | | | | |
| | | | | Yes | | | | ,, | Income |
| | | | | No | | | | | |
| | · | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | 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.

| Alt | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

A Public Document

| | | | • | | | | | | | |
|----|--|-------------|---------------|---|------------------|-----------------|---|----------------|---------------------------------------|----------|
| 1. | . Agency Name | | | | | Date Star | mp | California | 802 | |
| | County of Alameda Division, Department, or Region (if applicable) | | | | | | | Form | 002 | |
| | | | | | | | | | For Official L | Jse Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | - | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (A | lame,Title) | | | | | | nt (Must pro | ovide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, I | Board of S | upervisors | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Area Code/Phone Number | E-mail | | | | | Date of Origina | d Filing: _ | (month, day, year |) |
| | (510) 272-3882 | crystal.his | hida@acgov.o | org | | | | | | |
| 2. | Function, Event, or Cerei | monial R | ole Informat | ion | | | | | | |
| | - Ookland Ala va Orioloa | | | | | _ , | | | 85 | |
| | Title Oakland A's vs. Orioles | | | | - | | alue of Each/ | | | |
| | Description Baseball Game, | Loae ticke | ets | | | Data/a | 04 , 27 | , 13 | / | , |
| | Description <u>Busedan Banks</u> | 2090 1011 | | | | Date(s |) | | // | / |
| | | | <u> </u> | | _ | u Oakl | and A's | | | |
| | Ticket(s)/Admission(s) provided by agency? Yes □ No Was the distribution to persons identified below made a Yes ☑ No □ If yes: Carson, Keith Supervisor Official's Name (L The identity of recipient(s) and the explanation: | | | | ∘⊻ | If no: | | Name of a | Source | |
| | | | | .ast, F | First) and Title | | | | | |
| | | -, | - | | | | e income box if the | agency of | ficial claims admis | sion as |
| | | | Number of | Number of Agency taxable Admission(s)/ Official also p | | | ncome. If the agen | | performed a ceremo | |
| | | | Admission(s)/ | | | | ovide a description. ncome, describe the public purpose, including | | | |
| | | | cerem | | | | onial roles, performed by an agency official, individual, or ization. | | | |
| | Alzheimer's Association of Northern CA | | | Yes | | To reward a sch | ool or nonprofit organ | zation for its | contributions to the | Income |
| | 251 Lafayette Circle, Suite 250, | Lafayette | 4 | | \square | community; | | | | |
| | -0.4-0.45.40 | | | 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.

| Han he | -Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|----------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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

