Agency Report of: Cer Ticl

| Ceremonial Role Even Ficket/Admission Dist | | | | | A Public Documen |
|--|---|--------------------|-------------------------------------|---|--|
| I. Agency Name | | | | Date Stamp | |
| County of Alameda | - · | | | | Form 802 |
| Division, Department, or Reg | gion (if applicable) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | 3 | | | | |
| Designated Agency Contact | | 4t- | | Amondment (Must | provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Boar | d of Supervisors | | | | orovide explanation in Part 3.) |
| Area Code/Phone Number | E-mail | | | Date of Original Filing: | (month, day, year) |
| (510) 272-3882 | cheryl.perkins@acgov.c | org | | | |
| 2. Function, Event, or Cer | emonial Role Information | tion | | | |
| Title A's Baseball | | .· | Face | /alue of Each Admis | sion \$_30.00 |
| Description | | | Date(s | <u>,5,28)3</u> | , _ |
| Ticket(s)/Admission(s) pr | ovided by agency? Yes | . [∕] No 🔲 | lf no: <u>Oa</u> | kland Athletics | f Source |
| Was the distribution to pe | ersons identified below r | made at the | e behest of | f an agency official? | |
| Yes 🗹 No 🗔 👘 | Alameda County Supervisor Sc | ott Haggerty, Dis | trict 1 | | |
| | Alameda County Supervisor Sc yes: | Name (Last, F | First) and Title | | |
| The identity of recipien | t(s) and the explanation | on: | | | |
| Name (Last, First) or Organization (Name, Address, Descr | Number of Admission(s)/ Ticket(s) | Agency Official | taxable i also pro If not inc | vide a description. ome, describe the public pu ial roles, performed by an ac | l performed a ceremonial role, rpose, including |
| John Rudolph | 2 | Yes No | To pr even | omote attendance at a t in order to maximize p nue for concession and | potential county |

3. Verification

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

Yes 🗖 No 🔲 Yes 🗖

No 🗖 Yes 🗖

No 🔲

Yes 🗖

No

| Luth Aran | Lee Ann Fergerson | Ticket Administrator | 5-31-13 |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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

Income

Income

Income

Agency Report of: Ceremonial Role Events and

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

| cket/Admission Distribut | | | | | |
|--|--|--|---|--------------------------|---|
| Agency Name | | · · · · · · · · · · · · · · · · · · · | | Date Stamp | California |
| County of Alameda | | | | | Form OU |
| 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) | | • | | I Devide auxileaction in Devi D) |
| Cheryl Perkins, Clerk, Board of S | upervisors | | | | provide explanation in Part 3.) |
| Area Code/Phone Number E-ma | | | | Date of Original Filing: | (month, day, year) |
| (510) 272-3882 che | ryl.perkins@acgov.c | ora | | | (nonin, day, youry |
| Function, Event, or Ceremor | | | | | ······································ |
| • | | | | | |
| Title | | | Face ' | Value of Each Admis | sion \$ <u>30.00</u> |
| | | | | T- 77 12 | |
| Description | | | Date(| s) <u>5,27,13</u> | <u> </u> |
| | | | Oa | akland Athletics | |
| | | | | | |
| Ticket(s)/Admission(s) provide | d by agency? Yes | ⊠ No 🗖 | lf no: | Name o | f Source |
| Ticket(s)/Admission(s) provide Was the distribution to persons | s identified below n | nade at the | e behest o | f an agency official? | |
| Was the distribution to persons Yes ☑ No ☐ If yes: — | s identified below n lameda County Supervisor Sco Official's | nade at the ott Haggerty, Dis Name (Last, F | e behest o | f an agency official? | |
| Was the distribution to persons Yes ☑ No ☐ If yes: _ | s identified below n lameda County Supervisor Sco Official's | nade at the ott Haggerty, Dis Name (Last, F | behest o rict 1 irst) and Title Check ti taxable also pro If not inc | f an agency official? | official claims admission as I performed a ceremonial role rpose, including |
| Was the distribution to persons Yes ☑ No ☐ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F On: Agency | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as I performed a ceremonial role pose, including pency official, individual, or county sponsored otential county |
| Was the distribution to persons Yes ☑ No □ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanatic Number of Admission(s)/ | nade at the ott Haggerty, Dis Name (Last, F on: Agency Official Yes | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as i performed a ceremonial rol pose, including pency official, individual, or county sponsored otential county |
| Was the distribution to persons Yes ☑ No ☐ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F on: Agency Official Yes | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as I performed a ceremonial role pency official, individual, or county sponsored otential county parking sales. |
| Was the distribution to persons Yes ☑ No ☐ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F on: Agency Official Yes No Yes | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as I performed a ceremonial role pency official, individual, or county sponsored otential county parking sales. |
| Was the distribution to persons Yes ☑ No □ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F On: Agency Official Yes No Yes No | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as i performed a ceremonial role prose, including pency official, individual, or county sponsored otential county parking sales. |
| Was the distribution to persons Yes ☑ No □ If yes: — The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F on: Agency Official Yes No Yes No | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as I performed a ceremonial role receive a ceremonial role received a ceremonial role received a ceremonial role gency official, individual, or county sponsored otential county parking sales. |
| Was the distribution to persons Yes ☑ No □ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F on: Agency Official Yes No Yes No Yes No | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as i performed a ceremonial role pose, including jency official, individual, or county sponsored otential county parking sales. |
| Was the distribution to persons Yes ☑ No □ If yes: △ The identity of recipient(s) a Name (Last, First) or Organization | s identified below n lameda County Supervisor Sca Official's and the explanation Number of Admission(s)/ Ticket(s) | nade at the ott Haggerty, Dis Name (Last, F On: Agency Official Yes No Yes No Yes No Yes No | behest o rict 1 irst) and Title Check ti taxable also pro If not im ceremol organiz: To pr even | f an agency official? | official claims admission as I performed a ceremonial role pose, including pency official, individual, or county sponsored otential county |

| Plelen Xrgacy | Lee Ann Fergerson | Ticket Administrator | 5-29-13 |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head of Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and

| HCKet/Admission Distributions | | | | P | Public Documer |
|--|---|--------------------|---|--|--|
| 1. Agency Name | | <u></u> | | Date Stamp | California Form 802 |
| County of Alameda | | | | | strate and the other consists of the property for the second state |
| Division, Department, or Region (if applicable | e) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | ć. |
| 1221 Oak Street, Suite 536 | | | | | 59 |
| Designated Agency Contact (Name, Title) | | | | Amendment (Must p | rovide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Supervis | ors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, year) |
| (510) 272-3858 cheryl.perk | ins@acgov.o | rg | | | |
| 2. Function, Event, or Ceremonial Ro | | | a sharata a | • | |
| Title Warriors | | | Face Va | alue of Each Admis | sion \$ _625.00 |
| Basketball Description | | | Date(s) | 4 , 28 , 13 | // |
| Ticket(s)/Admission(s) provided by ag | | | Gol | den State War | riors |
| licket(s)/Admission(s) provided by ag | lency? Yes | | it no: | Name of | Source |
| Was the distribution to persons identi Yes ☑ No □ If yes: <u>Alameda Co</u> | | | | | |
| The identity of recipient(s) and the | | | | | |
| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable in also provi • If not inco | de a description. me, describe the public pur al roles, performed by an ag | performed a ceremonial role, pose, including |
| Shawn & Julie Wilson | 2 | Yes 🗖 No 🗹 | To promote atter facility in order to | ndance at a County sponsored e o maximize potential county Rev | |
| | | Yes 🗖 | concession sales | <u>.</u> | Income |
| | | No 🔲 | | | |
| | | Yes 🔲 | | | Income |
| | | | | | |
| | | Yes 🗖 | | | · · · · · · · · · · · · · · · · · · · |
| | | No 🗆 | | - | Income |
| | | Yes 🗖 | | | Income |

3. Verification

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

No 🗖

| Hele Artes | Lee Ann Fergerson | Ticket Administrator | 5/7/13 |
|--------------------------------------|-------------------|----------------------|--------------------|
| 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.)

| Ticket/Admission Distributions | 5 | | н - с | | A Public Document |
|---|---|--|---------------------|---|--|
| 1. Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | | | | |
| 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 (M | ust provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Superv | visors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Fili | ng: |
| | rkins@acgov.c | | | | |
| 2. Function, Event, or Ceremonial F | Role Informat | tion | | | |
| Title Warriors | | ······································ | Face | Value of Each Adr | nission \$ <u>625.00</u> |
| Basketball Description | | | Date(s | s) <u>4 28 1</u> | 3// |
| | | | Go | olden State W | larriors |
| Ticket(s)/Admission(s) provided by a | agency? Yes | 🖸 No 🗖 |] If no: | | ne of Source |
| The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable also pro | income. If the agency of vide a description. come, describe the public nial roles, performed by a | ncy official claims admission as ficial performed a ceremonial role, c purpose, including m agency official, individual, or |
| Josh Thurman | | Yes 🗖 | To promote at | tendance at a County sponso to maximize potential count | v Revenue from parking and |
| | 1 | No 🗹 | concession sa | - | |
| | | Yes 🗖 No 🗖 | | | Income |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | · |
| <u> </u> | | Yes 🗖 | | | Income |
| • | | No 🗖 | | | |
| | | Yes □ No □ | | | Income |
| 3. Verification I have read and understand FPPC Regular is in accordance with the provisions. | tions 18944.1 an | | | that the distribution of the the distribution of the distribution | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Signature of Agency Head of Designee | Print Na | ime | | Title | (month, day, year) |

| | itions | | | | A Public Doc | |
|---|--|---|---|---|---|--|
| I. Agency Name | and a standard and a | | | Date Stamp | California Form | |
| County of Alameda | | | | | Form For Official Use | |
| Division, Department, or Region (i | if applicable) | | | | For Onicial Use | Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | · | | |
| Designated Agency Contact (Name | e, Title) | | | Amendment (Musi | t provide explanation in Pa | rt 3.) |
| Cheryl Perkins, Clerk, Board of S | | | | | | |
| Area Code/Phone Number E-m | nail | | | Date of Original Filing | (month, day, year) | _ |
| (510) 272-3858 che | eryl.perkins@acgov.c | org | | l | | |
| 2. Function, Event, or Ceremo | nial Role Informat | tion | | | | |
| Title | | | | Value of Each Admi | 625.00 | |
| 1 itle | | | Face | value of Each Admi | ISSION \$ | |
| Basketball Description | <u> </u> | | Date(s | s) <u>4 / 26 / 13</u> | //////// | _/ |
| • | | | 0 | Idon Stata Ma | rrioro | |
| Ticket(s)/Admission(s) provide | ed by agency? Yes | | If no: | | | |
| | | | | , | | |
| The identity of recipient(s) a | | | First) and Title | | | |
| Name (Last, First) or Organization | Number of | | | | | 114 (giv) (. 1. |
| (Name, Address, Description) | Admission(s)/ Ticket(s) | Agency Official | taxable also pro If not inc ceremo | ne income box if the agency income. If the agency offic vide a description. come, describe the public p tial roles, performed by an | ial performed a ceremon urpose, including | al role, |
| (Name, Address, Description) | Admission(s)/ Ticket(s) | Official | taxable also pro If not in ceremon organiza To promote at | income. If the agency offic vide a description. come, describe the public p nial roles, performed by an ation. endance at a County sponsore | ial performed a ceremon surpose, including agency official, individua d event held at a County | al role, |
| | Admission(s)/ Ticket(s) | | taxable also pro If not in ceremo organiza To promote at facility in order | income. If the agency offic vide a description. come, describe the public p nial roles, performed by an ation. lendance at a County sponsore to maximize potential county F | ial performed a ceremon surpose, including agency official, individua d event held at a County | al role, I, or |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) | Official Yes ⊟ No ☑ | taxable also pro from the service organization To promote all facility in order concession sa | Income. If the agency offic vide a description. come, describe the public p nial roles, performed by an ation. endance at a County sponsore to maximize potential county F les | tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and | al role, I, or Income |
| (Name, Address, Description) | Admission(s)/ Ticket(s) | Official Yes 🗖 | taxable also pro • If not in ceremoi organiza To promote at facility in order concession sa To promote at | income. If the agency offic vide a description. come, describe the public p nial roles, performed by an ation. lendance at a County sponsore to maximize potential county F | tal performed a ceremon surpose, including agency official, individus d event held at a County Revenue from parking and d event held at a County Revenue from parking and | al role; I, or Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Official Yes □ No ☑ Yes □ | taxable also pro • If not in ceremoi organiza To promote at facility in order concession sa To promote at | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon surpose, including agency official, individus d event held at a County Revenue from parking and d event held at a County Revenue from parking and | al role; I, or Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Official Yes □ No ☑ Yes □ No ☑ | taxable also pro • If not in ceremo organizz To promote att facility in order concession sa To promote att facility in order | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon surpose, including agency official, individus d event held at a County Revenue from parking and d event held at a County Revenue from parking and | al role; I, or Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Yes □ No ☑ Yes □ No ☑ Yes □ | taxable also pro • If not in ceremo organizz To promote att facility in order concession sa To promote att facility in order | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon ourpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and | al role, I, or Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Official Yes □ No ☑ Yes □ No ☑ Yes □ No □ | taxable also pro • If not in ceremo organizz To promote att facility in order concession sa To promote att facility in order | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon ourpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and | al role, I, or Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Official Yes No Yes No Yes No Yes No Yes No Yes | taxable also pro • If not in ceremo organizz To promote att facility in order concession sa To promote att facility in order | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and 1 | al role, Il, or Income Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 | Official Yes No Yes No Yes No Yes No Yes No | taxable also pro • If not in ceremo organizz To promote att facility in order concession sa To promote att facility in order | Income. If the agency offic vide a description. come, describe the public p ital roles, performed by an atton. lendance at a County sponsore to maximize potential county F les lendance at a County sponsore to maximize potential county F | tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and 1 | al role, I, or Income Income Income |
| (Name, Address, Description) Joe Gordon | Admission(s)/ Ticket(s) 2 2 2 2 Regulations 18944.1 an | Official Yes No | taxable also pro organizz To promote att facility in order concession sa To promote att facility in order concession sa | Income. If the agency offic vide a description. come, describe the public p nation. endance at a County sponsore to maximize potential county F les tendance at a County sponsore to maximize potential county F les | tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and 13 | al role, Il, or Income Income Income Income |
| (Name, Address, Description) Joe Gordon Mark Bernardin 3. Verification I have read and understand FPPC I | Admission(s)/ Ticket(s) 2 2 2 2 Regulations 18944.1 an | Official Yes No 1 Yes No Italiant No Italiant Italiant <tr< td=""><td>taxable also pro • If not in ceremor organizz To promote at facility in order concession sa To promote at facility in order concession sa</td><td>Income. If the agency offic vide a description. come, describe the public p nation. endance at a County sponsore to maximize potential county F les tendance at a County sponsore to maximize potential county F les</td><td>tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and 13</td><td>al role, I, or Income Income Income Income</td></tr<> | taxable also pro • If not in ceremor organizz To promote at facility in order concession sa To promote at facility in order concession sa | Income. If the agency offic vide a description. come, describe the public p nation. endance at a County sponsore to maximize potential county F les tendance at a County sponsore to maximize potential county F les | tal performed a ceremon surpose, including agency official, individua d event held at a County Revenue from parking and d event held at a County Revenue from parking and 13 | al role, I, or Income Income Income Income |

| Α | P | ubl | ic | Do | cι | Im | e | n | t |
|---|---|-----|----|----|----|----|---|---|---|
| | | | | | | | | | |

| | J113 | | | | t aono booune |
|--|---|--------------------|--|--|---|
| 1. Agency Name | | Date Stamp | California 802 | | |
| County of Alameda Division, Department, or Region (<i>if ap</i> | nlicable) | | | | Form CO2 For Official Use Only |
| Board of Supervisors | picable) | | | | |
| Street Address | | <u></u> | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Th | tle) | | | Amondmont (Must | provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Sup | pervisors | | | | provide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, year) |
| (510) 272-3858 chery | l.perkins@acgov.c | org | | | |
| . Function, Event, or Ceremonia | al Role Informat | tion | | | |
| Title Warriors | | | Face V | /alue of Each Admis | ssion \$ _625.00 |
| Basketball Description | <u></u> | | Date(s | s) <u>5 , 2 , 13</u> | ////// |
| | | | Go | lden State Wa | rriors |
| Ticket(s)/Admission(s) provided | by agency? Yes | 🖸 No 🗖 | If no: | | of Source |
| Yes ☑ No □ If yes: — The identity of recipient(s) and Name | | Name (Last, I | -irst) and Title | e income box if the agency | official claims admission as |
| (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | also prov If not inc ceremon organiza | vide a description. come, describe the public pu laf roles, performed by an a tion. | gency official, individual, or |
| Matt Lillard | 2 | Yes ⊡ No ☑ | • | endance at a County sponsored to maximize potential county Re es | • |
| Dan O'Brien | 2 | Yes □ No ☑ | | endance at a County sponsored to maximize potential county Re | evenue from parking and |
| · · | | Yes 🗖 | concession sal | es | [∎] Incom |
| ······································ | | No 🗖 | ļ | | |
| | | Yes □ No □ | | | Incom |
| | | Yes □ No □ | | | |
| 3. Verification I fiave read and understand FPPC Reg is in accordance with the provisions. | ulations 18944.1 an Lee Ann Fergersc | | | that the distribution of a et Administrator | dmissions, set forth above |
| Signature of Agency Head of Designee | Print Na | me | | Title | (month, day, year |

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

| | | | | · · · | |
|---|---|------------------|--------------------------------|--|-------------------------------|
| 1. Agency Name | 00000000000000000000000000000000000000 | | - | Date Stamp | California 802 |
| County of Alameda | | | | | Eorm 00/2 |
| Division, Department, or Region (if ap | plicable) | · . | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Tit | le) | - | | Amendment (Must pr | ovide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Sup | ervisors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: _ | (month, day, year) |
| (510) 272-3882 cheryl | .perkins@acgov.c | org | | | |
| 2. Function, Event, or Ceremonia | l Role Informat | tion | | | |
| Title Stones | | , | Face \ | /alue of Each Admiss | sion \$ 60000 |
| Description <u>Concer</u> | | | | <u>5,5,13</u> | /// |
| Ticket(s)/Admission(s) provided | ovagencv? Yes | ⊠ No □ | | Hand Athletics | GSW |
| | , | | | Name of | Source |
| Was the distribution to persons is | entified below r | nade at the | hehest of | an agency official? | |
| - | | | | an agency officials | |
| Yes 🗹 No 🔲 If yes: | eda County Supervisor So | | | | |
| | Official's | Name (Last, Fir | st) and Title | | |
| The identity of recipient(s) and | l the explanatic | on: | | | |
| Name | | e states au | Check th | e income box if the agency of | ficial claims admission as |
| (Last, First) or | Number of | Agency | | ncome. If the agency official vide a description. | performed a ceremonial role, |
| Organization | Admission(s)/ Ticket(s) | Official | If not inc | ome, describe the public purp | |
| (Name, Address, Description) | | | ceremon organiza | ial roles, performed by an age tion. | incy official, individual, or |
| 1140,004 | | Yes 🗖 | To pro | mote attendance at a co | unty sponsored |
| HAGGERTY, SCOTT | | No 🗖 | event i | n order to maximize pot | ential county |
| | | Yes 🗖 | revenu | e for concession and pa | arking sales. |
| | | No 🗖 | | | an ana |
| | | Yes 🗖 | | | Income |
| | | No 🔲 | | | · <u> </u> |
| | | Yes 🔲 | | | income |
| - | | No 🗖 | | ,, | |
| | | Yes 🔲 | | | Income |
| | | No 🔲 | | | |
| 3. Verification I have read and understand FPPC Region | ulations 18944.1 an | d 18942. I hav | ve verified i | that the distribution of ad | missions, set forth above, |
| is in accordance with the provisions. | | | | | • |
| fulling for for S | _ee Ann Fergersc | | | et Administrator | 5-4-13 |
| V Signature of Agency Head or Designee | Print Na | me | | Title | (month, day, year) |
| Comment: (Use this space or an attachme | e nt for a ny additional i | nformation inclu | ding amend | Iment explanation.) | |

| A | Publi | ic Do | cum | ent |
|---|-------|-------|-----|-----|
|---|-------|-------|-----|-----|

| 1. | Agency Name | | | | Date Stamp | California |
|----|--|---|--|--|---|---|
| | County of Alameda | | | | | Form OUZ |
| | 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 | ame, Title) | | · · · · · | | t 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 | cheryl.perkins@ac | gov.org | | | |
| 2. | Function, Event, or Cerer | nonial Role Info | rmation | | · · · · · · · · · · · · · · · · · · · | |
| | Title A's Baseball | | | _ | | 20.00 |
| | Title | | | . F | ace Value of Each Admi 4 / 30/13 | ission \$ $\frac{30.00}{6.113}$ |
| | Description | | | . C | ate(s) <u>5/18/13</u> | 6,26,13 |
| | | | · _ · | 🗖 lifina | Oakland Athletic | S |
| | Ticket(s)/Admission(s) prov | ided by agency? | YAS 🗁 NO | | | |
| | Ticket(s)/Admission(s) prov Was the distribution to pers | ons identified be | low made at | the beh | Name est of an agency official | of Source |
| | Was the distribution to pers | cons identified be s: <u>Alameda County Super</u> Of | low made at visor Scott Haggert ficial's Name (La | the beh | Name est of an agency official | |
| | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or Organization | Alameda County Super S: Alameda County Super Ofi S) and the expla Numbe Admissi Ticket | low made at visor Scott Haggert ficial's Name (La nation: r of Agen on(s)/ Offici | t the beh y, District 1 ast, First) and cy al • Ir | Name est of an agency official d Title neck the income box if the agency xable income. If the agency offici so provide a description. not income, describe the public p | ? / official claims admission as al performed a ceremonial role, urpose, including |
| • | Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s Name (Last, First) or | Alameda County Super S: Alameda County Super Ofi S) and the expla Numbe Admissi Ticket | low made at visor Scott Haggert Ticial's Name (La nation: r of on(s)/ (s) | t the beh y, District 1 ast, First) an est, First) an ta ta al • tr cr cr cr cr cr | Name est of an agency official d Title teck the income box if the agency xable income. If the agency offici so provide a description. | ? / official claims admission as al performed a ceremonial role, urpose, including |
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is in accordance with the provisions.

| | Lee Ann Fergerson | Ticket Administrator | 5-3-13 |
|--------------------------------------|---|----------------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: (Use this space or an attac | hment for any additional information in | ncluding amendment explanation.) | |
| Musto | ing Roundup Fle | ndraiser | |