| 4 No I Yes Inco No I | 110 | Kel/Aumission Distri | | | | | | | | | |
|---|-----|---|--|---|--|-------------------|--|---|---|--|---|
| County of Alameda For Official Use Onl Division, Department, or Region (if applicable) For Official Use Onl Board of Supervisors Street Address 1221 Oak Street, Suite 536 Image: County of Alameda Designated Agency Contact (Name, Title) Image: Amendment (Must provide explenation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Image: Amendment (Must provide explenation in Part 3.) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Description Baseball Game, Loge tickets Date(s) Description Baseball Game, Loge tickets Date(s) Description for provided by agency? Yes Image: No Image: Name of Source Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes Image: Name (Last, First) and Title The identity of recipient(s) and the explanation: Mame (Last, First) or or | 1. | | | | | | Date Stan | np | | 802 | |
| Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 2. Function, Event, or Ceremonial Role Information Title Qakland A's vs. Orioles Description Baseball Game, Loge tickets Description Baseball Game, Loge tickets Description Baseball Game, Loge tickets Date(s) 04 27 /27 Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Carson, Keilth Supervisor Official's Name (Last, First) or Organization Organization (Name, Address, Description) Mitchell, Kenneth 4 Yes I No I I rewaid a community volunteer for his or her service to the public; Incertails Not I rewaid a community volunteer for his or her service to the public; Incereation. | | County of Alameda | | | | | | | | | |
| Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 Crystal Hishida @acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Description Baseball Game, Loge tickets Description Baseball Game, Loge tickets Description In Part Supervisor Variation (s) provided by agency? Yes Inc. No Inc. If yes: Carson, Keith Supervisor Official S Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Name, Address, Description) Number of or | | • | | | | | | | For Official | Use Only | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number [510] 272-3882 Crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Description Baseball Game, Loge tickets Description Baseball Game, Loge tickets Date of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s) Provide admission(s) Mitchell, Kenneth 4 Yes If or income box if the agency official performed a carsenonial reals provide adserryton. Official Yes No If or incomes describe the public purpose, including carsenous including | | Board of Supervisors | | | | | | | | | |
| Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Crystal Hishida Graff, Clerk, Board of Supervisors Date of Original Filing: | | Street Address | | | | | | | | | |
| Crystal Hishida Graff, Clerk, Board of Supervisors Immediment (Must provide explanation in Part 3) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Face Value of Each Admission \$ 85 Description Baseball Game, Loge tickets Date(s) 04 / 27 / 13 / / / Description Station (s) provided by agency? Yes □ No □ If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Yes □ No □ If yes: Carson, Keith Supervisor Official Name (Last, First) and Title • Check the income box if the agency official claims admission a taxable income. If the agency official claims admission a taxable income. If the agency official claims admission a community volunteer for his or her service to the public, Incominal roles, performed by an agency official, Individual, or organization. Mitchell, Kenneth 4 Yes □ To reward a community volunteer for his or her service to the public, Incominal roles, performed by an agency official, Individual, or organization. | | | | | | | | | | | |
| Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Date of Original Filing: | | Designated Agency Contact (/ | Name, Title) | | | | | Amendmen | t (Must pro | vide explanation i | n Part 3.) |
| (510) 272-3882 crystal.hishida@acgov.org 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Face Value of Each Admission \$ 85 Description Baseball Game, Loge tickets Date(s) 04 / 27 / 13 / / / 13 Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No □ If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or or ganization (Name, Address, Description) Mitchell, Kenneth Yes □ No ☑ Mitchell, Kenneth Yes □ No ☑ Mitchell, Kenneth Yes □ No ☑ | | | | upervisors | | | | | | | |
| 2. Function, Event, or Ceremonial Role Information Title Oakland A's vs. Orioles Description Baseball Game, Loge tickets Description Street(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No □ If yes: Carson, Keith Supervisor Official's Name (Last, First) or 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) Mitchell, Kenneth 4 Yes □ Io reward a community volunteer for his or her service to the public [Incomistion] Mitchell, Kenneth Yes □ Yes □ Incomistion | | Area Code/Phone Number | E-mail | | | | | Date of Original | ı Filing: | (month, day, ye | ar) |
| Title Oakland A's vs. Orioles Face Value of Each Admission \$ 85 Description Baseball Game, Loge tickets Date(s) 04 27 13 Description Signature Date(s) 04 27 13 Ticket(s)/Admission(s) provided by agency? Yes I No I If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No I If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Mitchell, Kenneth 4 No I Yes I If oreward a community volunteer for his or her service to the public. Individual, or organization. Mitchell, Kenneth Yes I Ioreward a community volunteer for his or her service to the public. Individual, or organization. | | | | | _ | | | | | | |
| Description Baseball Game, Loge tickets Date(s) | 2. | Function, Event, or Cere | emonial Ro | ole Informat | ion | | | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name Number of Admission(s)/ Organization Number of Admission(s)/ Ticket(s) Agency Official official claims admission as taxable income. If the agency official claims admission as taxable income, discribe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization Mitchell, Kenneth Yes To reward a community volunteer for his or her service to the public; Income Mitchell, Kenneth Yes Income Income Income | | Title Oakland A's vs. Orioles | 6 | | | | Face | Value of Each | Admissi | ion \$. <u>85</u> | |
| Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name Number of Admission(s)/ Organization Number of Admission(s)/ Ticket(s) Agency Official • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial rol also provide a description. Mitchell, Kenneth Yes To reward a community volunteer for his or her service to the public; Income description. Mitchell, Kenneth Yes To reward a community volunteer for his or her service to the public; Income description. | | | | | | | | 04 27 | 13 | | |
| Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial rol also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Mitchell, Kenneth Yes Yes Yes No Yes Incol Incol Yes Incol Incol Incol Incol Incol Incol Incol Incol Incol | | Description Baseball Game | e, Loge ticke | ets | | | Date | (s) <u> </u> | / | / | / |
| Number of (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official taxable income. If the agency official performed a ceremonial rol also provide a description. Mitchell, Kenneth Yes To reward a community volunteer for his or her service to the public; Income Ves Yes Income Income No Income Income Income | | Ticket(s)/Admission(s) pro | vided by a | gency? Yes | | 0 🗸 | If no: Oa | kland A's | Name of S | Source | |
| Instrume or or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Ves also provide a description. Mitchell, Kenneth 4 Yes To reward a community volunteer for his or her service to the public; No Inco | | Was the distribution to per Yes ☑ No □ If ye | r sons ident es: <u>Carson, I</u> | ified below n Keith Superviso Official's | nade a r Name (L | at the | e behest (| of an agency of | | Source | |
| Organization (Name, Address, Description) Ticket(s) If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Mitchell, Kenneth 4 Yes To reward a community volunteer for his or her service to the public; Income Ves Yes Income Income No Income Income No Income Income | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(_{Name} | r sons ident es: <u>Carson, I</u> | ified below n Keith Superviso Official's | nade a r Name (L | at the | behest | of an agency of /e the income box if the | ficial? agency off | īcial claims admi | |
| Mitchell, Kenneth 4 No 4 Ves 1 Inco Inco Inco Inco Inco Inco Inco Inco | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) | r sons ident es: <u>Carson, I</u> | ified below n Keith Superviso Official's e explanatic Number of | nade a r Name (L on: Ager | at the .ast, F | behest irst) and Tit Check taxable also prime | of an agency of //e the income box if the e income. If the agenc rovide a description. | ficial? agency off cy official p | icial claims admi erformed a cerer | |
| Yes I Inco | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ | nade a r Name (L on: Ager | at the .ast, F | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, |
| No 🗖 | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes | at the ast, F | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or Income |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Ves No | at the ast, F | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or Income Income |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Offic Yes No Yes No | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or Income Income |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, ridual, or Income Income Income |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or Income Income Income |
| | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes No Yes | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or Income Income Income Income |
| No 🗖 | | Was the distribution to per Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descrip | rsons ident es: <u>Carson, l</u> (s) and the | ified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s) | nade a r Name (L on: Ager Offic Yes No Yes No Yes No | at the | behest (irst) and Tit Check taxable also pi If not i ceremo organi | of an agency of //e the income box if the e income. If the agency rovide a describtion. ncome, describe the p onial roles, performed zation. | agency off agency off cy official p public purpe by an agen | īcial claims admi erformed a cerer ose, including ncy official, indiv | nonial role, idual, or 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.