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Agency Report of: Ceremonial Role Events and alan Distributions 77 - L - 47 A L

| AP | ublic | Document |
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| ickevAdmission Distribution: | 5 | | | | A Fublic Document |
|---|----------------------------|--------------------|--|---|------------------------------------|
| . Agency Name | | | | Date Stamp | California |
| County of Alameda | | | | | Form OUZ |
| Division, Department, or Region (If applica | able) | | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Title) | | | | | st provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of Superv | visors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filin | g:(month, day, year) |
| (510) 272-3882 cheryl.pe | rkins@acgov.c | org | | | · · |
| . Function, Event, or Ceremonial F | Role Information | tion | | | · |
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| | | | Face \ | Value of Each Adm | |
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| | | | | اد بسم م | ······ |
| Ticket(s)/Admission(s) provided by | agencv? Yes | ⊡ No □ | If no: | olden Stat | e Warniors |
| | 0, | | | Name | of Source |
| Was the distribution to persons ider | tified below r | nade at the | hebest of | f an agency official | 12 |
| - | | | | i an agency official | 1 2 |
| Yes 🗹 No 🗖 Ifyes: | County Supervisor Sc | | | <u> </u> | |
| | Official's | Name (Last, F | irst) and Title | | |
| The identity of recipient(s) and the | ne explanatio | on: | | | |
| Name | | | 1 and any a supervision of a month of a mont | | y official claims admission as |
| (Last, First) or | Number of | Agency Official | Constanting of the second second second | ncome. If the agency offic vide a description. | lal performed a ceremonial role, |
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| 1400 7 16 | | Yes 🗖 | Тор | romote attendance at | t a county sponsored |
| Jenn Lonnaer | 1 | No 🗖 | | nt in order to maximize | |
| MALIGNER. | | Yes 🗖 | reve | nue for concession a | nd parking sales. |
| Con Galony | | No 🗖 | | | |
| VALGIOR TO IL | | Yes 🗖 | | | |
| Junica Jaylor | / | No 🗖 | | | · 🔳 |
| PICOR | 1 | Yes | | | Income |
| KED SHENSUN | / | No 🗖 | | | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | |
| . Verification | | | | | |
| I have read and understand FPPC Regulat | ions 18944.1 an | d 18942. I ha | ave verified i | that the distribution of | admissions, set forth above, |
| is in accordance with the provisions. | | | | | |
| Holly Dry. V Lee | Ann Fergerso | n | Ticke | et Administrator | 5-70-1 |
| Signature of Agency Head or Designer | Print Na | me | | Title | (month, day, year) |
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Agency Report of: Ceremonial Role Events and

| A Public Docum | nent |
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| I. Agency Name | | | | | | | |
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| | · · · | • • • | | Date St | amp | California Form | 202 |
| County of Alameda | | | | • | | | |
| Division, Department, or Region (if applic | able) | • • • • • | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendme | ent (Must pro | ovide explanation i | n Part 3.) |
| Cheryl Perkins Clerk, Board of Superv | risors | | | _ | | | |
| Area Code/Phone Number E-mail | | | | Date of Origin | al Filing: _ | (month, day, ye | ar) |
| | erkins@acgov.c | | | | | 5 | |
| 2. Function, Event, or Ceremonial F | Role Informat | tion | | | | | |
| Title GSW- Warriors | | | Face V | alue of Eacl | n Admiss | ion \$ <u>\$625</u> | |
| basketball Description | | | Date(s |) <u>5 / 10</u> | | / | / |
| | · · | | | | | | |
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| | ntified below n A COUNTY SUPERVI Official's | nade at th SOR SCOTT HA Name (Last, I | e behest of | an agency o | Name of official? | Source | |
| Was the distribution to persons iden Yes ☑ No □ If yes: ALAMED The identity of recipient(s) and the Name (Last, First) or | ntified below m A COUNTY SUPERVI Official's he explanatic Number of Admission(s)/ | nade at th SOR SCOTT HA Name (Last, I | e behest of AGGERTY, DISTR First) and Title • Check th taxable in also prov | an agency of NCT 1 e income box if the age ide a description | Difficial? | ficial claims admi performed a cerer | Second second second second second second |
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| County of Alameda | | | | The second s | |
| Division, Department, or Region (ii | | | For Official Use Only | | |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name | Title | | | | |
| | | | | Amendment (Mu | st provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board of S Area Code/Phone Number E-m | and the second | : | | Date of Original Filin | a: |
| (510) 272-3882 che | eryl.perkins@acgov. | ora | | Ū. | (month, day, year) |
| Function, Event, or Ceremor | | | | <u></u> | anna ann an an ann ann ann ann ann ann |
| Title <u>A's Baseball</u> | | | Face Va | lue of Each Adm | ission \$ <u>30.00</u> |
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| Ticket(s)/Admission(s) provide | d by agency? Yes | ; [] No [] | I If no: Uak | land Athletic | |
| ζ. | | | | Name | of Source |
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| Yes ☑ No ☐ If yes: — The identity of recipient(s) an Name (Last, First) or Organization | lameda County Supervisor Sc Official's Ind the explanatic Number of Admission(s)/ | Agency On: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes | strict 1 First) and Title Check the in taxable inco also provide If not incom ceremonial organization | ncome box if the agency ome. If the agency offici a description. e, describe the public p roles, performed by an i h. a student for out | v official claims admission as lat performed a ceremonial role, urpose, including agency official, individual, or standing Income Income |
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| Α | Public | Document |
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| | | |

| 1. | Agency Name | | · · · · · | | | | | Date Stamp | California 000 |
|----|---|-----------------|--|---------------|---------|-------|--|--|---|
| | County of Alameda | | · . | | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applica | ble) | | <u></u> | | | | 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 3.) |
| | Cheryl Perkins, Clerk, Board | | lsors | | | | | Dete of Original Filing: | ÷ |
| | Area Code/Phone Number | E-mail | | | | | | Date of Original Filing: | (month, day, year) |
| - | (510) 272-3882 | | rkins@acgov. | | | | | · · · · · · · · · · · · · · · · · · · | |
| 2. | Function, Event, or Cere | emonial R | ole Informat | tion | | | | | |
| | Title Baseball | | | | _ | | Face V | alue of Each Admissi | on \$ <u>30.00</u> |
| | A's vs. Red Sc Description | x | | | _ | | Date(s |) 7 12 13 | / |
| | | | | | | | _ | | |
| | Ticket(s)/Admission(s) pro | vided by a | igency? Yes | ⊠ No | | lf | _{no:} <u>Ua</u> | kland Athletics | |
| | | | | | | | | Name of S | ODICE |
| | Was the distribution to pe Yes ☑ No □ if y | | tified below r County Supervisor Sc Official's | | | | | | • |
| | | | Official's | Name (L | ast, F | irst) | and Title | | · |
| | The identity of recipient | (s) and th | e explanatio | on: | | | | | |
| | Name (Last, First) or Organization (Name, Address, Descri | otion) | Number of Admission(s)/ Ticket(s) | Ager Offic | A | • | taxable ir also prov If not ince | e income box if the agency offi icome. If the agency official pe ride a description. ome, describe the public purpo lai roles, performed by an agen tion. | rformed a ceremonial role, se, including |
| | Fallon Middle School | 4 + | 2 | | | I | To r | eward a school or non For its contributions to | |
| | | | | Yes | | | | | |
| | | | | No | | | | | L |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes No | | | ŗ | | Income |
| | ······································ | | | Yes | | | | | Income |
| | · · · · · · · · · · · · · · · · · · · | | | No | | | | | |
| - | 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.

| Hickner- | -Lee Ann Fergerson | Ticket Administrator | 5-13-13 |
|--------------------------------------|--------------------|----------------------|--------------------|
| Signature of Agency Head of Designee | Print Name | Tille | (month, day, year) |

Λ

| A ganay Name | | | Date Stamp | California 000 |
|--|---|---|--|--|
| Agency Name | | | Date Otamp | Form 802 |
| County of Alameda Division, Department, or Region | (if applicable) | A | | For Official Use Only |
| Board of Supervisors | | | | |
| Street Address | ; <u></u> ;;;• | | | |
| 1221 Oak Street, Suite 536 | | | , | |
| Designated Agency Contact (Na | ne, Title) | | | t provide explanation in Part 3.) |
| Cheryl Perkins, Clerk, Board o | Supervisors | | | provide explanation in Pert 3.7 |
| | mail | | Date of Original Filing | (month, day, year) |
| (510) 272-3882 | heryl.perkins@acgov.c | ora | | |
| Function, Event, or Cerem | | | | |
| | | | | . 20.00 |
| Title Baseball | | Fa | ce Value of Each Adm | ssion \$ |
| A's vs. Red Sox | | Da | ate(s) 7 <u>12</u> 13 | |
| · | | | Ookland Athlatia | ~ |
| | | | | |
| Ticket(s)/Admission(s) provi | ded by agency? Yes | 🖸 No 🗖 If no: | Oakland Athletic | |
| Was the distribution to perso | o ns identified below n Alameda County Supervisor Sci | nade at the behe | Name | of Source |
| Was the distribution to perso Yes ☑ No 🔲 If yes | Alameda County Supervisor Sci Official's | nade at the behe otl Haggerly, District 1 Name (Last, First) and | Name | of Source |
| Was the distribution to perso | Alameda County Supervisor Sci Official's and the explanatic Number of Admission(s)/ Ticket(s) | made at the behe ott Haggerty, District 1 Name (Last, First) and on: Agency Official • Ita official • Ita | Name st of an agency official <i>1 Title</i> set the income box if the agenc able income. If the agency offic o provide a description iot income, description iot income, ioles, performed by an | of Source ? y official claims admission as lat performed a ceremonial role, barpose, including agency official, individual, or |
| Was the distribution to perso Yes ☑ No ☑ If yes The identity of recipient(s Name (Last, Pirat) or Organization | Alameda County Supervisor Sci Official's and the explanation Admission(s)/ Ticket(s) | nade at the behe ott Haggerty, District 1 Name (Last, First) and on: Agency official • ta • ta • ta • ta • ta • ta • ta • ta | Name st of an agency official i Title ack the income box if the agency able income. If the agency offic o provide a description to income, description int income, description provide a description int income, description of a come description for reward a school or n | of Source ? y official claims admission as lat performed a ceremonial role, surpose, including agency official, individual, or onprofit organization |
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| Was the distribution to person Yes I No I If yes The identity of recipient(s Name (Last: First) Of Organization (Name, Address, Descripted | Alameda County Supervisor Sca Alameda County Supervisor Sca Official's and the explanatic Number of Admission(s)/ Ticket(s) n) | nade at the behe ott Haggerty, District 1 Name (Last, First) and on: (Agency Official Official Yes No [] Yes No Yes No | Name st of an agency official i Title ack the income box if the agency able income. If the agency offic o provide a description to income, description int income, description provide a description int income, description of a come description for reward a school or n | of Source y official claims admission as lat performed a ceremonial role, birpose, including agency official, individual, or conprofit organization to the community L Incom |

| Inlutor ws | Lee Ann Fergerson | Ticket Administrator | 3-13-13 |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Need or Designee | Print Name | Title | (month, day, year) |

| ΑΡι | ublic | Document | |
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|-----|-------|----------|--|

| . Agency | / Name | | | | · . | Date Stamp | California Form | 202 |
|---------------------------|--|---|--|---|---|--|--|---|
| County | of Alameda | | | | | | an provident destruction dates de | an a |
| | Department, or Regior | n (if applicabi | le) | | | · · | For Official | Use Only |
| Board o | f Supervisors | | | | | | | |
| Street Ac | | | | | | | · · · · | • |
| | ak Street, Suite 536 | | | | | | | |
| Designal | ted Agency Contact (Na | me, Title) | | | · | Amendment (Mu | st provide explanation i | n Part 3.) |
| Crystal I | Hishida Graff, Clerk, B | oard of Su | pervisors | | | | | |
| Area Coo | de/Phone Number E | -mail | | - | | Date of Original Filin | ig:(month, day, ye | ar) |
| (510) 27 | 72-3882 c | rystal.hish | nida@acgov.c | org | | | | |
| . Functio | on, Event, or Cerem | nonial Ro | le Informat | ion | | | | |
| – A's | Baseball | | | | - | | | |
| litle | ····· | | · · · · | | Face | /alue of Each Adm | ission \$ <u></u> | · |
| Descrin | tion | | | | Date(s | s) <u>5 / 14 / 13</u> | } | 1 |
| - | | | | | | | | |
| | | | | | <u> </u> | مناجعا المعرجان | <u> </u> | |
| Ticket/s |)/Admission(s) provi | ded by ac | iencv? Yes | | If no: Ua | Ikiand Athletic | 25 | |
| | a)/Admission(s) provi a distribution to perso ☑ No 囗 If yes | ons identi | | nade at th | e behest of | f an agency officia | | |
| Was the Yes The ide | e distribution to perse No I If yes entity of recipient(s Name (Last, First) or Organization | ons identi : <u>ALAMEDA C</u>) and the | fied below n COUNTY SUPERVIS Official's f | nade at th SOR SCOTT HA Name (Last, 1 | e behest of GGERTY, DISTF First) and Title • Check th taxable i also pro • If not inc | f an agency officia RICT 1 he income box if the agency ncome. If the agency offic vide a description. | I? -y official claims admi cial performed a coren purpose, including | nonial role, |
| Was the Yes The ide | e distribution to perse No L If yes entity of recipient(s Name (Last, First) or | ons identi : <u>ALAMEDA C</u>) and the | fied below n COUNTY SUPERVIS Official's / e explanatio Number of Admission(s)/ | nade at the SOR SCOTT HA Name (Last, F on: Agency | e behest of GGERTY, DISTF First) and Title • Check th taxable I also prov • If not inc ceremon organiza | f an agency officia RICT 1 he income box if the agency ncome. If the agency official vide a description. some, describe the public ial roles, performed by an tion. | I? zy official claims admi cial performed a ceren purpose, including i agency official, indiv | nonial role, idual, or |
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Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

| H | cket/Admission Distribut | | | | | | |
|----|---|---------------------------------------|--|---|--|--|----------------------------|
| 1. | Agency Name | | | | Date Stamp | California Form | 802 |
| | County of Alameda | | | | | | |
| | Division, Department, or Region (if | applicable) | | | | For Official U | Jse Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | MAN (, , ,) | | | | | |
| | Designated Agency Contact (Name, | , | | | Amendment (Must pro | ovide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, Boar Area Code/Phone Number E-ma | | | | Date of Original Filing: _ | (month, day, yea | r) |
| | (510) 272-3882 crys | tal.hishida@acgov. | org | | | | |
| 2. | Function, Event, or Ceremor | nial Role Informat | ion | | | | |
| | Goldon State Warriors vs. D | enver Nuggets | | | | · • 625.00 | |
| | Title Golden State Warriors vs. D | | | Face V | /alue of Each Admiss | ion \$ | |
| | Description Playoff Basketball G | ame | | Date/s | <u>, 05 , 02 , 13</u> | 1 | 1 |
| | | | | Duto(t | ,, | . <u>.</u> | |
| | Ticket(s)/Admission(s) provide | d by agency? Yes | | I If no: Gold | len State Warriors | 1. A. | |
| | | | | | Name of | Source | |
| | Was the distribution to persons | identified below n | nada at th | a habast ai | Fan agoncy official? | | |
| | was the distribution to persons | a dentined below h | naue al ui | e benesi u | an agency official? | | |
| | Yes 🔽 No 🔲 If yes: 🛄 | alle, Richard- Supervis Official's | or District 2 | | | | |
| | | Official's | Name (Last, I | First) and Title | | | |
| | The identity of recipient(s) a | nd the explanatio | n: | | | | |
| | Name | | | | e income box if the agency of | | |
| | (Last, First) or | Number of | Agency | 1 | ncome. If the agency official p vide a description. | erformed a ceremo | onial role, |
| | Organization | Admission(s)/ Ticket(s) | Official | • If not inc | ome, describe the public purp | | |
| | (Name, Address, Description) | | | | | | |
| | Mejia, Manuel | | | organiza | ial roles, performed by an age tion. | ncy official, individ | ual, or |
| | | · · · · · | Yes 🗖 | organiza To promote a | ial roles, performed by an age tion. attendance at an event held | ncy official, individ at a County | lual, or Income |
| | · | 2 | Yes □ No ☑ | organiza To promote a | ial roles, performed by an age tion. | ncy official, individ at a County | |
| | · | 2 | No ☑ Yes □ | organiza To promote a | ial roles, performed by an age tion. attendance at an event held | ncy official, individ at a County | Income |
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| | | 2 | No Yes No Yes No Yes No No No No | organiza To promote a | ial roles, performed by an age tion. attendance at an event held | ncy official, individ at a County | Income Income Income |
| 3. | Verification | | No☑Yes□No□Yes□No□Yes□No□Yes□No□ | organiza To promote a facility in ord | ial roles, performed by an age tion. attendance at an event held er to maximize potential rev | ncy official, individ at a County enue from sales. | Income |
| 3. | I have read and understand FPPC Re | | No☑Yes□No□Yes□No□Yes□No□Yes□No□ | organiza To promote a facility in ord | ial roles, performed by an age tion. attendance at an event held er to maximize potential rev | ncy official, individ at a County enue from sales. | Income |
| 3. | | | No☑Yes□No□Yes□No□Yes□No□Yes□No□ | organiza To promote a facility in ord | ial roles, performed by an age tion. attendance at an event held er to maximize potential rev | ncy official, individ at a County enue from sales. | Income |
| 3. | I have read and understand FPPC Re | | No ☑ Yes □ No □ Yes □ No □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes □ Mo □ 18942.1h | organiza To promote a facility in ord | ial roles, performed by an age tion. attendance at an event held er to maximize potential rev | ncy official, individ at a County enue from sales. | Income |

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

| Α | Put | olic | Do | cu | ment |
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| | uone | • | | | | | | - vanie |
|---|-----------|---------------------------------------|---------|---------------|------------------|--|----------------------------|----------------------------|
| I. Agency Name | | | | | - | Date Stamp | California | 802 |
| County of Alameda | | | | | | | For Official | Lise Only |
| Division, Department, or Region (if applicable) | | | | | | | Por Unicial | Use Only |
| Board of Supervisors | | | | | | | | |
| Street Address | | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name | Title | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | Nun ornio ono | | | | Amendment (Mi | ist provide explanation in | n Part 3.) |
| Crystal Hishida Graff, Clerk, Boa Area Code/Phone Number | | supervisors | | | | Date of Original Fili | ng: | |
| (510) 272-3882 cry | stal his | shida@acgov.o | na | | | | (month, day, ye | ar) |
| . Function, Event, or Ceremo | | | | | | | | |
| | | | | | | | | _ |
| Title Golden State Warriors vs. I | Denver | Nuggets | | | Face V | /alue of Each Adn | nission \$ _625.00 |) |
| Provide Playoff Basketball (| Game | | | | Dete/e | a) 05 02 13 | з, | , |
| Description Playoff Basketball (| Janie | | | - | Date(s | 5)// | / | / |
| Ticket(s)/Admission(s) provide | م درما آم | | | | Gold | len State Warriors | | |
| ficket(s)/Admission(s) provide | a by a | igency: tes | | | It no: | Nam | e of Source | |
| Was the distribution to person | | - | | | | | | |
| Yes ☑ No ☐ If yes: _ The identity of recipient(s) a | | | Name (L | ast, I | First) and Title | | | |
| Name (Last, First) or | | Number of | Ager | | taxable in | e income box if the agen ncome. If the agency offi vide a description. | • | |
| Organization (Name, Address, Description) | · | Admission(s)/ Ticket(s) | Offic | 121 | • If not inc | ome, describe the public ial roles, performed by a | | idual, or |
| Garchar, Randy | | | Yes | | 1 · | attendance at an event | | Income |
| - | | 2 | No | ¥ | facility in orde | er to maximize potentia | I revenue from sales | . 🖸 |
| | | | Yes | | | | | Income |
| | | | No | | | | | |
| | | | Yes | | | | | Income |
| <u></u> | | | | | | | , | |
| | | | | | | | | Income |
| | | | | <u>_</u> | | | | |
| | | | | | | | | Income |
| | | | No | | | | · | |
| 3. Verification I have read and understand FPPC F is in accordance with the provisions. | | ions 18944.1 an | | 2. <i>1</i> h | | that the distribution o et Administrator | f admissions, set fo | orth above, $\sum / (2$ |
| Signature of Ageney Head or Designee | | Print Nar | ne | | | Title | | th, day, year; |

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

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

| 1. | Agency Name | | | | | | Date Stamp | California | 000 |
|----|--|---|--|---|--|--|--|---|---|
| ~ | County of Alameda | | | | | | | Form | 802 |
| | Division, Department, or Regio | n (if applical | ble) | | <u> </u> | | | For Officia | l Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | • · · · · · · · · | | | | | | |
| | 1221 Oak Street, Suite 536 | | ø | | | | | | |
| | Designated Agency Contact (N | ame, Title) | | | | | Amendment (M | lust provide explanation i | n Part 3.) |
| | Crystal Hishida Graff, Clerk, E | Board of S | upervisors | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Fili | ing:(month, day, ye | ear) |
| | | | hida@acgov. | - | | | | | |
| 2. | Function, Event, or Ceren | nonial R | ole Informat | tion | | | | | |
| | Title Oakland A's vs. Chicago | white So | x | | | Face | Value of Each Adr | nission s 22.00 | |
| | | | | | | | | | |
| | Description Baseball Game | - | | 2 | _ | Date(s | s) <u>06 , 02 , 1</u> | 3/_ | |
| | | | | | | | | | |
| | THE I COMPANY IN THE COMPANY | idad by a | | | ~ 🗖 | ur | land A's | | |
| | Ticket(s)/Admission(s) prov | nded by a | gency? Yes | | οM | IT NO: | Nan | ne of Source | |
| | • | | | | | | 14011 | | |
| | Was the distribution to pers | | | | | | 14011 | | |
| | Was the distribution to pers | ons ident | tified below n | nade a | at the | | 14011 | | |
| | Was the distribution to pers | ons ident | tified below n | nade a or Distr | at the rict 2 | | f an agency offici | | |
| | Was the distribution to pers Yes ☑ No 🔲 If yes | so ns idenf s: <u>Valle, Ri</u> | t ified below r chard- Supervis <i>Official's</i> | nade a or Distr Name (I | at the rict 2 | e behest of | f an agency offici | | |
| | Was the distribution to pers Yes ☑ No ロ If yes The identity of recipient(s | so ns idenf s: <u>Valle, Ri</u> | t ified below r chard- Supervis <i>Official's</i> | nade a or Distr Name (I | at the rict 2 | e behest of | f an agency offici | al? | ission as |
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| | Was the distribution to pers Yes ☑ No □ If yes The identity of recipient(s Name (Last, First) or | sons idenf s: <u>Valle, Ri</u> s) and the | tified below n chard- Supervis Official's e explanatic Number of | nade a or Distr Name (I on: Agén | rict 2 Last, F | behest of irst) and Title Check the taxable is also pro- If not income taxable is also pro- | f an agency offici ee income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a | al? ncy official claims adm ficial performed a cerer c purpose, including | nonial role, |
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| MANE | MICHELLE DIANDA | Ticket Administrator | \$/e/13 |
|---------------------------------------|-----------------|----------------------|--------------------|
| VSignature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Agency Report of: Ceremonial Role Events and Т

| Agency Name | | | | | | | | | |
|--|--|---|--|--------------------------------------|---|--|--|---|--|
| | | | | | | Date Stamp | | California | 802 |
| County of Alameda | | | | | | | | Form | 004 |
| Division, Department, or Regio | n (if applicab | ole) | | | | | | For Official U | se Only |
| Board of Supervisors | | | | | | | | | |
| Street Address | | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | | |
| Designated Agency Contact (N | ame, Title) | | | | | | | I. | 7 |
| Crystal Hishida Graff, Clerk, E | Board of Su | upervisors | | | | Amendment | (wust pro | vide explanation in f | -art 3.) |
| | E-mail | | · | | | Date of Original F | iling: | (month, day, year, | |
| (510) 272-3882 | crystal.hist | hida@acgov.o | ora | | | | | (monun, day, year) | |
| Function, Event, or Ceren | - | | | | | | | | |
| Title Oakland A's vs. Chicago | Cubs | | | _ | Face V | alue of Each A | dmissi | on \$_22.00 | |
| | | | | - | | | | | |
| Description Baseball Game | | | | - | Date(s |) 07 02 | 13 | / | |
| Description | | | | | | | | | |
| Description <u>Success</u> Ticket(s)/Admission(s) prov Was the distribution to pers | | · | | | | 144 | ame of S cial? | Cource | |
| Ticket(s)/Admission(s) prov Was the distribution to pers | ons ident | ified below n | nade at | t the | behest of | 144 | | ource | |
| Ticket(s)/Admission(s) prov Was the distribution to pers | s: <u>Valle, Ric</u> | ified below n chard- Supervis Official's | nade at or Distric Name (La | t the | behest of | 144 | | Cource | |
| Ticket(s)/Admission(s) prov Was the distribution to pers Yes ☑ No □ If yea | s: <u>Valle, Ric</u> | ified below n chard- Supervis Official's e explanatio Number of Admission(s)/ | nade at or Distric Name (La | t the ct 2 ast, F | behest of irst) and Title Check the taxable in also prov If not ince | e income box if the ag norme. If the agency ride a description. | cial? ency off official p lic purpo | cial claims admiss erformed a ceremo bse, including | nial role, |
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MICHELLE DIANDA Signature of Agency Head or Designee

Print Name

Ticket Administrator Title

5 , day, year)

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

| 1. | Agency Name | | | | | Date Stamp | California | 802 |
|----|--|---|---|---------------------------------------|---|--|---|---|
| | County of Alameda | | | | | | | |
| | Division, Department, or Region (if applied | armeda partment, or Region (if applicable) pervisors ss treet, Suite 536 Agency Contact (Name, Title) ida Graff, Clerk, Board of Supervisors hone Number E-mail crystal.hishida@acgov.org Event, or Ceremonial Role Information ad A's vs. St. Louis Cardinals mainssion(s) provided by agency? Yes INo I If no: Oakland A's No I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) Organization (Last, First) Organization or organzation a, Address, Description) (Last, First) Organization (Tickt(s) Organiza | se Only | | | | | |
| | Board of Supervisors | | | | | | | |
| | Street Address | | • | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | | rovide explanation in l | Part 3) |
| | Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month. dav. vear | , |
| | (510) 272-3882 crystal.h | ishida@acgov. | org | | | | , | |
| 2. | Function, Event, or Ceremonial | Role Information | tion | | | | | |
| | | | | | | | ~~~~ | |
| | Title Oakland A's vs. St. Louis Cardin | als | | - | Face V | /alue of Each Admis | sion \$ _22.00 | |
| | Description Baseball Game | | | _ | Date(s | <u>, 06 , 30 , 13</u> | / | / |
| | | | | | \ - | / | | · . |
| | | | | | u Oaki | and A's | | |
| | Ticket(s)/Admission(s) provided by | agency? Yes | | וי/ו ר | It no. Source | ana, io | | |
| | Was the distribution to persons ide | ntified below r | nade a | t the | behest of | f an agency official? | | |
| | Was the distribution to persons ide Yes 🗹 No 🔲 If yes: Valle, | ntified below r Richard- Supervis Official's | nade a or Distri Name (L | t the | behest of | f an agency official? | | |
| | Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t | ntified below r Richard- Supervis Official's | nade a or Distri Name (L | t the | behest of | f an agency official? | | ion as |
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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.

| | IV. | | λ |] | | Non-Statement |
|---|-------|------|-----------|--------|---------|---------------|
| - | Signa | ture | of Agend | ∋ÿHead | for Des | ignee |

MICHELLE DIANDA Print Name Ticket Administrator

(month, day, year

Agency Report of: Ceremonial Role Events and

| CKet/Admission Distributi | 0113 | | | | | |
|---|---|---|--|--|--|---|
| Agency Name | | · | | Date Stamp | California Form | 002 |
| County of Alameda | | | | | Form | 002 |
| 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, T | Title) | | | Amendment (Mus | st provide explanation i | n Part 3.) |
| Crystal Hishida Graff, Clerk, Board | l of Supervisors | | | _ | | , |
| Area Code/Phone Number E-mai | l | | - | Date of Original Filin | g: | ar) |
| (510) 272-3882 cryst | al.hishida@acgov. | org | | | | |
| Function, Event, or Ceremoni | ial Role Informat | tion | | | · · · · · · · · · · · · · · · · · · · | |
| Coldon State Marriers ve Sa | n Antonio Spure | | | | 625.00 | r |
| Title Golden State Warriors vs. Sa | | | | /alue of Each Adm | | |
| Description Playoff Basketball Ga | ame | | Data (a |) <u>05 , 12 , 13</u> | 1 | , |
| Description | | | Date(s | ·) / / | | |
| | | | | o | | |
| | hu ananaya Naa | | u ur n.a., Gold | en State Warriors | • | |
| Ticket(s)/Admission(s) provided | by agency? Yes | 🗆 No 🗹 | If no: Gold | en State Warriors Name | of Source | |
| Was the distribution to persons | identified below n | nade at th | e behest of | an agency officia | | |
| Was the distribution to persons | identified below r Ile, Richard- Supervis Official's | nade at th or District 2 Name (Last, i | e behest of | an agency officia | | |
| Was the distribution to persons Yes ☑ No □ If yes: Va | identified below r Ile, Richard- Supervis Official's | nade at th or District 2 Name (Last, i | e behest of First) and Title • Check th also prov • If not inc ceremon | e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an | y official claims admi ial performed a ceren purpose, including | tonial role, |
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MICHELLE DIANDA

Signature of Agency Head or Designee

Ticket Administrator

(month, day, year)

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

Print Name

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

Title

| Ti | cket/Admission Distribut | ions | | | I | A Public Do | ocumen |
|----|---|---------------------------------------|--------------------|------------------|---|--|--------------|
| 1. | Agency Name | | | | Date Stamp | For Official U For Official U Forovide explanation in F (month, day, year) Foronth, da | 802 |
| | gency Name ounty of Alameda vision, Department, or Region (if pard of Supervisors reet Address 221 Oak Street, Suite 536 221 Oak Street, Suite 536 2 | | | | | | |
| | Division, Department, or Region (if a | applicable) | | | · · | For Official | Use Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | | | | | Amendment (Must) | provide explanation in | Part 3.) |
| | | | | | Date of Original Filing: | | |
| | | | | | Date of Original Filing. | (month, day, yea | ir) |
| 2 | | tal.hishida@acgov. | _ | | | | |
| ۷. | Function, Event, or Ceremon | | lion | | · | | |
| | Title Golden State Warriors vs. Sa | an Antonio Spurs | | Face | Value of Each Admis | sion \$ <u>625.00</u> |) |
| | Description Playoff Basketball Ga | ame | | Date(s | s) <u>05 / 10 / 13</u> | / | / |
| | | | | | | | |
| | Ticket(s)/Admission(s) provided | l by agency? Yes | 🗖 No 🗹 | If no: Gold | Ien State Warriors | f Causa | |
| | | | | | Name o | r Source | |
| | Was the distribution to persons | identified below r | nade at th | e behest of | f an agency official? | , | |
| | Yes 🕢 No 🗖 Ifves. Va | alle, Richard- Supervis Official's | or District 2 | | | | |
| | | Official's | Name (Last, I | First) and Title | · · · · · · · · · · · · · · · · · · · | | |
| | The identity of recipient(s) ar | nd the explanatio | on: | | | | |
| | Name | | | | e income box if the agency | | |
| | , | Number of Admission(s)/ | Agency Official | | ncome. If the agency officia vide a description. | ng:(month, day, year hission \$/ a of Source 1? cy official claims admiss cial performed a ceremo purpose, including a gency official, individ held at a County | onial role, |
| | Organization | Ticket(s) | Omean | | ome, describe the public pu ial roles, performed by an ag tion. | | dual, or |
| | Devine, Rick | | Yes 🗖 | | attendance at an event he | • | Income |
| | | 2 | No 🔽 | facility in ord | er to maximize potential re | evenue from sales | |
| | | | Yes 🗖 | | | | Income |
| | | | No 🗖 | | | | |
| | | | Yes 🗖 | | | , | |
| | | | | | | | |
| | | | Yes □ No □ | | | | Income |
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| | | | | | | | Income |
| _ | | | | | | | |
| J. | Verification I have read and understand FPPC Re- is in accordance with the provisions. | gulations 18944.1 an | d 18942. I h | ave verified i | that the distribution of a | dmissions, set fo | rth above, |
| | III A ALZ- | MICHELLE DIANI | ĎA | Ticke | et Administrator | 5/8 | 112 |
| | Signature of Agency Head or Designee | Print Na | me | | Title | (mont | h day, year) |
| | | | | | | | |

Agency Report of: Ceremonial Role Events and Tic

| | cket/Admission Distribut | ions | | | | A Public Do | | | |
|--------|--|---|---|---|---|--|--|--|--|
| 1. | Agency Name | | | • | Date Stamp | California Form | 802 | | |
| | County of Alameda | | | · | | | | | |
| | Division, Department, or Region (if a | applicable) | | | | For Official | Use Only | | |
| | Board of Supervisors | | | | | | | | |
| | ard of Supervisors eet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title vstal Hishida Graff, Clerk, Board of a Code/Phone Number E-mail 0) 272-3882 E-mail 0) 272-3882 Crystal nction, Event, or Ceremonia e Golden State Warriors vs. San scription Playoff Basketball Gar | | | | - - | | | | |
| · . | punty of Alameda vision, Department, or Region (if app pard of Supervisors reet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Title ystal Hishida Graff, Clerk, Board of a Code/Phone Number [E-mail 10) 272-3882 [Crystal. Inction, Event, or Ceremonial le Golden State Warriors vs. San scription Playoff Basketball Gam sket(s)/Admission(s) provided b as the distribution to persons id | | | | | | | | |
| | Designated Agency Contact (Name, 7 | Title) | | | Amendment (Mus | t provide explanation in | Part 3.) | | |
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| | Area Code/Phone Number E-ma | 11 | | | Date of Original Filing | (month, day, yea | ar) | | |
| | eet Address 21 Oak Street, Suite 536 signated Agency Contact (Name, Titi ystal Hishida Graff, Clerk, Board (a Code/Phone Number E-mail 10) 272-3882 E-mail nction, Event, or Ceremonia netion, Event, or Ceremonia ge Golden State Warriors vs. San scription Playoff Basketball Gan sket(s)/Admission(s) provided to s the distribution to persons in | tal.hishida@acgov. | | | | | | | |
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| | THE Golden State Warriors vs. Sa | an Antonio Spurs | | Ecce \ | /alue of Each Admi | 625.00 |) | | |
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| | Description Playoff Basketball Ga | ame | | Date(s |) <u>05</u> ,10,13 | | 1 | | |
| | | | | Ducole | · · · · · · · · | | ······ | | |
| | Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Golden State Warriors | | | | | | | | |
| | Ticket(s)/Admission(s) provided | hv agency? Yes | | I If no ^{. Gold} | en State Warriors | • | | | |
| | Was the distribution to persons | | nade at th | e behest of | i an agency official | of Source | | | |
| | Was the distribution to persons Yes ☑ No □ If yes: <u>Va</u> | identified below n alle, Richard- Supervis Official's | nade at th or District 2 Name (Last, i | e behest of | i an agency official | | | | |
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| · · | County of Alameda Ivision, Department, or Region (if apple 30 ard of Supervisors Street Address 221 Oak Street, Suite 536 Presignated Agency Contact (Name, Title Crystal Hishida Graff, Clerk, Board of Supervisors Street Code/Phone Number E-mail 510) 272-3882 Crystal Hishida Graff, Clerk, Board of Crystal Street Code/Phone Number E-mail 510) 272-3882 Crystal Function, Event, or Ceremonia Stitle Golden State Warriors vs. San Description Playoff Basketball Gan Vas the distribution to persons id Yes No If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's and the explanatic Number of Admission(s)/ | nade at th or District 2 Name (Last, i on: Agency Official | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | onial role, dual, or | | |
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| · · | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at th or District 2 Name (Last, I on: Agency Official Yes No Z | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or | | |
| • | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at the or District 2 Name (Last, i on: Agency Official Yes No Yes | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or Income Income Income | | |
| · · | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at the or District 2 Name (Last, i on: Agency Official Yes No Yes No Yes No | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or Income Income Income | | |
| • | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at the or District 2 Name (Last, i on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or Income Income Income | | |
| · · | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at the or District 2 Name (Last, i on: Agency Official Yes No Yes No Yes No Yes No Yes No | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or Income Income Income | | |
| • | Was the distribution to persons Yes ☑ No ☐ If yes: <u>Va</u> The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description) | identified below n alle, Richard- Supervis Official's ad the explanatic Number of Admission(s)/ Ticket(s) | nade at the or District 2 Name (Last, I on: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes | e behest of First) and Title • Check th taxable in also prov • If not inc ceremon organiza To promote a | e income box if the agency ncome. If the agency official vide a description. ome, describe the public p ial roles, performed by an a tion. | ? v official claims admis al performed a cerem urpose, including agency official, indivi- eld at a County | dual, or Income Income Income Income | | |

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

(month, day, year)

t

| cket/Admission Distribu | itions | | | | A PUDIIC DO | cume |
|---------------------------------------|---------------------------------------|--------------|---------------------------------------|---|--|-----------|
| Agency Name | | | | Date Stamp | California | 001 |
| County of Alameda | | | | | Form | 802 |
| Division, Department, or Region (| if applicable) | | | | For Official U | Jse Only |
| Board of Supervisors | | | | | | |
| Street Address | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name | e, Title) | | | Amondmont (Must | | Dorf 2) |
| Crystal Hishida Graff, Clerk, Boa | ard of Supervisors | | | | | |
| Area Code/Phone Number E-m | | | | Date of Original Filing: | (month. day. year | r) |
| (510) 272-3882 cry | stal.hishida@acgov. | org | | | · · · · · · · · · · · · · · · · · · · | / |
| Function, Event, or Ceremo | | | | | · · · · · · | |
| , , | | | | | _ | |
| Title Golden State Warriors vs. | San Antonio Spurs | . | Face V | Value of Each Admis | sion \$ _625.00 | |
| | 0 | | | 05 12 13 | | |
| Description Playoff Basketball | Game | | Date(s | s)// | / | / |
| | | | 0.14 | 4 1 0(| | |
| Ticket(s)/Admission(s) provide | ed by agency? Yes | 🔲 No 🗹 | If no: Gold | Ien State Warriors | fSource | |
| | | | | | | |
| The identity of recipient(s) a | and the explanatio | on: I | Check th | e income hoy if the agency (| official claims admiss | sion as |
| Name (Last, First) | Number of | Agency | taxable i | ncome. If the agency officia | | |
| or Organization | Admission(s)/ | Official | - | vide a description. come, describe the public pu | rpose, including | |
| (Name, Address, Description) | Ticket(s) | | | ial roles, performed by an ac | | ual, or |
| Gibbs, Keith | | Yes 🗖 | · · · · · · · · · · · · · · · · · · · | | d at a County | Incom |
| | 2 | No 🗹 | facility in orde | er to maximize potential re | Form For Official L For Official L mendment (Must provide explanation in the of Original Filing: | |
| | | Yes 🗖 | | | | Incom |
| | | No 🗖 | | • | | |
| | | Yes 🗖 | | | | Incom |
| | | No 🗖 | | | | |
| ······ | | Yes 🗖 | | | | Incom |
| | | No 🗖 | | | | |
| | · · · · · | Yes 🗖 | | | ····· · · · · · · · · · · · · · · · · | Incom |
| | | No 🗖 | | | | |
| Verification | | • | | | | |
| | Regulations 18944.1 an | d 18942. I h | ave verified i | that the distribution of a | dmissions, set for | th above |
| is in accordance with the provisions. | | | | | | |
| | | | | | | <i>c</i> |
| | | - 4 | | - 4 A due to 1 - 4 4 | 5, | la Ir |
| | | DA | Ticke | et Administrator | 5/ | 19/1 |
| Signature of Agency Head or Designee | | | Ticke | et Administrator | 5/ (mohit | a, day/ye |

| ſ | cket/Admission Distri | butions | 5 | | | | | A Public | c Document |
|----|--|--|--------------------------------|------------|--------------|---------------------|--|--------------------|--------------------|
| 1. | Agency Name | | | | | | Date Stamp | Califo | rnia 002 |
| | County of Alameda | | | | | | | For | |
| | Division, Department, or Regio | n (if applica | ble) | | | | | For | Official Use Only |
| | Board of Supervisors | | | | | | | | |
| • | Street Address | | · | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (N | ame, Title) | | | | | Amendment (Mu | st provide explan | ation in Part 3.) |
| | Crystal Hishida Graff, Clerk, E | Board of S | Supervisors | | | | | | , |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filin | ig:(month, a | lay, year) |
| | | - | shida@acgov. | _ | | | | | |
| 2. | Function, Event, or Cerer | nonial R | ole Information | tion | | | | | |
| | Title Oakland A's vs. Texas R | angers | | | | Eese \ | /alue of Each Adm | ingion e 1 | 768.00 |
| | | ungoro | | | - | | | | |
| | Description Baseball Game | | | | _ | Date(s |) 05 14 13 | } | |
| | | | | | - | 2410(0 | ,, | | |
| | Ticket(s)/Admission(s) prov | ided bv a | aencv? Yes | | | l lf no: Oakl | and A's | | |
| | ······································ | ····· · | | | | | Name | e of Source | |
| | | | 4: 6 : | | 4 4 L | | | 10 | |
| | Was the distribution to pers | ons iden | uned below r | nade a | | e penest of | an agency officia | .1 f | |
| | Yes 🔽 No 🔲 If yes | . Valle, R | ichard- Supervis Official's | or Distri | ct 2 | | | | |
| | | | Official's | Name (L | .ast, I | First) and Title | | | |
| | The identity of recipient(s | and th | e explanatio | on: | | | | | • |
| | Name | · | ••• | | | Check th | e income box if the agend | cy official claims | admission as |
| | (Last, First) | | Number of | Agen | | | ncome. If the agency officient of the second s | cial performed a | ceremonial role, |
| | or Organization | an an an an a' san an a | Admission(s)/ Ticket(s) | Offic | ial | If not inc | ome, describe the public | purpose, includi | ing |
| | (Name, Address, Descripti | on) | monotion | | | ceremon organiza | ial roles, performed by an tion. | agency official, | individual, or |
| | Fremont Family Resource Cente | Ť | | Yes | | To reward a I | non-profit organization f | ior its contributi | ions to Income |
| | | | 20 | No | \checkmark | the communi | ty. | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | · |
| | | | | Yes | | | | | Income |
| | | | | No | | | | | |
| 3. | Verification | | | | | | | | |
| | I have read and understand FPP | | ons 18944.1 an | d 18942 | 2. I h | ave verified t | hat the distribution of | admissions, | set forth above, |
| | is h accordance with the provisio | ris. | | | | | | | CLAUS |
| | IIIALA | MIC | HELLE DIANI | DA | | Ticke | et Administrator | 6 | 714112 |
| | Signature of Agency Head or Designee | | Print Na | me | | | Title | | (m¢nth, day, year) |
| | | | | | | | | | |
| | Comment: (Use this space or an a | ttachment fo | or any additional i | informatio | on ind | cluding amend | ment explanation.) | | |

| | | | | · · · | | |
|--|-------------------------------------|-------------------|-------------------------------|--|------------------------------|---|
| I. Agency Name | | | | Date Stamp | California | 02 |
| County of Alameda | | | | - | Form O For Official Use C |)nlv |
| Division, Department, or Region (if a | pplicable) | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Board of Supervisors | Board of Supervisors Street Address | | | | | |
| | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, 7 | | | | | | |
| | | | | Amendment (Must p | rovide explanation in Part 3 | 3.) |
| Crystal Hishida Graff, Clerk, Board | | | | Date of Original Filing: | | _ |
| | - | ora | | | (month, day, year) | |
| (510) 272-3882 cryst 2. Function, Event, or Ceremon | al.hishida@acgov. | | | | | |
| 2. Function, Event, of Geremon | | | | | | |
| Title Oakland A's vs. New York Ya | ankees | | Face | Value of Each Admis | sion \$ <u>22.00</u> | |
| | · . | | | 06 13 13 | | |
| Description Baseball Game | | | Date(| s) <u>06 / 13 / 13</u> | / | / |
| · · · · · · | | | Oal | land Ala | | |
| Ticket(s)/Admission(s) provided | by agency? Yes | □ No | If no: Oak | Name o | f Source | |
| · | | • | | | | |
| Was the distribution to persons | identified below r | nade at | the behest o | f an agency official? | | |
| | | | | | | |
| Yes 🖸 No 🔲 Ifyes: 🗸 | Ille, Richard- Supervis | or District | 2 | | | |
| | Official's | Name (Las | it, First) and Title |) | | |
| The identity of recipient(s) an | nd the explanation | on: | | | | |
| Name | | | | he income box if the agency of | | |
| (Last, First) or | Number of Admission(s)/ | Agency Officia | | income. If the agency official ovide a description. | periornieu a ceremoniai | roie, |
| Organization | Ticket(s) | | If not in | come, describe the public pu nial roles, performed by an ag | | or |
| (Name, Address, Description) | | | organiz | ation. | - | |
| Sadler, Larry | | Yes 🗖 | | volunteer for his contribution | ons to the In | come |
| | 2 | No 🖸 | - | | | |
| | | Yes [| | | In | come |
| | | No E |] | | | |
| | | Yes [| | | | come |
| | | No E |] | | | |
| · · | | | - | | In | come |
| | | No E |] | | | |
| | | Yes [| - | | In | com |
| | <u> </u> | No E | | | | |
| 3. Verification | | | | | | |
| I have read and understand FPPC Re | gulations 18944.1 an | d 18942. | l have verified | that the distribution of a | dmissions, set forth a | bove |
| is n accordance with the provisions. | | | · | | | , |
| | MICHELLE DIAN | ΠΔ | Tick | et Administrator | 5/12 | $\langle 1 \rangle$ |
| | | | HON | a construction and the second second | 1 11 1 | |

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

Print Name

Signature of Agency Head or Designee

(nfonth, day, year)