| Andre | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Α | Public | Document |
|--------------|--------|----------|
| \mathbf{r} | | Doodinon |

| 110 | ACTAUM35ION DISt | IN GLIOTIC | - | | | | | | | |
|------|---|--------------------|-------------------------------|---------|--------------|----------------------|--|---------------------------------------|--------------|--|
| 1. A | Agency Name | | | | | | Date Stamp | California | 802 | |
| (| County of Alameda | | | | | | | Form | | |
| Ē | Division, Department, or Region (if applicable) | | | | | | | For Official | Use Only | |
| E | Board of Supervisors | | | | | | | | | |
| 3 | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| ī | Designated Agency Contact (| Name,Title) | | | | | Amendment (Must p | rovide explanation ir | 1 Part 3.) | |
| (| Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | | |
| 7 | Area Code/Phone Number | E-mail | | | | | Date of Original Filing: | (month, day, yea | ar) | |
| (| (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | | | |
| 2. F | Function, Event, or Cere | emonial R | ole Informat | ion | | | · · · · | | | |
| | | | | | | | | | | |
| ٦ | Title Oakland A's vs. Orioles | 3 | | | _ | Face \ | /alue of Each Admis | sion \$ | | |
| - | Baseball Game | . Loge tick | ets | | | Data (a | s) <u>04 27 13</u> | , | , | |
| נ | Description Baseball Game | , Loge lick | 613 | | | Date(s | s)// | / | / | |
| | | | | | _ | Oakl | and A's | | | |
| ٦ | ficket(s)/Admission(s) pro | vided by a | agency? Yes | | 0 🗹 | If no: | | | | |
| | | | | | | | | | | |
| V | Nas the distribution to pe | rsons iden | tified below n | nade a | at the | behest of | f an agency official? | | | |
| | - | | | | | | | | | |
| | Yes 🗹 No 🔲 Ify | es: <u>Carson,</u> | Keith Superviso Official's | r | | instructure of Title | | | | |
| | | | Officials | Name (I | Last, F | irst) and little | | | | |
| ٦ | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| - | Name | | | | | | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, | | | |
| | (Last, First) or | | Number of | Age | | | ncome. If the agency oπicial vide a description. | performed a ceren | ionial role, | |
| | Organization | | Admission(s)/ Ticket(s) | | • If not | | not income, describe the public purpose, including | | | |
| | (Name, Address, Descrip | otion) | | | | organiza | onial roles, performed by an agency official, individual, or zation. | | | |
| - | Castro, Pattie | | | Yes | | To reward a cor | nmunity volunteer for his or her s | ervice to the public; | Income | |
| | | | 6 | No | \checkmark | | | | · 🗖 | |
| - | | | | 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.