Title

| Ticket/Admission Distribution | ons | | | | Α | Public Documen |
|---|---|----------------------|-----------------|---------------------------------------|---|---|
| 1. Agency Name | <u></u> | | | | Date Stamp | California QO2 |
| County of Alameda | | | | | | Form OUZ |
| Division, Department, or Region (if ap | plicable) | | | | | For Official Use Only |
| Board of Supervisors | | | | | | |
| Street Address | Street Address | | | | | |
| 1221 Oak Street, Suite 536 | ć | | | | | |
| Designated Agency Contact (Name, Tit | le) | | | | Amendment (Must pro | ovide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board | of Supervisors | | | | | |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month, day, year) |
| | I.hishida@acgov. | | | | | |
| 2. Function, Event, or Ceremonia | il Role Informat | tion | | | | |
| Title Oakland A's vs. Seattle Marine | ers | | - | Face | Value of Each Admiss | ion \$ _22.00 |
| Description Baseball Game | | | _ | Date(s | s) <u>06 16 13</u> | |
| | | | | , | - | |
| Ticket(s)/Admission(s) provided I | by agency? Yes | | o | If no: Oak | land A's | _ |
| | а. | | | | Name of S | Source |
| Yes ☑ No 🔲 If yes: Vall | e, Richard- Supervis Official's | or Distri Name (L | ct 2 .ast, I | First) and Title | , | |
| The identity of recipient(s) and | I the explanation | on: | | | | |
| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Ager Offic | | taxable i also pro • If not inc | ne income box if the agency off income. If the agency official p vide a description. come, describe the public purp ial roles, performed by an agen tion. | erformed a ceremonial role, ose, including |
| Nu, Ken | | Yes | | To reward a | volunteer for his contribution | is to the Income |
| | 2 | No | 1 | community | | |
| | | Yes | | | | Income |
| | | | | | | |
| | | Yes | | | | Income |
| | | | <u> </u> | , | | |
| | | Yes | _ | | | Income |
| | | | | | 1.1.1.1. of the second s | |
| | · [| Yes | _ | | | Income |
| | <u> </u> | No | | | | |
| 3. Verification | ulations 49044 4 | d 400 4 | ን / ኮ | | that the distribution of - to | nicciona cottorth chara |
| I have read and understand FPPC Regination of the provisions. | uiadons 18944.1 an | u 1894) | 2. I N | ave vermed | that the distribution of adh | nissions, sel forth adove, |
| | | | | | | aliplip |
| ILA Ato ! | MICHELLE DIANI | DA | | Ticke | et Administrator | 2/15/15 |
| Signature of Agency Head or Designee | Print Na | me | | | Title | (month, day, year) |

| Ticket/Admission Distrib | utions | 3 | | | | | A | Public Do | cumen |
|---|-------------|--------------|-------------|--------|------------------|------------------------|---------------------------------------|--|--------------------------------------|
| 1. Agency Name | | | | | | Date Sta | imp | California | 802 |
| County of Alameda | | | | | | | | Form | |
| Division, Department, or Region | (if applica | ible) | | | | | | For Official | Jse Only |
| Board of Supervisors | | | | | | | | | |
| Street Address | | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Designated Agency Contact (Nar | ne, Title) | | | | | Amendme | nt (Must pr | ovide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, Bo | | Supervisors | | | | | | | |
| Area Code/Phone Number E- | mail | | | | | Date of Origin | al Filing: _ | (month, day, yea | r) |
| | - | shida@acgov. | | | | | | | |
| 2. Function, Event, or Cerem | onial R | ole Informat | tion | | | | · . | | |
| Title Golden State Warriors vs. | . San An | itonio Spurs | | | Face \ | /alue of Each | Admiss | ion \$ <u>625.00</u> | |
| Description Playoff Basketball | Game | | | | Date(s | s) <u>05</u> <u>16</u> | _/ 13 | / | / |
| | | | | | 0-14 | Otata Mania | | | |
| Ticket(s)/Admission(s) provid | ded by a | igency? Yes | | o 🖸 | If no: Gold | ien State warno | Name of | Source | <u>e</u> . |
| The identity of recipient(s) Name (Last, First) or | and th | e explanatio | Age Offi | • | taxable i | | ncy official p | ficial claims admis performed a cerem | |
| Organization (Name, Address, Description | n) | Ticket(s) | | | | | | ose, including ncy official, individ | luai, or |
| Fitzpatrick, Ed | | | Yes | | 1 . | attendance at an | | • | Income |
| | | 4 | No | 7 | facility in orde | er to maximize p | otential rev | enue from sales | |
| | | | Yes | | | | | | Income |
| | | | No | | | | | | |
| | | | Yes | _ | | | | | |
| ····· | | · · · | No | | | | | | |
| • | | | Yes No | Н | | | | | Income |
| | | | | | | | | | |
| | | | Yes No | | | | | | |
| 3. Verification I have read and understand FPPC is in accordance with the provision | S. | | DA | 2. I h | | et Administrato | | <u>5/</u> | rth above, \mathcal{M}/\mathcal{Z} |
| Signature of Agency Head or Designee | | Print Nar | me | | | Title | | (rponti | n, day[year) |

| | | | _ | |
|-----|-----|-------|------|------|
| - A | Pub | lic - | Docu | ment |

| 11 | | | | | | | | |
|----|---|---|--|----------------------------------|--|---|---|--|
| 1. | Agency Name | ····· | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | Form | |
| | 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 (Mu | st provide explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, Board o | f Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filin | g: | 7) |
| | (510) 272-3882 crystal. | hishida@acgov. | org | | | | | |
| 2. | Function, Event, or Ceremonial | Role Informat | tion | | | | | |
| | Oakland A's ve San Francisco | Giante | | | | | | |
| | Title Oakland A's vs. San Francisco | Glanta | | - | Face V | alue of Each Adm | lission \$ | |
| | Description Baseball Game | | | | Datole |) 05 , 27 , 13 | , · | 1 |
| | | | | - | Date(5 |)//// | | |
| | | | | | Option Option | and A's | | |
| | Ticket(s)/Admission(s) provided by | vanency2 Vee | | n 7 | If not Uaki | | | |
| , | Ticket(s)/Admission(s) provided by | y agency? Yes | | 0 7 | If no: Oak | Name | e of Source | |
| , | Ticket(s)/Admission(s) provided by Was the distribution to persons ide | | | | | . Name | | |
| , | Was the distribution to persons ide | entified below r | nade a | at the | e behest of | . Name | | |
| | | entified below r | nade a | at the | e behest of | . Name | | |
| , | Was the distribution to persons ide Yes ☑ No 🔲 If yes: Valle | entified below r , Richard- Supervis Official's | nade a or Distri Name (L | at the | e behest of | . Name | | |
| , | Was the distribution to persons id Yes ☑ No ロ If yes: ^{Valle} The identity of recipient(s) and | entified below r , Richard- Supervis Official's | nade a or Distri Name (L | at the | e behest of | an agency officia | 1? | 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 Number of | nade a or Distri Name (L on: Ager | ict 2 Last, F | e behest of First) and Title Check the taxable in | Name an agency officia e income box if the agency ncome. If the agency offic | I? y official claims admise | |
| , | Was the distribution to persons ide Yes I No I 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)/ | nade a or Distri Name (L | ict 2 Last, F | e behest of First) and Title Check the taxable in also prov | Name an agency officia | I? cy official claims admise cial performed a ceremo | |
| , | 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 Number of | nade a or Distri Name (L on: Ager | ict 2 Last, F | behest of First) and Title Check the taxable in also prov If not ince | e income box if the agenc come. If the agency offic ide a description. ome, describe the public ial roles, performed by an | I? y official claims admise sial performed a ceremo purpose, including | onial role, |
| , | 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)/ | nade a or Distri Name (L on: Ager | ncy | behest of First) and Title Check the taxable in also prov If not inccceremoni organization | e income box if the agenc come. If the agency offic ide a description. ome, describe the public ial roles, performed by an | I? cy official claims admiss cial performed a ceremo purpose, including agency official, individ | onial role, |
| , | Was the distribution to persons ide Yes ☑ No ☑ if yes: Vaile The identity of recipient(s) and Name (Last, First) or Organization | entified below r , Richard- Supervis Official's the explanatic Number of Admission(s)/ | nade a or Distri Name (L on: Ager Offic | ncy | behest of First) and Title Check the taxable in also prov If not inconceremonion organization To promote a | e income box if the agenc come. If the agency officia ide a description. ome, describe the public ial roles, performed by an | I? y official claims admise cial performed a ceremo purpose, including agency official, individ held at a County | onial role, luat, or |
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| INNE | MICHELLE DIANDA | Ticket Administrator | 5/20/13 |
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| VSignature 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.)

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

Agency Report of: Ceremonial Role Events and

| Agency Name | | · · · · · · · · · · · · · · · · · · · | | Date S | tamp | California Form | 002 |
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| County of Alameda | | | | | | Form | 002 |
| Division, Department, or Region (if a | applicable) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, 1 | Title) | | | | ont (Mustar | ovide explanation in | Dorf 21 |
| Crystal Hishida Graff, Clerk, Board | d of Supervisors | | | | ent (wust pr | ovide explanation in | Pan 3.) |
| Area Code/Phone Number E-ma | • | | | Date of Origi | nal Filing: _ | (month, day, yea | r) |
| (510) 272-3882 cryst | tal.hishida@acgov. | org | | | | (| |
| Function, Event, or Ceremon | A REAL PROPERTY OF A READ PROPERTY OF A REAL PROPER | | | | · ··· ··· · · · · · · · · · · · · · · | | |
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| - Baseball Game | | | |) <u>05 / 28</u> | . 13 | | |
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| Agency Name County of Alameda Division, Department, or Region (if applica Board of Supervisors Street Address 1221 Oak Street, Suite 536 | able) | | · · · · | Date Stamp | California | 802 |
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| Designated Agency Contact (Name, Title) | | | | Amendment (Must | provide explanation ir | Part 3.) |
| Crystal Hishida Graff, Clerk, Board of S | Supervisors | | | | | |
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| Division, Department, or Region (if app | plicable) | | | | | For Official U | Ise Only |
| Board of Supervisors | | • | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, Title | le) | | | | Amendment (Must | provide explanation in i | Parf 3.} |
| Crystal Hishida Graff, Clerk, Board o | of Supervisors | | | | | | - |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing | : (month, day, year | ; |
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| Function, Event, or Ceremonia | I Role Informat | tion | | | | | |
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| Title Oakland A's vs. Boston Red So | UX | | _ | Face V | alue of Each Admi | ssion \$ | |
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| Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | lentified below n e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) | nade a or Distri Name (L on: Agen Offic Yes No Yes No Yes No | t the ct 2 ast, F iai iai | behest of irst) and Title Check the taxable in also provoid if not inc ceremon organization To promote a second second | e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. | ? official claims admiss al performed a ceremo urpose, including ugency official, individ eld at a County | ual, or Income Income Income |
| Was the distribution to persons id Yes ☑ No ☐ If yes: Valle The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | lentified below n e, Richard- Supervis Official's I the 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 ct 2 ast, F ital | behest of irst) and Title Check the taxable in also provoid if not inc ceremon organization To promote a second second | e income box if the agency ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. | ? official claims admiss al performed a ceremo urpose, including ugency official, individ eld at a County | ual, or Income Income Income |
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MICHELLE DIANDA Ticket Administrator 5/28/13 Signature of Agency Head or Designee Print Name Title 5/28/13

| icket/Admission Distrib | utions | | | | | |
|---|---|--|--|--|---|--|
| . Agency Name | | | | Date Stamp | 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 (Nar | ne, Title) | | | Amendment (A | Aust provide explanation in | Part 3.) |
| Crystal Hishida Graff, Clerk, Bo | oard of Supervisors | | | | | |
| Area Code/Phone Number E- | mail | | | Date of Original Fil | ling:(month, day, yea | r) |
| | ystal.hishida@acgov. | | | <u> </u> | | |
| . Function, Event, or Cerem | onial Role Informat | tion | | | | |
| Title Oakland A's vs. St. Louis | Cardinals | | Face V | /alue of Each Ad | mission \$ _22.00 | |
| Description Baseball Game | | | Date(s | s) <u>06 / 29 / 1</u> | 13/ | |
| Ticket(s)/Admission(s) provid | led by agency? Yes | | If no: Oaki | and A's | | |
| | | | | Nar | me of Source | |
| Yes IZ No II If vest | | or District 2 | | · | | |
| | Valle, Richard- Supervis Official's | | | | | |
| Yes 🖸 No 🔲 If yes: | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | | Check th taxable in also prov If not inc ceremon | e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by | ncy official claims admis fficial performed a cerem ic purpose, including an agency official, individ | onial role, |
| Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes 🗖 | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic | onial role, Iual, or |
| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes □ No ☑ | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Iual, or Income |
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| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes I No I Yes I | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Iual, or Income Income Income |
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| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency official Yes No Yes No Yes Yes Yes | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Iual, or Income Income Income |
| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Iual, or Income Income Income |
| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes Yes Yes Yes | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Iual, or Income Income Income Income |
| Yes ☑ No ☐ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No | Check th taxable i also prov If not inc ceremon organiza To promote a | e income box if the age ncome. If the agency of vide a description. come, describe the publi ial roles, performed by tion. attendance at an even | fficial performed a cerem ic purpose, including an agency official, indivic it held at a County | Income |
| Yes I No I if yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description | Valle, Richard- Supervis Official's and the explanatic Number of Admission(s)/ n) 2 2 | Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □ Yes □ No □ | Check the taxable in also prov If not inc ceremon organiza To promote a facility in order | te income box if the age ncome. If the agency of vide a description. iome, describe the publi lat roles, performed by tion. attendance at an even er to maximize potent | fficial performed a cerem ic purpose, including an agency official, individ it held at a County ial revenue from sales. | Income Income Income Income Income Income |
| Yes No lifyes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Austria, Carlo . Verification I have read and understand FPPC | Valle, Richard- Supervis Official's and the explanatic Number of Admission(s)/ n) 2 2 | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No All 18942. I h | Check th taxable i also prov If not inc ceremon organiza To promote a facility in orde | te income box if the age ncome. If the agency of vide a description. iome, describe the publi lat roles, performed by tion. attendance at an even er to maximize potent | fficial performed a cerem ic purpose, including an agency official, individ it held at a County ial revenue from sales. | Income Income Income Income Income Income |

| Ticke | t/Admission Disti | ributions | 6 | | | | | - | 1 | A Public Do | |
|-----------|--|-------------------------|--------------------------------|-----------|---------|----------------------|--------------------------|-------------|-------------|---------------------------------------|---------------|
| 1. Age | ency Name | | | | | | | Date Sta | mp | California Form | 802 |
| | nty of Alameda | | | | | | | | | | |
| Divis | sion, Department, or Reg | l on (if applica | ble) | | | | | | | For Official | Use Only |
| | rd of Supervisors | | | | | | | | | | |
| Stre | et Address | | | | | | | | | | |
| | 1 Oak Street, Suite 536 gnated Agency Contact | (Name, Title) | | | | | | | | | |
| | stal Hishida Graff, Clerk, | | Supervisors | | | ` | | nendme | nt (Mustµ | provide explanation in | Part 3.) |
| | Code/Phone Number | E-mail | | | | | Date o | f Origin | al Filing: | (month, day, yea | <u>r)</u> |
| (510 |)) 272-3882 | crystal.his | shida@acgov.@ | org | | | | | | | , |
| 2. Fun | ction, Event, or Cere | emonial R | ole Informat | tion | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Title | KMEL Summer Jam | | | | | Face V | /alue o | f Each | Admis | sion \$ <u>142.95</u> | |
| Des | cription Concert | | | | | Date(s | s) <u> </u> | <u>,</u> 09 | 13 | /////// | / |
| | - | | | | | | | | | | |
| Tick | et(s)/Admission(s) pro | ovided by a | igency? Yes | | o 🗹 | If no: Gold | len State | Warrio | rs | 10 | |
| | | | | | | | | | warne o | i Source | |
| | the distribution to pe | | | | | | | ency o | micial? | , , | |
| 1 | Yes 🖸 No 🔲 Ify | es | ichard- Supervis Official's | Name (i | Last, I | First) and Title | | | | | |
| The | identity of recipient | | | | | | | | | | |
| | Name | | | | | Check th | е іпсоте | box if th | e agency (| official claims admis | sion as |
| | (Last, First) | · | Number of | Age | | 1 | ricome. If vide a des | - | ncy officia | l performed a cerem | onial role, |
| | or Organization | | Admission(s)/ Ticket(s) | Offi | cial | • If not inc | ome, des | cribe the | | rpose, including | |
| | (Name, Address, Descri | ption) | | | | ceremon organizat | | performe | d by an ag | gency official, individ | lual, or |
| God | inez, Jorge | | | Yes | | 1 ' | | | | ld at a County | Income |
| | | | 2 | No | 7 | facility in orde | er to max | imize po | otential re | evenue from sales. | |
| | | | | Yes | _ | | | | | | Income |
| | | | | No | | | | | | | <u> </u> |
| | | | | Yes | | | | | | | Income |
| | | | | No | | 1 | | | | | |
| | | | | Yes No | | | | | | | Income |
| | ······ | | | Yes | | | | | | | |
| | | | | No | | | | | | | Income |
| 2 1/2- | : f]] | | | | | | | | | ···., | |
| | ification /e read and understand FF | PC Regulati | ions 18944.1 an | d 1894 | 2. I h | ave verified t | that the | distribu | tion of a | dmissions. set fo | rth above. |
| | accordance with the provis | | | | | | | | | , | · · · |
| | ALD | МІС | HELLE DIANI | DA | | Ticke | et Admii | nistrato | D r | 61- | 28/12 |
| -\ si | gnature of Agency Head or Design | iee — | Print Na | me | | | | Title | | Imont | h, day, year) |

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

| cket/Aumission Distribution | | | | | | | | | | |
|---|---|---|---------------------------------|--|---|---|---|--|---------------------------------|---|
| Agency Name | | | | | Da | ate Stamp | | Calif | ornia | 802 |
| County of Alameda | | | | | | | | | rm | |
| Division, Department, or Region (if applied | cable) | | | | | | | For | r Official U | se Only |
| Board of Supervisors | | | | | | | | | | |
| Street Address | | | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | ۰. | | | |
| Designated Agency Contact (Name, Title) | | | | | Ame | ndment (/ | Must pro | vide expla | nation in I | Part 3.) |
| Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | | | | | | |
| Area Code/Phone Number E-mail | | | | | Date of C | Original Fi | ling: | (month, | day, year |) |
| | nishida@acgov. | | | | | | | | | |
| Function, Event, or Ceremonial | Role Informat | tion | | | | | | | | |
| Title Oakland A's vs. Seattle Mariners | 3 | | | Face \ | /alue of I | Each Ad | mieei | ion \$ 2 | 22.00 | |
| Intie | | | _ | Idee | Value of 1 | | | οn φ | | |
| Description Baseball Game | | | | Date(s | s)/ | 14 | 13 | | | / |
| | | | | • | , | | | | | |
| | | | | Oakl | and A's | | | | | |
| Ticket(s)/Admission(s) provided by | agency? Yes | II NO | 0 I/I | It no: | ana / 10 | | | | | |
| Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes I∕I No □ If ves: Valle, | ntified below n | nade a | at the | | | | me of S | Source | | |
| Was the distribution to persons ide Yes ☑ No 🔲 If yes: Valle, | ntified below n Richard- Supervis Official's | nade a or Distr Name (I | at the | | f an ager | | | Source | | |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t | ntified below n Richard- Supervis Official's | nade a or Distr Name (I | at the | e behest of | f an ager | ncy offic | ial? | · | ns admiss | sion as |
| Was the distribution to persons ide Yes ☑ No 🔲 If yes: Valle, | ntified below n Richard- Supervis Official's | nade a or Distr Name (I | ict 2 Last, F | e behest of First) and Title • Check th taxable i | f an ager e income bo ncome. If th | Dox if the age | ial? | icial claim | | |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) or | ntified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ | nade a or Distr Name (I | ict 2 Last, F | e behest of First) and Title • Check th taxable i also prov | f an ager | Dx if the agency of iption. | ial? ency offi fficial po | icial claim erformed | a ceremo | |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) | ntified below n Richard- Supervis Official's the explanatic Number of | nade a or Distr Name (I on: Agei | ict 2 Last, F | behest of First) and Title Check the taxable is also provide the second sec | e income bo ncome. If th vide a descri ome, descri íai roles, pe | Dox if the age the agency of iption. be the publ | ial? ency offi fficial po lic purpc | icial claim erformed ose, inclu | a ceremo ding | nial role, |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | ntified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ | nade a or Distr Name (I on: Agei | ict 2 Last, F | behest of irst) and Title Check the taxable is also provide of taxable is als | f an ager ne income be ncome. If th vide a descri íaí roles, pe tion. | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or |
| Was the distribution to persons ide Yes ☑ No □ If yes: ^{Valle,} The identity of recipient(s) and t Name (Last, First) or Organization | ntified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ | nade a or Distr Name (I On: Agen Offic | ict 2 Last, f | behest of First) and Title Check the taxable in also provide the second of the second organization organization. | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Volunteer Hayward | ntified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) | nade a or Distr Name (1 on: Agen Offic | ict 2 Last, F | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income |
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| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Volunteer Hayward | entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) 2 | nade a or Distr Name (1 on: Agen Offic Yes No Yes | ict 2 .ast, F | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income Income |
| Was the distribution to persons ide Yes ☑ No □ If yes: Valle, The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Volunteer Hayward 1099 E Street, Hayward CA 94541 | entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) 2 | nade a or Distr Name (1 on: Agen Offic Yes No Yes No | ict 2 .ast, F | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income Income |
| Was the distribution to persons ide Yes No If yes: Valle, The identity of recipient(s) and t Name (Last, First) Or Organization (Name, Address, Description) Volunteer Hayward 1099 E Street, Hayward CA 94541 Supports volunteer activities for HARD and City of | entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) 2 | nade a or Distr Name (1 on: Agei Offic Yes No Yes No Yes No Yes | at the ict 2 cast, F | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income Income |
| Was the distribution to persons ide Yes No If yes: Valle, The identity of recipient(s) and t Name (Last, First) Or Organization (Name, Address, Description) Volunteer Hayward 1099 E Street, Hayward CA 94541 Supports volunteer activities for HARD and City of | entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) 2 | nade a or Distr Name (1 on: Age Offic Yes No Yes No Yes No | at the ict 2 cast, F | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income Income |
| Was the distribution to persons ide Yes No If yes: Valle, The identity of recipient(s) and t Name (Last, First) Or Organization (Name, Address, Description) Volunteer Hayward 1099 E Street, Hayward CA 94541 Supports volunteer activities for HARD and City of | entified below n Richard- Supervis Official's the explanatic Number of Admission(s)/ Ticket(s) 2 | nade a or Distr Name (1 on: Agei Offic Yes No Yes No Yes No Yes | at the ict 2 | behest of irst) and Title Check the taxable is also provide the second organiza If not inconserve organiza To reward a | f an ager ncome. If th vide a descri ome, descri ial roles, pe tion. non-profit C | ncy offic | ial? ency offi fficial po lic purpo an agen | icial claim erformed ose, inclus | a ceremo ding II, individ | nial role, ual, or Income Income Income |

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

| Inth | MICHELLE DIANDA | Ticket Administrator | 5/29/ |
|--|-----------------|----------------------|---------------|
| V Signature of Agency Head or Designee | Print Name | Title | month, day, y |

| icket/Admission Distributio | ns | | | | |
|--|---|--|--|--|--|
| Agency Name | ······································ | | | Date Stamp | California Form 80 |
| County of Alameda | | | | | |
| 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 (Mu | ist provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board o | f Supervisors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filir | ng:(month, day, year) |
| | hishida@acgov.o | | | · | |
| Function, Event, or Ceremonial | Role Informat | tion | | | |
| Title Oakland A's vs. Seattle Mariner | rs | | Eace \ | Value of Each Adm | vission \$ 22.00 |
| | | | | | |
| Description Baseball Game | | | Date(s | s) <u>06 , 15 , 1</u> 3 | 3// |
| • | | | | | |
| Ticket(s)/Admission(s) provided by | y agency? Yes | 🗆 No 🗹 | If no: Oakl | land A's | |
| | | | | Nam | e of Source |
| Was the distribution to persons id Yes ☑ No □ If yes: Valle | entified below n , Richard- Supervis Official's ; | | | | : |
| | , Richard- Supervis Official's i | or District 2 Name (Last, I | First) and Title | · · · · · · · · · · · · · · · · · · · | : |
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| County of Alameda | | | | | U | | ΠÞ | Form | ^{ia} 802 |
| Division, Department, or Region (i | if applicable) | | | | | | | | ial Use Only |
| Board of Supervisors | | | | 1 · · · · | | | | | |
| Street Address | | | | | | | | | |
| 1221 Oak Street, Suite 536 | t. | | | | | | | | |
| Designated Agency Contact (Name | e, Title) | | | | — | | | · | |
| Cheryl Perkins, Interim Clerk, Bo | hard of Supervisors | | | | | endmer | 1t (Must pr | ovide explanatio | t in Part 3.) |
| Area Code/Phone Number E-m | | | | | Date of | Origina | al Filing: " | (month, day, | vand |
| (510) 272-3882 che | ervl.perkins@acgov.c | ora | | | | | | (mono), day, | (eai) |
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| 1. | Agency Name | | | | | Date Stamp | California | 802 |
| | County of Alameda | | | | | | Form | |
| | Division, Department, or Region (if applic | able) | | | | | For Official U | lse 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, Interim Clerk, Board o | f Supervisors | | | | | | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: | (month, day, year |) |
| | (510) 272-3882 cheryl.pe | erkins@acgov.c | org | | | | | |
| 2. | Function, Event, or Ceremonial F | Role Informat | tion | · ·. | | | | |
| | | | | | | , | - + ¢625 | |
| | Title | | | | Face V | alue of Each Admis | sion \$ | · · · · · |
| | Description Warriors vs. Nuggets-Pla | voffs | | | Doto/o | <u>5 / 2 / 13</u> | 1 | , |
| | Description | , - · · - | | - | Date(S | ·)// | / | / |
| | Ticket(s)/Admission(s) provided by | aganav2 Vaa | | | Gold | en State Warriors | | |
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| | | | | | | | | |
| | Was the distribution to persons ide | ntified below n | nade | at th | e behest of | an agency official? | | |
| | Quit et | in au 10/illenne Olhaun | | | | · · | | |
| | Yes 🗹 No 🔲 If yes: Superv | isor Wilma Chan | Nome (| laet I | - First) and Title | | | |
| | | | | Lasi, I | nai) anu mie | | | |
| | The identity of recipient(s) and t | he explanatio | n: | | | | | |
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| | Jones, Steven | 2 | No | | to the publ | ic and encourage sta | ff development. | |
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| 3. | Verification | <u>.</u> | | | | | | |
| | l have read and understand FPPC Regula | 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. | | | | | | -, |) |
| | | vondra Deelees | | | T:_! | f Advalator-t | | |
| | | xandra Boskov | ncn | | LICKE | t Administrator | 5/1/201 | 3 |

| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
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| Agency Name | | | | Date Stamp | California | 802 |
| County of Alameda | | | | | Form | 002 |
| Division, Department, or Region (if ap | | | For Official | Use Only | | |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, The | tle) | | | Amendment (Must | provide explanation in | Part 3.) |
| Cheryl Perkins, Interim Clerk, Board | d of Supervisors | | | | · · · | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing | : | ar) |
| (510) 272-3882 chery | l.perkins@acgov.o | org | | | | |
| Function, Event, or Ceremonia | al Role Informa | tion | | | | - |
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| Title | ·····. | · | Face V | /alue of Each Admi | ssion \$ $\frac{400}{100}$ | |
| Description <u>A's vs. White Sox</u> | | | Dato/e | <u>6 , 2 , 13</u> | | , |
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| Ticket(s)/Admission(s) provided Was the distribution to persons i Yes I No I If yes: Sup | dentified below r pervisor Wilma Chan | nade at th | | Name | of Source | |
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| | Alexandra Boskovich | Ticket Administrator | 5/29/2013 |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
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Agency Report of: **Ceremonial Role Events and** . .