| Ash the | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| 11 | cket/Admission Distri | inations | • | | | | ~ | | cument | |
|----|-------------------------------|--------------------|-------------------------------|-------------|-------------------|-----------------------|--|-------------------------|----------|--|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 | |
| | County of Alameda | | | | | | | Form | 002 | |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official L | lse Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (/ | Vame, Title) | | | | | Amendment (Must p | rovide explanation in | Part 3.) | |
| | Crystal Hishida Graff, Clerk, | Board of S | upervisors | | | | | , | , | |
| | | E-mail | | | | | Date of Original Filing: | (month, day, year | ; | |
| | (510) 272-3882 | crystal.his | hida@acgov.o | org | | | | | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | ion | | | | | | |
| | Oshland Maria Oriala | | | | | | | . 95 | | |
| | Title Oakland A's vs. Orioles | | | | | Face \ | /alue of Each Admis | sion \$ | | |
| | Description Baseball Game | Loge tick | ets | | | Datala | <u>, 04 , 27 , 13</u> | 1 | , | |
| | Description Description | , Loge tiok | | | - | Date(s | i)// | / | / | |
| | | | | | _ | u Oakl | and A's | | | |
| | Ticket(s)/Admission(s) pro | vided by a | igency? Yes | | No Mame of Source | | | | | |
| | | | | | | | · | | | |
| | Was the distribution to per | sons iden | tified below n | nade a | at the | e behest of | an agency official? | | | |
| | | Carson | Keith Superviso | r | | | | | | |
| | Yes 🗹 No 🗖 Ifye | es: <u>Carson,</u> | Keith Superviso Official's | Name (I | Last. F | · First) and Title | | | | |
| | | | | | | ···· · | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| | Name | | | _ | | | e income box if the agency on ncome. If the agency official | | | |
| | (Last, First) or | | Number of Admission(s)/ | Age Offi | | | vide a description. | | , | |
| | Organization | 41 1 | Ticket(s) | | | | ome, describe the public pur ial roles, performed by an ag | | ual. or | |
| | (Name, Address, Descrip | don) | | | | organiza | tion. | • | | |
| | Alternatives in Action | | | Yes | | community; | ool or nonprofit organization for i | is contributions to the | Income | |
| | 1900 3rd St Alameda, CA 9450 |)1 | 6 | No | | , | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | · | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| 3. | Verification | | | | | | | | | |

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

| Hay ne | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Α | Pu | blic | Doc | ument |
|---|----|------|-----|-------|
|---|----|------|-----|-------|