| Agency Name | | | | | | |
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| County of Alameda | | - | Form | 002 | | |
| Division, Department, or Region (if | Division, Department, or Region (if applicable) | | | | | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, | Title) | | · П | Amendment (Must | nrovide explanation in | Part 3.) |
| Cheryl Perkins, Interim Clerk, Boa | ard of Supervisors | | - | • • • | | |
| Area Code/Phone Number E-ma | il | | Dat | te of Original Filing | ;(month, day, yea | ar) |
| (510) 272-3882 cher | yl.perkins@acgov.c | org | | | | |
| Function, Event, or Ceremon | ial Role Informat | tion | | · · · · | | |
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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

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| Ι. | Agency Name | | | | | | Date Sta | mp | California | 201 |
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| | County of Alameda | | | | | | | | Form | 97 |
| | Division, Department, or Reg | ion (if applical | ble) | | | | · · | | For Official | Use Only |
| - | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | - |
| | Designated Agency Contact | (Name, Title) | | | | | Amendme | nt (Must pro | vide explanation ir | n Part 3.) |
| | Cheryl Perkins, Interim Cler | k, Board of | Supervisors | | | | | | · | |
| | Area Code/Phone Number | E-mail | | | | | Date of Origin | al Filing: | (month, day, ye | ər) |
| | (510) 272-3882 | cheryl.per | kins@acgov.c | org | | | | | | |
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| alf | Alexandra Boskovich | Ticket Administrator | 5/24/2013 |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
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| | County of Alameda | | | | | Forn | |
| | Division, Department, or Regio | n (if applicable) | | | | For Of | ficial Use Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (Na | ame, Title) | | | Amendment (Mus | st provide explanat | ion in Part 3.) |
| | Cheryl Perkins, Interim Clerk, | | | | | | ······································ |
| | Area Code/Phone Number E | -mail | | | Date of Original Filin | ig:(month, dag | y, year) |
| _ | | cheryl.perkins@acgov. | | | | | |
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| | Alexandra Boskovich | Ticket Administrator | 5/20/2013 |
|--------------------------------------|---------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| ncket/Aumssion Distributio | 115 | | | A | Fublic De | Junier |
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| I. Agency Name | | | | Date Stamp | California Form | 805 |
| County of Alameda | | | | | | |
| 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 pro | vide explanation in | Dort 2) |
| Cheryl Perkins, Interim Clerk, Board | of Supervisors | | | | wue explanation il | ran 3.j |
| Area Code/Phone Number E-mail | 3 | | | Date of Original Filing: | (month, day, yea | ar) |
| (510) 272-3882 cheryl.; | perkins@acgov.c | ora | | | (month, day, you | |
| . Function, Event, or Ceremonial | | | | | | |
| | | | | | . . | |
| Title | | | Face ' | Value of Each Admissi | ion \$ <u>\$</u> 30 | |
| Ale un Milette Ceur | | | | 6 1 13 | · . | |
| Description <u>A's vs. White Sox</u> | | | Date(s | s) <u>6 / 1 / 13</u> | / | / |
| | | | , | | | |
| Ticket(s)/Admission(s) provided by | y agency? Yes | 🗖 No [| If no: Oak | land Athletics Name of S | Pourmo | ••• |
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| The identity of recipient(s) and | rvisor Wilma Chan Official's the explanatic | | First) and fille | | | |
| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable i also pro • If not inc | ne income box if the agency off income. If the agency official p vide a description. come, describe the public purpo nial roles, performed by an ager tion. | erformed a ceren ose, including | ionial role, |
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| Guilder, Jareem | 2 | No 🗹 | | cility in order to maximiz | | Ē |
| | | Yes 🗖 | County ro | venue from sales. | | Income |
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| | | Yes 🗖 | | · · · · · · · · · · · · · | | |
| | | No 🗖 | | | | Incom |
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| 3. Verification Thave read and understand FPPC Reguing is in accordance with the provisions. | lations 18944.1 an | d 18942. I | have verified | that the distribution of ad n | nissions, set fo | orth above, |
| | lexandra Boskov | vich | Tick | et Administrator | 5/20/2 | 2013 |
| Signa fure of Agency Head or Designee | Print Na | me | | Title | (mon | th, day, year) |

| | | | | | | ~ | | ocument |
|----|---|--|--------------|--------------------|-----------------------------|---|---------------------------------------|----------------------------------|
| 1. | Agency Name | | | | | Date Stamp | California | R 802 |
| | County of Alameda | | | | | | Form | 002 |
| | Division, Department, or Region (if a | applicable) | - | | | | For Officia | l Use Only |
| | Board of Supervisors | | | | , | | | |
| | Street Address | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, 7 | l'itle) | | | | Amendment (Must pro | ovide explanation . | in Part 3.) |
| | Cheryl Perkins, Interim Clerk, Boa | | | | | | | , |
| | Area Code/Phone Number E-ma | | | | | Date of Original Filing: _ | (month, day, ye | ear) |
| | (510) 272-3882 cher | yl.perkins@acgov.o | org | | | | | |
| 2. | Function, Event, or Ceremon | ial Role Informa | tion | | | | | |
| | | | | | | | ¢20 | |
| | Title | · | | _ | Face V | Value of Each Admiss | ion \$ | |
| | Description A's vs. White Sox | | | | Dete/- | s) <u>5 , 31 , 13</u> | , | , |
| | Description | ······································ | | | Date(s | 5)/ | <i></i> | / |
| | Ticker(a)/Adminsion(a) provided | bu ananau? Vaa | | | ura, Oaki | and Athletics | | |
| | Ticket(s)/Admission(s) provided | by agency? Yes | | 0 1⁄2 | IT NO: | Name of | Source | |
| | | | | | | | | |
| | Was the distribution to persons | identified below r | nade | at th | e behest of | f an agency official? | | |
| | | ipervisor Wilma Chan | | | | | | |
| | Yes 🖸 No 🔲 If yes: 🔤 | Official's | Name (| Last, I | First) and Title | | | |
| | The identity of recipient(s) an | d the explanatio | | | • | | | |
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| | Name (Last, First) | Number of | Age | nev | | ie income box if the agency of ncome. If the agency official p | EVERY AND STATE TO ADD AVERAGE STATES | |
| | or | Admission(s)/ | Offi | - 10- 11 N. (N.)- | | vide a description. | | |
| | Organization (Name, Address, Description) | Ticket(s) | | | ceremon | ome, describe the public purp ial roles, performed by an age | | idual, or |
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| | | | No | | County re | venue from sales. | | Income |
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| | | | No | | | | | |
| | <u>و معامل میں معامل می</u> | | Yes | | | | | |
| | | | No | | | | | Income |
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| 3. | Verification | | 1.400 | | | | | |
| | I have react and understand FPPC Re is in actorclince with the provisions. | guiauons 10944.1 an | u 1094 | 2.111 | ave venned i | mat the distribution of adr | nissions, set t | onn above, |
| | $1 \sim 1$ | | | | | | | |
| | | Alexandra Boskov | /ic h | | Ticke | et Administrator | 5/20/2 | 2013 |
| | Signature of Agency Head or Designee | Print Na | me | | | Title . | (mor | nth, day, year) |
| | Comment: (Use this space or an attachr. | nent for any additional i | nformet | ion in | cluding amond | ment explanation) | | |
| | Contracting Coo and Space of an allachi. | non any additional h | ond | ion na | adding officilu | non oxpanaton.j | | |
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| | | | | | } | FPPC Toll-Free Helpline: 8 | | orm 802 (2/11) 866/275-3772) |
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| A Public | Document |
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|---|---|--|---------|-------------------------|--|--|--|
| County of Alameda | | | | • | Date Stamp | Form | 802 |
| 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 pr | | Part 3) |
| Cheryl Perkins, Interim Clerk, Boa | ard of Supervisors | | | | | , | н ен (<i>3</i> , ј |
| Area Code/Phone Number E-ma | ail | | | | Date of Original Filing: _ | (month, day, yea | ar) |
| | ryl.perkins@acgov.o | mental 25 marshi | | | | | |
| Function, Event, or Ceremor | nial Role Informa | tion | | | | | |
| Title | | | | Ecos \ | /alue of Each Admiss | *** ¢ \$85 | |
| | · · · · · · · · · · · · · · · · · · · | | _ | | | · | |
| Description A's vs. Rangers | | | | Date(s |) <u>5 13 13</u> | / | 1 |
| | | | - 1 | • | | | |
| Ticket(s)/Admission(s) provided | d by agency? Yes | . 🗖 N(| 0 17 | lf no [.] Oakl | and Athletics | | |
| | , ,, | | | | Name of . | Source | |
| We the distribution to some set | 1.1 | | | | | | |
| Was the distribution to persons | identified below r | nade a | it th | e behest of | an agency official? | | |
| Yes 🕢 No 🗖 If yes: S | upervisor Wilma Chan | | | | | | |
| | Official's | Name (l | .ast, I | irst) and Title | - | | |
| The identity of recipient(s) a | nd the explanatio | <u></u> | | | | | |
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| Name (Last, First) | Number of | Ager | 101 | | e income box if the agency of icome. If the agency official p | | |
| Ôſ | Admission(s)/ | Offic | | | ide a description. | | |
| Organization (Name, Address, Description) | Ticket(s) | | | If not inc ceremon | ome, describe the public purp al roles, performed by an age | ose, includina | |
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| Lance, Laura | 2 | Yes | | | | ncy official, indivi | |
| | | No | _ | | e attendance at an eve | ncy official, indivision in the state of the | Income |
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| ۱. | Agency Name | | and the second sec | | | | Date Sta | mp | California | 802 |
| | County of Alameda | | | | | | · · · · | | Form | |
| | 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) | | | | | | nt (Must prov | /ide explanation ir | Dart 31 |
| | Cheryl Perkins, Interim Clerk | , Board of | Supervisors | | | | | | лае ехранацон и | raico.) |
| | Area Code/Phone Number | | • | | • | | Date of Origin | al Filing: | (month, day, yea | a <i>r</i>) |
| | (510) 272-3882 | cheryl.per | rkins@acgov.c | org | | | | | | |
| i i i | Function, Event, or Cere | | | | | | | | | |
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| | Title | | | | _ | Face V | alue of Each | Admissi | on \$ <u>\$625/</u> \$ | 520 parkin |
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| | Ticket(s)/Admission(s) pro | vided by a | agency? Yes | 🔲 No | 0 | If no: Gold | len State Warrio | rs Name of Si | | |
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| Agonou Nama | tions | | | A | Public Do | cumer |
|--|---|---|----------------|--|---|--|
| . Agency Name | | | | Date Stamp | California | 000 |
| County of Alameda | • | | | | Form | 802 |
| Division, Department, or Region (ii | f applicable) | | | | For Official U | Jse Only |
| Board of Supervisors | | | | | | |
| Street Address | ····· | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name | , Title) | | | | | |
| Cheryl Perkins, Interim Clerk, Bo | ard of Supervisors | | | Amendment (Must pro | ovide explanation in . | Рап 3.) |
| Area Code/Phone Number E-m | | • | | Date of Original Filing: _ | (month, day, year | 1 |
| (510) 272-3882 che | ryl.perkins@acgov. | org | | | | / |
| . Function, Event, or Ceremo | nial Role Informa | tion | | | | |
| | | i. | | • | ^ | |
| Title | | | Face \ | alue of Each Admiss | ion \$ <u>\$625</u> | |
| Description Warriors vs. Spurs- | Plavoffs | | D ((|) <u>5 , 12 , 13</u> | | |
| Description | | | Date(s |)// | ·/ | / |
| | | | - er Gold | en State Warriors | | |
| Ticket(s)/Admission(s) provide | a by agency? Yes | | | Name of S | Source | |
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| 1. Agency Name | | | | | | |
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| | | | | Date Stamp | California Form | ^a 802 |
| County of Alameda Division, Department, or Region | (if applicable) | | | | | al Use Only |
| Board of Supervisors | (| | | | | - |
| Street Address | ····· | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Nam | ne, Title) | | | Mendment (Must pro | | |
| Cheryl Perkins, Interim Clerk, B | oard of Supervisors | | | н н. Н | | |
| Area Code/Phone Number E-r | nail | | Date | of Original Filing: _ | (month, day, ye | ear) |
| (510) 272-3882 ch | eryl.perkins@acgov. | org | | | , ,,,, | , |
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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

| Ti | cket/Admission Distri | Dutions | 5 | | | | | | | cumer |
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| | County of Alameda | | | | | · | | | orm | |
| | Division, Department, or Regio | on (if applica | able) | | | • | | F | or Official U | lse Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | - | | | | | | , |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (A | | | | | | 🔲 Amendment (N | lust provide exp | lanation in I | Part 3.) |
| | Cheryl Perkins, Interim Clerk, | | Supervisors | | | | | | | |
| | | E-mail | | | | | Date of Original Fil | ing:(month | h, day, year, |) . |
| _ | | | rkins@acgov.c | - | | | | | | |
| 2. | Function, Event, or Ceren | nonial R | lole Informa | tion | | | | | | |
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| | | | | | _ | Faces | alue of Each Au | mssion p . | | |
| | Description Warriors vs. Spu | urs-Playof | fs | | | Date(s |) <u>5 / 10 / 1</u> | 3 | 1 | 1 |
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| | Ticket(s)/Admission(s) prov | vided by a | adency? Yes | | 0 17 | I If no: Gold | en State Warriors | · . | | |
| | ()(-), | · , · | | | | | Nan | ne of Source | | |
| | Mosths distribution to your | | | | | | | | | |
| | Was the distribution to pers | ions iden | tified below h | nade a | at th | e benest of | an agency offici | al? | | |
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| | Yes 171 No 11 Ifve | . Supervi | sor Wilma Chan | | | | | | | |
| | Yes 🗹 No 🔲 Ifye | s: Supervi: | sor Wilma Chan Official's | Name (L | ast, i | First) and Title | | | | |
| | | | sor Wilma Chan Official's | | ast, i | First) and Title | | | | |
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| Date Stamp California 802 Form 802 For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (month, day, year) |
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| For Official Use Only The Amendment (Must provide explanation in Part 3.) Date of Original Filing: |
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| Face Value of Each Admission \$ \$625/\$ 20 parts |
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| o: Golden State Warriors Name of Source |
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| axable income. Is the agency official performed a ceremonial role, |
| also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
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| County of Alameda Porm 802 Division, Department, or Region (#applicable) Board of Supervisors Por Official Use Only Board of Supervisors Per Official Use Only Por Official Use Only Street Address 1221 Oak Street, Suite 536 Image: Contract (Nome, Tate) Image: Contract (Nome, Tate) Cheryl Perkins, Interim Clerk, Board of Supervisors Image: Cheryl, Derkins@acgov.org Image: Cheryl, Derkins@acgov.org Image: Cheryl, Derkins@acgov.org 2. Function, Event, or Ceremonial Role Information Title Face Value of Each Admission \$ \$85 Description Als vs. Rangers Date(s) 5 / 13 / 13 / / | Ticket/Admission Distribution | utions | | | | A | | |
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| Division, Department, or Region (# applicable) For Official Use Only Board of Supervisors For Official Use Only Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Mane, 7160) Image: Contact (Mane, 7160) Cheryl Perkins, Interim Clerk, Board of Supervisors Image: Contact (Mane, 7160) Area CodePhone Number E-mail (510) 272-3882 cheryl perkins@acgov.org 2. Function, Event, or Ceremonial Role Information Face Value of Each Admission \$ \$85 Description Al's vs. Rangers Date(s) 5 _ 13 _ 13 | 1. Agency Name | ······································ | | • | | Date Stamp | California | 000 |
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| Cheryl Perkins, Interim Clerk, Board of Supervisors Amendment (Mate provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: | 1221 Oak Street, Suite 536 | | | | | Date Stamp California Form For Official For Official For Official Amendment (Must provide explanation in Date of Original Filing: (month, day, yea) Value of Each Admission \$ \$85 5 13 5 13 6) 5 5 13 1and Athletics Name of Source f an agency official? e income box if the agency official claims admls ncome. If the agency official performed a ceremination of the public purpose, including ial roles, performed by an agency official, individe | | |
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| (510) 272-3882 cheryl.perkins@acgov.org (month. day, year) 2. Function, Event, or Ceremonial Role Information Face Value of Each Admission \$ \$85 Description A's vs. Rangers Date(s) 5 / 13 / 13 / / / Description A's vs. Rangers Date(s) 5 / 13 / 13 / / / Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland Athletics Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Was the distribution to persons identified below made at the behest of an agency official? Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: • Check the income box if the agency official performed a commonal arols. Jake provide a description. Organization (Name, Address, Description) Number of Agency Head at a Income is performed by an agency official performed at a income is performed by an agency official and individual, or organization. Bonilla, Janet 2 Yes County revenue from sales. Income No< Income No< Income No< Income No< Income No< No< Income N | Cheryl Perkins, Interim Clerk, B | oard of Supervisors | | | | | ovide explanation l | п Рап 3.) |
| (510) 272-3882 cheryl.perkins@acgov.org 2. Function, Event, or Ceremonial Role Information Title | Area Code/Phone Number E-r | nail | | | | Date of Original Filing: _ | (month day ye | |
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A Public Document

| . Agency Name | | | | | | Data Stamp | Colifornia | |
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| Coupty of Alamada | | | | | | Date Stamp | California Form | 80 |
| County of Alameda Division, Department, or Regi | ion (if applicable |) | | | | | For Officia | l 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 Cleri | | Ipervisors | | | | | st provide explanation i | // u/ 0./ |
| Area Code/Phone Number | E-mail | | | | | Date of Original Filin | g: | ar) |
| (510) 272-3882 Function, Event, or Cere | | | _ | | | | | |
| Title Description <u>A's vs. Rangers</u> Ticket(s)/Admission(s) pro Was the distribution to per | s ovided by age rsons identifi | ency? Yes | | 0 🗹 | Date(s | Name | I |] |
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| Comment: (Use this space or an attachment for any additional information including amendment explanation.) |
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Print Name

Signature of Agency Head or Designee

Title

5/13/2013

(month, day, year)

A Public Document

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|---|---|--------------|---|---------------------------------------|--|--------------------------|----------------|
| 1. Agency Name | | | | | Date Stamp | California | 801 |
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or Region (if applica | able) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | 2 2 |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | Amendment (Must | provide explanation i | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Board of | Supervisors | | | |] | ·. · · | , |
| Area Code/Phone Number E-mail | | | | | Date of Original Filing | (monih, day, ye | ar) |
| (510) 272-3882 cheryl.pe | rkins@acgov.c | org | | | | | |
| . Function, Event, or Ceremonial R | ole Informat | tion | | | | | |
| *** 41 _ | | | | | | \$30 | |
| Title | | | | Face | Value of Each Admis | ssion \$ $\frac{1}{100}$ | |
| Description A's vs. Rangers | | | | Dato/s | s) <u>5 15 13</u> | , | , |
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| Ticket(s)/Admission(s) provided by a | agency2 Voc | | о Г7 | I If no. Oakl | and Athletics | | |
| never(s) Admission(s) broaded by a | igency: res | | υĽ | | Nате с | of Source | |
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| Stirling, Karen | 2 | Yes No | | | e attendance at an e cility in order to maxin | | Incom |
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| I have read and understand FPPC Regulations is in accordance with the provisions. | ons 18944.1 an | d 1894. | 2. I h | ave verified t | that the distribution of a | dmissions, set fo | rth above, |
| Alex | andra Boskov | ich | | Ticke | at Administrator | 5/8/20 | 13 |
| Signature of Agency Head of Designee | Print Nar | | | | Title | | th, day, year) |
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| Ticket/Admission Distributio | ons | | | م | Public Do | cumer |
|---|----------------------------|--------------------|------------------|--|---------------------------------------|--------------|
| 1. Agency Name | | | | Date Stamp | California | 802 |
| County of Alameda | | | | - | Form For Official | Jse Oniv |
| Division, Department, or Region (if ap) | olicable) | | | | | out only |
| Board of Supervisors Street Address | | | | - | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Tit | e) | | | Amendment (Must p. | rovide explanation in | Part 3 } |
| Cheryl Perkins, Interim Clerk, Board | l of Supervisors | | | | • | r arc 9.7 |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, yea | r) |
| | perkins@acgov. | | | | | |
| 2. Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| Title | | | Face ' | Value of Each Admis | sion \$ <u>\$85/\$1</u> | 7-park |
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| Description A's vs. Rangers | | - | Date(s | s) <u>5 13</u> 13 | / | / |
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| Ticket(s)/Admission(s) provided b | y agency? Yes | □ No [| If no: Oak | Iand Athletics | Source | |
| | | | | | | |
| Was the distribution to persons in | lentified below r | nade at t | ne behest of | f an agency official? | | |
| Yes 🖸 No 🔲 If yes: Sup | ervisor Wilma Chan | | | | | |
| | Official's | Name (Last | First) and Title | | | |
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| Lyons, Marva | 2+1 parking | Yes □ No ☑ | | te attendance at an ev cility in order to maxim | | Income |
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| | levend D | .* 1 | · | | | _ |
| | lexandra Boskov | | | et Administrator | 5/8/201 | |
| Signature of Agency Head or Designee | . Print Nar | me | | Title | (month | , day, year) |
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| lickets were | <u>e lost</u> | <u>- in</u> | the | mail /u | in Used | A |

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| Agency Name | ······································ | | | | Date Stamp | California | 20 |
| County of Alameda | | | | | | Form | 00/ |
| Division, Department, or Region | n (if applicable) | | | | | For Official | Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Na | Title) | | | | | <u> </u> | |
| | | | | | Amendment (M | ust provide explanation i | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Area Code/Phone Number | | | | | Date of Original Fili | na: | |
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| (510) 272-3882 c | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Title | | | | | /alue of Each Adr 5 13 1 | | |
| Description <u>A's vs. Rangers</u> | | | <u> </u> | Date(s | s) <u>5 / 13 / 1</u> | / | / |
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| | D | | | | | | |
| · · · · · · · | Supoplicor Wilmo Chon | | | | | | |
| Yes 🗹 No 🔲 Ifyes | Supervisor Wilma Chan Official's | Name (L | ast. I | First) and Title | | | |
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| Ticket/Admission Distributio | | | | | |
|---|--|---|---|---|--|
| . Agency Name | | | • • • • • • • | Date Stamp | California Form 802 |
| County of Alameda | | | • | | Form OU2 |
| Division, Department, or Region (if app | licable) | | | • · | For Official Use Only |
| Board of Supervisors | | | | | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | i a | |
| Designated Agency Contact (Name, Title | 9) | | | 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, year) |
| | perkins@acgov.c | | | | |
| Function, Event, or Ceremonial | Role Informat | tion | | | |
| Title | | | · Fees | Value of Each Admis | * \$30 |
| 11de | | | Face | value of Each Admis | ssion \$ |
| Description A's vs. Royals | | | Date(| s) ⁵ / ¹⁹ / ¹³ | · |
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| Ticket(s)/Admission(s) provided b | v agency? Yes | | ⊿ Ifno: ^{Oak} | land Athletics | |
| () | , | | | Name o | of Source |
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| Yes [7] No [□] If ves: Supe | rvisor Wilma Chan | | | | |
| Yes ☑ No 🔲 If yes: Supe | rvisor Wilma Chan Official's | Name (Last, | First) and Title | | |
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| County of Alameda | | | | | | | |
| Division, Department, or Region (if a | pplicable) | | | | | For Official | l Use Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, 7 | | | | | | For Official Amendment (Must provide explanation in Date of Original Filing: | |
| | • | | | | Amendment (A | iust provide explanation i | n Part 3.) |
| Cheryl Perkins, Interim Clerk, Boa Area Code/Phone Number [E-mai | | | | | Date of Original Fil | ling: | |
| (510) 272-3882 cher | yl.perkins@acgov.o | ora | | | | (monfh, day, ye | ar) |
| Function, Event, or Ceremon | | - | | | | | |
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| Title | ······································ | | | Face V | alue of Each Ad | mission \$ | |
| Description <u>A's vs. Rangers</u> | | | | Datole | 5,13,1 | 13 (| 1 |
| Description | · | | _ | Date(5 |)// | | |
| Ticket(s)/Admission(s) provided | hy agency? Yes | ר ו א | 0 🖂 | Lifno ^{. Oakla} | and Athletics | ~ | |
| | | | | | Nar | me of Source | |
| | t dan 4367 - d ha Farra | | | - h - h - <i>(</i> - 6 | | . 10 | |
| Was the distribution to persons | Identined below r | nage a | at the | e denest of | an agency offici | lai / | |
| Yes 🗹 No 🗔 If yes: Su | pervisor Wilma Chan | | | | | | |
| | ipervisor Wilma Chan Official's | Name (i | Last, I | First) and Title | | | |
| The identity of recipient(s) an | d the explanatio | יחכ | | | | | |
| Name | | | | Check the | income box if the age | ncy official claims admi | ssion as |
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| or Organization | Admission(s)/ Ticket(s) | Offi | cial | If not inco | ome, describe the publi | | |
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| | _ | Yes | | | e attendance at a | | Income |
| Kleebauer, Susan | . 2 | No | | County fac | ility in order to ma | aximize potential | |
| | | Yes | | County rev | enue from sales. | | Income |
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| I have read and understand FPPC Reg | nulations 18944 1 an | d 1894 | 2 I h | ave verified t | hat the distribution (| of admissions set fo | orth abovo |
| is in accordance with the provisions. | | a / 50 1. | - . , , , , | | | | nun apove, |
| | Maxandra Daalia | liah | | T :_! | t Administanta | ·· | |
| | Ałéxandra Boskov | | | ПСКӨ | t Administrator | 5/7/20 | 13 |
| Signature of Agency Head or Designee | Print Nar | me | | | Title | (mon | th, day, year) |

| icket/Admission Distribution | ns | | | | A Public Do | Joumen |
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| . Agency Name | • | | | Date Stamp | California | 802 |
| County of Alameda | : | | | | Form | en de contratadores |
| 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 | .) | | | | | |
| Cheryl Perkins, Interim Clerk, Board | , , | | | Amendment (Mu | ist provide explanation ir | n Part 3.) |
| Area Code/Phone Number E-mail | | | | Date of Original Filir | 1g: | ar) |
| (510) 272-3882 cheryl.p | perkins@acgov.c | org | | | (monin, day, yei | ai) |
| Function, Event, or Ceremonial | | | | | | |
| | | | | | # 00 | |
| Title | | | Face | Value of Each Adm | nission \$ <u>\$30</u> | |
| Description A's vs. Royals | | • | Datal | s) <u>5 17 13</u> | 3, | , |
| Description | | | Date(s | 5)// | / | / |
| Ticket(s)/Admission(s) provided by | agency? Yes | | I If no. Oak | land Athletics | | |
| Tokedoj/Admission(s) provided bj | agency: res | | | Name | e of Source | |
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| Was the distribution to persons ide | | | | | ll <i>?</i> | |
| | rvisor Wilma Chan Official's | Nàme (Last, | | | u ? | |
| Yes [∕] No [] If yes: Supe | rvisor Wilma Chan Official's | Nàme (Last, | First) and Title Check th taxable i also pro If not inc ceremon | he income box if the agenc income. If the agency offic vide a description. come, describe the public nial roles, performed by an | cy official claims admis clai performed a cerem purpose, including | ionial role, |
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| Agency Name | | | | Date Stamp | Califo | ornia rm 802 |
| County of Alameda | | | | | | |
| Division, Department, or Region (if | applicable) | | | | For | Official Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | N. | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name | Title | | | | | |
| | · | | | Amendment (Mu | st provide explan | nation in Part 3.) |
| Cheryl Perkins, Interim Clerk, Bo Area Code/Phone Number E-ma | - | | | Date of Original Filin | | |
| | ryl.perkins@acgov.c | ora | | | (month, e | day, year) |
| Function, Event, or Ceremor | | - | | | | |
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| Description <u>A's vs. Royals</u> | | | Date(s |).5 ,18 ,13 | , | _// |
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| Ticket/Admission Distribu | utions | | | A Public Docume |
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| 1. Agency Name | | | Date Sta | amp California 802 |
| County of Alameda | | | 1 | A set of the set of |
| Division, Department, or Region | (if applicable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Street Address | | | | · |
| 1221 Oak Street, Suite 536 | | | | |
| Designated Agency Contact (Nam | ne, Title) | | Amendme | nt (Must provide explanation in Part 3.) |
| Cheryl Perkins, Interim Clerk, B | | | | |
| Area Code/Phone Number E-n | nail | | Date of Origin | al Filing: (month, day, year) |
| (510) 272-3882 ch | eryl.perkins@acgov.o | org | | |
| 2. Function, Event, or Ceremo | onial Role Informat | tion | | |
| Title | <u></u> | | | . A.J., |
| | | | Face value of Each | Admission \$ _ <u>\$30</u> |
| Description A's vs. Rangers | | | Date(s) <u>5</u> / 14 | , 13 , , , , |
| | | | <i></i> | |
| Ticket(s)/Admission(s) provid | ed by agency? Ves | | Lifno. Oakland Athletics | |
| | | | | Name of Source |
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| (Name, Address, Description |) | | ceremonial roles, performe organization. | d by an agency official, individual, or |
| Shiplet, Michael | 2 | Yes 🗖 No 🗹 | To promote attendance County facility in order to | |
| | | Yes □ No □ | County revenue from sa | iles. Income |
| | · · · · · | Yes 🗖 | | Income |
| | | No 🗖 | - | |
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| 3. Verification I have read and understand FPPC I is in accordance with the provisions | Regulations 18944.1 an Alexandra Boskov | | ave verified that the distribut Ticket Administrato | |

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

| 11 | cket/Admission Distr | | | | | | | | |
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| 1. | Agency Name | | | | | Date Stamp | С | alifornia | 000 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Regi | on (if applica | ble) | | | 1 | | For Official | Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | 1 | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | Amendment | (Must provide e | explanation in | Part 3.) |
| | Cheryl Perkins Interim Clerk | , Board of S | Supervisors | | | | | | |
| | Area Code/Phone Number | E-mail | | | | Date of Original F | iling: | onth, day, yea | ar) |
| | (510) 272-3882 | cheryl.per | kins@acgov.c | org | | | | | |
| 2. | Function, Event, or Cere | monial R | ole Informat | ion | | | | | |
| | 'T !48 - | | | | F | | · | ♠ \$600 | |
| | Title | | | | Face | Value of Each A | amission | \$ | |
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| | Ticket(s)/Admission(s) pro | vided by a | dency? Yes | | 7 If no. Oak | and Athletics | | | |
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| | | | sor Wilma Chan Official's i | | First) and Title | · · · · · · · · · · · · · · · · · · · | | | |
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| - | y of Alameda | | | | | | | | Form | 802 |
| | on, Department, or Reg | ion (if applica | ble) | | | · . | _ | | For Officia | l Use Only |
| Board | l of Supervisors | | | | | | | | | |
| Street | Address | | | | | | 1 | | | |
| 1221 | Oak Street, Suite 536 | | | | | - | | | | |
| Desigi | nated Agency Contact | (Name, Title) | | | | | Amendme | nt (Must pro | vide explanation i | n Part 3.) |
| | al Hishida Graff, Clerk | , Board of S | upervisors | | | | | | | |
| Area C | Code/Phone Number | E-mail | | | | | Date of Origin | al Filing: | (month, day, ye | ar) |
| | 272-3882 | | hida@acgov. | | | | | | | |
| 2. Func | tion, Event, or Cer | emonial R | ole Informat | tion | | | | | | |
| Title (| Dakland A's vs. Angel | S | | | | Face | Value of Each | i Admissi | on \$ 30 | |
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| Desci | ription <u>Baseball Gam</u> | e, Filed Tick | tets | | _ | Date(| s) <u>05</u> <u>01</u> | | / | / |
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| Ticke | t(s)/Admission(s) pro | ovided by a | gency? Yes | | οи | It no: <u></u> | and / to | | | |
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is in accordance with the provisions.

| A xz | Hannah Greene | Ticket Administrator | 05/01/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Agency Name County of Alameda Vivision, Department, or Region (if applica Board of Supervisors Atreet Address 221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail | able) | | | Date Stamp | California | 802 |
|--|---------------------------------------|---|--|---|--|---|
| ivision, Department, or Region (if applica Board of Supervisors treet Address 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of S | able) | | | | | |
| Board of Supervisors treet Address 221 Oak Street, Suite 536 resignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of S | able) | | | | Form | |
| t <mark>reet Address</mark> 221 Oak Street, Suite 536 Designated Agency Contact (Name,Title) Crystal Hishida Graff, Clerk, Board of S | | | | | For Official L | lse Only |
| 221 Oak Street, Suite 536 Tesignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of S | · · · · · · · · · · · · · · · · · · · | | | | | |
| esignated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of S | | | |] | | |
| Crystal Hishida Graff, Clerk, Board of S | | | | · . | | |
| | | | | Amendment (Must p | rovide explanation in | Part 3.} |
| rea Code/Phone Number E-mail | Supervisors | | | | | |
| | | | | Date of Original Filing: | (month, day, year |) |
| 510) 272-3882 crystal.his | shida@acgov. | org | | | | |
| unction, Event, or Ceremonial R | Role Informat | lion | | | | |
| itle Warriors vs. Nuggets | | | F | | e 625 | |
| itle wanters vs. Nuggets | <u>.</u> | | Face | Value of Each Admis | sion \$ | |
| escription Basketball | | | Datel | s) <u>05</u> <u>02</u> <u>13</u> | 1 | , |
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| Vas the distribution to persons iden | itified below h | nade at t | ne denest o | an agency official? | | |
| Yes 🗹 No 🔲 If yes: Carson, | , Keith Alameda | County Sup | pervisor | | | |
| | Official's | Name (Last | , First) and Title | ; ; | | |
| he identity of recipient(s) and th | ne explanatio | on: | | · | | |
| Name | | <u></u> | Check t | he income box if the agency o | | |
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Print Name

Signature of Agency Head or Designee

Title

(month, day, year)

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|--|---|--|---|--|---|
| 1. Agency Name | | | " | Date Stamp | California 802 |
| County of Alameda | | | | | Form OUZ |
| 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 (M | ust provide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail | Supervisors | | | Data of Original Fili | nai |
| | | | | Date of Original Fill | ng:(month, day, year) |
| | shida@acgov. | | | | |
| . Function, Event, or Ceremonial R | cole Informat | tion | | | |
| Title Oakland A's vs. Rangers | | | Face \ | /aiue of Each Adn | nission \$ _ ³⁰ |
| | | | | | |
| Description Baseball Game, Field Tic | kets | | Date(s | <u>, 05 , 13 , 1</u> ; | <u> </u> |
| | | | | | |
| Ticket(s)/Admission(s) provided by a | agency? Yes | 🗖 No 🗹 | If no: Oak | and A's | e of Source |
| | | | | ivan) | e of Source |
| | , Keith Superviso | or | | | |
| Yes I No I If yes: Carson, The identity of recipient(s) and th | | | First) and Title | · · · · | |
| | | | Check th taxable i | e income box if the agen noome. If the agency off | cy official claims admission as icial performed a ceremonial role, |
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A Public Document

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| . 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 (Must p | rovide explanation ir | n Part 3.) |
| Crystal Hishida Graff, Clerk, Board of S | Supervisors | | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, yea | ar) |
| (510) 272-3882 crystal.his | shida@acgov. | org | | | · | |
| 2. Function, Event, or Ceremonial R | tole Informat | tion | | | | |
| Title Pop the Dream | | | - \ | | 175 50 | 1 |
| Little <u>r op the Dream</u> | | ······································ | Face V | alue of Each Admis | sion \$ | |
| Description Concert | | | Dato/s |) 04 , 06 , 13 | 1 | 1 |
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| Ticket(s)/Admission(s) provided by a | Dannau? Voo | | If no. Gold | en State Warriors | | • |
| never(s)/Admission(s) provided by a | agency: res | | 11 HO | Name of | Source | |
| Was the distribution to persons iden Yes ☑ No □ If yes: Carson, The identity of recipient(s) and th | , Keith, Alameda Official's | County Supe Name (Last, F | rvisor Fifth D | | | |
| Name | | | | e income box if the agency of | | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | | ncome. If the agency official ride a description. | periormed a ceren | ioniai roie, |
| Organization (Name, Address, Description) | Ticket(s) | Onoita | | ome, describe the public pur ial roles, performed by an ag tion. | | dual, or |
| Mitchell, Justin | | Yes 🗖 | | munity volunteer for his or her se | ervice to the public | Income |
| | 4 | No 🗹 | L | | | |
| | | Yes 🗖 | | | | Income |
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| | | Yes 🗖 | | | | Income |
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| B. Verification | | | | ····· | | |

| Harle | Hannah Gre e ne | Ticket Administrator | 05/10/13 |
|--------------------------------------|------------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | ID GROTIO | | | | | |
|---|--|---|---|---|---|---|
| Agency Name | | | ······································ | Date Stamp | | California 802 |
| County of Alameda | | | | | | |
| Division, Department, or Reg | ion (if applicable) | · · · | | | | For Official Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | · | |
| Designated Agency Contact (| (Name,Title) | | | | lust prov | ide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, | | \$ | | | | · . |
| Area Code/Phone Number | E-mail | | | Date of Original Fil | ing: | (month, day, year) |
| (510) 272-3882 | crystal.hishida@acg | | | | | |
| Function, Event, or Cere | emonial Role Infor | mation | | | | |
| Title Rolling Stones | | | Eaco V | Value of Each Adı | mieeid | 600.00 |
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| Ticket(s)/Admission(s) pro | vided by agency? ` | Yes 🗖 No 🕅 | If no: Gold | len State Warriors | | |
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| Was the distribution to per Yes ☑ No □ If y | es: Carson, Keith, Alam | | ervisor Fifth D | District | iai <i>:</i> | ۰ |
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Agency Report of: Ceremonial Role Events and الم ۸ /4 م -1-Distributio

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| ncket/Admission Distribution | 15 | | | A | Fublic Documen |
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| 1. Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | 19 1 | | • | Form OUZ |
| Division, Department, or Region (if appli | icable) | | | 1 | For Official Use Only |
| Board of Supervisors | | | | · | |
| Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Title) |) | | | Amendment (Must pro | vide explanation in Part 3.) |
| Crystal Hishida Graff, Clerk, Board of | Supervisors | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: _ | (month, day, year) |
| (510) 272-3882 crystal.h | nishida@acgov. | org | | | |
| 2. Function, Event, or Ceremonial | Role Information | tion | | | |
| Rolling Stopes | | | | | ♠ 600.00 |
| Title Rolling Stones | | | | Value of Each Admiss | |
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| 3. Verification I have read and understand FPPC Regula is in_accordance with the provisions. | ations 18944.1 an | <u> </u> | ave verified i | that the distribution of adn | |
| | annah Greene | | Ticke | et Administrator | 05/10/13 |

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

Print Name

/Signature of Agency Head or Designee

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Tio

| Agency Name | | | | | | | |
|--|---|---|---|---|---|--|---|
| | | • | | | Date Stamp | California | 802 |
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or | Region (if applied | cable) | | | - | For Official U | se Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite | 536 | | | | | | |
| Designated Agency Cont | | | | | · 🗖 | | |
| Crystal Hishida Graff, C | lerk. Board of | Supervisors | • | | Amendment (Mil | ust provide explanation in F | -art 3.) |
| Area Code/Phone Numbe | | | | | Date of Original Fili | ng:(month, day, year) | <u> </u> |
| (510) 272-3882 | crystal h | ishida@acgov. | ora | н. - | | (monin, day, year) | , |
| Function, Event, or (| | | | | L | | |
| | , on one of the second s | | | | - | | |
| Title Warriors vs. Spurs | | | | Face V | Value of Each Adn | nission \$ <u>625</u> | |
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| Was the distribution to | persons ide | ntified below r n, Keith Alameda <i>Official's</i> | made at the County Supe Name (Last, I | e behest o | f an agency officia | | |
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| 1. | Agency Name | | • | | | | Date Stamp | California | 202 |
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Reg | ion (if applic | able) | | | | - | For Official | Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | · | | |
| | Designated Agency Contact | (Name, Title) | | | | | Amendment (Must | t provide explanation in | ı Part 3.) |
| | Crystal Hishida Graff, Clerk, | - | Supervisors | | | | | | |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Filing |]:(month, day, yea | ar) |
| | (510) 272-3882 | | shida@acgov. | | | | | | |
| 2. | Function, Event, or Cere | emonial F | Role Informat | tion | | | | | |
| | Title Warriors vs. Spurs | | | | | Ease 1 | Value of Each Admi | acion ¢ 625 | |
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| | Description Basketball | | | | | Date(s | s) <u>05 , 12 , 13</u> | 1 | 1 |
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| | Was the distribution to pe | rsons luer | itilied below i | nade | acun | e penest of | r an agency official | f | |
| | Yes 🗹 No 🛄 İfy | es: Carson | , Keith Alameda (Official's | County | Supe | rvisor | | | |
| | | | Official's | Name (| Last, I | First) and Title | | | |
| | The identity of recipient | (s) and th | ne explanatio | on: | | | | | |
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| 3. | Verification | **** | | | | | ······································ | | |
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| | is in accordance with the provis | sions. | | | | | | | |
| | AL G. | На | nnah Greene | | | Ticke | et Administrator | 05/08/ | /13 |
| - 7 | TT REAL COM | 1 101 | | | | 17-11 | | 00,00, | 10 |

Print Name

Title

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|------------|---|---|--|---|--|--|---|--|---|---|
| 1. | Agency Name | | | | | - | Date Stamp | | California Form | 005 |
| | County of Alameda | | | | | | | | | |
| | Division, Department, or Regio | on (if applica | ble) | | | | 1 | | For Official | Use Only |
| | Board of Supervisors | | | | | | | | | |
| | Street Address | | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | | |
| | Designated Agency Contact (/ | Vame, Title) | | | | | Amendment (M | Just provi | de explanation in | Part 3.) |
| | Crystal Hishida Graff, Clerk, | Board of S | upervisors | | | | | , | | , |
| | Area Code/Phone Number | E-mail | | | | | Date of Original Fil | iing: | (month, day, yea | r) |
| | (510) 272-3882 | crystal.his | hida@acgov. | org | | | | | | |
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| Handre | Hannah Greene | Ticket Administrator | 05/08/13 |
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| (51 | 10) 272-3882 | crystal.his | shida@acgov.o | org | | | | |
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

Signature of Agency Head or Designee

(month, day, year)

Title

Agency Report of: **Ceremonial Role Events and** ~4/ A da viccion Distributio

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Signature of Agency Head or Designee

| Agency Name | | | | | | |
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| County of Alameda | | | | | Form | 002 |
| Division, Department, or Region (if app | olicable) | | | | For Offic | ial Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Titl | e) | | | Amendment (Mus | st provide explanatio | n in Part 3.) |
| Crystal Hishida Graff, Clerk, Board o | of Supervisors | | | | | · |
| Area Code/Phone Number E-mail | | | | Date of Original Filin | g:(month, day, _ | year) |
| (510) 272-3882 crystal | .hishida@acgov. | org | | | | |
| Function, Event, or Ceremonia | I Role Informa | tion | | | | |
| Title Oakland A's vs. Royals | | | · | | 85 | |
| fitle Oakland AS VS. Royals | | | Face | Value of Each Adm | ission \$ $\frac{00}{100}$ | |
| Description Baseball Game, Loge I | tickets | | Date/e | s) <u>05 / 18 / 13</u> | s , | 1 |
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(month, day, year)
| Ti | icket/Admission Distribution | ons | | | | A Public Document |
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| 1. | Agency Name | | | | Date Stamp | California 802 |
| | County of Alameda | | | | | |
| | Division, Department, or Region (if ap | | For Official Use Only | | | |
| | Board of Supervisors | | | | | |
| | Street Address | | | , | | |
| | 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tit | (a) | | | | |
| | | , | | Amendment (Must | provide explanation in Part 3.) | |
| | Crystal Hishida Graff, Clerk, Board Area Code/Phone Number [E-mail | of Supervisors | ************* | Date of Original Filing | : | |
| | | l.hishida@acgov. | ora | | | (month, day, year) |
| 2. | Function, Event, or Ceremonia | and the second | | •••··· ···· | | |
| | | | | | | |
| | Title Oakland A's vs. Giants | ····· | | Face | Value of Each Admi | ssion \$ |
| | Description Baseball Game, Loge | tickets | | Deter | 05,27,13 | /////// |
| | Description <u>Basesan Barno, Rego</u> | | | Date(s | 5)/// | |
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| | | Official's | Name (Last, . | First) and Title | | |
| | The identity of recipient(s) and | I the explanation | on: | | | |
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| 3. | Verification | | · · · · · · · · · · · · · · · · · · · | | | |
| | I have read and understand FPPC Regulation is in accordance with the provisions. | ulations 18944.1 an | d 18942. I h | ave verified : | that the distribution of a | admissions, set forth above, |
| | Alah ho | Hannah Greene | | Ticke | et Administrator | 05/28/13 |
| | Signature of Agency Head or Designee | Print Na | me | ···· | Title | (month, day, year) |

| neret/Aum55 | | | | | | | | |
|--|--|---|--|--|--|--|---|--|
| 1. Agency Name | | | | | Date Stamp | | California | 802 |
| County of Alame | eda | | | | | | Form | |
| Division , Departn | nent, or Region (if appl | icable) | | | 1 | | For Official | Use Only |
| Board of Superv | visors | | | | | | | |
| Street Address | Street Address | | | | | | | |
| 1221 Oak Street | 1221 Oak Street, Suite 536 | | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | luct prov | /ide explanation ir | Port 21 |
| Crystal Hishida (| Graff, Clerk, Board of | Supervisors | | | · · · | • | · | · · · |
| Area Code/Phone | | , | | | Date of Original Fili | ing: | , (month day year | |
| (510) 272-3882 | crystal. | nishida@acgov. | org | | | | (nonst, day, yet | |
| | nt, or Ceremonial | | | | | | · | |
| - | | | | | | | | |
| Title Oakland A | s vs. Giants | | | Face | Value of Each Adr | nissi | on \$ <u>30</u> | |
| | | -14- | | | 05 27 1 | 3 | | |
| Description Bas | seball Game, Field T | ickets | , | Date(| s) 05 , 27 , 1 | <u> </u> | / | / |
| | | | | | | | | |
| | Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland A's Name of Source | | | | | | | |
| Ticket(s)/Admis | | | | | | 10 01 0 | 00/68 | |
| Was the distrib | ution to persons ide | | | ne behest o | | al? | | |
| Was the distribu Yes ☑ No | If yes: Carso | on, Keith Superviso Official's | r Name (Last, | ne behest o | of an agency officia | al? | | |
| Was the distribu Yes ☑ No | □ If yes: Carso | on, Keith Superviso Official's | r Name (Last, | First) and Title | of an agency officia | | cial claims admis | sion as |
| Was the distribu Yes ☑ No The identity of | If yes: Carso | on, Keith Superviso Official's | r Name (Last, | First) and Title Check t taxable | of an agency officia e he income box if the agen income. If the agency off | ncy offic | | |
| Was the distribution Yes 🔽 No The identity of | D ☐ If yes: <u>Carso</u> f recipient(s) and f Name .ast, First) or | on, Keith Superviso Official's the explanatic Number of Admission(s)/ | r Name (Last, D n: | First) and Title • Check t taxable also pro | of an agency officia e he income box if the agen income. If the agency off ovide a description. | ncy official pe | rformed a cerem | |
| Was the distribut Yes 🚺 No The identity of (L Or | D ☐ If yes: <u>Carso</u> f recipient(s) and t Name .ast, First) | on, Keith Superviso Official's the explanatic Number of | r Name (Last, D n: Agency | First) and Title Check t taxable aleo pro If not in ceremo | he income box if the ager income. If the agency off ovide a description. come, describe the public niai roles, performed by a | ncy offic ficial pe | rformed a cerem | onial role, |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | on, Keith Superviso Official's the explanatic Number of Admission(s)/ | r Name (Last, D n: Agency Official | First) and Title Check t taxable aleo pro If not in ceremo organiz | he income box if the ager income. If the agency off ovide a description. come, describe the public niai roles, performed by a | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | onial role, dual, or |
| Was the distribut Yes 🚺 No The identity of (L Or | f recipient(s) and the set of the | on, Keith Superviso Official's the explanatic Number of Admission(s)/ | r Name (Last, DN: Agency Official Yes 🔲 | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the agen income. If the agency off ovide a description. come, descripte the public niai roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | onial role, |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, On: Agency Official Yes I No I | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | onial role, dual, or Incom |
| Was the distribut Yes [2] No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, DN: Agency Official Yes 🔲 | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | onial role, dual, or Incom |
| Was the distribut Yes [2] No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, on: Agency Official Yes I No I Yes I | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | oniai role, dual, or Incom Incom |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, On: Agency Official Yes I Yes I | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | oniai role, duai, or Incom Incom |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, On: Agency Official Yes No Yes No Yes No Yes No | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | itual, or Incom Incom Incom Incom |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, On: Agency Official Yes I No I Yes I Yes I | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | ituai, or Incom Incom Incom Incom Incom |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, On: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | itual, or Incom Incom Incom Incom Incom |
| Was the distribut Yes 🚺 No The identity of (L Or (Name, Ade | f recipient(s) and the set of the | n, Keith Superviso Official's the explanatic Number of Admission(s)/ Ticket(s) | r Name (Last, on: Agency Official Yes No Yes No Yes No Yes Yes | First) and Title Check t taxable aleo pro If not in ceremo organiz To reward a Co | of an agency officia he income box if the ager income. If the agency off ovide a description. come, descripte the public nial roles, performed by a ation. | ncy offic ficial pe c purpo in agen | rformed a cerem se, including cy official, indivi | ituai, or Incom Incom Incom Incom |

| Jahre | Hannah Greene | Ticket Administrator | 05/28/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| ١. | Agency Name | | | | Date Stamp | | 202 |
|-----------|--|-------------------------|--------------------|------------------|--------------------------|--|----------|
| | County of Alameda | | | | · · | Form | 002 |
| | Division, Department, or Region (if applica | ble) | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | (Must provide explanation ir | Port 21 |
| | Crystal Hishida Graff, Clerk, Board of S | upervisors | | | | (wast provide explanation in | rans.j |
| | Area Code/Phone Number E-mail | • | | | Date of Original F | illing:(month, day, yea | ərì |
| | (510) 272-3882 crystal.his | hida@acgov. | org | | | (monal, day, you | *** |
| 2, | Function, Event, or Ceremonial R | | | | . | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | 0.5 | |
| | Title Oakland A's vs. Giants | | | Face \ | alue of Each A | dmission \$ _ 85 | |
| | - Reschall Game Logo tick | ate | | | . 05 . 27 . | 13 | |
| | Description Baseball Game, Loge tick | 515 | | Date(s | ;) <u>05 27</u> | | / |
| | | | | Oaki | and Ale | | |
| | Ticket(s)/Admission(s) provided by a | gency? Yes | | If no: Oak | Na Na Na | ame of Source | |
| | | | | | | | |
| | Was the distribution to persons ident | tified below r | nade at th | e behest of | an agency offici | cial? | |
| | | Keith Supervice | r | | | | |
| | Yes 🔽 No 🔲 If yes: Carson, | Official's | " Name (Last.) | First) and Title | | | |
| | | | | | | | |
| | The identity of recipient(s) and th | e explanatio | on: | | | | |
| | Name | | | | | ency official claims admis official performed a cerem | |
| | (Last, First) or | Number of Admission(s)/ | Agency Official | 1 | ide a description. | | |
| | Organization (Name, Address, Description) | Ticket(s) | | | | lic purpose, including / an agency official, indivi | dual, or |
| | (Name, Address, Description) | | | organiza | tion. | er exemplary service to the | |
| | Jenkins, Kevin | 2 | Yes 🔽 | - | urage staff development; | | Income |
| | •••••••••••••••••••••••••••••••••••• | 3 | No 🗖 | | - | | |
| | | | Yes 🗖 | | | | Income |
| | | | No 🗖 | | | | |
| | | | Yes 🗖 | | | | Income |
| | · · · · · · · · · · · · · · · · · · · | | No 🗖 | | • | | |
| | | | Yes 🗖 | | | | Income |
| | | | No 🗖 | | | | |
| | | | Yes 🗖 | | | | Income |
| | | | No 🗖 | | | | |
| <u>}.</u> | 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.

| Aanhy | Hannah Greene | Ticket Administrator | 05/28/13 |
|--------------------------------------|---------------|----------------------|--|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | and the second |

| icket/Admission Distribution | | | | | | umen |
|--|--|--|--|---|---|---|
| Agency Name | | | · · · · · · · | Date Stamp | California | 200 |
| County of Alameda | • | | | | Form | 902 |
| Division, Department, or Region (if applied | cable) | | | | For Official Us | e Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | | Amendment (M | ust provide explanation in Pa | art 3.) |
| Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number IE-mail | Supervisors | | | Date of Original Fili | na | |
| | | | | Dute of original fin | ng:(month, day, year) | _ |
| | ishida@acgov. Dolo Informati | | | | | |
| Function, Event, or Ceremonial | Role informa | tion | | | | |
| Title Oakland A's vs. Giants | | | Face \ | alue of Each Adr | nission \$ _ ⁸⁵ | |
| | | | | 05 27 1 | 3 | |
| Description Baseball Game, Loge tic | kets | | Date(s | s) <u> </u> | 3/ | _/ |
| | | | 0-14 | , | | • |
| Ticket(s)/Admission(s) provided by | agency? Yes | 🗋 No 🖸 | If no: Oaki | land A's Nam | e of Source | · |
| | | | | | | |
| Was the distribution to persons ide | ntified below r | nada at th | a babast of | f an aganay offici | al? | |
| Was the distribution to persons ide | intined below i | naue at th | e nellest ol | r an agency officia | 01: | |
| | | | | | u r: | |
| | | | | | ur: | |
| Yes 🗹 No 🔲 If yes: Carson | n, Keith Superviso <i>Official's</i> | or Name (Last, I | | | | |
| | n, Keith Superviso <i>Official's</i> | or Name (Last, I | First) and Title | | | |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name | n, Keith Superviso Official's he explanatic | or Name (Last, I D n: | First) and Title | e income box if the ager | ur : icy official claims admissi icial performed a ceremon | |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or | n, Keith Superviso <i>Official's</i> | or Name (Last, I | First) and Title Check th taxable in also prov | e income box if the agen ncome. If the agency off vide a description. | icy official claims admissic icial performed a ceremon | |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) | n, Keith Superviso Official's he explanatio Number of | or Name (Last, I D n: Agency | First) and Title Check th taxable i also prov If not inc ceremon | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a | icy official claims admissic icial performed a ceremon | ial role, |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatio Number of Admission(s)/ | or Name (Last, I ON: Agency Official | First) and Title Check th taxable i also prov If not inc ceremon organiza | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a | icy official claims admissic icial performed a ceremon purpose, including n agency official, individu. | ial role, al, or |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization | n, Keith Superviso Official's he explanatio Number of Admission(s)/ | or Name (Last, I On: Agency Official Yes I | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. | icy official claims admissic icial performed a ceremon purpose, including n agency official, individu. | ial role, al, or |
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| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) On: Agency Official Yes I No I Yes I | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admissic icial performed a ceremon purpose, including n agency official, individu. exemplary service to the | ial role, al, or Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) On: Agency Official Yes ☑ No ☑ Yes ☑ No ☑ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admissio icial performed a ceremon purpose, including n agency official, individu. exemplary service to the | ial role, al, or Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) On: Agency Official Yes ☑ No ☑ Yes ☑ No ☑ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admissio icial performed a ceremon purpose, including n agency official, individu. exemplary service to the | ial role, al, or Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) On: Agency Official Yes ⊡ No ⊡ Yes ⊡ No ⊒ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admission icial performed a ceremon e purpose, including in agency official, individu. exemplary service to the | ial role, al, or Income Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) Dn: Agency Official Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admission icial performed a ceremon e purpose, including in agency official, individu. exemplary service to the | ial role, al, or Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) On: Agency Official Yes I No I Yes I No I Yes I No I | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admission icial performed a ceremon e purpose, including in agency official, individu. exemplary service to the | ial role, ai, or Income Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) Dn: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admission icial performed a ceremon e purpose, including in agency official, individu. exemplary service to the | ial role, al, or Income Income Income Income |
| Yes No high if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) Moreno, Doreen | n, Keith Superviso Official's he explanatic Number of Admission(s)/ Ticket(s) | n Name (Last,) Dn: Agency Official Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ No ☑ Yes ☑ | Check th taxable ii also prov If not inc ceremon organiza To reward a Course | e income box if the ager ncome. If the agency off vide a description. come, describe the public ial roles, performed by a tion. unty employee for his or her | icy official claims admission icial performed a ceremon e purpose, including in agency official, individu. exemplary service to the | ial role, al, or Income Income Income Income |
| Yes I No I if yes: Carson The identity of recipient(s) and t Name (Last, First) or Organization (Name, Address, Description) | n, Keith Superviso Official's he explanation Number of Admission(s)/ Ticket(s) 4 | n Name (Last,) Dn: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ | First) and Title Check th taxable in also prov If not inc ceremon organiza To reward a Cot public or to encc | e income box if the agen ncome. If the agency off vide a description. come, describe the public iai roles, performed by a tion. unty employee for his or her burage staff development; | icy official claims admission icial performed a ceremon purpose, including in agency official, individua exemplary service to the | ial role, al, or Income Income Income Income |
| Yes No higher in the identity of recipient(s) and the identity of | n, Keith Superviso Official's he explanation Number of Admission(s)/ Ticket(s) 4 | n Name (Last,) Dn: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ | First) and Title Check th taxable in also prov If not inc ceremon organiza To reward a Cot public or to encc | e income box if the agen ncome. If the agency off vide a description. come, describe the public iai roles, performed by a tion. unty employee for his or her burage staff development; | icy official claims admission icial performed a ceremon purpose, including in agency official, individua exemplary service to the | ial role, al, or Income Income Income Income |
| Yes No higher free in the identity of recipient(s) and the identit | n, Keith Superviso Official's he explanation Number of Admission(s)/ Ticket(s) 4 | n Name (Last,) Dn: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ | First) and Title Check th taxable i also prov If not inc ceremon organiza To reward a Cou public or to encc | e income box if the agen ncome. If the agency off vide a description. come, describe the public iai roles, performed by a tion. unty employee for his or her burage staff development; | icy official claims admission icial performed a ceremon purpose, including in agency official, individua exemplary service to the | ial role, al, or Income Income Income Income above, |

| Ticket/Admission Distributio | | A Public Documen | | | |
|--|---|--------------------|---|---|--------------------------------|
| 1. Agency Name | ···· | | | Date Stamp | California Form 802 |
| County of Alameda | County of Alameda | | | | |
| Division, Department, or Region (if app | Division, Department, or Region (if applicable) | | | | |
| Board of Supervisors | | | | | |
| Street Address | | e. | | | |
| 1221 Oak Street, Suite 536 | | | | | · · · |
| Designated Agency Contact (Name, Title | e) | | | Amendment (Must p | rovide 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. | | | | ····· |
| 2. Function, Event, or Ceremonia | I Role Informa | tion | | | . · · · |
| Title Oakland A's vs. Giants | | | Eace \ | /alue of Each Admis | sion \$ 85 |
| | | · | | | 3ι0Π ψ |
| Description Baseball Game, Loge t | ickets | | Date(s | s) <u>05 / 27 / 13</u> | <u> </u> |
| · · · · · · | | | , , , , , , , , , , , , , , , , , , , - | • • | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | No 🗹 | If no: Oaki | and A's | |
| | | | - | Name of | Source |
| Was the distribution to persons id | entified below r | made at th | e hehest of | an agency official? | |
| | | | | • | |
| Yes 🗹 No 🔲 If yes: Cars | on, Keith Supervisc Official's | n | | ······ | |
| | Official's | Name (Last, I | First) and Title | | |
| The identity of recipient(s) and | the explanation | on: | | | |
| Name | | | | e income box if the agency o | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | | vide a description. | performed a ceremonial role, |
| Organization | Ticket(s) | | | ome, describe the public pur ial roles, performed by an ag | |
| (Name, Address, Description) | · · · · · · · · · · · · · · · · · · · | | organiza | | |
| Barber, Bob | 2 | Yes 🔽 | | urage staff development; | |
| | 2 | No 🗖 | | | |
| | | | | | Income |
| | | | | | <u> </u> |
| | | | | | In c ome |
| | | No □ Yes □ | | | |
| | | | | | Income |
| | | Yes 🗆 | | | <u>,</u> |
| | | | | | Income |
| | | | | | |
| Verification I have read and understand FPPC Regu | lations 18944 1 an | nd 18942 1 h | ave verified t | hat the distribution of ac | Imissions set forth above |
| is in accordance with the provisions. | | a 10042.77 | | | |
| | | | T :-1 - | 4 A - b i - i | |
| SHE S | lannah Greene | | IICKE | et Administrator | 05/28/13 |
| Signature of Agency Head or Designee | Print Na | ime | | Title | (month, day, year) |
| Comment: (Use this space or an attachme | nt for any additional i | information in | cluding amend | ment explanation.) | |

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| icket/Admission Distribution | 5 | | | | A Public Documen |
|--|---------------------------------------|-----------------------|----------------------|---|---|
| . Agency Name | | | | Date Stamp | California 802 |
| County of Alameda | | | · | i i | |
| Division, Department, or Region (if applic | 1 | For Official Use Only | | | |
| Board of Supervisors | | | | | |
| Street Address | 1 | | | | |
| 1221 Oak Street, Suite 536 | | | | | |
| Designated Agency Contact (Name, Title) | signated Agency Contact (Name, Title) | | | | |
| 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, year) |
| (510) 272-3882 crystal.hi | ishida@acgov. | org | | - | |
| Function, Event, or Ceremonial F | Role Information | tion | | | |
| - Ookland Ala va Gionta | | | | | |
| Title Oakland A's vs. Giants | · | | Face | Value of Each Admis | ssion \$ |
| Description Baseball Game, Loge tick | kets | | Data | 05,27,13 | /// |
| Description | | | Date(s | 5)// | |
| | | | ur. Oak | and A's | |
| Ticket(s)/Admission(s) provided by | agency? res | | If no: | Name | of Source |
| | | | | | |
| Was the distribution to persons ider | ntified below r | nade at th | e behest o | f an agency official? | 2 |
| Carson | Keith Superviso | r | | | |
| Yes 🖸 No 🗋 If yes: Carson | , Keith Superviso Official's | Name (Last. I | - irst) and Title | <u> </u> | |
| | | • | ···· / | | |
| The identity of recipient(s) and the | ne explanatio | on: | | | |
| Name (Last, First) | | | 1 | ÷ • | official claims admission as al performed a ceremonial role, |
| or | Number of Admission(s)/ | Agency Official | aiso pro | vide a description. | e free oor in grij oor de oorde die ee Trie oorde gebruik die oorde oorde die oo |
| Organization (Name, Address, Description) | Ticket(s) | | | come, describe the public pu ital roles, performed by an a | rrpose, including gency official, individual, or |
| | | | | ition. ndance at a County facility in or | der to maximize |
| Carson, Keith | e | Yes 🔽 | potential County | | |
| | 6 | No 🗖 | | | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | · | |
| · | | Yes 🗖 | | | Income |
| | | No 🗖 | | ···· | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | | |
| | | Yes 🗖 | | | Income |
| | | No 🗖 | | · · · · · · · · · · · · · · · · · · · | |
| Verification | | | | | |
| I have read and understand FPPC Regulat | tions 18944.1 an | d 18942. I h | ave verified | that the distribution of a | dmissions, set forth above, |
| is in accordance with the provisions. | | | | | |
| | nnah Greene | | Tick | et Administrator | 05/28/13 |
| | | | 1000 | | |

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

Print Name

Signature of Agency Head or Designee

Title

(month, day, year)

| Ticket/Admission Distributions | 5 | | | l l l l l l l l l l l l l l l l l l l | A Public Docum | nent |
|---|---|---------------|--|--|---------------------------------------|---------|
| 1. Agency Name | | | ······································ | Date Stamp | California 8 | 19 |
| County of Alameda | | | | | Form O | |
| Division, Department, or Region (if applica | Division, Department, or Region (if applicable) | | | | | ly |
| Board of Supervisors | · | | • | | | |
| Street Address | Street Address | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | |
| Designated Agency Contact (Name, Title) | | | vovide explanation in Part 3.) | | | |
| Crystal Hishida Graff, Clerk, Board of S | | | rovide explanation in mart 3.) | | | |
| Area Code/Phone Number E-mail | • | | | Date of Original Filing: | (month, day, year) | |
| (510) 272-3882 crystal.his | shida@acgov. | ora | | | (month, ou), yeary | |
| 2. Function, Event, or Ceremonial R | | | | | | <u></u> |
| Title Oakland A's vs. Giants | | | Face | Value of Each Admis | sion \$ _ <u>30</u> | |
| Description Baseball Game, Field tick | ets | | Date(| s) <u>05 , 28 , 13</u> | | |
| Beschption | | | Dutte | 5, | | |
| Ticket(s)/Admission(s) provided by a | mancy? Vas | | I If no. Oak | dand A's | | |
| nevel(s)/Admission(s) provided by a | igency: res | ЦМОВ | | Name of | f Source | |
| Yes ☑ No ☑ If yes: <u>Carson,</u> The identity of recipient(s) and th Name (Last, First) | | | Check t | he income box if the agency c income. If the agency official | | |
| or Organization (Name, Address, Description) | Admission(s)/ Ticket(s) | Official | If not in | wide a description. come, describe the public pur nial roles, performed by an ag ation. | | |
| Brooks, Rodney | 2 | Yes 🔽 No 🗖 | To reward a Co | ounty employee for his or her exen courage staff development; | nplary service to the Inco | ome |
| · · · · · · · · · · · · · · · · · · · | | Yes 🔲 | | | Inco | ome |
| | | No 🗖 | | | I | |
| · · · · · · · · · · · · · · · · · · · | | Yes 🗖 | | | Inco | ome |
| - | | No 🗖 | | | _ | |
| | <u> </u> | Yes 🗖 | | | Inco | ome |
| | | No 🗖 | | | | |
| · · · · · · · · · · · · · · · · · · · | | Yes 🗖 | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ome |
| | | No 🗖 | | | | |
| 3. Verification | | 1 | | | · | |
| I have read and understand FPPC Regulati | ons 18944.1 an | d 18942. I I | have verified | that the distribution of a | Imissions. set forth abo | ove. |
| is in accordance with the provisions. | | | | | ,, uv | 1 |
| $(A - \alpha)$ | | | | - f A Justa la f f | 05/00/10 | |
| prov - | inah Greene | | Lick | et Administrator | 05/28/13 | |
| Signature of Agency Head or Designee | Print Na | me | | Title | (month, day, y | /ear) |

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

| 11 | ckevAdmission Distribu | 100115 | | | | A | Fublic Documen |
|----|---|-----------------|---------------------|---------------|--|--|------------------------------|
| Ι. | Agency Name | "···· | | | | Date Stamp | California |
| | County of Alameda | | | | | | Form OUZ |
| | Division, Department, or Region (if applicable) | | | | | | For Official Use Only |
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (Name | e, Title) | | | | Amendment (Must pro | vide explanation in Part 3.) |
| | Crystal Hishida Graff, Clerk, Boa | ard of Superv | isors | | | | |
| | Area Code/Phone Number E-m | nail | | | | Date of Original Filing: | (month, day, year) |
| | (510) 272-3882 cry | stal.hishida@ |)acgov. | org | | | |
| 2. | Function, Event, or Ceremo | nial Role Ir | Iforma | tion | | | |
| | Title Oakland A's vs. White Sox | | | | Easo V | /alue of Each Admissi | ion ¢ 30 |
| | | | | | race | value of Each Admiss | i011 |
| | Description Baseball Game, Fie | eld tickets | | | Date(s | <u>, 05 , 31 , 13</u> | |
| | | | | | (- | , | |
| | Ticket(s)/Admission(s) provide | ed by agency | /? Yes | No | l Ifno: Oak | and A's | |
| | | , | | | | Name of S | Source |
| | | – Islandifiad | h . l | | | | |
| | Was the distribution to person | is identified | Delow | made at the | e penest of | r an agency official? | |
| | Yes 🗹 No 🔲 If yes: | Carson, Keith S | Superviso | or | | | |
| | | | Official's | Name (Last, I | First) and Title | | |
| | The identity of recipient(s) a | and the exp | lanatio | on: | | | |
| | Name | | | | Check th | e income box if the agency off | icial claims admission as |
| | (Last, First) | | ber of | Аделсу | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | ncome. If the agency official p vide a description, | erformed a ceremonial role, |
| | or Organization | | ssion(s)/ ket(s) | Official | If not inc | ome, describe the public purpo | |
| | (Name, Address, Description) | | | | ceremon organiza | ial roles, performed by an ager tion. | icy official, individual, or |
| | Shrago, Ethan | | | Yes 🗖 | To reward a con | nmunity volunteer for his or her sen | rice to the public; Income |
| | | 2 | | No 🗹 | | | |
| | | | | Yes 🗖 | | | Income |
| | | | | No 🗖 | | | |
| | | | | Yes 🗖 | | | Income |
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| | | | | Yes 🗖 | | | Income |
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| | · · · | | | Yes 🗖 | | | Income |
| | | | | No 🗖 | | | |
| 3. | Verification | | | | | | |
| | I have read and understand FPPC F | | 944.1 ar | nd 18942. I h | ave verified i | that the distribution of adn | nissions, set forth above, |
| | is in accordance with the provisions. | • | | | | | |
| | | | | | | | |

| April | Hannah Greene | Ticket Administrator | 06/01/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| 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.)

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A Public Document

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|------|----------------------------------|---|---------------------------------------|---------------------------|---|------------------------------|-----|
| ١, | Agency Name | | | | Date Stamp | California 80 | 2 |
| | County of Alameda | | | | | Form OU | 4 |
| | Division, Department, or Regi | on (if applicable) | | | | For Official Use Only | (|
| | Board of Supervisors | | | | | | |
| | Street Address | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | |
| | Designated Agency Contact (| Name, Title) | | | Amendment (Must 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) | |
| | (510) 272-3882 | crystal.hishida@acgov. | org | | | | |
|) | Function, Event, or Cere | the second se | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · | | | |
| | | | | | | | |
| | Title Oakland A's vs. Orioles | ; | | Face \ | /alue of Each Admissi | on \$ <u>30</u> | |
| | Deschall Com | Field Tieleste | | | s) <u>04 / 25 / 13</u> | | |
| | Description Baseball Game | , Field Tickets | | Date(s | s) | // | |
| | | | | 0-14 | | | |
| | Ticket(s)/Admission(s) pro | vided by agency? Yes | 🔲 No 🖸 | If no: Oaki | And A's Name of S | ource | |
| | | | | | | | |
| | Was the distribution to per | sons identified below r | nade at the | e behest of | f an agency official? | | |
| | | o v ** o · | | | | | |
| | Yes 🗹 No 🔲 Ify | es: Carson, Keith Superviso | Name /Last I | First) and Title | | | |
| | | | • | nsy and me | | | |
| | The identity of recipient | (s) and the explanatic | on: | | | | |
| | Name | | | | e income box if the agency offi | | |
| | (Last, First) or | Number of Admission(s)/ | Agency Official | | ncome. If the agency official pe vide a description. | rtormeu a ceremoniai roi | θ, |
| | Organization | Ticket(s) | Unicidi | | ome, describe the public purpo ial roles, psrformed by an agen | | |
| | (Name, Address, Descrip | tion) | | organiza | tion. | () () | |
| | Russell, Ed | | Yes 🗖 | To reward a con | nmunity volunteer for his or her serv | ice to the public; Incol | me |
| | | 2 | No 🗹 | | | | ן |
| | | | Yes 🗖 | | | Inco | me |
| | | | No 🗖 | · | | | ן |
| | | | Yes 🗖 ' | | | Inco | me |
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| | Verification | | | • • • • • • • • • • • • • | | | |
| - 14 | I have read and understand FP | PC Regulations 18944.1 an | d 18942. I h | ave verified t | that the distribution of adm | nissions, set forth abo | ve, |
| | is in accordance with the provis | | | | | | |
| | 1 1 - | | | | | | |

| Hang he | Hannah Greene | Ticket Administrator | 05/10/13 |
|--------------------------------------|---------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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|---|--|--|---|--|---|--|--|
| . Agency Name | Date Stamp | California Form | 80 | | | | |
| County of Alameda Division, Department, or Region (if a | anticophia) | | | | For Official | Use Only | |
| | | | , | | | | |
| Board of Supervisors Street Address | | | | | | | |
| | | | | | | | |
| 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Ti | tle) | | | | | | |
| | | | | Amendment (Mu | ist provide explanation i | n Part 3.) | |
| Anna Gee, Operations Chief Area Code/Phone Number E-mail | | | | Date of Original Filir | ла . | | |
| | | | | | (month, day, ye | ar) | |
| | gee@acgov.org | | | a kanaka manaka sa manakanan sa ka manag | | | |
| Function, Event, or Ceremonia | ai kole informa | uon | | | | | |
| Title Rolling Stones | | | Face V | alue of Each Adm | nission \$ _600.00 |) | |
| | | | | | | | |
| Description Concert | | | Date(s) | 05 05 13 | ////// | | |
| | | | | | | | |
| Ticket(s)/Admission(s) provided by agency? Yes 🖸 No 🔲 If no: Warriors | | | | | | | |
| Ticket(s)/Admission(s) provided | by agency? Yes | M NO L | II IIO | Name | e of Source | | |
| Was the distribution to persons i | dentified below n | nade at the | e behest of | an agency officia | | | |
| Was the distribution to persons i | dentified below n e Miley, Alameda Co <i>Official</i> 's | nade at the punty Supervi Name (Last, F | e behest of | an agency officia | | | |
| Was the distribution to persons i Yes ☑ No □ If yes: <u>Nat</u> | dentified below n e Miley, Alameda Co <i>Official</i> 's | nade at the punty Supervi Name (Last, F | behest of sor, District 4 First) and Title Check the taxable in also provi If not incc ceremonic | an agency officia income box if the agenc come. If the agency offi ide a description. me, describe the public al roles, performed by ar | I? cy official claims admi cial performed a ceren purpose, including | ionial role, | |
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| | Anna Gee | Operations Chief | 05/30/13 |
|--------------------------------------|------------|------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month. day. year) |

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

| 1. | Agency Name | | | | | Date Sta | mp | Californ | |
|----|--|---|--|--|---|---|---|---|--|
| | County of Alameda | | | | | | | Form | 002 |
| | Division, Department, or Region (if applicable) | | | | | | | For Offic | al Use Only |
| | Board of Supervisors | | | | | | | | |
| | Street Address | | | | | | | | |
| | 1221 Oak Street, Suite 536 | | | | | | | | |
| | Designated Agency Contact (Name, | Title) | | | | Amendmer | nt (Must.pro | víde explanatio | in Part 3) |
| | Anna Gee, Operations Manager | | | | | | | ninge engelendade | · |
| | Area Code/Phone Number E-ma | il | | | | Date of Origina | al Filing: 🗕 | (month, day, | (ear) |
| | 510-891-5585 anna | a.gee@acgov.org | | | | | | | |
| 2. | Function, Event, or Ceremon | ial Role Information | tion | ERICIALIS SIL CELERICATION D | n ar divizion annual di | | | | |
| | | | | | | | | | n |
| | Title <u>A's vs. Royals</u> | | | | | alue of Each | Admiss | ion \$ | J |
| | Description Baseball Game | | | | Date(s |) 18 | 13 | / | |
| | | | | • | (- | , | | | |
| | Ticket(s)/Admission(s) provided Was the distribution to persons | | | | | | Name of S | Source | |
| | Was the distribution to persons | identified below r iley, Nate - Alameda C Official's nd the explanatic Number of | nade at County Su Name (La Con: | t the b upervisc ast, First cy | ehest of r and Title Check the taxable in | | fficial? | icial claims add | |
| | Was the distribution to persons Yes ☑ No □ If yes: <u>M</u> The identity of recipient(s) ar Name (Last, First) | identified below r iley, Nate - Alameda C Official's nd the explanatic | made at County Su Name (La on: | t the b upervisc ast, First cy | ehest of r) and Title Check th taxable ir also prov If not ince | an agency of e income box if the icome. If the agen ide a description, ome, describe the al roles, performed | fficial? agency off cy official p public purpe | icial claims adi erformed a cer ose, including | emonial role, |
| | Was the distribution to persons Yes ☑ No □ If yes: <u>M</u> The identity of recipient(s) ar Name (Last, First) or Organization | identified below r iley, Nate - Alameda C Official's nd the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La Con: | t the b upervisc ast, First cy al | chest of and Title Check the taxable in also prov If not inco ceremoni organizat | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. | fficial? e agency off cy official p public purpe d by an agen ide expanded | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, Ividual, or |
| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's nd the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La On: Agenc Officia | t the b upervise ast, First al | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description. ome, describe the al roles, performed ion. | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, Ividual, or |
| | Was the distribution to persons Yes I No I If yes: M The identity of recipient(s) ar (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La On: Agenc Officia | t the b upervisc ast, First al • • | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, ividual, or Income |
| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La On: Agend Officia Yes [No] Yes] | t the b upervisc ast, First al • • | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, ividual, or Incom |
| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La On: Agent Officia Yes [No] No] | t the b upervise ast, First, e al To j vulr vulr und | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, ividual, or Incom Incom |
| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La on: Agend Officia Yes [No [Yes] Yes [| t the b upervisc ast, First al C und und | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, ividual, or Incom Incom |
| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La on: Agend Officia Yes [No [Yes] No [Yes] No [| t the b upervisc ast, First, cy at | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | ividual, or Incom Incom Incom Incom |
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| | Was the distribution to persons Yes ☑ No □ If yes: M The identity of recipient(s) ar Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, | identified below r iley, Nate - Alameda C Official's and the explanatic Number of Admission(s)/ Ticket(s) | nade at County Su Name (La on: Agenc Officia Yes [No [No] Yes [No] Yes] No] | t the b upervise ast, First at a a b cy at a cy at a cy at a cy at a cy cy at a cy cy cy at a cy cy cy cy cy cy cy cy cy cy cy cy cy | chest of and Title Check the taxable in also prov If not inco ceremoni organizat promote heal erable popul | an agency of e income box if the acome. If the agen ide a description, ome, describe the al roles, performed ion. th, motivate and provi ations in the County s | fficial? e agency off cy official p public purpe d by an agen ide expanded such as the di | icial claims add arformed a cer ose, including scy official, ind opportunities to | emonial role, ividual, or Income Income Income Income |

 Signature of Agency Head & Designee
 Anna Gee
 Operations Manager
 05/30/13

 Frint Name
 Title
 (month. day. year)

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

| 1. Agency Name | | | | Date Stamp | California | 0/16 | | |
|---|--|---|--|--|--|---|--|--|
| County of Alameda | | Form | 0 U | | | | | |
| Division, Department, or Region (if ap | | For Official U | Jse Only | | | | | |
| Board of Supervisors | | | | | | | | |
| Street Address | | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | | |
| Designated Agency Contact (Name, Tit | 🔲 Amendment (Mu | st provide explanation in | Part 3.) | | | | | |
| Anna Gee, Operations Manager | | | | Deterrited Diffe | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filin | (month, day, year | 1) | | |
| in the second | gee@acgov.org | | | | | | | |
| 2. Function, Event, or Ceremonia | al Role Informat | tion | | | | | | |
| Title <u>A's vs. Giants</u> | | | Face V | /alue of Each Adm | ission \$ <u>38.00</u> | | | |
| | | | | | | | | |
| Description Baseball Game | | | Date(s |) 05 / 27 / 13 | · | | | |
| | · | | | | | | | |
| Ticket(s)/Admission(s) provided I | cket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Athletics | | | | | | | |
| | | | | | | | | |
| Yes 🗹 No 🚺 Ifyes: 📶 | ey, Nate - Alameda C Official's | County Super Name (Last,) | rvisor First) and Title | | | | | |
| The identity of recipient(s) and Name (Last, First) or | the explanatic Number of Admission(s)/ | | Check th taxable in also prov | e income box if the agenc icome. If the agency offic ide a description. | cial performed a ceremo | - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | | |
| The identity of recipient(s) and Name (Last, First) | the explanatic | on: Agency | Check th taxable in also prov If not inc- ceremon | e income box if the agenc ncome. If the agency offic lde a description. ome, describe the public ial roles, performed by an | cial performed a ceremo purpose, including | onial role, | | |
| The identity of recipient(s) and Name (Last, First) or Organization | the explanatic Number of Admission(s)/ | on: Agency | Check th taxable in also prov If not incc ceremon organizat | e income box if the agency ncome. If the agency offici ride a description, ome, describe the public ial roles, performed by an tion. inty employee for her exempl | cial performed a ceremo purpose, including agency official, individ | onial role, lual, or | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | the explanation | ON: Agency Official Yes 🗖 | Check the taxable in also prov If not incc ceremon organizat To reward a Cou to encourage star To promote all | e income box if the agency ncome. If the agency offici ride a description, ome, describe the public ial roles, performed by an tion. inty employee for her exempl | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Iual, or Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika | the explanatic Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes Yes Yes Yes | Check the taxable in also prov If not incc ceremon organizat To reward a Cou to encourage star To promote all | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Iual, or Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika | the explanatic Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes Yes No Yes No Yes No Z | Check the taxable in also prov If not incceremoni organizat To reward a Couto encourage sta To promote al order to maxin | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Iual, or Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika | the explanatic Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes Yes Yes No Yes Yes Yes Yes Yes | Check the taxable in also prov If not incceremoni organizat To reward a Couto encourage sta To promote al order to maxin | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika | the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No | Check the taxable in also prov If not incceremoni organizat To reward a Couto encourage sta To promote al order to maxin | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika | the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes | Check the taxable in also prov If not incceremoni organizat To reward a Couto encourage sta To promote al order to maxin | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy | the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No | Check the taxable in also prov If not incceremoni organizat To reward a Couto encourage sta To promote al order to maxin | e income box if the agency ncome. If the agency offic ride a description, ome, describte the public fal roles, performed by an tion. Inty employee for her exempl aff development tendance at an event held nize potential County reve | cial performed a ceremon purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy 3. Verification | the explanation of Admission(s)/Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No | Check th taxable ir also prov If not inc. ceremon organizat To reward a Cou to encourage sta order to maxir | e income box if the agency noome. If the agency offic vide a description. one, describe the public ial roles, performed by an tion. Inty employee for her exempl off development teendance at an event held <u>nize potential County reve</u> | cial performed a ceremo purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy 3. Verification I have read and understand FPPC Reg | the explanation of Admission(s)/Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No | Check th taxable ir also prov If not inc. ceremon organizat To reward a Cou to encourage sta order to maxir | e income box if the agency noome. If the agency offic vide a description. one, describe the public ial roles, performed by an tion. Inty employee for her exempl off development teendance at an event held <u>nize potential County reve</u> | cial performed a ceremo purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Income Income Income Income Income Income | | |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Dunlap, Kamika Fitzgerald, Amy | the explanation of Admission(s)/Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No | Check th taxable ir also prov If not inc. ceremon organizat To reward a Cou to encourage sta order to maxir | e income box if the agency noome. If the agency offic vide a description. one, describe the public ial roles, performed by an tion. Inty employee for her exempl off development teendance at an event held <u>nize potential County reve</u> | cial performed a ceremo purpose, including agency official, individ ary service to the public or d at a County facility in enue from parking and | Incom Incom Incom Incom Incom Incom Incom | | |

| | Anna Gee | Operations Manager | 05/30/13 |
|--------------------------------------|------------|--------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Α | Pul | blic | Docu | ment |
|---|-----|------|------|------|
|---|-----|------|------|------|

| noncertainission Distributio | 113 | | | A | Fublic Docum |
|---|--|--------------------|--------------------------------------|---|---|
| 1. Agency Name | | | | Date Stamp | California |
| County of Alameda | | | | | California Form 80 |
| 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 in Part 2.) |
| Anna Gee, Operations Manager | | | | | unde explanation in Fart 3.) |
| Area Code/Phone Number E-mail | | ····· | | Date of Original Filing: _ | (month, day, year) |
| 510-891-5585 anna.ge | ee@acgov.org | | | | |
| . Function, Event, or Ceremonial | Role Informat | tion | | | |
| | | | | | 00.00 |
| Title <u>A's vs. Royals</u> | | | Face V | /alue of Each Admiss | sion \$ <u></u> |
| Description Baseball Game | | | | <u>, 05 , 31 , 13</u> | 06 ,01 ,1 |
| Description Description | | | Date(s | 5)/// | <i>-</i> |
| Yes ☑ No □ If yes: <u>Miley</u> The identity of recipient(s) and | , Nate - Alameda C Official's the explanatio | | ervisor First) and Title | | |
| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable i also prov If not inc | e income box if the agency of ncome. If the agency official p vide a description. ome, describe the public purp ial roles, performed by an age tion. | performed a ceremonial rol rose, including |
| United Seniors of Oakland & Alameda | | Yes 🗖 | To promote hea | Ith, motivate and provide expande | |
| County | 4 | No 🗹 | | lations in the County such as the c seniors and youth in foster care | lisabled, |
| 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605 | 5 | Yes 🗖 | - CALLARIA CHILINA CAL | | lnco |
| | | No 🗖 | | | Ľ |
| senior advocacy | | Yes 🗖 | | | Inco |
| | | No 🗖 | | | C |
| | | Yes 🗖 | 1 | | Inco |
| | | No 🗖 | | | |
| | | Yes 🗖 | | | Inco |
| 1 | 1 | No 🗖 | 1 | | E |

3. Verification

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

| AND IS | Anna Gee | Operations Manager | 05/30/13 |
|--------------------------------------|------------|--------------------|--------------------|
| 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.) 2 tickets given to each date

.

| | 0113 | | | | A | | Gumen |
|--|------------------------------------|--|------------------------|-----------------------------|--|---|----------|
| 1. Agency Name | **** | | alan kanala serang dan | | Date Stamp | California | 000 |
| County of Alameda | | | | | | Form | 002 |
| Division, Department, or Region (if a | oplicable) | | | | | For Official L | lse Only |
| Board of Supervisors | | | | | | | |
| Street Address | | | | | | | |
| 1221 Oak Street, Suite 536 | | | | | | | |
| Designated Agency Contact (Name, T | itle) | | | | Amendment (Must pro | ovide explanation in i | Part 3.) |
| Anna Gee, Operations Manager | | | | | | • | |
| Area Code/Phone Number E-mai | | | | | Date of Original Filing: | (month, day, year |) |
| 510-891-5585 anna | .gee@acgov.org | | | | | | |
| 2. Function, Event, or Ceremoni | al Role Informa | tion | | | | | |
| Title A's vs. Cubs/Angels | | | | - , | | · • 85.00 | |
| | | | | Face V | /alue of Each Admiss | ion \$ | |
| Description Baseball Game | | | | Date(s | <u>, 07 , 03 , 13</u> | 07 , 26 | , 13 |
| | | and an and a second | | Date(3 | · / ·································· | ana | |
| Ticket(s)/Admission(s) provided | hu aganay2 Vaa | | | If no. Oakl | and Athletics | | |
| never(a)/Admission(a) provided | by agency: res | | | II IIO | Name of S | Source | |
| Yes ☑ No □ If yes: <u>^{Mill}</u> The identity of recipient(s) an | ey, Nate - Alameda C Official's | | upen ast, F | visor irst) and Title | | | |
| | | ///. [| | e Charleth | e income box if the agency off | icial claime admice | loo ac |
| Name (Last, First) | Number of | Agen | icv | | ncome. If the agency official p | | |
| or Organization | Admission(s)/ | Offic | | | /ide a description. ome, describe the public purp | ose including | |
| (Name, Address, Description) | Ticket(s) | | | ceremon | ial roles, performed by an age | | ual, or |
| American Cancer Society | | Yes | | organiza To reward a sch | ool or nonprofit organization for its | contributions to the | Income |
| American Cancel Society | 4 | | | community | | | |
| 1700 Webster Otrest Oskiend CA 04612 | | Yes | | | | | Income |
| 1700 Webster Street, Oakland, CA 94612 | | 1 | | | | | |
| | | Yes | | | | | Income |
| cancer awareness | | 1 | | | | | |
| | | | | T | Handanaa aha Qayah | ad avant as av-=+ | Income |
| Alves, Jeff | 4 | | | | ttendance at a County sponsor nty facility in order to maximize | | |
| | | Yes | | | ny nonny in order to maximize | potontial obunty | Income |
| / | | | | | | | |
| | | | | | na na se se con la secon de la constanción de la constanción de la constanción de la constanção de la constanç | | |
| 3. Verification | | | | | | <i></i> | |

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

| API | Anna Gee | Operations Manager | 05/30/13 |
|--------------------------------------|------------|--------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month. day, year) |

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

| 1. Agency Name | | and the state of the | I | Date Stamp | California | 000 |
|--|---|--|--|---|---|---|
| County of Alameda | | | | , | Form | .002 |
| Division, Department, or Region (if | applicable) | | | | For Official | Use Only |
| Board of Supervisors | | | | | | |
| Street Address | | | | | | |
| 1221 Oak Street, Suite 536 | T:11 - 1 | | | | | |
| Designated Agency Contact (Name, | , I IIIe) | | | Amendment (Mu | st provide explanation ir | n Part 3.) |
| Anna Gee, Operations Manager Area Code/Phone Number IE-ma | ail | | | Date of Original Filin | a. | |
| | | | | | (month, day, yea | ar) |
| 2. Function, Event, or Ceremor | a.gee@acgov.org | tion | | | | |
| | | | | | | |
| Title A's vs. Rangers/Indians | | | Face V | alue of Each Adm | ission \$ <u>85.00</u> | |
| Description Baseball Game | | | Date(s | 08 02 13 | | 8 13 |
| • | | | | | | |
| Ticket(s)/Admission(s) provide | d by agency? Yes | | f no: Oakla | and Athletics | | |
| | | | | Name | e of Source | |
| | | | | | | |
| Was the distribution to nersons | identified below r | nado at th | a hahast of | an agency officia | 12 | |
| Was the distribution to persons | s identified below r | nade at th | e behest of | an agency officia | 1? | |
| | | | | an agency officia | 1? | |
| | s identified below r /liley, Nate - Alameda C Official's | | | an agency officia | 1? | |
| | /iley, Nate - Alameda C Official's | County Super Name (Last, F | | an agency officia | 1? | |
| Yes ☑ No ☐ If yes: <u>^</u> The identity of recipient(s) a _{Name} | /iley, Nate - Alameda C Official's | County Super Name (Last, F DD: | visor First) and Title | e income box if the agenc | ry official claims admis | |
| Yes ☑ No ☐ If yes: <u>^</u> The identity of recipient(s) a | /liley, Nate - Alameda C Official's nd the explanatic Number of | County Super Name (Last, F | visor First) and Title Oneck the taxable in also prov | e income box if the agenc come. If the agency offic ide a description. | ry official claims admis Sial performed a cerem | |
| Yes ☑ No ☐ If yes: ▲ The identity of recipient(s) a Name (Last, First) or Organization | /iley, Nate - Alameda C Official's nd the explanatic | County Super Name (Last, F DD: Agency | Visor First) and Title Check the taxable in also prov If not incc | e income box if the agenc come. If the agency offic | ry official claims admis cial performed a cerem purpose, including | ionial role, |
| Yes I No I If yes: M The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description) | /liley, Nate - Alameda C Official's nd the explanatic Number of Admission(s)/ Ticket(s) | County Super Name (Last, F ON: Agency Official | Visor First) and Title • Check the taxable in also prov • If not incc ceremoni organizat | e income box if the agenc come. If the agency offic ide a description. ome, describe the public j al roles, performed by an ion. | ry official claims admis cial performed a cerem purpose, including agency official, indivi | ionial role, dual, or |
| Yes ☑ No ☐ If yes: ▲ The identity of recipient(s) a Name (Last, First) or Organization | /liley, Nate - Alameda C Official's nd the explanatic Number of Admission(s)/ Ticket(s) | County Super Name (Last, F on: Agency Official Yes 🗖 | Visor First) and Title • Check the taxable in also prov • If not incc ceremoni organizat | e income box if the agenc come. If the agency offic ide a description. me, describe the public al roles, performed by an | ry official claims admis cial performed a cerem purpose, including agency official, indivi | ionial role, dual, or |
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| 1 DA AS | Anna Gee | Operations Manager | 05/30/13 |
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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.) 1 parking pass given 8/2 game. Entire box given for 8/18 game.