| | CRC&Admission Diod | | | | | | | | | |
|----|--|--------------------|-------------------------------|----------|---------|--------------------|---|--------------------------|----------|--|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 | |
| | County of Alameda | | | | | | | Form | 002 | |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official U | Jse Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | Amendment (Must | provide overlappetion in | Dort 2) | |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | provide 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 | ora | | | | (monan, day, yea | <i>'</i> | |
| 2 | Function, Event, or Cere | | | | | | L | | | |
| | | | | | | | | | | |
| | Title Oakland A's vs. Orioles | 3 | | | | Face \ | /alue of Each Admi | ssion \$ <u>30</u> | | |
| | | | | | | | 04 07 12 | | | |
| | Description Baseball Game | e, Field Ticł | (ets | | - | Date(s | <u>, 04 , 27 , 13</u> | / | / | |
| | | | | | | | | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | 0 🗹 | If no: Oakland A's | | | | |
| | | | | | | | Name of Source | | | |
| | Was the distribution to per | reone iden | tified below n | ada s | at the | hehest of | f an agency official | 2 | | |
| | Mas the distribution to per | 30113 1001 | | | | | an agency chicia | · . | | |
| | Yes 🖸 No 🔲 Ify | es: <u>Carson,</u> | Keith Superviso Official's | r | | | | | | |
| | ···· • • • • • • • • • • • • • • • • • | | Official's | Name (L | .ast, I | First) and Title | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| | Name | · · · | T | | | Check th | e income box if the agency | official claims admis | sion as | |
| | (Last, First) | | Number of | Agei | | taxable i | ncome. If the agency offici | | | |
| | or Organization | | Admission(s)/ | Official | | | also provide a description.If not income, describe the public purpose, including | | | |
| | (Name, Address, Descrip | otion) | Ticket(s) | | | | ial roles, performed by an a | | lual, or | |
| | Alternatives in Action | | | Yes | Π | | ool or nonprofit organization for | its contributions to the | Income | |
| | 1900 3rd St Alameda, CA 945 | 01 | 2 | | | community; | | | | |
| | | | | Yes | - | | | | Income | |
| | | | | No | | | | | | |
| | . <u>.</u> | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| - | | | | No | | | | | | |
| 2 | Varification | | | | | | | | | |

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.

| Agh he | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | | | - | | | | | | | | |
|----|-------------------------------|-------------------------|----------------------------|-------------|--------------|-----------------------|--|----------------------|-------------|--|--|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 | | |
| | County of Alameda | | | | | | | Form | | | |
| | Division, Department, or Regi | i on (if applica | ble) | | | | | For Official I | Use Only | | |
| | Board of Supervisors | | | | | | | | | | |
| | Street Address | | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | | |
| | Designated Agency Contact (| Name,Title) | | | | | Amendment (Must pr | ovide explanation in | Part 3.) | | |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | | | |
| | 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 | emonial R | ole Informat | ion | | | | | | | |
| | | | | | | | | 005 | | | |
| | Title Warriors vs. Nuggets | | | | _ | Face V | /alue of Each Admiss | sion \$ <u>625</u> | | | |
| | Baskathall | | | | | |) 04 / 28 / 13 | | | | |
| | Description Basketball | | | | _ | Date(s | ·/ | / | | | |
| | | | | | | Gold | on State Marriors | | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | 0 🖸 | If no: Name of Source | | | | | |
| | | | | | | | | | | | |
| | Was the distribution to per | rsons iden | tified below n | nade a | at the | e behest of | of an agency official? | | | | |
| | | Caraan | Kaith Alexade (| Country | Suna | ndoor | | | | | |
| | Yes 🖸 No 🔲 If y | es: <u>Carson,</u> | Official's | Name (i | ast F | First) and Title | | | | | |
| | | | | | | | | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | | |
| | Name | | | | | | e income box if the agency o ncome. If the agency official | | | | |
| | (Last, First) or | | Number of Admission(s)/ | Age Offi | | | vide a description. | periornieu a cerem | oniur roic, | | |
| | Organization | . () | Ticket(s) | | | | ome, describe the public pur ial roles, performed by an age | | dual. or | | |
| | (Name, Address, Descrip | otion) | | | | organiza | tion. | - | | | |
| | Sanchez, Mina | | | Yes | \checkmark | | inty employee for his or her exem purage staff development | plary service to the | Income | | |
| | | | 4 | No | | | | | | | |
| | | | | Yes | | | | | Income | | |
| | | | | No | | | | | | | |
| | | | | Yes | | | | | Income | | |
| | | | | No | | | | | | | |
| | | | | Yes | | | | | Income | | |
| | | | | No | | | | | | | |
| | | | | Yes | | | | | Income | | |
| | | | | No | | | | | | | |
| - | | | | | | | | | | | |

3. Verification

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

| Hay he | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agendy Head or Designee | Print Name | Title | (month, day, year) |

| | | - | |
|-----|-------|----------|--|
| ΑΡι | Jolic | Document | |

| | CREDATINGSION DIST | in a citoric | | | | | | | | |
|----|-------------------------------|--------------------|-------------------------|---------------|--------|-----------------------------------|---|--------------------------|-------------|--|
| 1. | Agency Name | | | | | | Date Stamp | California | 802 | |
| | County of Alameda | | | | | | Form | 002 | | |
| | Division, Department, or Regi | on (if applica | ble) | | | | | For Official | Use Only | |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | ····· | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (| Name,Title) | | | | | Amendment (Mus | t provide explanation in | n Part 3.) | |
| | Crystal Hishida Graff, Clerk, | Board of S | Supervisors | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing | g:(month, day, yea | ar) | |
| | (510) 272-3882 | crystal.his | shida@acgov.o | org | | | | | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | tion | | | | · | | |
| | | | | | | | | 20 | | |
| | Title Oakland A's vs. Orioles | 3 | | | | Face \ | alue of Each Adm | ission \$ _ <u>30</u> | | |
| | - Baseball Game | Eield Tick | ote | | | |) 04 , 28 , 13 | , | , | |
| | Description Baseball Game | | 1015 | | | Date(s | s)// | // | / | |
| | | | | | | Oakl | and A's | | | |
| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | | o ☑ | If no: Oundrid 113 Name of Source | | | | |
| | | | | | | | | | | |
| | Was the distribution to per | rsons iden | tified below n | nade a | it the | e behest of | an agency official | ? | | |
| | | 0 | | | | | | | | |
| | Yes 🗹 No 🔲 Ify | es: <u>Carson,</u> | Keith Superviso | r Name (l | ast F | iret) and Title | | | | |
| | | | | | | not and me | | | | |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | | |
| | Name | | | | | 1 | e income box if the agency | | | |
| | (Last, First) or | | Number of Admission(s)/ | Ager Offic | | | ncome. If the agency offic /ide a description. | lai periorineo a ceren | iomai roie, | |
| | Organization | | Ticket(s) | | | | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or | | | |
| | (Name, Address, Descrip | otion) | | | | organiza | tion. | | | |
| | Russell, Ed | | | Yes | | To reward a con | nmunity volunteer for his or he | r service to the public | Income | |
| | • | | 2 | No | 1 | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| | | | | No | | | | | | |
| | | | | Yes | | | | | Income | |
| _ | | | | No | | | | | | |
| ~ | Varification | | | | | | | | | |

3. Verification

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

| Hannah Greene | | Ticket Administrator | 04/30/13 |
|--------------------------------------|------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| A Public Document | Α | Pu | blic | Doc | cume | nt |
|-------------------|---|----|------|-----|------|----|
|-------------------|---|----|------|-----|------|----|

| Incret/Autilission Distribution | | | | | | | ••••••• |
|--|----------------------------|---------------|--------------------------|---|-----------------------------------|-----------------------------|----------|
| 1. Agency Name | | | | | Date Stamp | California | 802 |
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or Region (if application | able) | | | | | For Official U | Ise Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | Amendment (Mus | st provide explanation in | Part 3) |
| Crystal Hishida Graff, Clerk, Board of S | Supervisors | | | | had striftered (mac | | |
| Area Code/Phone Number E-mail | | | | | Date of Original Filin | g:(month, day, year | ·) |
| (510) 272-3882 crystal.his | shida@acgov. | org | | | | | , , |
| 2. Function, Event, or Ceremonial R | ole Informat | tion | | | | | |
| | | | | | | 20 | |
| Title Oakland A's vs. Angels | | | - | Face V | /alue of Each Adm | ission \$ _ <u></u> | |
| Description Baseball Game, Field Tic | rets | | | |) 04 , 29 , 13 | , | , |
| Description Description | | | | Date(s |)// | // | |
| | | | | ur Oakl | and A's | | |
| Ticket(s)/Admission(s) provided by a | agency? Yes | | 0 🗸 | If no: <u>our</u> | Name | of Source | |
| Yes ☑ No ☑ If yes: <u>Carson,</u> The identity of recipient(s) and th | Official's | Name (L | .ast, F | irst) and Title | | | |
| Name | | - | | | | | |
| (Last, First) or | Number of | Ager Offic | | | | onial role, | |
| Organization (Name, Address, Description) | Admission(s)/ Ticket(s) | | 101 | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. | | | ual, or |
| Asian Community Collaborative | | Yes | Π | To reward a sch | ool or nonprofit organization for | or its contributions to the | Income |
| 1221 Oak St., Ste 536, Oakland, CA | 2 | | $\overline{\mathcal{U}}$ | community; | | | |
| | | Yes | | | | | Income |
| | 'n | No | | | | | |
| | | Yes | | y. | | | 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.

| Amy re | Hannah Greene | Ticket Administrator | 04/30/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |