Α	Public	Document

	cketAdimaalon Diati	ibutions	2					~		cument
1.	Agency Name						Date Stamp		California	202
	County of Alameda								Form	002
	Division, Department, or Region (if applicable)							For Official L	Jse Only	
	Board of Supervisors									
	Street Address		****************							
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	Name,Title)					Amendment (A	Aust pro	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					,	,	ŕ
	Area Code/Phone Number	E-mail					Date of Original Fi	ling:	(month, day, year	<del>)</del>
	(510) 272-3882	crystal.his	shida@acgov.	org						
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Oakland A's vs. Reds					<b>5</b>			<b>e</b> 85	
					-	Face V	/alue of Each Ad	missi	on \$	
	Description Baseball Game	e, Loge tick	ets			Date/s	) 06 _ 25	13	1	1
						Duto(o				
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗖	If no <sup>. Oakl</sup>	and A's			
		indea by e	.gonoy. 100				Nar	ne of S	Source	
								:-10		
Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: Carson, Keith Supervisor										
Official's Name (Last, First) and Title										
	The identity of recipient	(s) and th	e explanatio	on:						
Name Check the income box if the agency official claims admission							sion as			
	(Last, First)		Number of	Age		1	ncome. If the agency of	fficial p	erformed a ceremo	onial role,
	O		Admission(s)/ Ticket(s)	• if not inc			provide a description. t income, describe the public purpose, including			
	(Name, Address, Descrip	otion)		ceremor		organiza	onial roles, performed by an agency official, individual, or zation.			ual, or
	Alameda Health System			Yes			ool or nonprofit organizatio	n for its (	contributions to the	Income
			4	No	V	community;				
				Yes						Income
				No						
				Yes						Income
				No						
				Yes						Income
				No						
				Yes						Income
				No						

## 3. Verification

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

And he	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

	cket/Aumission Dist	induona	3				r	r Fublic Do	cument
1.	Agency Name		· · · · · · · · · · · · · · · · · · ·				Date Stamp	California	002
	County of Alameda							Form	802
	Division, Department, or Regi	ion (if applica	ble)					For Official U	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Must	rovide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						r un o.y
	Area Code/Phone Number	E-mail			••••		Date of Original Filing:	(month, day, year	
	(510) 272-3882	crystal.his	shida@acgov.	org					,
2.	Function, Event, or Cere	monial R	ole informat	tion					
	Oakland Maya Dada							05	
	Title Oakland A's vs. Reds					Face V	alue of Each Admis	sion \$ _ <sup>85</sup>	
	Description Baseball Game	l oge tick	ets			Data	) 06 , 25 , 13	,	,
	Description Description	, Logo tok				Date(s	)//	/	/
	<b>T</b> I. ((.)) (A. (.)) (.) (.) (.)		<b>0</b> Y		_	ur Oakl	and A's		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗸	If no: <u>our</u>	Name o	f Source	
	Was the distribution to per	sons iden	tified below r	nade a	at the	e behest of	an agency official?		
	Yes 🗹 No 🗖 lfy4	es. Carson,	Keith Superviso	or					
			Official's	Name (L	ast, F	First) and Title			
	The identity of recipient	(s) and th	e explanatio	on:					
	Name	(-)		Г		Check th	e income box if the agency o	fficial claims admis	sion as
	(Last, First)		Number of	Ager	ncy	taxable in	come. If the agency official		
	or Organization		Admission(s)/	Offic	cial		ide a description. ome, describe the public pu	pose, including	
	(Name, Address, Descrip	otion)	Ticket(s)				al roles, performed by an ag		ual, or
	National Women's Political Cau			Yes	Π		ool or nonprofit organization for i	is contributions to the	Income
		.005	4	No		community;			
				Yes					Income
				No					
	•. • ·····			Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
				No					
3.	Verification								

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

And he	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

1. Agency Name			Date Stamp	California 802
County of Alameda				Form OUZ
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Board of Supervisors				
Street Address			1	
1221 Oak Street, Suite 536				
Designated Agency Contact (	Name,Title)		Amendment (Must pro	vide explanation in Part 3.)
Cheryl Perkins, Clerk, Board	l of Supervisors			nde explanation in Fait 6.9
Area Code/Phone Number	E-mail		Date of Original Filing:	(month, day, year)
(510) 272-3882	cheryl.perkins@acgov.org			······
2. Function, Event, or Cere	emonial Role Information			
Title KMEL Suv	nmerJam	Face	Value of Each Admiss	ion \$_ <u>142,95</u>
Description		Date(	s) <u>le, le, 13</u>	//
Ticket(s)/Admission(s) pro	ovided by agency? Yes ☑ No ∣	🔲 lf no:	GSW Name of S	Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes 🗹	No 🗖	If yes:	Alameda County Supervisor Scott Haggerty, District 1
in the second	in the second		

Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Albert Teixeira	2	Yes □ No □	To promote attendance at a county sponsored event in order to maximize potential county
		Yes □ No □	revenue for concession and parking sales.
		Yes □ No □	Income
		Yes 🗖 No 🗖	
		Yes □ No □	Income

## 3. Verification

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

Leilen Jervico	Lee Ann Fergerson	Ticket Administrator	10-5-13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# **A Public Document**

noncurrannission b							
1. Agency Name					Date Stamp	10 m m	ornia 802
County of Alameda						10.00	
Division, Department, or	Region (if applica	ble)			1	For	Official Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite	536						
Designated Agency Con	tact (Name, Title)				Amendment (M	ust provide expla	nation in Part 3 )
Cheryl Perkins, Clerk, E	Board of Supervi	isors					nuuon III 1 un 0.)
Area Code/Phone Numb	er E-mail				Date of Original Fili	ng:	day, year)
(510) 272-3882	cheryl.per	kins@acgov.c	org				
2. Function, Event, or	Ceremonial R	ole Informat	tion		N		
Title A's Baseball							30.00
Title					ace Value of Each Adr		
Description				D	Date(s) <u>6 15,1</u>	3	
					Oakland Athleti		
				1.141000	Oakland Athleti	US	
Ticket(s)/Admission(s	) provided by a	igency? Yes	🗹 No 🗖	l If no			
Ticket(s)/Admission(s Was the distribution to	o persons iden	tified below n	nade at th	e beh	Nan	e of Source	
Was the distribution to Yes ☑ No 🔲	o persons iden If yes:	tified below m County Supervisor Sco Official's	nade at th ott Haggerty, Dis Name (Last,	e beho strict 1	Namest of an agency officia	e of Source	
Was the distribution to Yes ☑ No ロ The identity of recip	o persons iden If yes:	tified below m County Supervisor Sco Official's	nade at th ott Haggerty, Dis Name (Last,	e beho strict 1 First) an	Nam est of an agency officia nd Title	e of Source	ns admission as
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs	o persons iden If yes: <u>Alameda C</u> iient(s) and th	tified below m County Supervisor Sco Official's	nade at th ott Haggerty, Dis Name (Last,	e beho trict 1 <i>First) an</i> • C ta	Nam est of an agency officia of Title heck the income box if the agen ixable income. If the agency off	ne of Source al?	
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or	o persons iden If yes: <u>Alameda C</u> bient(s) and th	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, J on:	e beho strict 1 First) an ta at a If	Nam est of an agency officia of <i>Title</i> heck the income box if the agen ixable income. If the agency off lso provide a description. not income, describe the public	ne of Source al? icy official claim icial performed : purpose, includ	a ceremonial role, ding
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs	o persons iden If yes: <u>Alameda C</u> ilent(s) and th st) on	tified below n County Supervisor Sco Official's e explanation Number of	nade at th ott Haggerty, Dis Name (Last, J on: Agency	e behe strict 1 <i>First) an</i> • C ta al • If	Nam est of an agency officiand and Title heck the income box if the agen ixable income. If the agency off iso provide a description.	ne of Source al? icy official claim icial performed : purpose, includ	a ceremonial role, ding
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> pient(s) and th at) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, J on: Agency	e behe trict 1 <i>First) an</i> C ta al <i>G</i> C ta al <i>G</i> on	Nam est of an agency officia of <i>Title</i> heck the income box if the agen ixable income. If the agency off iso provide a description. not income, describe the public eremonial roles, performed by a rganization.	e of Source al? icial performed : purpose, inclur n agency officia a county spo	a ceremonial role, ding II, individual, or onsored
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati	o persons iden If yes: <u>Alameda C</u> pient(s) and th at) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, on: Agency Official	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding II, individual, or onsored punty
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, on: Agency Official Yes 🗖	e behe trict 1 First) an C ta al f co o	Nam est of an agency officia of <i>Title</i> heck the income box if the agen ixable income. If the agency off iso provide a description. not income, describe the public eremonial roles, performed by a rganization.	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding II, individual, or onsored punty
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, J on: Agency Official Yes D No	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding II, individual, or onsored punty
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Die Name (Last, on: Agency Official Yes I Yes I	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding nl, individual, or onsored ounty ales.
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, on: Agency Official Yes No Yes No Yes No	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding II, individual, or onsored punty ales.
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, Jon: Agency Official Yes No Yes No Yes No Yes No Yes No	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding il, individual, or onsored punty ales. Income
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, on: Agency Official Yes No Yes No Yes No Yes No Yes No	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding il, individual, or onsored punty ales. Income
Was the distribution to Yes ☑ No □ The identity of recip Name (Last, Firs or Organizati (Name, Address, D	o persons iden If yes: <u>Alameda C</u> <b>bient(s) and th</b> st) on escription)	tified below n County Supervisor Sco Official's e explanation Number of Admission(s)/	nade at th ott Haggerty, Dis Name (Last, Jon: Agency Official Yes No Yes No Yes No Yes No Yes No	e behe trict 1 First) an C ta al f co o	Name Name	e of Source al? icial performed purpose, inclur n agency officia a county spo e potential co	a ceremonial role, ding il, individual, or onsored punty ales. 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.

Leelin frying	Lee Ann Fergerson	Ticket Administrator	6-4-13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docun	nent
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[]	cket/Admission Distributions				A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Region (if application)	ble)				For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
	Cheryl Perkins, Clerk, Board of Supervi	sors				
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882 cheryl.per	kins@acgov.c	org			
2.	Function, Event, or Ceremonial Re	ole Informat	ion			
	Title VANKLES/SKY	Вох		Face	Value of Each Admiss	ion \$ <u>1780</u>
	Description V9. A'S	· /			s) <u>6 1213</u>	, //
	Ticket(s)/Admission(s) provided by a	gency? Yes				
					Name of S	Source
Was the distribution to persons identified below made at the behest of an agency official? Yes I No I If yes: <u>Manuala Columba Supervision Death</u> Hagguty, Dist, I Official's Name (Last First) and Title The identity of recipient(s) and the explanation:						
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro • If not inc	te income box if the agency off ncome. If the agency official p vide a description. :ome, describe the public purp ial roles, performed by an agen tion.	erformed a ceremonial role, ose, including
£.,	Sund Golf Course =	20	Yes □ No ☑	event ir	note attendance at a cou o order to maximize poter e for concession and park	ntial county
			Yes (□ No □			- -
	· · ·		Yes □ No □			Income
			Yes 🔲			
			No 🗖		· · · · · · · · · · · · · · · · · · ·	
			Yes 🗖			Income
		· · · ·	No 🗖			

#### 3. Verification

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

Julin Jorener	Lee Ann Fergerson	Ticket Administrator	0/19/13
Signature of Agency Head or Designee	Print Name	Title	(month,lday, year)

A Public Document

			•				
1.	Agency Name					Date Stamp	California <b>202</b>
	County of Alameda						Form OUZ
	Division, Department, or Regi	on (if applica	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (	Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
	Cheryl Perkins, Clerk, Board		isors				
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
	(510) 272-3882		rkins@acgov.c	-			
2.	Function, Event, or Cere	emonial R	ole Informat	tion			
	Title A'S Ga	me			Face	Value of Each Admissi	ion \$ <u>3000</u>
	Description	sebal	l		Date(	s) 8 115 , 30	7,30,15
	Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no:						
				l	<u>iks</u> t) and Title	v Seatt Dagseit	9,121st,1
	The identity of recipient	(s) and th	e explanatio	on:			
	Name (Last, First) or Organization (Name, Address, Descrip	(Last, First)     Number of Or     Agency     taxable income. If the agency official performed a cere also provide a description.				erformed a ceremonial role, ose, including	
	JoeFreitas	+	4	Yes □ No □	event	mote attendance at a cou in order to maximize pote ie for concession and par	ntial county
				Yes □ No □	Teveni		
				Yes □ No □			
				Yes 🗖 No 🗖			Income
		<u> </u>		Yes 🗖 No 🗖			Income
-		0.02					

## 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.

Lee Ann Fergerson **Ticket Administrator** Print Name Title Signature of Agency Head or Designee (mdnth, day, year)

A Public Document

•••	ckeuAumission Distri	ibuliona			A	rubiic Documen		
1.	Agency Name				Date Stamp	California		
	County of Alameda					Form OUZ		
	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 prov	uide evelopetion in Dert 2.)		
	Cheryl Perkins, Clerk, Board	of Supervisors				vide explanation in Part 3.)		
		E-mail			Date of Original Filing:	(month, day, year)		
	(510) 272-3882	cheryl.perkins@acgov.c	ora			(monal, day, year)		
2.	Function, Event, or Cere		-					
	Title BASEBAIL					GGOD		
	Title			Face V	/alue of Each Admissi	on \$		
	Description DAKLA	ND A.S	<u>.</u>	Date(s	$l_{\alpha}$ (1) (2)			
	Ticket(s)/Admission(s) pro	)alland A Namé of S	thletics					
	Was the distribution to persons identified below made at the behest of an agency official? Yes D No D If yes: <u>Adwedu County Supervisor Scott</u> Haggerty, Disl. ] Official's Name (Last, Filist) and Title							
	The identity of recipient(	s) and the explanation	on:					
	Name (Last, First) or Organization (Name, Address, Descrip)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov If not inc	e income box if the agency offi ncome. If the agency official pe vide a description. ome, describe the public purpo ial roles, performed by an agen tion.	erformed a ceremonial role, ose, including		
	Mario Juavez	, U	Yes <b>□</b> No <b>□</b>	event in	ote attendance at a count order to maximize potenti for concession and parkir	al county		
		ţ	Yes 🗖 No 🗖	TOVENUE		Income		
	· · · · · · · · · · · · · · · · · · ·		Yes 🗖			Income		
			No 🗖					
			Yes 🗖			Income		
			No 🗖					

#### 3. Verification

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

Yes 🗖

No 🗖

Seehn Kryur	Lee Ann Fergerson	Ticket Administrator	13-06-14
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

Income

Α	Ρι	ldı	ic	Do	cui	me	nt
-	70.17						

icket/Admission Dist	ributions			A	Public Documer
. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
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)				
Cheryl Perkins, Clerk, Boar	d of Supervisors			Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	
				S	(month, day, year)
(510) 272-3882	cheryl.perkins@acgov.c				
Function, Event, or Cer	emonial Role Informat	lion		. 8	
Title A'S BASE	BALL GAME		Face	alue of Each Admiss	ion \$ 2000
1.0.0			1 400 1		
Description V5 Ca	ardinals		Date(s	6,28,13	
Ticket(s)/Admission(s) pro	ovided by agency? Yes	I If no. Oc	akland Athletics		
neket(e)/Admission(e) pr	orrada by agondy? Tes			Name of Source	
				<i>(</i> ) - 10	
Was the distribution to pe				A	i
Yes 🗹 No 🗖 Ify	ves: <u>Anneda Cou</u> Official's	uty Si	LOENISO	r Scott Augger	fy Dist.1
	Official's	Name (Last, F	First) and Title	10	
The identity of recipien	t/e) and the evolanatic				
		///. 	Chast th		tated a tates a standard and an
Name (Last, First)	Number of	Agency	Les weight house of	e income box if the agency off ncome. If the agency official p	
or	Admission(s)/	Official	1211	ride a description.	
Organization (Name, Address, Descri	ption) Ticket(s)			ome, describe the public purpo ial roles, performed by an ager	
(10000)			organiza		
TRI-VALLEY HOUS	>1NG 7-	Yes 🗖	To rewa public	rd a community volunteer fo	
OPPORTUNITY CEN	JAPE III	No 🗖	public		
		Yes 🗖			Income
		No 🗖		8	
		Yes 🗖			Income
		No 🗖			

#### 3. Verification

N

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

Yes 🗖

Yes 🗖

No 

No

Juli Antis	Lee Ann Fergerson	Ticket Administrator	6/11/13
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

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

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Ticket/Admissi	on Distributio	ons				A Public Documen	
1. Agency Name					Date Stamp	California Form 802	
County of Alame	da		Form OUZ				
	ent, or Region (if ap)	plicable)				For Official Use Only	
Board of Supervi	sors						
Street Address							
1221 Oak Street,	Suite 536						
	cy Contact (Name, Titi						
	<ul> <li>C. S. S.</li></ul>	Amendment (Must	provide explanation in Part 3.)				
Area Code/Phone	Clerk, Board of Sup	ervisors			Date of Original Filing		
						(month, day, year)	
(510) 272-3882		.perkins@acgov.c					
2. Function, Ever	nt, or Ceremonia	al Role Information	tion				
Title A's Baseba	I				Face Value of Each Admis	ssion \$ <u>.30.00</u>	
Description	Description Januare Game				Date(s) <u>(</u> 12, (2	, 2	
					Oakland Athletics	akland Athletics	
Ticket(s)/Admission(s) provided by agency? Yes 🖸 No 🔲					If no:		
					Name c		
Was the distribu	ition to persons id	dentified below r	nade at the	e be	hest of an agency official?	•	
	Alam	eda County Supervisor Sc	ott Haggerty, Dis	trict 1			
Yes 🗹 No	If yes:	eda County Supervisor Sc Official's	Name (Last, F	First)	and Title		
The identity of	recipient(s) and	the explanation	on:				
Org	Name ast, First) or janization ress, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	•	Check the income box if the agency taxable income. If the agency officia also provide a description. If not income, describe the public pu ceremonial roles, performed by an a organization.	l performed a ceremonial role, rpose, including	
Norberto V	elet	2	Yes 🗖 No 🗖		To promote attendance at a c event in order to maximize po	tential county	
100.00.00	<u> </u>		Yes 🗖	t	revenue for concession and p	barking sales.	
			No 🗖	1		L	
-			Yes 🗖			Income	
			Yes 🗖	-			
			res 🗖	1		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 🗖

Yes 🗖

No 🗖

Leliper 5-6	Lee Ann Fergerson	Ticket Administrator	6-7-13
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.)

Income

Α	P	ub	lic	<b>Document</b>

field a fullified for broathout of					i diono boodinon
1. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if appli	cable)			1	For Official Use Only
Board of Supervisors					
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Cheryl Perkins, Clerk, Board of Super	visors			Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
(510) 272-3882 cheryl.p	erkins@acgov.d	org		(5) (5)	(monun, day, year)
2. Function, Event, or Ceremonial	the second se	the second s			
Title KMBL Summ	erlan		Face	Value of Each Admiss	ion \$ <u>142.95</u>
Description	9		Date	(s) 6, 10, 13	//
Was the distribution to persons ide Yes ☑ No □ If yes: <sup>Alameda</sup> The identity of recipient(s) and t	a County Supervisor Sc Official's	ott Haggerty, Dis Name (Last, F	trict 1		Source
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pr ● If not ir	the income box if the agency of income. If the agency official p ovide a description. icome, describe the public purp onial roles, performed by an age tation.	performed a ceremonial role, ose, including
Seguindo & Sheena	# 2	Yes □ No □	event	omote attendance at a cou in order to maximize pote ue for concession and par	ntial county
Bauen	(**)(	Yes 🗖	revenu	te for concession and par	king sales.
Frunco		No 🗖			<b>L</b>
·····		Yes 🗖			Income
		No 🗖			
		Yes 🗖 No 🗖			Income
Xee		Yes 🗖			Income
		No 🗖			
3 Verification					

#### 3. Verification

 $\square$ 

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.

Julion	Lee Ann Fergerson	Ticket Administrator	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document
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Ticket Admission District	Julions			~ ~		cument
1. Agency Name				Date Stamp	California	002
County of Alameda					Form	802
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	ame, Title)					
Crystal Hishida Graff, Clerk, B	loard of Supervisors			Amendment (Must pro	ovide explanation in	Part 3.)
	-mail			Date of Original Filing:	(month, day, yea	-)
(510) 272-3882	crystal.hishida@acgov.	ora			(month, day, yea	<i>r)</i>
2. Function, Event, or Ceren						
Title Oakland A's vs. Yankees	3		Face \	Value of Each Admiss	ion \$ _ <sup>85</sup>	
				00 11 12		
Description Baseball Game,	Loge tickets		Date(s	s) <u>06</u> <u>11</u> <u>13</u>	/	/
Ticket(s)/Admission(s) provi	ided by agency? Yes	🗆 No 🗹	] If no: Oak	and A's		
				Name of S	Source	
Was the distribution to pers	ons identified below r	nade at th	e behest of	an agency official?		
				an ageney enteral		
Yes 🔽 No 🔲 Ifyes	Carson, Keith Superviso	or		<u></u>		
	Official's	Name (Last,	First) and Title			
The identity of recipient(s	) and the explanation	on:				
Name		1	Check th	e income box if the agency off	icial claims admis	sion as
(Last, First)	Number of	Agency		ncome. If the agency official p	erformed a cerem	onial role,
or Organization	Admission(s)/	Official	· ·	vide a description. come, describe the public purpo	ose, including	
(Name, Address, Description	on) Ticket(s)			ial roles, performed by an ager		dual, or
Radford, Yvette		Yes 🗖		nmunity volunteer for his or her serv	vice to the public;	Income
Radiola, Ivelle	4	No 🗹				
······································	· ·	Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🔲				
		Yes 🗖				
		No 🗖				Income
		Yes 🗖			,,, .	
						Income
			1			
3. Verification						

#### Verification

1

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

An re	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1.	Agency Name						Date Stamp		California Form	002
	County of Alameda								Form	002
	Division, Department, or Reg	ion (if applica	ble)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	Name, Title)					Amendment (	Must prov	vide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					nuor pro		, are only
		E-mail	·····				Date of Original Fi	iling:	(month, day, yea	ir)
	(510) 272-3882	crystal.his	shida@acgov.o	org						,
2.	Function, Event, or Cere	emonial R	ole Informat	tion			••••••••••••••••••••••••••••••••••••••			
	Ookland Ala va Vanka						_		. 20	
	Title Oakland A's vs. Yanke	es			_	Face	Value of Each Ac	Imissi	on \$	
	Description Baseball Game	e Field tick	ets			Detel	s) <u>06 / 11 /</u>	13	,	,
	Description				-	Date(s	5)///		/	//
	<u> </u>		• • •		_	Oaki	land A's			
				Λ [7]	It no. Our	iunu / to				
	Ticket(s)/Admission(s) pro						/10	me of S	ource	
	Was the distribution to per Yes ☑ No 🔲 If y	rsons iden es: <u>Carson,</u>	tified below n Keith Superviso Official's	nade a r Name (I	at the		f an agency offic		ource	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient	rsons iden es: <u>Carson,</u>	tified below n Keith Superviso Official's	nade a r Name (I	at the	e behest of	f an agency offic	ial?		sion as
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons iden es: <u>Carson,</u>	tified below n Keith Superviso Official's e explanatic Number of	nade a r Name (I on: Agen	Last, F	e behest of First) and Title • Check th taxable i	f an agency offic	ial?	cial claims admis	
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient <sub>Name</sub>	rsons iden es: <u>Carson,</u>	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/	nade a r Name (L on:	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also pro</li> <li>If not income taxable is also pro</li> </ul>	f an agency offic	ial? ency offi fficial pe lic purpo	cial claims admis rformed a cerem se, including	onial role,
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of	nade a r Name (I on: Agen	Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also pro</li> <li>If not income taxable is also pro</li> </ul>	f an agency offic ne income box if the agency o ncome. If the agency o vide a description. come, describe the pub nial roles, performed by	ial? ency offi fficial pe lic purpo	cial claims admis rformed a cerem se, including	onial role,
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/	nade a r Name (I on: Agen	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role,
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/	nade a r Name (1 on: Agen Offic	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, describe the pub- ial roles, performed by ttion.	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role, dual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (l on: Offic Yes	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role, dual, or Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (L On: Offic Yes No	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role, dual, or Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (l on: Age Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (I on: Age Offic Yes No Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	onial role, dual, or Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (1 on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	anial role, dual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (I on: Age Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	anial role, dual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Carson,</u> (s) and th	tified below n Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a r Name (1 on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also pro</li> <li>If not inceremor organiza</li> <li>To reward a Comparisation</li> </ul>	f an agency offic he income box if the agency of ncome. If the agency of vide a description. come, descripte the pub- vial roles, performed by tion. unty employee for his or he	ency offi official pe lic purpo an agen	cial claims admis erformed a cerem se, including cy official, indivi	anial role, dual, or Income Income Income Income

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

Ash to	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	Α	Pub	lic	Document
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1.									
	Agency Name					1	Date Stamp	California	202
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	ble)					For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (/	Vame, Title)					Amendment (Mus	t provido ovelonation in	Port 2 )
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					r provide explanation in	rai(3.)
		E-mail					Date of Original Filing	<b>]:</b>	ar)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(monini, day, yee	,
2.	Function, Event, or Cere								
	Title Oakland A's vs. Yankee	es				Face \	/alue of Each Admi	ission \$ <sup>30</sup>	
	Description Baseball Game	, Field tick	ets			Date(s	<b>b)</b> <u>06</u> <u>13</u> <u>13</u>	//_//_//_///_///_////	/
	·					·			
	Ticket(s)/Admission(s) prov	vided bv a	aencv? Yes		0 17	If no: Oak	and A's		
		,	0,	-			Name	of Source	
	was the distribution to per-	sons rach			ar rna	e hehest of	i an agency official	?	
	Yes ☑ No □ If ye		Keith Superviso Official's	r Name (l			f an agency official	?	
			Keith Superviso Official's	r Name (l		First) and Title	e income box if the agency	y official claims admis	
	The identity of recipient( Name (Last, First)		Keith Superviso Official's e explanatic Number of	r Name (l on: Age	Last, F	First) and Title • Check th taxable i		y official claims admis	
	The identity of recipient( Name	s) and th	Keith Superviso Official's e explanatic	r Name (l <b>on:</b>	Last, F	First) and Title Check th taxable i also pro If not inc ceremon	e income box if the agency ncome. If the agency offici vide a description. come, describe the public p íal roles, performed by an	y official claims admis ial performed a cerem eurpose, including	onial role,
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/	r Name (l On: Agea Offic	Last, F ncy cial	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	onial role, dual, or
	The identity of recipient( Name (Last, First) or Organization	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/	r Name (l on: Age	Last, F ncy cial	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion.	y official claims admis ial performed a cerem purpose, including agency official, indivi	onial role,
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (I On: Age Offic	Last, F ncy cial	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (l on: Agea Offic Yes No	Last, F ncy cial	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (l on: Agea Offic Yes No Yes No	Last, f	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	dual, or Income Income Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (I on: Age Offic Yes No Yes	Last, F	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	dual, or Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (I On: Agen Offic Yes No Yes No	ncy cial	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem purpose, including agency official, indivi	dual, or Income Income Income Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (I on: Agea Offic Yes No Yes No Yes No	Last, F	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem vurpose, including agency official, indivi	dual, or Income Income Income Income
	The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	s) and th	Keith Superviso Official's e explanatic Number of Admission(s)/ Ticket(s)	r Name (l on: Agea Offic Yes No Yes No Yes No Yes	Last, F	First) and Title  Check th taxable i also prov If not inc ceremon organiza To reward a Cou	e income box if the agency ncome. If the agency offici vide a description. ome, describe the public p ial roles, performed by an tion. unty employee for his or her ex	y official claims admis ial performed a cerem vurpose, including agency official, indivi	dual, or Income Income Income Income Income

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

Adhe	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

ΑP	ublic	Document
		Doomono

					~		cument		
1.	Agency Name						Date Stamp	California	002
	County of Alameda						Form	802	
	Division, Department, or Region (if applicable)							For Official	Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	(Name,Title)							
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				Amendment (Must p	rovide explanation in	Part 3.)
	Area Code/Phone Number	E-mail		<u>.</u>			Date of Original Filing:		
	(510) 272-3882	crystal bis	shida@acgov.o	ora				(month, day, yea	r)
2	Function, Event, or Cere			_					
4.	Function, Event, or Cere			.1011					
	Title Oakland A's vs. Cardin	als			_	Face \	/alue of Each Admis	sion \$	
	Description Baseball Game	e, Loge tick	ets			Date(s	) <u> </u>	/	/
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		οM	lf no: Oakl	and A's		
		,	0,	-	_		Name of	fSource	
	Was the distribution to persons identified below made at the behest of an agency official?								
	Vee E No E (fuce: Carson, Keith Supervisor								
	Yes I No I If yes: Carson, Keith Supervisor Official's Name (Last,			.ast, F	irst) and Title				
	The identity of recipient	(s) and th	o ovnlanatic	n.					
				····			· · · ·	<i>(</i> <b>(</b> ), (), (), (), (), (), (), (), (), (), (	
				Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial re-					
			Official also pro			ovide a description.			
						ome, describe the public pur íal roles, performed by an ag		lual, or	
	(Name, Address, Descrip					organiza			
	100 Black Men			Yes		community;	oor or nonpront organization for n		Income
			20	No					
				Yes					Income
				No					
				Yes					Income
				No					
				Yes					Income
	· · ·			No					
	,			Yes					Income
				No					
~	Varification		•			•			

## 3. Verification

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

R Ch MH	⁄ annah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document
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11	icket/Admission Distributions					A Public Do	cumen		
1.	Agency Name						Date Stamp	California Form	000
	County of Alameda	ounty of Alameda						Form	<b>8</b> 02
	Division, Department, or Region (if applicable)							For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					—	· · · · · · · · · · · · · · · · · · ·	
	Crystal Hishida Graff, Clerk,	Board of S	Supervisore				Amendment (Musi	t provide explanation in	Part 3.)
		E-mail					Date of Original Filing	l:	
	(510) 272 2992	on atol his	hido@oogov	ora			• •	(month, day, yea	r)
2	(510) 272-3882 Function, Event, or Cere		shida@acgov.						
۷.	Function, Event, or Gere	emoniai R	ole informat	lion					
	Title Oakland A's vs. Angesl				_	Face V	alue of Each Admi	ssion \$ _ <sup>85</sup>	
					_				
	Description Baseball Game	e, Loge tick	ets		_	Date(s	) 07 / 28 / 13	//////////_	
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland A's Name of Source								
							, tumo	01 000100	
	Was the distribution to persons identified below made at the behest of an agency official?								
	was the distribution to per	sons iden	tiffed below n	nade a	at the	e denest of	an agency official	<i>(</i>	
	Yes 🗹 No 🗖 If ye	Carson,	Keith Superviso	r					
			Official's	Name (L	.ast, F	First) and Title			
	The identity of recipient(	(s) and th	e explanatio	on:					
	Name		·			Check the	e income box if the agency	official claims admis	sion as
	(Last, First)		Number of	Agei	ncy	taxable ir	ncome. If the agency offici		
	or Admission(s)/		s)/ Official also pr			ide a description. ome, describe the public p	urnose including		
	(Name, Address, Descrip	tion)	Ticket(s)			ceremoni	al roles, performed by an a		lual, or
	Pour Area Lirban Dabata Lagrue	_		Yes		organizat To reward a scho	col or nonprofit organization fo	r its contributions to the	Income
	Bay Area Urban Debate League	e	4	No		community;			
				Yes					
				No					Income
			•						
				Yes No					Income
	······································								
				Yes					Income
				No					
				Yes					Income
-		· · · · · · · · ·		No					
3.	Verification							100000	

# 3

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

Arthe	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agenov Head or Designee	Print Name	Title	(month, day, year)

	Α	Public	Document
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						A		cument
1. Agency Name						Date Stamp	California	002
County of Alameda	meda						Form	802
Division, Department, or Region (if applicable)							For Official L	Jse Only
Board of Supervisors	Board of Supervisors							
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Na	me, Title)					Amendment (Must pro		
Crystal Hishida Graff, Clerk, B	oard of S	upervisors			×		wide explanation in l	Рап 3.)
	-mail				•	Date of Original Filing: _	(month, day, year	-1
(510) 272-3882 c	rvstal.his	hida@acgov.o	ora				(month, day, year	,
2. Function, Event, or Cerem			_					
Title Oakland A's vs. Angels					Face V	alue of Each Admiss	ion \$ _ <u>85</u>	
Beachell Come	ono tiok	-+-				07 28 13		
Description Baseball Game, I	Loge tick			-	Date(s	) 2813	/	/
					0-14			
Ticket(s)/Admission(s) provi	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oakland A's Name of Source							
Was the distribution to perso	ons iden	tified below n	nade a	at the	e behest of	an agency official?		
Yes 🔽 No 🔲 If yes	Yes 🔽 No 🔲 If yes: Carson, Keith Supervisor Official's Name (Last				irat) and Title			
				_ası, r	-iisi) anu nile			
The identity of recipient(s)	) and th	e explanatio	on:					
Name					1	e income box if the agency off		
(Last, First) or		Number of	Agency			ncome. If the agency official p ride a description.	erformed a ceremo	onial role,
Organization		Admission(s)/ Ticket(s)			ome, describe the public purp		bull on	
(Name, Address, Descriptio	n)				organiza		-	ual, or
Downtown Oakland Senior Cente			Yes		To reward a sch community;	ool or nonprofit organization for its	contributions to the	Income
200 Grand Ave, Oakland, CA 946	10 +	4	No	$\checkmark$	community,			
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
			No					
			Yes					Income
			No		v			
3. Verification								

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

Hannah Greene	Ticket Administrator	06/04/13
Sighature of Agency Head or Designee Print Name	Title	(month, day, year)

A Public Document 1. Agency Name Date Stamp California Form County of Alameda For Official Use Only Division, Department, or Region (If Applicable) County Administrator's Office Designated Agency Contact (Name, Title) Nerissa Riray, Executive Assistant to the County Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-272-3862 nerissa.riray@acgov.org (Month, Day, Year) 2. Function or Event Information 5.00 Face Value of Each Ticket/Pass \$ \_\_\_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>County</u> Fair Date(s) <u>06 / 19 / 13 to 07</u> / 07 13 Provide Title/Explanation If no: \_\_\_\_\_ Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: \_\_\_\_ of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Assessor's Office To promote attendance at the County Fair. 130 Auditor-Controller's Agency To promote attendance at the County Fair. 260 Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

NEWSSA G. RIRAY EXE. ASST. TO THE CAO Run Å Signature of Agency Head of Designee Print Name Tifle

Comment: .



#### Agency Name

County of Alameda

#### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
County Counsel	70	To promote attendance at the County Fair.				
County Fire Department	100	To promote attendance at the County Fair.				
County Library	30	To promote attendance at the County Fair.				
Community Development Agency	130	To promote attendance at the County Fair.				
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
		Ceremonial Role Other Income I				
		Ceremonial Role Other I Income I Income I Income I				
		Ceremonial Role Other Income I				
	· ·	Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		· · · ·				

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



#### Agency Name

County of Alameda

#### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Department of Child Support Services	50	To promote attendance at the County Fair.
District Attorney's Office	100	To promote attendance at the County Fair.
General Services Agency	240	To promote attendance at the County Fair.
Health Care Services Agency	500	To promote attendance at the County Fair.
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
		Ceremonial Role Dother Dother Income
		Ceremonial Role Other I Income
		Ceremonial Role Other Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy



#### Agency Name

County of Alameda

#### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Human Resources Services	110	To promote attendance at the County Fair.
Information Technology Department and Registrar of Voters	156	To promote attendance at the County Fair.
Probation Department	160	To promote attendance at the County Fair.
Public Defender's Office	100	To promote attendance at the County Fair.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Dother Differ Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income II Incom
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy



#### Agency Name

County of Alameda

#### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
Public Works Agency	200	To promote attendance at the County Fair.					
Sheriff's Department	100	To promote attendance at the County Fair.					
Social Services Agency	210	To promote attendance at the County Fair.					
Treasurer-Tax Collector's Office	100	To promote attendance at the County Fair.					
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:					
		Ceremonial Role Other Contraction Income Income Income Income					
		Ceremonial Role Dother Differ Income					
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial'Role Other Income I					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					

#### Agency Report of: Ceremonial Role Events and ----Т

A Public Document
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IIC										
I. A	Agency Name						Date Star	mp	California Form	200
(	County of Alameda							15		
ī	Division, Department, or Region (if applicable)								For Officia	I Use Only
E	Board of Supervisors									
S	Street Address									
	1221 Oak Street, Suite 536									
C	Designated Agency Contact	Amendmer	nt (Must pro	vide explanation i	n Part 3.)					
	Cheryl Perkins Interim Clerk, Board of Supervisors							d Eilings		
	Area Code/Phone Number	E-mail					Date of Origina	a rung	(month, day, ye	par)
-	(510) 272-3882	and the second s	kins@acgov.o	10100						
. F	Function, Event, or Cere	emonial Ro	ole informat	ion						
1	Fitle					Face V	alue of Each	Admissi	on \$ _\$85/\$	17 parking
E	Description A's vs. Cardina	als			-	Date(s	) <u>6 / 28</u>	_/	/	/
					i)					
٦	ſicket(s)/Admission(s) pro	ovided by a	gency? Yes		0 🗹	If no: Oaki	and Athletics	Name of S	Cource	_
								rianic or o	ouroo	
	Nas the distribution to pe	rsons ident	tified below n	nade a	at the	e behest of	an agency of	fficial?		
	Nas the distribution to pe			nade a	at the	e behest of	an agency o	fficial?		
	7		or Wilma Chan	4			an agency of	fficial?		
	7		or Wilma Chan	4		behest of	an agency o	fficial?		
V	7	es: <u>Supervis</u>	or Wilma Chan Official's I	Vame (L			an agency of	fficial?		
V	Yes ☑ No ☐ If y The identity of recipient <sub>Name</sub>	es: <u>Supervis</u>	or Wilma Chan Official's I	Vame (L		irst) and Title  Check th	e income box if the	∋ agency offi		
V	Yes ☑ No ☐ If y The identity of recipient Name (Last, First)	es: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of	Vame (L o <b>n:</b> Agei	.ast, F	irst) and Title Check th taxable in		∋ agency offi		
V	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio	Vame (L o <b>n:</b>	.ast, F	<ul> <li>Gheck th taxable in also prov</li> <li>If not inc.</li> </ul>	e income box if the ncome. If the agen vide a description. ome, describte the j	agency offi cy official pr public purpc	erformed a cerei ose, including	nonial role,
V	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or	res: <u>Supervis</u>	or Wilma Chan Official's / e explanatio Number of Admission(s)/	Name (L on: Agei Offic	.ast, F ncy cial	<ul> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizat</li> </ul>	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performed tion.	e agency offi cy official pr public purpc d by an agen	erformed a cerei ose, including icy official, indiv	nonial role, ridual, or
V 1 -	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Name (L on: Agen Offic	.ast, F ncy cial	<ul> <li>Check the taxable in also prov</li> <li>If not inc. ceremoni organizati</li> <li>To promotion</li> </ul>	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performer tion. e attendance a	e agency offi cy official po public purpc d by an agen at an eve	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income
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V 1 -	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Name (L on: Ager Offic Yes No Yes	ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen vide a description. ome, describe the ial roles, performer tion. e attendance a	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income
V 	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's / e explanatio Number of Admission(s)/ Ticket(s)	Vame (L on: Ager Offic Yes No Yes No	ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	ridual, or Income Income Income
V 1 -	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Name (L on: Agen Offic Yes No Yes No	.ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income Income
V 	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Vame (L on: Ager Offic Yes No Yes No Yes	.ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income Income
V 1 -	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Vame (L on: Ager Offic Yes No Yes No Yes No Yes	.ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income Income
V 	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Vame (L on: Ager Offic Yes No Yes No Yes No	ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income Income Income
V 1 -	Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	res: <u>Supervis</u>	or Wilma Chan Official's I e explanatio Number of Admission(s)/ Ticket(s) 6 + 1 parking	Vame (L on: Ager Offic Yes No Yes No Yes No Yes	.ast, F	<ul> <li>Check th taxable in also prov</li> <li>If not inco ceremoni organizat</li> <li>To promote</li> <li>County fact</li> </ul>	e income box if the ncome. If the agen ride a description. ome, describe the lal roles, performed tion. e attendance a cility in order to	e agency offi cy official po public purpo d by an agen at an eve o maximiz	erformed a cerei ose, including ncy official, indiv nt held at a	nonial role, ridual, or Income Income Income

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

Print Name

Alexandra Boskovich

Signature of Agency Head or Designee

Title

6/28/2013

(month, day, year)

Δ	Pub	lic	Doc	ument	
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11									
1.	Agency Name					Date Stamp		alifornia	802
	County of Alameda							Form	002
	Division, Department, or Region (if a				For Official U	Jse Only			
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	14.4.67 cm 1/4							
	Designated Agency Contact (Name,	Title)				Amendment (Mu	st provide ex	planation in	Part 3.)
	Cheryl Perkins Interim Clerk, Boar	rd of Supervisors						49.497.0097.00197.927. 1	
	Area Code/Phone Number E-ma	il				Date of Original Filir	1g:	nth, day, yea	r)
	(510) 272-3882 cher	yl.perkins@acgov.o	rg					_	
2.	Function, Event, or Ceremon	ial Role Informat	ion						
								\$85/\$1	7 parkim
	Title			-		alue of Each Adm			
	Description <u>A's vs.</u> Cardinals	5		_	Date(s	) 2813	3	/	/
		hu ananaw? V	- N		If po. Oakla	and Athletics			
	Ticket(s)/Admission(s) provided Was the distribution to persons Yes ☑ No □ If yes: So The identity of recipient(s) an Name (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's I	Name (L Vame (L on: Ager Offic	at the .ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also prov</li> <li>If not inconceremonio organization</li> </ul>	e income box if the agen ncome. If the agency offi ide a description. ome, description. ome, descripte the public ial roles, performed by an tion.	cy official cl icial perform purpose, in n agency off	laims admis ted a cerem cluding ficial, indivic	onial role, lual, or
	Was the distribution to persons Yes ☑ No □ If yes: <u>Si</u> The identity of recipient(s) ar Name (Last, First) or Organization	identified below n upervisor Wilma Chan Official's I nd the explanatio Number of Admission(s)/	Name (L on: Ager Offic	at the .ast, F	<ul> <li>behest of</li> <li><i>iirst) and Title</i></li> <li>Check the taxable is also prov</li> <li>If not inc. ceremoni organizat</li> <li>To promote</li> </ul>	e income box if the agen noome. If the agency offi ride a description. ome, describe the public ial roles, performed by an	tl? cy official cl cial perform purpose, in n agency off event he	laims admis ned a cerem icluding ficial, indivic	onial role, lual, or
	Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also prov</li> <li>If not Incoceremoni organizat</li> <li>To promote County face</li> </ul>	e income box if the agen norme. If the agency offi ide a description. ome, description. ome, descripte the public ial roles, performed by ar tion. e attendance at an	tl? cy official cl cial perform purpose, in n agency off event he	laims admis ned a cerem icluding ficial, indivic	onial role, Iual, or Income
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	Was the distribution to persons Yes ☑ No □ If yes: Su The identity of recipient(s) an (Last, First) or Organization (Name, Address, Description)	identified below n upervisor Wilma Chan Official's I and the explanatio Number of Admission(s)/ Ticket(s) 6 + 2 parking	Name (L Vame (L On: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also prov</li> <li>If not Incoceremoni organizat</li> <li>To promote County face</li> </ul>	e income box if the agen come. If the agency offi de a description. ome, descripte the public ial roles, performed by an tion. e attendance at an cility in order to max	tl? cy official cl cial perform purpose, in n agency off event he	laims admis ned a cerem icluding ficial, indivic	iual, or Income Income Income
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# Alexandra Boskovich Ticket Administrator 6/28/2013 Signature of Agency Head or Designee Print Name Title (month, day, year)

A Public Docume	ent	
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I. (	Agency Name						Date Sta	imp	California	802
	County of Alameda		Vilatel.						Form	Use Only
2	Division, Department, or Reg	ion (if applical	ble)						For Official	Use Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	<b>Designated Agency Contact</b>						Amendme	nt (Must pro	vide explanation in	Part 3.)
	Cheryl Perkins, Clerk, Interi	m Board of	Supervisors				<u>,</u> , (			
	Area Code/Phone Number	E-mail					Date of Origin	al Filing:	(month, day, yea	ir)
	(510) 272-3882	cheryl.per	kins@acgov.o	rg						
2.	Function, Event, or Cer	emonial R	ole Informat	ion						
									\$30	
	Title				-		/alue of Each			
	Presiden A's vs. Range	rs				Data	s) <u>8</u> /2	, 13	1	1
	Description A's vs. Range					Date(s	)/			
				-		Is no. Oakl	and Athletics			
	Ticket(s)/Admission(s) pro	ovided by a	igency? Yes		0 ☑	lf no: <u>Oakl</u>	and Athletics	Name of S	Source	
							iit.		Source	
	Ticket(s)/Admission(s) pro						iit.		Source	
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	Was the distribution to pe	ersons iden	<b>tified below n</b> sor Wilma Chan	nade a	at the	behest of	f an agency c		Source	
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	Was the distribution to per Yes ☑ No □ If y The identity of recipien (Last, First) or Organization (Name, Address, Description	ersons iden yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide to taxable is also provide to taxable is also provide to</li></ul>	f an agency of the income box if the ncome. If the age vide a description. come, describe the ial roles, performa- tion. te attendance cility in order t	e agency off ncy official p public purp ad by an age at an eve o maximit	ficial claims admis rerformed a cerem ose, including ncy official, indivi ent held at a	dual, or Income Income Income Income
	Was the distribution to per Yes ☑ No □ If y The identity of recipien (Last, First) or Organization (Name, Address, Description	ersons iden yes: <u>Supervis</u> t(s) and th	tified below n sor Wilma Chan Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Age Offic Yes No Yes No Yes No Yes	at the Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide to taxable is also provide to taxable is also provide to</li></ul>	f an agency of the income box if the ncome. If the age vide a description. come, describe the ial roles, performa- tion. te attendance cility in order t	e agency off ncy official p public purp ad by an age at an eve o maximit	ficial claims admis rerformed a cerem ose, including ncy official, indivi ent held at a	dual, or Income Income Income Income

Ale	axandra Boskovich	Ticket Administrator	6/27/2013	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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icket/Admission Distr	ibutions			~	Fublic Do	
Agency Name				Date Stamp	California Form	802
County of Alameda						
Division, Department, or Regi	on (if applicable)		: ::	For Official U	Jse Only	
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	News Tille)					
Designated Agency Contact (				Amendment (Must pro	ovide explanation in	Part 3.)
Cheryl Perkins, Interim Clerl Area Code/Phone Number	<, Board of Supervisors			Date of Original Filing: _	(	
	cheryl.perkins@acgov.c	ara			(monin, day, yea	0
(510) 272-3882 Function, Event, or Cere		the second se				
Tunction, Event, or our					¢20	
Title				Value of Each Admiss		
Description <u>A's vs. Cubs</u>			Dato	s) <u>7 / 4 / 13</u>	1	1
Description As va. Oubs			Date(	s)/		
Ticket(s)/Admission(s) pro	wided by agency2 Ves		If no. Oak	land Athletics		
ficket(s)/Admission(s) pro	whited by agency i les			Name of S	Source	
The identity of recipient	(s) and the explanatio		Check t	he income box if the agency of income. If the agency official p	ficial claims admis	ssion as
(Last, First) or Organization (Name, Address, Descri	ption)	Agency Official	also pro	ovide a description. come, describe the public purp nial roles, performed by an age	oose, including	
	100	Yes 🗖	To promo	te attendance at an eve	ent held at a	Incom
Iwatani, Agnes	2	No 🗹	County fa	acility in order to maximi	ize potential	
		Yes □ No □	County re	evenue from sales.		
		Yes 🗖				Incom
		No 🗖				
		Yes 🗖 No 🗖			:	Incom
		Yes 🗖				Incom
		No 🗖				
3. Verification I have read and understand Fl is in accordance with the provi	sions.					
V 1	Alexandra Bosko		Tick	ket Administrator	6/25/2	14 Mar 19
Signature of Agency Head of Desig	nee Print N	ame		Title	(mon	nth, day, year

A Public [	Document
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1.15	skel/Aumssion Distin	Jacono							
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form For Official U	Contraction of the second
	Division, Department, or Region			, or ornoral (					
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	ame Titlel							
	Designated Agency Contact (Na						Amendment (Must pro	ovide explanation in	Part 3.)
	Cheryl Perkins, Interim Clerk, Area Code/Phone Number	Board of S	Supervisors				Date of Original Filing: _		
			kins@acgov.o	ra				(month, day, yea	0
2	(510) 272-3882 G Function, Event, or Ceren			Add and a second se					
4.								<b>\$</b> 00	
	Title				-	Face \	/alue of Each Admiss	ion \$ <u>\$30</u>	
	Ale ve Cardinals					Datala	s) <u>6 , 30 , 13</u>	,	1 2
	Description <u>A's vs. Cardinals</u>	>			-	Date(s	s)//		
						If no. Oakl	and Athletics		
	Ticket(s)/Admission(s) prov	ided by a	gency? res		Ъ	II 110	Name of	Source	
				10 (10 <b>1</b> 10 10 10			t an anonau official?		
	Was the distribution to pers	ident	ified below n	hade a	it the	e benest of	r an agency official?		
	Yes 🗹 No 🗖 Ifye	s. Supervis	or Wilma Chan Official's I						
			Official's l	Vame (L	.ast, F	First) and Title			
	The identity of recipient(s	s) and the	e explanatio	n:					
	Name					<ul> <li>Check th</li> </ul>	ne income box if the agency of	ficial claims admis	sion as
	(Last, First) or		Number of	Age		also pro	ncome. If the agency official vide a description.		ioniai roie,
	Organization		Admission(s)/ Ticket(s)	Official		<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individent</li> </ul>		dual, or	
	(Name, Address, Descript	ion)	A D		1.57	organiza	ation.		
	D		0	Yes	Star 20.	To promo	te attendance at an ev cility in order to maxim	ent held at a ize potential	Income
	Reyes, Mynor		2	No					
				Yes No		County re	evenue from sales.		Income
				Yes					Income
				No					
				Yes	-				Income
				No					
				Yes					Income
				No					
3	Verification								
	I have read and understand FPF	PC Regulati	ons 18944.1 an	d 1894	2. I h	ave verified	that the distribution of ac	missions, set fo	orth above,
	is in accordance with the provisi	ons.							

	Alexandra Boskovich	Ticket Administrator	6/25/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and Т 1.

	ket/Admission Distr	ibutions				Α	A Public Docume	
000	Agency Name					Date Stamp	California Form	802
	County of Alameda						Form For Official U	
	Division, Department, or Reg	ion (if applicable)					For Official C	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact					Amendment (Must pro	vide explanation in	Part 3.)
	Cheryl Perkins, Interim Cler		rvisors			Date of Original Filing:		
	Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, yea	r)
-	(510) 272-3882	cheryl.perkins@	and the second se	the second data was not seen in the second data was not seen in the second data was not seen in the second data				
2.	Function, Event, or Cere	emonial Role I	nformat	ion				
	Title				Face	Value of Each Admiss	ion \$ _\$10	
	l itle							
	Description Alameda Cour	nty Fair			Date(s	s) <u>6 / 29 / 13</u>	/	/
	Ticket(s)/Admission(s) pro	ovided by agend	v? Yes		I If no: Alar	neda County Fair	-	
	Ticket(s)/Admission(o/ pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Name of S	Source	
	Was the distribution to pe	rsons identified	below m	nade at th	ie behest o	f an agency official?		
		Supervisor Wi	lma Chan					
	Yes 🗹 No 🔲 If y	es: Supervisor Wi	Official's I	Name (Last,	First) and Title	1		
	The identity of recipien	(c) and the ex	nlanatio	n.				
		u(s) and the ex	planatio		e Check t	he income box if the agency of	ficial claims admis	ision as
	Name (Last, First)	Nu	mber of	Agency	taxable	income. If the agency official p	performed a cerem	onial role,
	or	Adm	ission(s)/	Official		ovide a description. come, describe the public purp	ose, including	
	Organization (Name, Address, Descri	ption)	cket(s)		ceremo organiz	nial roles, performed by an age	ency official, individ	dual, or
				Yes 🗖	To promo	te attendance at an eve	ent held at a	Income
	Griffin, Faye	2		No 🗹	County fa	cility in order to maximi	ze potential	
				Yes 🗖	County re	evenue from sales.		Income
				No 🗖	County It	Svende nom balos.		
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
3.	Verification I have read and understand F	PPC Regulations 1	8944.1 an	d 18942. I	have verified	I that the distribution of ad	missions, set fo	orth above
	is in accordance with the prov	Sions.						
	V	Alexand	ra Boskov	vich	Tick	ket Administrator	6/19/2	2013
	Signature of Agency Head or Desir	1000	Print Na	me		Title	(mon	th, day, year)

Signature of Agency Head or Designee

Print Name Title

A Public D	)ocument
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licket/Admission Distrib	utions			~	Fublic Do	cumen
I. Agency Name				Date Stamp	California	802
County of Alameda				Y	Form	002
Division, Department, or Region	(if applicable)				For Official U	Jse Only
Board of Supervisors						
Street Address				ε,		
1221 Oak Street, Suite 536						
Designated Agency Contact (Nat	me, Title)			Amendment (Must pro	vide explanation in	Part 3.)
Cheryl Perkins Interim Clerk, B	oard of Supervisors			-		1979-197 1979-197
	mail			Date of Original Filing:	(month, day, yea	7
(510) 272-3882 c	heryl.perkins@acgov.o	org				
. Function, Event, or Cerem	onial Role Informat	ion				
					+ ¢85	
Title				/alue of Each Admissi		
Description A's vs. Cardinals			Detel	s) <u>6</u> , <u>28</u> , <u>13</u>	1	1
Description <u>All vol. Ourdinate</u>			Date(s	5)	/	/
			oak	and Athletics		
Ticket(s)/Admission(s) provi	ded by agency? Yes		If no:	Name of S	Source	
Was the distribution to perso	ons identified below n	nade at th	e behest o	f an agency official?		
	Supervisor Wilma Chan					
Yes 🗹 No 🔲 🛛 If yes	Supervisor Wilma Chan Official's	Name (Last,	First) and Title			
	and the symbolic sta		en a s <del>a</del> se dise - na in			
The identity of recipient(s)	and the explanatio	on:				0
Name (Last, First)	Number of	Agonov	<ul> <li>Check the taxable</li> </ul>	ne income box if the agency off income. If the agency official p	icial claims admis erformed a cerem	sion as onial role,
or	Number of Admission(s)/	Agency Official	also pro	vide a description.		
Organization (Name, Address, Descriptio	Ticket(s)		ceremor	come, describe the public purpo nial roles, performed by an ager		lual, or
(		Vee 🗖	organiza	<sub>ition.</sub> te attendance at an eve	nt hold at a	Income
Lam, Marianne	4	Yes □ No ☑		cility in order to maximiz		
		Yes 🗖				Income
			County re	venue from sales.		
						Income
		Yes 🗖 No 🗖				
		Yes 🗖				
		No 🗆				Income

#### 3. Verification

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

Yes 🗖

No 🗖

	Alexandra Boskovich	Ticket Administrator	6/18/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

A Public I	Document
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licket/Admission Distric	butions				A Public De	
. Agency Name				Date Stamp	California Form	802
County of Alameda					CONTRACTOR AND A	
Division, Department, or Region	n (if applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536	77/4 - A					
Designated Agency Contact (Na				Amendment (Mus	t provide explanation in	Part 3.)
Cheryl Perkins, Interim Clerk, Area Code/Phone Number	Board of Supervisors			Date of Original Filing	g:	
		ard.			g:(month, day, yea	<i>ur)</i>
(510) 272-3882	cheryl.perkins@acgov.c	- Alexandra				
Function, Event, or Geren		lion				
Title			Face	Value of Each Adm	ission \$ _ <del>\$</del> 30	
Ale ve. Cardinale				s) <u>6 , 29 , 13</u>		
Description <u>A's vs.</u> Cardinals			Date(s	5)//		/
			u	land Athletics		
Ticket(s)/Admission(s) prov	ided by agency? Yes			Name	of Source	
The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro If not inc ceremor	ne income box if the agenc income. If the agency offic vide a description. come, describe the public p nial roles, performed by an	ial performed a cerem	ionial role,
		Yes 🗖	To promo	te attendance at an	event held at a	Income
Hughes, John	2	No 🗹		cility in order to max		
		Yes 🗖 No 🗖	County re	evenue from sales.		Income
		Yes 🗖				Income
		No 🗖				
		Yes 🔲 No 🔲				Income
		Yes 🗖				Income
		No 🗖				
3. Verification I have read and understand FPP is in accordance with the provisio	a de la competencia de la construcción de la construcción de la construcción de la construcción de la construc			that the distribution of et Administrator	admissions, set fo 6/18/2	
Signature of Agency Head or Designee	Print Na	ime		Title	(mon	th, day, year)

A Public Docume
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incket/Admission Distributio								
I. Agency Name					Date Stamp		California Form	002
County of Alameda							Form	002
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 pro	vide explanation i	Part 3.)
Cheryl Perkins, Interim Clerk, Board	d of Supervisors					muct pro	nuo onpianamoni n	
Area Code/Phone Number E-mail	1997 - Carl Carl Carl Carl Carl Carl Carl Carl				Date of Original F	iling:	(month, day, ye	ar)
(510) 272-3882 cheryl	.perkins@acgov.c	org					(	.,
. Function, Event, or Ceremonia	the second se							
Title			_	Face V	alue of Each Ad	imissi	on \$ _\$10	
Description Alameda County Fair			2	Date(s	) <u>6 , 20 ,</u>	13	/	/
Ticket(s)/Admission(s) provided Notes the distribution to persons in						ame of S cial?	Source	
Was the distribution to persons i	dentified below n pervisor Wilma Chan Official's	nade a <sub>Name (L</sub>	t the		an agency offic		Source	
Was the distribution to persons in Yes ☑ No ロ If yes: Sup	dentified below n pervisor Wilma Chan Official's	nade a <sub>Name (L</sub>	t the ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc</li> </ul>	e income box if the ag ncome. If the agency o ride a description. ome, describe the pub ial roles, performed by	ency off official p	icial claims admi erformed a ceren ose, including	ionial role,
Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization	dentified below n pervisor Wilma Chan Official's d the explanatic Number of Admission(s)/	nade a Name (L on: Agen	t the ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check the taxable is also provoing the first of the taxable is also provoing and the taxable is also provoing and the taxable is also provided to taxabl</li></ul>	e income box if the ag ncome. If the agency o ride a description. ome, describe the pub ial roles, performed by	ency off official p official p an agen an eve	icial claims admi erformed a ceren ose, including ncy official, indiv nt held at a	nonial role, idual, or
Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below n oervisor Wilma Chan Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L On: Agen Offic Yes No Yes	ast, F	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check th taxable in also prov</li> <li>if not inc ceremon organiza</li> <li>To promot</li> <li>County face</li> </ul>	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. e attendance at a	ency off official p official p official p an agen an eve naximiz	icial claims admi erformed a ceren ose, including ncy official, indiv nt held at a	idual, or Incom
Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below n oervisor Wilma Chan Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L On: Agen Offic Yes No Yes No Yes	t the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check th taxable in also prov</li> <li>if not inc ceremon organiza</li> <li>To promot</li> <li>County face</li> </ul>	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. e attendance at a cility in order to m	ency off official p official p official p an agen an eve naximiz	icial claims admi erformed a ceren ose, including ncy official, indiv nt held at a	idual, or Incom Incom Incom
Was the distribution to persons in Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	dentified below n oervisor Wilma Chan Official's d the explanation Number of Admission(s)/ Ticket(s)	nade a Name (L On: Agen Offic Yes No Yes No Yes	t the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check th taxable in also prov</li> <li>if not inc ceremon organiza</li> <li>To promot</li> <li>County face</li> </ul>	e income box if the ag ncome. If the agency of vide a description. ome, describe the pub ial roles, performed by tion. e attendance at a cility in order to m	ency off official p official p official p an agen an eve naximiz	icial claims admi erformed a ceren ose, including ncy official, indiv nt held at a	idual, 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.

mp	Alexandra Boskovich	Ticket Administrator	6/18/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A rubic bocument	Α	Pub	lic	Document
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icket/Admission Distrib	utions		~ ~	i ubile boculler
Agency Name			Date Stamp	California 802
County of Alameda				
Division, Department, or Region	(if applicable)			For Official Use Only
Board of Supervisors				
Street Address				÷
1221 Oak Street, Suite 536				
Designated Agency Contact (Nai	me, Title)		Amendment (Must pro	vide explanation in Part 3.)
Cheryl Perkins, Interim Clerk, E	Board of Supervisors		The second	
	mail		Date of Original Filing:	(month. day, year)
(510) 272-3882 c	heryl.perkins@acgov.c	org		1
Function, Event, or Cerem		the second se	15	
<ul> <li>International control of a second general second secon second second sec</li></ul>				¢40
Title			Face Value of Each Admissi	on \$ _\$10
Description Alameda County	Fair		Date(s) <u>7 / 6 / 13</u>	//
			Alemada County Fair	
Ticket(s)/Admission(s) provid	ded by agency? Yes	🗆 No 🗹	If no: Alameda County Fair Name of S	Source
			Traine of e	, our of
Was the distribution to perso	ons identified below n	nade at the	e behest of an agency official?	
Yes 🗹 No 🔲 If yes:	Supervisor Wilma Chan Official's	1	The second second second second	
	Official's	ivame (Last, i	-irst) and The	
The identity of recipient(s)	) and the explanation	on:		
Name (Last, First) or Organization (Name, Address, Descriptio	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency off taxable income. If the agency official p also provide a description.</li> <li>If not income, describe the public purpor ceremonial roles, performed by an agency provide a description.</li> </ul>	erformed a ceremonial role, ose, including
Washington, Colia	2	Yes □ No ☑	organization. To promote attendance at an eve County facility in order to maximiz	
		Yes 🗖	County revenue from sales.	Incom

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 accordange with the provisions.

No 🗖

Yes □ No □

Yes 🗖

No 🗖

Yes 🗖

No 🗖

m	Alexandra Boskovich	Ticket Administrator	6/18/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

1

Income

Income

Income

A I UDITO DOGUINOI	Α	Pub	lic	Document
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11	cket/Admission Dist	inducions				,		ounon
1.	Agency Name					Date Stamp	California	802
	County of Alameda					Forr		002
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact					Amendment (Must)	provide explanation in	Part 21
	Cheryl Perkins, Clerk, Interi	m Board of Sup	ervisors				Jonde explanation in	Part 5.)
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	(r)
	(510) 272-3882	cheryl.perkins	@acdov.o	ra			(monini, day, yee	,
2	Function, Event, or Cer	and the second se						
fin s	Tunction, Event, or oer	emonial reore	morma					
	Title				Face \	/alue of Each Admis	sion \$ <u>\$30</u>	
						7 27 12		
	Description A's vs. Angels	· · · · · · · · · · · · · · · · · · ·			Date(s	s) 7 , 27 , 13/		
	Ticket(s)/Admission(s) pro	ovided by ager	ncy? Yes	🗆 No 🗹	If no: Oak			
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no			Name of Source				
	Was the distribution to pe	ersons identifie	d below n	nade at th	e behest of	f an agency official?		
	un de la construction de la constru La construction de la construction d							
	Yes 🗹 No 🔲 Ify	/es: _Supervisor V	Vilma Chan					
			Official's l	Name (Last, I	irst) and Title			
	The identity of recipien	t(s) and the e	xplanatio	n:				
	Name				Check th	e income box if the agency	official claims admis	sion as
	(Last, First)		lumber of	Agency	00000000000000	ncome. If the agency officia	l performed a cerem	ionial role,
	or Organization		mission(s)/ Ticket(s)	Official		vide a description. come, describe the public pu	rpose, including	
	(Name, Address, Descri	iption)	TICKet(S)		ceremon organiza	ial roles, performed by an a	gency official, indivi	dual, or
				Yes 🗖		te attendance at an e	vent held at a	Income
	Blackard, Stacey	2		No 🗹	County fac	cility in order to maxir	nize potential	
	011.02000000000000000000000000000000000			Yes 🗖	County ro	venue from sales.		Income
				No 🗖	County re	venue from sales.		
	÷			Yes 🗖				Income
				No 🗖				
				Yes 🗖				The second s
				No 🗆				Income

#### 3. Verification

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

Yes 🗖

No 🗖

	Alexandra Boskovich	Ticket Administrator	6/17/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Income

	Α	Pu	blic	Docum	ent
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11	cket/Admission Dist	indutions	>				A	Fublic DC	
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda							1).	
	Division, Department, or Reg	ion (if applica	ible)		-		1	For Official	Use Only
	Board of Supervisors								
	Street Address		N				1		
	1221 Oak Street, Suite 536								
	Designated Agency Contact	(Name, Title)					Amendment (Must pro	vide explanation in	Part 3.)
	Cheryl Perkins, Interim Cler	k, Board of	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, yea	<i>r)</i>
	(510) 272-3882	cheryl.pe	rkins@acgov.o	rg					
2.	Function, Event, or Cer						0		
								<b>#0</b> <i>F</i>	
	Title				-	Face \	/alue of Each Admiss	ion \$ _ <del>\$85</del>	
	- A's ve Marine	re					s) <u>6 / 14 / 13</u>	,	
	Description A's vs. Marine	15		_		Date(s	5)/	/	
	and a the second with the last state of the			S	- 12	Oakl	land Athletice		
	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		> ☑	If no:	Name of S	Source	
	Was the distribution to pe	rsons iden	tified below n	nade a	t the	e behest of	f an agency official?		
	-						o - 1 - Securitaria (Control Control Contractor Co		
	Yes 🗹 No 🔲 Ify	es: Supervi	sor Wilma Chan	Mana //	ant F	First) and Title	2		
			Officials	vanie (L	αδί, Γ	iisi) and thie			
	The identity of recipien	t(s) and th	ne explanatio	n:					
	Name	1110	1.1.1				he income box if the agency of		
	(Last, First) or		Number of	Agen	· · · · · · · · · · · · · · · · · · ·		ncome. If the agency official p vide a description.	erformed a cerem	ionial role,
	Organization		Admission(s)/ Ticket(s)	Offic	a		come, describe the public purp		
	(Name, Address, Descri	ption)			1.1	organiza	hial roles, performed by an age htion.	ncy official, indivi	dual, or
			1.1. K.	Yes			te attendance at an eve		Income
	Rogers, Mark		4	No	7	County fac	cility in order to maximi	ze potential	
				Yes		County re	venue from sales.		Income
				No		obunty to			
				Yes	V.C. STAT				Income
	3		-	Yes					Income
				130.34				01	
	0			Yes					Income
-			- to						1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (

#### 3. Verification

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

	Alexandra Boskovich	Ticket Administrator	6/14/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of: Ceremonial Role Events and Instruction data

A Public E	Document
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110	cket/Admission Distri						the second se	Name and Address of the Owner, where the	the second se	
1.	Agency Name						Date Stam	р	California Form	802
	County of Alameda									
	Division, Department, or Regio	on (if applicable)		8					For Official	Use Only
	Board of Supervisors								E	
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (/	Name, Title)					Amendment	(Must pro	vide explanation in	Part 3.)
	Cheryl Perkins Interim Clerk,	Board of Sup	ervisors					, (must pro	nae explanation in	. an og
		E-mail					Date of Original	Filing: _	(month, day, yea	ar)
	(510) 272-3882	cheryl.perkin:	s@acdov.ol	ra						
,	Function, Event, or Cere		and the second se	the second se						
	Function, Event, or oere	intoinui reole	. miorinau							_
	Title					Face V	alue of Each A	Admiss	ion \$ <u>\$85/</u> \$1	7-park
							9 16	13		
	Description A's vs. Indians					Date(s	)	/	/	/
	Ticket(s)/Admission(s) pro							Name of S	Source	
	Was the distribution to per Yes ☑ No ロ If y	rsons identific es: Supervisor	ed below m Wilma Chan <i>Official's l</i>	nade at t	the bel	hest of			Source	
	Was the distribution to per	rsons identifie es: <u>Supervisor</u> (s) and the e	ed below m Wilma Chan <i>Official's l</i>	nade at t	the be	hest of and Title Check the taxable in also prov If not ince	an agency of e income box if the ncome. If the agency ide a description. ome, describe the p ial roles, performed	ficial? agency of y official p public purp	ficial claims admi performed a ceren pose, including	nonial role,
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient Name (Last, First) or Organization	rsons identifient if the set of t	ed below m Wilma Chan Official's f explanatio Number of dmission(s)/	Name (Las n: Agency	the bel	hest of and Title Check thi taxable ir also prov If not inc. ceremoni organizat promot	an agency of e income box if the ncome. If the agency ide a description. ome, describe the p ial roles, performed	agency of y official p bublic purp by an age	ficial claims admi performed a ceren pose, including pncy official, indiv ent held at a	nonial role, idual, or
	Was the distribution to per Yes I No I If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons identifient if it is a second s	ed below m Wilma Chan Official's I explanatio Number of dmission(s)/ Ticket(s)	Name (Las on: Agency Officia	the bel	hest of and Title Check the taxable in also prov If not inco ceremoni organizat promot unty fac	e income box if the ncome. If the agency vide a description. ome, describe the p ial roles, performed tion. e attendance a	agency of y official p by an age at an eve maximi	ficial claims admi performed a ceren pose, including pncy official, indiv ent held at a	idual, or Incom
	Was the distribution to per Yes I No I If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons identifient if it is a second s	ed below m Wilma Chan Official's I explanatio Number of dmission(s)/ Ticket(s) +1 parking	Name (Las Name (Las Officia Yes C No Z Yes C	the bel	hest of and Title Check the taxable in also prov If not inco ceremoni organizat promot unty fac	an agency of e income box if the ncome. If the agency vide a description. ome, describe the p lal roles, performed tion. e attendance a cility in order to	agency of y official p by an age at an eve maximi	ficial claims admi performed a ceren pose, including pncy official, indiv ent held at a	idual, or Incom Incom
2	Was the distribution to per Yes I No I If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons identifient if it is a second s	ed below m Wilma Chan Official's I explanatio Number of dmission(s)/ Ticket(s) +1 parking	Name (Las Name (Las Officia Yes [ No [2 Yes [ No [2 Yes [	the bel	hest of and Title Check the taxable in also prov If not inco ceremoni organizat promot unty fac	an agency of e income box if the ncome. If the agency vide a description. ome, describe the p lal roles, performed tion. e attendance a cility in order to	agency of y official p by an age at an eve maximi	ficial claims admi performed a ceren pose, including pncy official, indiv ent held at a	idual, or Incom Incom Incom Incom Incom
12.1	Was the distribution to per Yes I No I If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons identifient if it is a second s	ed below m Wilma Chan Official's I explanatio Number of dmission(s)/ Ticket(s) +1 parking	Vame (Las on: Agency Officia Yes [ No [ Yes [ No [ Yes [ No [ Yes [ No [ Yes [ No [	the bel	hest of and Title Check the taxable in also prov If not inco ceremoni organizat promot unty fac	an agency of e income box if the ncome. If the agency vide a description. ome, describe the p lal roles, performed tion. e attendance a cility in order to	agency of y official p by an age at an eve maximi	ficial claims admi performed a ceren pose, including pncy official, indiv ent held at a	idual, 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.

	Alexandra Boskovich	Ticket Administrator	6/13/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Ticket/Admission Distributions		A Public Document
. Agency Name	Date Stamp	California 802
County of Alameda		10111
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 (Mus	t provide explanation in Part 3.)
Cheryl Perkins, Clerk, Interim Board of Supervisors		
Area Code/Phone Number E-mail	Date of Original Filing	(month, day, year)

#### (510) 272-3882 cheryl.perkins@acgov.org 2. Function, Event, or Ceremonial Role Information

Title	Face Value of Each Admission \$ _ <sup>\$30</sup>
Description <u>A's vs. Angels</u>	Date(s) _7 <u>/ 28 / 13 / /</u> /
	2 25 (02) - 3 (20) (1 (00)

Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oakland Athletics

Was the distribution to persons identified below made at the behest of an agency official?

If yes: Supervisor Wilma Chan Yes 🔽 No 🔲

Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Admission(s)/ Official also provide a description.		onial role,
Poncini, Cheryl	2	Yes ☑ No □	To reward a County employee for her service to the Alameda County senior population.	Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖	d.	Income
		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income

#### 3. Verification

11

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.

	6/12/2013	
Title (month, da	, year)	
	Title (month, day	

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

Name of Source

Ticket/Admission Distributions				A Public Document				
1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if applicable)						For Official	Use Only
	Board of Supervisors							
	Street Address				1			
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					Amendment (Must provide explanation in Part 3.)	Part 3.)	
	Cheryl Perkins, Clerk, Interim Board of Supervisors							
	Area Code/Phone Number E-mail				Date of Original Filing:	r)		
	(510) 272-3882	cheryl.pe	rkins@acgov.c	org			3 - 6 D03	(D)
2.	Function, Event, or Cer	emonial R	ole Informat	ion		<i></i>		
	Title Face V					/alue of Each Admis	sion \$ \$30	
1	Description A's vs. Blue Ja	scription A's vs. Blue Jays			Date(s) 7 / 29 / 13//			1
		Description Dutoje						
	Ticket(s)/Admission(s) provide the second se	ersons iden	tified below n	nade at th	e behest of	f an agency official?	300708	
	Yes 🗹 No 🔲 If y	/es: Supervi	sor Wilma Chan Official's i	A/				
					First) and Title			
	The identity of recipien	t(s) and th	ie explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Descri	ption)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>			onial role,
				Yes 🔽		a County employee f		Income
	Morales, Alicia		2	No 🗖	to the Alar	meda County senior p	opulation.	
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				
				Yes 🗖				Income
				No 🗖				

# 3. Verification

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

	Alexandra Boskovich	Ticket Administrator	6/12/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
## Agency Report of: Ceremonial Role Events and

A Public Documen	Α	PI	ubl	ic	Document
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Ticket/Admission Distribution	ons		A	Public Document
. Agency Name			Date Stamp	California 802
County of Alameda				For Official Use Only
Division, Department, or Region (if ap	oplicable)			
Board of Supervisors Street Address				
9.000				
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tr	tle)	Amendment (Must pro	uide evelopation in Part 2.)	
Cheryl Perkins, Interim Clerk, Boar				
Area Code/Phone Number E-mail	A REAL PROPERTY OF A REAL PROPER		Date of Original Filing: _	(month, day, year)
(510) 272-3882 chery	l.perkins@acgov.o	rg		T AVACTEGAN I AS - ANELON (T - 3)
. Function, Event, or Ceremoni	al Role Informati	ion		
Title			Face Value of Each Admiss	ion \$ \$85/\$17-park
Description A's vs. Mariners			Date(s) 1413	//
Ticket(s)/Admission(s) provided	by agency? Yes	🗆 No 🗹	If no: Oakland Athletics	Source
Was the distribution to persons	identified below m	nade at the	e behest of an agency official?	
Yes 🖸 No 🔲 If yes: Su	pervisor Wilma Chan			
	pervisor Wilma Chan Official's I	Vame (Last, I	First) and Title	
The identity of recipient(s) an	d the explanatio	n:		
Name			<ul> <li>Check the income box if the agency of taxable income. If the agency official p</li> </ul>	ficial claims admission as
(Last, First) or	Number of Admission(s)/	Agency Official	also provide a description.	
Organization (Name, Address, Description)	Ticket(s)		<ul> <li>If not income, describe the public purp ceremonial roles, performed by an age organization.</li> </ul>	ency official, individual, or
		Yes 🗖	To promote attendance at an ever County facility in order to maximi	전 경험 등 가장 것 같은 것 것 같은 것이다. 이 가지 않는 것 <u>이 가</u> 있는 것 같은 것 같
Isola, Jack	4+1 parking	No 🗹	County facility in order to maximi	
	pass	Yes 🗖 No 🗖	County revenue from sales.	Income
		Yes 🗖		Income
		No 🗖		
		Yes 🗖		Income
		No 🗖		
		Yes 🛛		Income
		No 🗖		
3. Verification		d 10010 11	ague verified that the distribution of ad	missions set forth above
I have read and understand FPPC Re is in accordance with the provisions.	guiations 18944.1 an	u 10942.11	ave vermed that the distribution of ad	missions, set form above,
IN D	Alexandra Dealise	lich	Ticket Administrator	6/12/2013
VJ	Alexandra Boskov	w257670.	Title	(month, day, year)
Signature of Agency Head or Designee	Print Na	me	nue	(month, day, year)

Date Stamp       California       802         Form       802         For Official Use Only         Amendment (Must provide explanation in Part 3.)         Date of Original Filing:
For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:
Amendment (Must provide explanation in Part 3.) Date of Original Filing:
Date of Original Filing:
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Value of Each Admission \$ _\$30         s) _6 15 13
Value of Each Admission \$ <u>\$30</u> s) <u>6</u> <u>15</u> <u>13</u> <u></u> dand Athletics Name of Source
s)
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land Athletics Name of Source
he income box if the agency official claims admission as income. If the agency official performed a ceremonial role, ovide a description. come, describe the public purpose, including nial roles, performed by an agency official, individual, or ation.
d a community volunteer for his Incon ons to the Alameda County Fair.
Incor
Incor
he in co nia ati

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

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

. .

Α	Public	Document
<i>,</i> , ,		

icket/Admissi	on Distri	Dutions									JIIG		
Agency Name								Date Sta	amp		Califorr Form	ia	802
County of Alame	da												
Division, Departm	ent, or Regi	on (if applicab	ole)								For Offi	cial Us	e Only
Board of Supervi	sors												
Street Address													
1221 Oak Street	Suite 536												
Designated Agend		Vame, Title)						nendme	ent (Mus	st provide	e explanatio	on in Pi	ərt 3.)
Cheryl Perkins, li	nterim Clerk	, Board of S	Supervisors										
Area Code/Phone		E-mail					Date o	of Origin	al Filin	g:(	month, day	year)	
(510) 272-3882		cheryl.perl	kins@acgov.o	rg									
Function, Ever	nt, or Cere	monial Ro	ole Informat	ion									
						<b>5</b>	lalua a	f Ea al	. A dua	locio	n \$ _ <u>\$30</u>		
Title					-								
Description <u>A's</u>	vs. Mariner	s				Date/s	a) 6	, 16	, 13			1	1
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2000. pt. 0													
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	, Alexandra Boskovich	Ticket Administrator	6/10/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	the state of the formation in	/	

	A Public Document
Date Stamp	California

1. /	. Agency Name						Date Stamp California		
	County of Alameda			Form					
Ī	Division, Department, or Regi	on (if applica	ble)					For Official	Use Only
_	Board of Supervisors				waxes				
Ş	Street Address								
	1221 Oak Street, Suite 536		·						
T	Designated Agency Contact (/	Name, Title)			Amendment (Must	provide explanation in	Part 3.)		
(	Cheryl Perkins, Interim Clerk	, Board of	Supervisors						·
7	Area Code/Phone Number	E-mail					Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882	cheryl.per	kins@acgov.o	org					
_	Function, Event, or Cere								
						_		. <u>,</u> ¢on	
-	Title					Face V	alue of Each Admis	sion \$	
	Ale ve Deda					<b>N</b> • • • •	) 25 13		,
I	Description <u>A's vs. Reds</u>	<u> </u>			-	Date(s)	)///	/	/
			_			. Oakla	and Athletice		
-	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🗸		Name c	of Source	
۱	Was the distribution to per	sons luen	aneu below h	naue a	ar 1116	e Dellest Of	an agency unicial (		
	Yes 🕢 No 🔲 Ifye		sor Wilma Chan						
			Official's i	Name (L	.ast, F	First) and Title	· ·		
-	The identity of recipient(	(s) and th	e explanatio	n:					
-		(-) - () 		 [		Check the	e income box if the agency	official claims admis	sion as
	Name (Last, First)		Number of	Ager	тсу	taxable in	ncome. If the agency officia		
	or Organization		Admission(s)/	Offic		also provide a description. <ul> <li>If not income, describe the public purpose, including</li> </ul>			
	(Name, Address, Descrip	tion)	Ticket(s)				al roles, performed by an a		dual, or
-				Yes			e attendance at an e	vent held at a	Income
	Vidano, John		2				ility in order to maxir		
-				Yes		County	onuo from colas		Income
						County rev	venue from sales.		
-			-	Yes		<u>+</u>			Income
						1			
•				Yes					
-				Yes No					Income
-				No					Income
-									Income

#### 3. Verification

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

	Alexandra Boskovich	Ticket Administrator	6/10/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## Agency Report of: Ceremonial Role Events and

A Public Documen
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Ficket/Admission Distribution	ons			A Public I			
. Agency Name				Date Stamp Californ	<sup>ia</sup> 802		
County of Alameda					tial Use Only		
Division, Department, or Region (if ap	oplicable)			For Onic	cial Use Only		
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, The	itle)			Amendment (Must provide explanatio	n in Part 3.)		
Cheryl Perkins, Interim Clerk, Boar	d of Supervisors						
Area Code/Phone Number E-mail				Date of Original Filing:	year)		
(510) 272-3882 chery	l.perkins@acgov.o	rg		TA SHORE OF BEAR AND A SHORE AND A	2011-1235		
. Function, Event, or Ceremoni	al Role Informat	ion					
Title				Value of Each Admission \$ _ <del>\$</del> 30			
Description A's vs. Yankees			Date(s	s) <u>6 / 13 / 13</u>	'/		
Ticket(s)/Admission(s) provided	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oak						
Ticket(3)/Admission(3) profiles	Ticket(s)/Admission(s) provided by agency res 1 No Parino.						
Was the distribution to persons	identified below n	nade at th	e behest o	f an agency official?			
Yes 🗹 No 🗖 Ifyes: Su	pervisor Wilma Chan		First) and Title				
	Official's	Name (Last,	First) and The				
The identity of recipient(s) an	d the explanation	on:					
Name			Check til     taxabla	the income box if the agency official claims admission as			
(Last, First) or	Number of			exable income. If the agency official performed a ceremonial role so provide a description. not income, describe the public purpose, including eremonial roles, performed by an agency official, individual, or			
Organization	Ticket(s)		If not in				
(Name, Address, Description)			organiza	ation.	Ma <sub>n</sub> NoA		
		Yes 🗖		te attendance at an event held at			
Harris, Bill	2	No 🗹	County fa	cility in order to maximize potentia			
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		No 🗖					
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1		Yes 🗖			Incom		
		No 🗖					
-		Yes 🗖			Incom		
		No 🗖					
3. Verification				the the distribution of administran	t forth about		
I have read and understand FPPC Re	guiations 18944.1 ar	ia 18942. I i	nave vermed				
is in accordance with the provisions.							

UN P	Alexandra Boskovich	Ticket Administrator	6/6/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Pu	blic	Docum	nent
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cket/Admission Distribution	113				10.000	the second se
Agency Name				Date Stamp	California Form	802
County of Alameda					Form For Official	
Division, Department, or Region (if app	licable)				Por Official	ose only
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Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)			Amendment (Mus	t provide explanation ir	Part 3.)
Cheryl Perkins, Interim Clerk, Board	of Supervisors			Data of Original Filing		
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, yea	ar)
	perkins@acgov.o					
Function, Event, or Ceremonia	l Role Informati	ion				
			Eaco \	/alue of Each Adm	ission \$ \$85/\$*	17 parking
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The second	v aganev2 Vac		If no. Oak	land Athletics		
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Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's / I the explanatio Number of Admission(s)/ Ticket(s)	Name (Last, P on: Agency Official Yes No Yes No Yes Yes Yes	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable also pro</li> <li>If not increased organized org</li></ul>	f an agency officia he income box if the agenc income. If the agency offic ovide a description. come, describe the public nial roles, performed by an ation. te attendance at an icility in order to may	I? cy official claims adm cial performed a cerei purpose, including agency official, indiv event held at a	ridual, or Incom Incom Incom Incom
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's / I the explanatio Number of Admission(s)/ Ticket(s)	Name (Last, F on: Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable also pro</li> <li>If not increased organized org</li></ul>	f an agency officia he income box if the agenc income. If the agency offic ovide a description. come, describe the public nial roles, performed by an ation. te attendance at an icility in order to may	I? cy official claims adm cial performed a cerei purpose, including agency official, indiv event held at a	ridual, or Incom Incom Incom Incom
Was the distribution to persons id Yes ☑ No □ If yes: Supe The identity of recipient(s) and (Last, First) or Organization (Name, Address, Description)	lentified below m ervisor Wilma Chan Official's / I the explanatio Number of Admission(s)/ Ticket(s)	Name (Last, P on: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable also pro</li> <li>If not increased organized org</li></ul>	f an agency officia he income box if the agenc income. If the agency offic ovide a description. come, describe the public nial roles, performed by an ation. te attendance at an icility in order to may	I? cy official claims adm cial performed a cerei purpose, including agency official, indiv event held at a	nonial role, ridual, or Incom Incom Incom

	Alexandra Boskovich	Ticket Administrator	6/6/2013	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

#### Agency Report of: Ceremonial Role Events and ----

AT abile becament	Α	Pub	lic	Document
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IC!	ket/Admission Distri							the second se		
A	gency Name						Date Stam	np	California Form	802
	County of Alameda								100 million and	
	ivision, Department, or Regi	on (if applical	ble)						For Officia	Use Only
B	Board of Supervisors									
S	treet Address									
	221 Oak Street, Suite 536									
D	esignated Agency Contact (/	Name, Title)					Amendment	t (Must pro	vide explanation i	n Part 3.)
	Cheryl Perkins, Interim Clerk		Supervisors							
A	area Code/Phone Number	E-mail					Date of Original	Filing: _	(month, day, ye	ar)
	510) 272-3882	and the second se	kins@acgov.o				3			
F	unction, Event, or Cere	monial Re	ole Informat	ion						
-	itle					Face	/alue of Each /	Admissi	ion \$ \$30	
4	itie				-					
Г	Description A's vs. Cubs					Date(s	s) <u>7 / 3</u>		/_	
5						1979-40.004 <b>9</b> .0	•			
		11.11				Oald	and Athletics			
т	icket(s)/Admission(s) pro	vided by a	gency? Yes		Σ	If no: Oak			A CONTRACTOR OF THE OWNER OWNER OF THE OWNER	
	Ticket(s)/Admission(s) pro Vas the distribution to per Yes ☑ No ロ If ye	sons ident	<b>tified below n</b> sor Wilma Chan	nade a	it the	behest of	f an agency of	Name of S	Source	
v	Vas the distribution to per	rsons ident	t <b>ified below n</b> sor Wilma Chan Official's i	nade a Name (L	it the	behest of	f an agency of		Source	
v	Vas the distribution to per Yes ☑ No ロ If ye	sons ident es: <u>Supervis</u> (s) and the	t <b>ified below n</b> sor Wilma Chan Official's i	nade a Name (L	at the ast, F	e behest of irst) and Title Check th taxable i also pro If not inc	f an agency of ne income box if the ncome. If the agency vide a description. some, describe the p nial roles, performed	ficial? agency off cy official p public purp	icial claims adm erformed a cere ose, including	monial role,
V T	Vas the distribution to per Yes ☑ No ☐ If ye The identity of recipient Name (Last, First) or Organization	sons ident es: <u>Supervis</u> (s) and the	tified below n sor Wilma Chan Official's I e explanatio Number of Admission(s)/	nade a Name (L on: Agen	at the ast, F	<ul> <li>behest of irst) and Title</li> <li>Check the taxable i also provide of ceremon organiza</li> <li>To promote</li> </ul>	f an agency of ne income box if the ncome. If the agency vide a description. some, describe the p nial roles, performed	agency off cy official p bublic purp I by an age at an eve	ficial claims adm erformed a cere ose, including ncy official, indi	monial role,
V T	Vas the distribution to per Yes ☑ No ☐ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	sons ident es: <u>Supervis</u> (s) and the	tified below n sor Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide the taxable is</li></ul>	f an agency of ne income box if the ncome. If the agency vide a description. some, describe the p nial roles, performed ttion.	agency off cy official p bublic purp I by an age at an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indi	monial role, vidual, or Incom
V T	Vas the distribution to per Yes ☑ No ☐ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	sons ident es: <u>Supervis</u> (s) and the	tified below n sor Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide the taxable is</li></ul>	f an agency of ne income box if the ncome. If the agency vide a description. come, describe the p nial roles, performed titon. te attendance a cility in order to	agency off cy official p bublic purp I by an age at an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indi	vidual, or Incom Incom Incom
V T	Vas the distribution to per Yes ☑ No ☐ If ye The identity of recipient (Last, First) or Organization (Name, Address, Descrip	sons ident es: <u>Supervis</u> (s) and the	tified below n sor Wilma Chan Official's / e explanatic Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable is also provide the taxable is</li></ul>	f an agency of ne income box if the ncome. If the agency vide a description. come, describe the p nial roles, performed titon. te attendance a cility in order to	agency off cy official p bublic purp I by an age at an eve maximi:	ficial claims adm erformed a cere ose, including ncy official, indi	nonial role, vidual, or Incom Incom Incom

U /	Alexandra Boskovich	Ticket Administrator	6/6/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

**A Public Document** 

			Date Stamp California 002
. Agency Name County of Alameda			Form OUZ
Division, Department, or Region (if applic	able)		For Official Use Only
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			Amendment (Must provide explanation in Part 3.)
Cheryl Perkins Interim Clerk, Board of	Supervisors		
Area Code/Phone Number E-mail			Date of Original Filing: (month, day, year)
(510) 272-3882 cheryl.pe	erkins@acgov.o	rg	
. Function, Event, or Ceremonial F	Role Informat	ion	
			Free Value of Feels Administration & \$142.95
Title			Face Value of Each Admission \$ <u>\$142.95</u>
Description KMEL Summer Jam con	cert		Date(s)/ /////
Description			
Ticket(s)/Admission(s) provided by	adency2 Vos		If no. Oakland Athletics
nekel(s)/Admission(s) provided by	agency: res		Name of Source
Was the distribution to persons ide	ntified below n	hade at the	e behest of an agency official?
	visor Wilma Chan		
Yes 🛛 No 🔲 If yes: Superv	Official's l	Name (Last, I	First) and Title
The identity of recipient(s) and t	ho ovnlanatio	n'	
-		ree The second second	Check the income box if the agency official claims admission as
Name (Last, First)	Number of	Agency	taxable income. If the agency official performed a ceremonial role,
or	Admission(s)/		
Organization (Name, Address, Description)		Official	also provide a description.
	Ticket(s)	Official	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>
<b></b>			<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
REACH Ashland Youth Center		Yes 🗖	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>
REACH Ashland Youth Center	Ticket(s)	Yes □ No ☑	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> <li>To provide opportunities to youth receiving Income services from Alameda County.</li> </ul>
REACH Ashland Youth Center 16335 E. 14th Street	Ticket(s)	Yes 🗖	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.     To provide opportunities to youth receiving Income
· · · · · · · · · · · · · · · · · · ·	Ticket(s)	Yes No Yes No	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income
· · · · · · · · · · · · · · · · · · ·	Ticket(s)	Yes □ No ☑ Yes □	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income
16335 E. 14th Street	Ticket(s)	Yes □ No ☑ Yes □ No □ Yes □	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income Income
16335 E. 14th Street	Ticket(s)	Yes □ No ☑ Yes □ No □ Yes □ No □	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.     To provide opportunities to youth receiving Income services from Alameda County.     Income Income
16335 E. 14th Street	Ticket(s)	Yes No Yes No Yes No Yes Yes	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income Income Income
16335 E. 14th Street	Ticket(s)	Yes □ No ☑ Yes □ No □ Yes □ No □ Yes □ No □	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income
16335 E. 14th Street San Leandro, CA 94578	Ticket(s)	Yes   No 2 Yes   No   Yes   No   Yes   No   Yes	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income Income Income
16335 E. 14th Street San Leandro, CA 94578	Ticket(s)         4	Yes   No 2 Yes   No   Yes   No   Yes   No   Yes   No	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To provide opportunities to youth receiving Income services from Alameda County. Income

	Alexandra Boskovich	Ticket Administrator	6/5/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Public	Document

Cor Divi Bos Stre 122	ency Name				
Divi Boa Stree 122				Date Stamp California	802
Boa Stree 122	unty of Alameda			Form	
<b>Stre</b> 122	ision, Department, or Region (if applica	ble)		For Official V	Jse Only
122	ard of Supervisors				
	eet Address				
<b>D</b>	21 Oak Street, Suite 536				
Des	signated Agency Contact (Name, Title)			Amendment (Must provide explanation in	Part 3.)
	eryl Perkins, Interim Clerk, Board of	Supervisors			
Are	ea Code/Phone Number E-mail			Date of Original Filing:	r)
		rkins@acgov.o			
2. Fu	nction, Event, or Ceremonial R	ole Informat	ion		
714				Face Value of Each Admission \$ $\frac{$30}{}$	
1111	le				
Do	scription <u>A's vs. Cubs</u>			Date(s) <u>7 / 2 / 13</u> /	/
Tic	ket(s)/Admission(s) provided by a	adency? Yes		If no <sup>,</sup> Oakland Athletics	
110		Solidy 100		Name of Source	
Th	e identity of recipient(s) and th			First) and Title	
	Name	<ul> <li>A state of the sta</li></ul>	and the second second second		1
	(Last, First)			Check the income box if the agency official claims admis	
		Number of	Agency Official	<ul> <li>Check the income box if the agency official claims admis taxable income. If the agency official performed a cerem also provide a description.</li> </ul>	
	or Organization	Number of Admission(s)/ Ticket(s)	Agency Official	taxable income. If the agency official performed a cerem also provide a description. If not income, describe the public purpose, including	onial role,
	or	Admission(s)/	Official	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivi- organization.</li> </ul>	onial role, dual, or
	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a</li> </ul>	onial role, dual, or Income
Sw	or Organization	Admission(s)/	Official Yes □ No ☑	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivi- organization.</li> </ul>	onial role, dual, or Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a</li> </ul>	onial role, dual, or Income Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □ No □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	onial role, dual, or Income Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No ☑ Yes □ Yes □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	onial role, dual, or Income Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No □ Yes □ Yes □ Yes □ No □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	onial role, dual, or Income Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	onial role, dual, or Income Income Income
Sw	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official       Yes       No       Yes       No       Yes       No       Yes       No       Yes       No       Yes       No	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	inial role, dual, or Income Income Income
	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	<ul> <li>taxable income. If the agency official performed a cerem also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiviorganization.</li> <li>To promote attendance at an event held at a County facility in order to maximize potential</li> </ul>	onial role, dual, or Income Income Income

	Alexandra Boskovich	Ticket Administrator	6/5/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and Tick

Ticket/Admission Dist	ributions		A Public Documen			
1. 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)	Amendment (Must	provide explanation in Part 3.)			
Cheryl Perkins, Interim Cler	k, Board of Supervisors					
Area Code/Phone Number	E-mail	Date of Original Filing	(month, day, year)			
(510) 272-3882	cheryl.perkins@acgov.org					
2. Function, Event, or Cer	emonial Role Information					
Title	,	Face Value of Each Admis	ssion \$ _ <sup>\$30</sup>			

Title	Face value of Each Admission \$
Description <u>A's vs. Reds</u>	Date(s) <u>6</u> <u>26</u> <u>13</u> <u> </u>
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?

If yes: <u>Supervisor Wilma Chan</u> Yes 🗹 No 🗖

Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>		
Williams, Tella	2	Yes <b>□</b> No ☑	To promote attendance at an event held at a County facility in order to maximize potential	Income	
		Yes □ No □	County revenue from sales.	Income	
		Yes 🗖 No 🗖		Income	
		Yes □ No □		Income	
·		Yes □ No □		Income	

#### 3. Verification

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

	Alexandra Boskovich	Ticket Administrator	6/4/2013
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

#### Agency Report of: **Bolo** Evonts and C Т 1

	cket/Admission Distr					A	Public Do	
	Agency Name					Date Stamp	California Form	802
	County of Alameda						Form For Official	
	Division, Department, or Regi	1	For Official	Use Only				
	Board of Supervisors							8
	Street Address					1. la		
	1221 Oak Street, Suite 536							
	Designated Agency Contact (	Name, Title)				Amendment (Must p.	rovide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, yea	nr)
	(510) 272-3882	crystal.his	shida@acgov.o	org				
2	Function, Event, or Cere	and the second se	The second se	Providence in the second se				
		r <b>sons ider</b> /es: <u>Valle, F</u>	ntified below n Richard- Supervise Official's i	nade at the or District 2 Name (Last, F	Date( If no: <u>Ala</u> behest o	of an agency official?	070	7 <u>,</u> 13
	The identity of recipien Name (Last, First) or Organization (Name, Address, Descr		Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pr e If not in cereme organi	the income box if the agency a income. If the agency officia rovide a description. ncome, describe the public pu onial roles, performed by an a zation.	Il performed a cerer Irpose, including gency official, indiv	nonial role,
	AL			Yes 🗖	To promote	e attendance at an event he	ld at a County	Income

#### 3. Verification

Abawag, Marilou

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.

 $\overline{\mathbf{Z}}$ No

No

No Yes 🗖

No

Yes 🗖

Yes 

No Yes 🗖

MICHELLE DIANDA Print Name

2

**Ticket Administrator** 

Title

facility in order to maximize potential revenue from sales.

(month, day, year

Income

Income

Income 

Income 

Signature of Agency Head or Designee

Ticket/Admission Distributions	5			A A A A A A A A A A A A A A A A A A A	Public Do	cumen
1. Agency Name	nan maanaan marka ahaa ahaa ahaa ahaa ahaa ahaa ahaa			Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if application	ble)				For Official U	se Only
Board of Supervisors						
Street Address	· · · · · · · · · · · · · · · · · · ·					
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must p	rovide explanation in I	Part 3.)
Cheryl Perkins, Clerk, Board of Supervi	sors					·
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year,	)
(510) 272-3882 cheryl.per	kins@acgov.c	org				
2. Function, Event, or Ceremonial R	ole Informat	tion				
Title A15 VSC	abs			Value of Each Admis	950	$\mathfrak{O}$
Title $\underline{(1, 1)}$		, <u> </u>	Face	Value of Each Admis	sion \$	
Description MSeb	all		Date(	s) 7, 7, 12	<u>}</u>	/
•				•		
Ticket(s)/Admission(s) provided by a	gency? Yes		If no:	Ward A4	hetics	
		(		Name of	300/02	
Was the distribution to persons iden	tified below n	nade at th	e hehest o	f an agency official?		
	UPERVISOR					
Yes 1⊒≓⇒ No 🔲 If yes:						
	Official's	Name (Last, I	-irst) and Litle	9		
The identity of recipient(s) and the	e explanatio	on:				
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro • If not inc	he income box if the agency of income. If the agency official ovide a description. come, describe the public pur nial roles, performed by an ag ation.	performed a ceremo pose, including	nial role,
John Rudolph	4	Yes <b>□</b> No V <b>□</b>	Tor	eward a county emplo exemplary service to	oyee for his or	ncome
		Yes 🗖		exemplary service to	the public.	ncome
	·	No 🗖				
		Yes 🗖				ncome
		No 🗖				
		Yes 🗖		<u></u>		Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				

#### 3. Verification

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

Valisant	Lee Ann Fergerson	Ticket Administrator	6.27-13
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/Ad	mission Dist	ributions	5			A	Public Documen
1. Agency	Name					Date Stamp	California 802
	Alameda						
Division, D	Department, or Reg	ion (if applica	ble)				For Official Use Only
Board of	Supervisors						
Street Add	lress						
1221 Oak	Street, Suite 536						
	d Agency Contact					Amendment (Must pro	vide explanation in Part 3.)
Chervl Pe	erkins, Clerk, Boar	d of Supervi	isors				
	/Phone Number	E-mail				Date of Original Filing: _	(month, day, year)
(510) 272	-3882	cheryl.per	kins@acgov.c	org			
· · ·	n, Event, or Cer					<u></u>	
	, <u> </u>		Aic				2500
Title		/	73	-	Face	/alue of Each Admiss	ion \$
		· 7	Richard	ΩÔ		7 7 12	
Descripti	on		Jasena	$\underline{\alpha}$	Date(s	s)	/
			,	· · · · · -		alland A	Alatic
Ticket(s)/	Admission(s) pro	ovided by a	igency? Yes	¥⊇No □	If no:	) alland A Name of S	Source
Yes [	] No □ If y	/es:		Name (Last, I	First) and Title		
	Name (Last, First) or Organization ame, Address, Descri		Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov • If not inc	e income box if the agency off ncome. If the agency official p vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	erformed a ceremonial role, ose, including
M	el Luna	+	le	Yes □ No X	To pro event i	mote attendance at a coun n order to maximize pote e for concession and par	ntial county
				No 🗖			
				Yes 🗖			Income
				No 🗖			
•····				Yes 🗖			Income
				No 🗖			
. <u></u>				Yes 🗖			Income
				No 🗖			

#### 3. Verification

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

Alla Serie Le	e Ann Fergerson	Ticket Administrator	6-27-13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tic	ket/Admission Distri	butions					A Public D		
1.	Agency Name					Date Stamp	California Form	802	
	County of Alameda							I Use Only	
	Division, Department, or Regio	on (if applicab	le)					i Ose Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (N	lame, Title)				Amendment (Mu	Amendment (Must provide explanation in Part		
	Cheryl Perkins, Clerk, Board	of Supervis	sors					,	
		E-mail				Date of Original Filir	ig:(month, day, ye	ear)	
	(510) 272-3882	cheryl.per	kins@acgov.o	rg					
2.	Function, Event, or Cerei	monial Ro	ole Informat	ion			_		
	Title A.G				Fac	e Value of Each Adn	nission \$	5.0	
	<u>^</u>	e bail	2		Dat	e(s) <u>13</u> 1	3	/	
						Dakland.	Suletic	5	
					Ifno	I MAUNA.			
	Ticket(s)/Admission(s) prov Was the distribution to pers	sons ident S	ified below n UPERVISOR	nade at the HAGGER	behest TY, DIS	Nam t of an agency officia T. 1	e of Source		
	Was the distribution to pers Yes I No I If ye The identity of recipient(	sons ident S	ified below n UPERVISOR Official's I	nade at the HAGGER Name (Last, F	<ul> <li>behes</li> <li>TY, DIS</li> <li>irst) and 1</li> <li>Chec</li> </ul>	Nam t of an agency officia T. 1 itle	cy official claims adn	nission as	
	Was the distribution to pers	sons ident Si es: (s) and the	ified below n UPERVISOR Official's I	nade at the HAGGER Name (Last, F	<ul> <li>behest</li> <li>TY, DIS</li> <li>irst) and T</li> <li>Check</li> <li>taxal</li> <li>also</li> <li>If no</li> <li>cereities</li> </ul>	Nam t of an agency officia T. 1	cy official claims adn icial performed a cere purpose, including	emonial role,	
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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.

Juliu breeves Le	e Ann Fergerson	Ticket Administrator	6/27/13
Signature of Agency Head or Designee	Print Name	Title	(morth, day, year)
$\mathcal{O}\mathcal{O}$			

## Agency Report of: Ceremonial Role Events and

<b>Ticket/Admission Distributions</b>	S			Α	Public Docume
1. Agency Name				Date Stamp	California Form 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 (Must pro	vide explanation in Part 3.)
Cheryl Perkins, Clerk, Board of Superv	visors				
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
(510) 272-3882 cheryl.pe	rkins@acgov.c	org			
2. Function, Event, or Ceremonial R	lole Informat	tion			
Title A'S Baseba	â		Face V	/alue of Each Admiss	ion \$ <u>3000</u>
Description			Date(s	17.3.13	·/
Ticket(s)/Admission(s) provided by a Was the distribution to persons iden					hletics Source
S	SUPERVISOR		TY. DIST.	1	
Yes 🔲 No 🖾 If yes:			irst) and Title		
		·			
The identity of recipient(s) and th	e explanatio	on:			
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable ir also prov • If not inc	e income box if the agency offi come. If the agency official p ide a description. ome, describe the public purpo al roles, performed by an ager ion.	erformed a ceremonial role, ose, including
1	1	Yes	Toobte	an oversight of	Facilities Incom
2011 Hagserth		No 🗖	crevent	s that have recei	ved County D
		Yes □ No □	thunder	j ok support	
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			

#### 3. Verification

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

Yes 🗖

No 🗖

Rellin Jacons	Lee Ann Fergerson	Ticket Administrator	6/27/13
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

Income

#### Agency Report of: Ceremonial Role Events and Ticket/Admi

A Public Document
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110	cket/Admission Distr									
	Agency Name						Date Stam	np	California Form	002
	County of Alameda								Form	002
	Division, Department, or Region (if applicable)							For Official L	Ise Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	(Name, Title)					Amendment	Mustara	uide explanation in	Part 3 )
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors				Amenument	(wast pro-	nde explanation in l	ran o.y
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day, year	)
	(510) 272-3882	crystal.his	shida@acgov.	org						6
	Function, Event, or Cere	emonial R	ole Information	tion						
	Ookland Alawa New Y	(ork Vorke							22.00	
	Title Oakland A's vs. New Y	огк тапкее	es		-	Face \	/alue of Each /	Admissi	on \$	
	Description Baseball Game	9				Data	a) <u>06 / 11</u>	, 13		y .
	Description <u>Bacoball</u> Call				-	Date(s	;)/	/	/	/
	Ticket(s)/Admission(s) provided by agency? Yes 🔲 No 🗹 If no: Oa									
	licket(s)/Admission(s) pro		agency? Yes				1	Name of S	ource	
									ource	
	Was the distribution to per								ource	
	Was the distribution to pe	rsons iden	tified below r	nade a	it the	e behest of	f an agency off		ource	
	Was the distribution to pe	rsons iden	tified below r	nade a	it the	e behest of	f an agency off		ource	
	Was the distribution to per Yes ☑ No ロ If y	rsons iden <sub>'es:</sub> <u>Valle, R</u>	tified below r ichard- Supervis Official's	nade a or Distr Name (L	it the	e behest of	f an agency off		ource	
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is in accordance with the provisions.

Inth	MICHELLE DIANDA	Ticket Administrator	(0/10/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Pu	blic	Document

<b>FI</b>	cket/Admission Distr											
١.	Agency Name						Date	e Stamp		Califo	rnia	802
	County of Alameda								For	m	002	
	Division, Department, or Region (if applicable)					1		2	For C	Official U	se Only	
	Board of Supervisors											
	Street Address					1						
	1221 Oak Street, Suite 536											
	Designated Agency Contact (/	Name, Title)						dment (Must	provida	ovolone	tion in l	Dard 2 1
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors					040-107710791 - 0 <b>9</b> 0050020000	1040-0-570-0-5-5			
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	(510) 272-3882	crystal.his	shida@acgov.	org					1.4	nonun, u	ay, year,	8
	Function, Event, or Cere	All and a second se	the second se									
20												
	Title Alameda County Fair				_	Face V	Value of Ea	ach Admis	ssion	\$ 5.	00	
	1						00	10 12		07	07	, 13
	Description County Fair			_	_	Date(s	s) <u>06</u> /1	19 13	_	07		
	Ticket(s)/Admission(s) pro	Nonou? Van		-	ve Alan	neda County	Fair					
	nekel(s)/Aumasion(s) pro	vided by a	agency r res		0 🗹	If no: <u>man</u>	icaa oouniy	1 011	10		_	
	Was the distribution to per	rsons iden	tified below n	nade a	at the	e behest of	f an agenc	Name c		rce		
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### 3. Verification

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

Maria	MICHELLE DIANDA	Ticket Administrator	6/13/13
signature of Agency Head or Designee	Print Name	Title	(rhonth, day, year)

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110	Retraumssion Dist										
1.	Agency Name						Date	Stamp	Califo	ornia	802
	County of Alameda						1		Foi	rm	002
	Division, Department, or Regi	on (if applica	ble)						For	Official Us	se Only
	Board of Supervisors										
	Street Address		4				1				
	1221 Oak Street, Suite 536										
	Designated Agency Contact (	Name, Title)					Amend	ment (Must pr	ovide explan	nation in P	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors								1997 - Serie Ma
	Area Code/Phone Number	E-mail					Date of Ori	ginal Filing: .	(month, d	day, year)	
	(510) 272-3882	crystal.his	shida@acgov.	org					5000 <u>50</u> -000 0000-		
•	Function, Event, or Cere	emonial R	ole Informat	tion			_				
	Title Alameda County Fair					- · · ·			5	00	
	Title <u>Alameda County Fair</u>					Face \	/alue of Ea	ch Admiss	sion \$ _	.00	
	Description County Fair					Date/s	s) <u>06 / 1</u>	9,13	07	, 07	, 13
	Description					Dato(s	·//		1		
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipiente (Last, First) or Organization (Name, Address, Descrip Emergency Shelter Program 1180 B St., Hayward CA 94541 Provides shelter and protective service	rsons iden es: <u>Valle, Ri</u> (s) and th otion) es for women	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes	ict 2 .ast, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide to the second second</li></ul>	e income box i ncome. If the a vide a descripti ome, describe ial roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp rmed by an age	fficial claims performed a pose, includ ancy official	a ceremoi ling I, individu	nial role, Ial, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipiente (Last, First) or Organization (Name, Address, Descrip Emergency Shelter Program 1180 B St., Hayward CA 94541 Provides shelter and protective service	rsons iden es: <u>Valle, Ri</u> (s) and th otion) es for women	tified below r ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No	ict 2 .ast, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide to the second second</li></ul>	e income box i ncome. If the a vide a descripti ome, describe ial roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp rmed by an age	fficial claims performed a pose, includ ancy official	a ceremoi ling I, individu	nial role, Ial, or Income Income Income
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MAL	MICHELLE DIANDA	Ticket Administrator	10/13/12	3
Signature of Agency Head or Designee	Print Name	Title	(mbnth, day, year)	

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

V

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ricket/Admission Distribut	lions			A	Public Doc	
1. Agency Name				Date Stamp	California Form	002
County of Alameda				×	Form	002
Division, Department, or Region (if	applicable)				For Official U	se Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	,Title)			Amendment (Must pro	vide explanation in F	Part 3.)
Crystal Hishida Graff, Clerk, Boar	rd of Supervisors				ala e tentos como contra contra entenda en co	- 00.000 0000
Area Code/Phone Number E-ma	ail			Date of Original Filing:	(month, day, year)	
(510) 272-3882 crys	stal.hishida@acgov.	org		6		
2. Function, Event, or Ceremor	nial Role Informat	tion		51 		
Alameda Coupty Fair			-		► 5.00	
Title Alameda County Fair			Face \	/alue of Each Admissi	on \$	
Description County Fair			Date(s	<u>, 06 , 19 , 13</u>	07,07	, 13
			Date(a	·)/		
Ticket(s)/Admission(s) provide	d by agency2 Vec		If no. Alam	neda County Fair		
Ticket(s)/Admission(s) provide	a by agency: Tes		n no	Name of S	ource	
Was the distribution to persons			e behest of	an agency official?		
Yes 🗹 No 🔲 If yes: 🖄	alle, Richard- Supervis	or District 2	First) and Title			
			rist) and rittle			
The identity of recipient(s) a	nd the explanation	on:				
Name				e income box if the agency offi ncome. If the agency official pe		
(Last, First) or	Number of Admission(s)/	Agency Official	그가 영화 관계에 가 가 좀 하지.	vide a description.	inormed a ceremo	inal lole,
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen tion.		ial, or
Family Emergency Shelter Coalition		Yes 🗖	and an and so the first of	non-profit organization for its	contributions to	Income
	40	No 🗹	the communi	ty.		
21455 Birch St., Suite 5, Hayward CA94541		Yes 🗖				Income
		No 🗖				
Serves homeless families with food and shel	ter	Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖	2			Income
		No 🗖				
3. Verification						

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

MAL	MICHELLE DIANDA	Ticket Administrator	(2/(3/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AT abile becament	Α	Pub	lic	Document
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1.		the second se					the second se
	Agency Name				Date Stamp	California	802
	County of Alameda					Form	002
	Division, Department, or Region (if	applicable)				For Official U	se Only
	Board of Supervisors				,		
	Street Address						
	1221 Oak Street, Suite 536				72		
	Designated Agency Contact (Name,	Title)			Amendment (Must p	rovide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk, Boar	d of Supervisors				errae explanation in t	
	Area Code/Phone Number E-ma				Date of Original Filing:	(month, day, year,	<del>,</del>
	(510) 272-3882 crys	tal.hishida@acgov.o	org				
2.	Function, Event, or Ceremon			E.			
	이 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전					100-00100	
	Title Alameda County Fair			Face	/alue of Each Admis	sion \$ _5.00	
	- County Fair				<u>, 06 , 19 , 13</u>	07,07	, 13
	Description County Fair			Date(s	5)//		
			19-12 (2.5) (m.)	Alan	aeda County Fair		
	Ticket(s)/Admission(s) provide	d by agency? Yes	🗆 No 🗹	If no: Alan	Name of	Source	_
	Was the distribution to persons	identified below n	nade at th	e behest o	f an agency official?		
	1				15 S		
	Yes 🖸 No 🔲 Ifyes: 🗸	alle, Richard- Supervis	or District 2				
		Officials		Final and This			
	The identity of recipient(s) a		Name (Last, I	First) and Title			
	the second se	nd the explanatio	Name (Last, I	First) and Title			
	Name	nd the explanatio	Name (Last, I	Check the second s	e income box if the agency o		
	(Last, First)	Number of	Name (Last, I on: Agency	<ul> <li>Check the taxable is</li> </ul>	e income box if the agency o ncome. If the agency official		
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	(Last, First) or	Number of	Name (Last, I on: Agency	<ul> <li>Check the taxable is also pro</li> <li>If not income taxable is also pro</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag	performed a ceremo pose, including	nial role,
	(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Name (Last, I on: Agency	<ul> <li>Check th taxable i also pro</li> <li>If not inc ceremor organiza</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. come, describe the public pur ial roles, performed by an ag	performed a ceremo pose, including ency official, individe	nial role,
	(Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Name (Last, I Dn: Agency Official	<ul> <li>Check th taxable i also pro</li> <li>If not inc ceremor organiza</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living	Number of Admission(s)/ Ticket(s)	Name (Last, ) Dn: Agency Official Yes No	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe	Number of Admission(s)/ Ticket(s)	Name (Last, I on: Agency Official Yes 🗖	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living 439 A Street, Hayward CA 94541	Number of Admission(s)/ Ticket(s)	Name (Last, ) DN: Agency Official Yes □ Yes □ No □ No □	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living	Number of Admission(s)/ Ticket(s)	Name (Last, I on: Agency Official Yes I Yes I	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living 439 A Street, Hayward CA 94541 Provides advocacy and resources for people	Number of Admission(s)/ Ticket(s)	Name (Last, I on: Agency Official Yes No Yes Yes Yes Yes Yes	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income Income Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living 439 A Street, Hayward CA 94541 Provides advocacy and resources for people	Number of Admission(s)/ Ticket(s)	Name (Last, I Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income Income Income
	(Last, First) or Organization (Name, Address, Description) Community Resources for Independe Living 439 A Street, Hayward CA 94541 Provides advocacy and resources for people	Number of Admission(s)/ Ticket(s)	Name (Last, ) On: Agency Official Yes No Yes No Yes No Yes No Yes No Yes	<ul> <li>Check the taxable is also pro</li> <li>If not incertain ceremor organization</li> <li>To reward a</li> </ul>	te income box if the agency o ncome. If the agency official vide a description. some, describe the public pur ial roles, performed by an ag tion. non-profit organization for i	performed a ceremo pose, including ency official, individe	nial role, ual, or Income Income Income Income

#### 3. Verification

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

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

Α	Pu	blic	Document

1. Agency Name						
				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Regio	n (if applicable)				For Official	Use Only
Board of Supervisors	1 27					
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (N	ame,Title)					
Crystal Hisbida Croff Clark	Poord of Suponvisoro			Amendment (Must	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, E Area Code/Phone Number	E-mail			Date of Original Filing		
				Date of original rinig	(month, day, yea	r)
	crystal.hishida@acgov.	the second s				
2. Function, Event, or Cerer	nonial Role Informa	tion				
Title Alameda County Fair			Face	/alue of Each Admis	sion ¢ 5.00	
The <u>Manifold County</u> Fail			Face	value of Each Admis	sion \$	
Description County Fair			Dato/r	<u>, 06 , 19 , 13</u>	07,07	7,13
Description			Date(s	»)//		/
			Alon	anda County Fair		
Ticket(s)/Admission(s) prov	vided by agency? Yes		If no: <u>Alan</u>	Name of	of Source	
Was the distribution to pers	ons identified below r	nade at th	e behest of	f an agency official?	,	
Was the distribution to pers	ons identified below r	nade at th	e behest of	f an agency official?	,	
e de l'indre l'adolfante e la regima de la destator de la delarita de la delarita de la delarita entre en	s: Valle, Richard- Supervis	or District 2		f an agency official?	2	
	s: Valle, Richard- Supervis	or District 2		f an agency official?	,	
Yes 🗹 No 🔲 Ifye	s: Valle, Richard- Supervis Official's	or District 2 Name (Last,		f an agency official?	,	
Yes I No I If yes	s: Valle, Richard- Supervis Official's	or District 2 Name (Last,	First) and Title			sion as
Yes ☑ No □ If yes The identity of recipient(s Name	s: <u>Valle, Richard- Supervis</u> Official's s) and the explanatio	or District 2 Name (Last,	First) and Title	f an agency official?	official claims admis	
Yes ☑ No ☐ If yes The identity of recipient(s Name (Last, First) or	s: Valle, Richard- Supervis Official's	or District 2 Name (Last,	First) and Title Check th taxable i also pro	e income box if the agency ncome. If the agency officia vide a description.	official claims admis Il performed a cerem	
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Yes No lf yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti Sunny Hills/BAYC 22245 Main St., Suite 200, Hayward CA	s: Valle, Richard- Supervis Official's s) and the explanatic Number of Admission(s)/ Ticket(s) 20	Agency Official Yes No Yes No Yes No	First) and Title  Check th taxable i also pro If not inc ceremon organiza To reward a	e income box if the agency ncome. If the agency officia vide a description. come, describe the public pu ial roles, performed by an a tion. non-profit organization for	official claims admis Il performed a cerem Irpose, including gency official, individ	ual, or Income
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Yes No lf yes The identity of recipient(s Name (Last, First) or Organization (Name, Address, Descript) Sunny Hills/BAYC 22245 Main St., Suite 200, Hayward CA	s: Valle, Richard- Supervis Official's s) and the explanatic Number of Admission(s)/ Ticket(s) 20	Agency Official Yes No Yes No Yes No Yes No Yes No Yes No	First) and Title  Check th taxable i also pro If not inc ceremon organiza To reward a	e income box if the agency ncome. If the agency officia vide a description. come, describe the public pu ial roles, performed by an a tion. non-profit organization for	official claims admis Il performed a cerem Irpose, including gency official, individ	ual, or Income Income Income
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#### 3. Verification

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

U Signature of Agency Head or Designee

Print Name

Ticket Administrator

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

MICHELLE DIANDA

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A	ru	IOI	IC	DOCI	um	ent

110	sket/Admission Distribu										
1.	Agency Name						Date	Stamp	Calif	ornia	802
	County of Alameda								Fo	rm	002
	Division, Department, or Region	(if applicable	9)				1		For	Official U	se Only
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Nam	ne, Title)						ment (Must pr	vide explai	nation in F	Part 3)
	Crystal Hishida Graff, Clerk, Boa	ard of Sur	pervisors					none (most pr	Svide explai		un o.y
	And and a second s	mail					Date of Orig	ginal Filing: _	(month	day, year)	
	(510) 272-3882 cry	vstal.hishi	ida@acgov.o	org					(monun)	aay, your,	
2.	Function, Event, or Ceremo	and the property lives from the state of the first strends with	And in case of the local division of the loc	and the second se							
									20		
	Title Alameda County Fair			the second second	-	Face V	/alue of Ea	ch Admiss	ion \$ _5	.00	
	Description County Fair				_	Date(s	s) <u>06</u> / 1	9 <u>,</u> 13	07	07	
	Tielest/o)/Admission/o) musuid	lad by an				If no. Alan	neda County	Fair			
	Ticket(s)/Admission(s) provid	ied by age	ency r res								
	Ticket(s)/Admission(s) provid							i tunio or	Source		
	Was the distribution to persor	ns identif	f <b>ied below n</b> nard- Supervis	<b>nade a</b> or Distr	i <b>t the</b> ict 2	e behest of	f an agency	i tunio or	Source		
	Was the distribution to person Yes 🔽 No 🔲 If yes:	Valle, Rich	fied below n nard- Supervis Official's	nade a or Distr Name (L	i <b>t the</b> ict 2		f an agency	i tunio or	Source		
	Was the distribution to persor	Valle, Rich	fied below n nard- Supervis Official's	nade a or Distr Name (L	i <b>t the</b> ict 2	e behest of	f an agency	/ official?	ficial claim		
	Was the distribution to person Yes ☑ No ロ If yes: . The identity of recipient(s) Name (Last, First)	valle, Rich	fied below n nard- Supervis Official's explanatic Number of	nade a or Distr Name (L on: Agen	ict 2 .ast, F	e behest of First) and Title • Check th taxable i	f an agency ne income box i ncome. If the a	f the agency of gency official	ficial claim		
	Was the distribution to person Yes ☑ No ロ If yes: The identity of recipient(s) <sub>Name</sub>	Valle, Rich	fied below m nard- Supervis Official's explanatic	nade a or Distr Name (L on:	ict 2 .ast, F	e behest of First) and Title • Check th taxable i also pro • If not inc	f an agency ne income box i ncome. If the a vide a descripti come, describe ital roles, perfor	f the agency of gency official on.	ficial claim performed a	a ceremo ling	nial role,
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	Valle, Rich	fied below n nard- Supervis Official's explanatic Number of Admission(s)/	nade a or Distr Name (L on: Agen	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable i also pro</li> <li>If not inc ceremon organiza</li> </ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe ital roles, perfor	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role,
	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization	NS identif	fied below n nard- Supervis Official's explanatic Number of Admission(s)/	nade a or Distr Name (L on: Ager Offic	nt the ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable i also pro</li> <li>If not inc ceremon organiza</li> </ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe nal roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role, ual, or
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	Was the distribution to person Yes ☑ No □ If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description	ns identif Valle, Rich and the	fied below n nard- Supervis Official's explanatic Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the second or the second</li></ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe nal roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role, Jal, or Income
	Was the distribution to person Yes No If yes: The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Spectrum Community Services 2617 Barrington Court, Hayward CA 94545	ns identif Valle, Rich and the n)	fied below n nard- Supervis Official's explanatic Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the second or the second</li></ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe nal roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role, aal, or Income Income
	Was the distribution to person Yes I No I If yes: . The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Spectrum Community Services	ns identif Valle, Rich and the n)	fied below n nard- Supervis Official's explanatic Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No	ict 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the second or the second</li></ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe nal roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role, Ial, or Income Income
	Was the distribution to person Yes No If yes: . The identity of recipient(s) Name (Last, First) or Organization (Name, Address, Description Spectrum Community Services 2617 Barrington Court, Hayward CA 94545 Assists low income & disadvantaged indivi	ns identif Valle, Rich and the n)	fied below n nard- Supervis Official's explanatic Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide in the second or the second</li></ul>	f an agency ne income box i ncome. If the a vide a descripti come, describe nal roles, perfor tion. non-profit orga	f the agency of gency official on. the public purp med by an age	ficial claim berformed a bose, includ nocy officia	a ceremoi ling I, individu	nial role, Ial, or Income Income Income
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#### 3. Verification

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	MAD.	MICHELLE DIANDA	Ticket Administrator	10/13/1	13
T	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	F

AI	Public	Document
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	CREUAUIIISSION DISU	induona	2					i upile bo	Guinein
1.	Agency Name						Date Stamp	California	802
	County of Alameda							Form	
	Division, Department, or Regi	on (if applica	ible)					For Official U	se Only
	Board of Supervisors								
	Street Address						1		
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)					Amendment (Must pro	vide explanation in I	Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						
	Area Code/Phone Number	E-mail					Date of Original Filing: _	(month, day, year	)
	(510) 272-3882	crystal.his	shida@acgov.o	org				(	
2.	Function, Event, or Cere		and the second se	000					
	Title Alameda County Fair				_	Face \	/alue of Each Admiss	ion \$ _ <u>5.00</u>	
	Octumbu Folio						06 19 13	07 07	13
	Description County Fair				-	Date(s	s) <u>06 / 19 / 13</u>		
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗹	If no: Alam	neda County Fair Name of S	Source	
							Name of	500/00	
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	f an agency official?		
	(F)								
	Yes 🗹 No 🔲 Ify	es: <u>Valle, R</u>	ichard- Supervis	or Distr	ict 2				
			Official's	Name (l	.ast, I	First) and Title			
	The identity of recipient	(s) and th	e explanatio	n:					
	Name						e income box if the agency of		
	(Last, First)		Number of	Age		2.3 COMPANY AND A COMPANY A	ncome. If the agency official p vide a description.	erformed a ceremo	nial role,
	or Organization		Admission(s)/ Ticket(s)	Offic	cial	If not inc	ome, describe the public purp		
	(Name, Address, Descrip	otion)				ceremon organiza	ial roles, performed by an age tion.	ncy official, individ	ual, or
	Ash Street Summer Program			Yes		To reward a	non-profit organization for it	s contributions to	Income
			20	No	1	the communi	ty.		
	7401 Enterprise Drive, Newark CA 94	560		Yes					Income
	7401 Enterprise Drive, Newark CA 94			No			ă.		
	Provides low income youth summer p	rograme		Yes	П		1		Income
	Provides low income youth summer p	lograms		No					
				Yes					Income
				No					
				Yes					Income
				No					
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#### 3. Verification

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

	MAL	MICHELLE DIANDA	Ticket Administrator	Ce1(3/13
4	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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C	Rel/Admission Distr									
ŀ	Agency Name						Date Stamp		California Form	901
(	County of Alameda		÷.				14 14			The second
Ē	Division, Department, or Regi	on (if applica	ble)						For Official	Use Only
E	Board of Supervisors									
5	Street Address									
đ	1221 Oak Street, Suite 536									
Ē	Designated Agency Contact (/	Name, Title)					Amendment (M	ust prov	vide explanation i	n Part 3.)
(	Crystal Hishida Graff, Clerk,	Board of S	Supervisors							909-1718-170 <b>8</b> 0
7	Area Code/Phone Number	E-mail					Date of Original Fili	ng:	(month, day, ye	ar)
(	(510) 272-3882	crystal.his	shida@acgov.o	org						
F	Function, Event, or Cere	monial R	ole Informat	ion						
1	Fitle Alameda County Fair				_	Face \	/alue of Each Adn	nissi	on \$ _5.00	
C	Description County Fair				_	Date(s	•) <u>06 / 19 / 1</u> 3	3	07 0	7,13
						A 1				
1	Ficket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗹	If no: Alam	neda County Fair	o of C		
	Ficket(s)/Admission(s) pro Was the distribution to per Yes ☑ No 囸 If ye	sons iden	tified below n	nade a or Distr	i <b>t the</b>	e behest of	, van	al?	ource	Э.
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is in accordance with the provisions.

MAD	MICHELLE DIANDA	Ticket Administrator	10/14/13
Signature of Agency Head or Designee	Print Name	Title	(mdnth, day, year)

Α	Pub	lic	Document
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Agency Name							Date Star	np	Califo	ornia rm 8	ROS
County of Alameda	1									rm Official Use	
Division, Department, or R	egion (if applica	able)							Por	Official Use	s Only
Board of Supervisors				_							
Street Address											
1221 Oak Street, Suite 5						_					
Designated Agency Conta							mendmen	t (Must pro	vide explan	ation in Pa	rt 3.)
Crystal Hishida Graff, Cle		Supervisors				Date		Eilina			
Area Code/Phone Number						Date	of Origina	rrning: _	(month, c	day, year)	-
(510) 272-3882		shida@acgov.	00000					_			
Function, Event, or Co	eremonial R	ole informat	tion								
Title Alameda County Fa	ir				Face	Value o	of Each	Admiss	ion \$ _5.	.00	
											40
Description County Fair				-	Date	(s)_ <sup>06</sup>		<u>13</u>	07		13
					AL-	manda Oa	and a final sector.				
Ticket(s)/Admission(s)	provided by a	agency? Yes	D No		If no: Ala	imeda Co	ounty Fair		Manager States Inc.		
Ticket(s)/Admission(s) µ Was the distribution to ∣ Yes ☑ No □ □	persons iden	<b>tified below n</b> lichard- Supervis	nade at	<b>t the</b> ct 2	behest	of an ag		Name or c	Source		
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is in accordance with the provisions. **Ticket Administrator** MICHELLE DIANDA Signature of Agency Head or Designee Print Name Title

A Public Docum	nent
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1.	Agency Name						Date Stam	р	Californ	<sup>ia</sup> 802
	County of Alameda									
	Division, Department, or Reg	ion (if applicable)	)				1		For Offic	cial Use Only
	Board of Supervisors								9	
	Street Address						1			
	1221 Oak Street, Suite 536									
	Designated Agency Contact	(Name, Title)					Amendment	(Must pro	vide explanatio	n in Part 3.)
	Crystal Hishida Graff, Clerk,	, Board of Sup	ervisors							
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day,	vear)
	(510) 272-3882	crystal.hishid	da@acgov.	org						
2.	Function, Event, or Cere	emonial Role	e Informat	ion						
	Neverla Oceata Fala								F 00	
	Title Alameda County Fair				-	Face \	Value of Each A	Admissi	ion $ = \frac{5.00}{5.00} $	
	- County Fair						s) <u>06</u> <u>19</u>	, 13	07	07 13
	Description County Fair					Date(s	5)/	/		/
						Alon	ada County Fair			
							lega County Fair			
	Ticket(s)/Admission(s) pro	ovided by age	ency? Yes		0 🗹	If no: <u>man</u>	loud oburry I all	Vame of S	Source	
	Ticket(s)/Admission(s) pro	ovided by age	ency? Yes		∘ ☑	If no: <u>Addin</u>	1 1	Name of S	Source	
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	Was the distribution to pe	rsons identifi	ied below n	nade a	nt the				Source	
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	Was the distribution to per Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Viola Blythe 37365 Ash Street, Newark CA 94560	rsons identifi /es: <u>Valle, Rich</u> t(s) and the o ption)	ied below n ard- Supervis Official's explanatic Number of dmission(s)/ Ticket(s)	nade a or Distri Name (L on: Ager Offic Yes No Yes	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide the second of the second organiza</li> <li>To reward a</li> </ul>	f an agency off ne income box if the a ncome. If the agency vide a description. come, describe the pu- ial roles, performed tion. non-profit organiza	agency off y official p ublic purpo by an ager	icial claims ad erformed a ce ose, including icy official, inc	remonial role, dividual, or <sup>s to</sup> Income Income
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MAD	MICHELLE DIANDA	Ticket Administrator	10/14/13
V Signature of Agency Head or Designee	Print Name	Title	(mønth, day, ylear)

A Public Doc	cument
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I	cket/Admission Disti									
	Agency Name						Date Sta	amp	California	802
	County of Alameda								1 01111	
	Division, Department, or Reg	ion (if applica	ible)		_		1		For Official U	se Only
	Board of Supervisors						÷			
	Street Address		· ·				1			
	1221 Oak Street, Suite 536						ŭ.			
	Designated Agency Contact	(Name, Title)					Amendme	nt (Must pro	vide explanation in F	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors							
	Area Code/Phone Number	E-mail					Date of Origin	al Filing:	(month, day, year)	)
_	(510) 272-3882		shida@acgov.	-						
•	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Alameda County Fair					Face	Value of Each	Admieei	on \$ 5.00	
	The				-					
	Description <u>County Fair</u>					Date(s	s) <u>06</u> / 19		07 07	
		ovided by a	agency? Yes	🗖 No		If no: Alan	neda County Fa	ir		
	Ticket(s)/Admission(s) pro Was the distribution to pe	rsons iden	tified below n	nade at	t the	behest o	f an agency c	Name of S	Source	3
	Ticket(s)/Admission(s) pro Was the distribution to pe	rsons iden es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade af or Distric Name (La	t the	behest o	f an agency c	Name of S	Source	×
	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No ロ If y	rsons iden <sub>res:</sub> <u>Valle, R</u> t <b>(s) and th</b>	tified below n ichard- Supervis Official's	nade af or Distric Name (La	t the ct 2 ast, Fr	behest of irst) and Title • Check th taxable i also pro • If not inc ceremon	f an agency of the income box if the ncome. If the agervide a description, come, describe the inal roles, performed	reagency official poly	icial claims admiss erformed a ceremo	nial role,
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	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden <sub>res:</sub> <u>Valle, R</u> t <b>(s) and th</b>	tified below n ichard- Supervis Official's ne explanation Number of Admission(s)/	nade at or Distric Name (La on: Agen Offici	t the ct 2 ast, Fi cy ial	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also proof</li> <li>If not inc cerremon organization</li> </ul>	f an agency of the income box if the ncome. If the agen vide a description. come, describe the nial roles, performe tion. non-profit organi	ne agency offi ncy official p public purpo	icial claims admiss erformed a ceremo ose, including	nial role, ual, or
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	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip Union City Kids' Zone 34200 Alvarado Niles Rd, Union City	rsons iden es: <u>Valle, R</u> c(s) and th ption) CA 94587	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade at or Distric Name (La on: Agen Offici Yes No Yes	t the ct 2 ast, Fr	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also protection</li> <li>If not inconstruction organization</li> <li>To reward a</li> </ul>	f an agency of the income box if the ncome. If the agen vide a description. come, describe the nial roles, performe tion. non-profit organi	ne agency offi ncy official p public purpo	icial claims admiss erformed a ceremo ose, including ncy official, individu	nial role, ual, or Income Income
	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrij Union City Kids' Zone	rsons iden es: <u>Valle, R</u> c(s) and th ption) CA 94587	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade af or Distric Name (La on: Agen Offici Yes No Yes No	t the ct 2 ast, Fr	<ul> <li>behest of irst) and Title</li> <li>Check the taxable is also protection</li> <li>If not inconstruction organization</li> <li>To reward a</li> </ul>	f an agency of the income box if the ncome. If the agen vide a description. come, describe the nial roles, performe tion. non-profit organi	ne agency offi ncy official p public purpo	icial claims admiss erformed a ceremo ose, including ncy official, individu	nial role, ual, or Income Income
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mil	MICHELLE DIANDA	Ticket Administrator	10/14/13
Signature of Agency Head or Designee	Print Name	Title	(month, day year)

A Public Docum	nen	t
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110	cket/Admission Distr									
	Agency Name						Date Stan	np	California	802
	County of Alameda									
	Division, Department, or Regi	on (if applica	able)						For Official L	Jse Only
	Board of Supervisors								25	
	Street Address									
	1221 Oak Street, Suite 536				_					
	Designated Agency Contact (	Name, Title)					Amendment	t (Must prov	vide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,		Supervisors				Dete of Onining			
		E-mail					Date of Original	r Filing:	(month, day, year	7
	(510) 272-3882		shida@acgov.	_						
2.	Function, Event, or Cere	monial R	ole Informat	tion						
	Title Alameda County Fair					Face \	/alue of Each /	Admissi	on \$_10.00	
	Description County Fair				-	Date(s	) <u> </u>	/	/	
	Ticket(s)/Admission(s) pro	vided by a	agency? Yes		0 🗹	lf no: <u>Alam</u>	neda County Fairg	grounds	0.000	
	Ticket(s)/Admission(s) pro Was the distribution to per	sons iden	tified below r	nade a			2	Name or 3	ource	
	Was the distribution to per	sons iden es: Valle, R	tified below r ichard- District 2 Official's	nade a Name (L	at the		2	Name or 3	ource	
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or	sons iden es: Valle, R	tified below r ichard- District 2 Official's	nade a Name (L	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provided to the second second</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description.	ficial? agency offi	cial claims admise	
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	sons iden es: <u>Valle, R</u> (s) and th	tified below r ichard- District 2 Official's ne explanation Number of Admission(s)/	Name (L on: Ager Offic Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion.	agency offi y official per ublic purpo by an agen	cial claims admiss erformed a ceremo ese, including icy official, individ at a County	onial role, ual, or
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	sons iden es: <u>Valle, R</u> (s) and th	tified below r ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (L On: Ager Offic Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. attendance at an e	agency offi y official per ublic purpo by an agen	cial claims admiss erformed a ceremo ese, including icy official, individ at a County	ual, or Income Income
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	Was the distribution to per Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	sons iden es: <u>Valle, R</u> (s) and th	tified below r ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. attendance at an e	agency offi y official pe ublic purpo by an agen	cial claims admiss erformed a ceremo ese, including icy official, individ at a County	ual, or Income Income Income
	Was the distribution to per Yes ☑ No □ If ye The identity of recipient( Name (Last, First) or Organization (Name, Address, Descrip	sons iden es: <u>Valle, R</u> (s) and th	tified below r ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	f an agency of e income box if the ncome. If the agenc vide a description. ome, describe the p ial roles, performed tion. attendance at an e	agency offi y official pe ublic purpo by an agen	cial claims admiss erformed a ceremo ese, including icy official, individ at a County	Income
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MAL	MICHELLE DIANDA	Ticket Administrator	Ce/18/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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•	Agency Name						Date St	amp	Califor	n <sup>ia</sup> 80
	County of Alameda								Forr	n <b>OU</b>
	Division, Department, or Reg	ion (if applica	able)				C		For O	fficial Use Only
	Board of Supervisors									
	Street Address						0			
	1221 Oak Street, Suite 536									
	Designated Agency Contact	(Name, Title)					Amendme	ent (Mustoro	vide explana	tion in Part 3)
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors						nae explana	uon in r art oly
	Area Code/Phone Number	E-mail					Date of Origin	nal Filing: _	(month, da	iv, vear)
	(510) 272-3882	crystal.his	shida@acgov.	org						
	Function, Event, or Cere	emonial R	ole Informat	tion						i i
	Alemada Cauntu Fair								F	20
	Title Alameda County Fair				-	Face \	alue of Each	h Admiss	ion $\frac{5.0}{2}$	0
	Description County Fair				_	Date(s	) <u> </u>		07	,07 ,1
.,	Tielest/e)/A duelesien/e) une	and disc differences		- AL						
	Ticket(s)/Admission(s) pro Was the distribution to pe Yes ☑ No □ If y	rsons iden	tified below n	<b>nade a</b> or Distri	i <b>t th</b> e			Name of c	Source	
	Was the distribution to pe	rsons iden es: <u>Valle, R</u>	tified below n ichard- Supervis Official's	nade a or Distri Name (L	i <b>t th</b> e	e behest of		Name of c	Source	
	Was the distribution to per Yes ☑ No ロ If y	rsons iden es: <sup>Valle, R</sup> (s) and th	tified below n ichard- Supervis Official's	nade a or Distri Name (L	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc</li> </ul>	e income box if th ncome. If the age ride a description ome, describe the ial roles, performe	ne agency off ncy official p public purpo	icial claims a erformed a c ose, includin	eremonial role
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <sup>Valle, R</sup> (s) and th	tified below n ichard- Supervis Official's ne explanatic Number of Admission(s)/	nade a or Distri Name (L on: Ager Offic	at the lict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inccceremon organization</li> </ul>	e income box if the age vide a description ome, describe the ial roles, performation.	ne agency off ncy official p oncy official p ed by an ager	icial claims a erformed a c ose, includin ccy official, i	eremonial role g ndividual, or
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	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Tri-City Health Center	rsons iden es: <u>Valle, R</u> (s) and th otion) 538 ducation,	tified below n ichard- Supervis Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L On: Ager Offic Yes No Yes	ict 2 ast, / ncy ial	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provement of the time or the time of tima of time of time of tima of time of time of time of tima of t</li></ul>	e income box if the age vide a description ome, describe the ial roles, performation.	ne agency off ncy official p oncy official p ed by an ager	icial claims a erformed a c ose, includin ccy official, i	eremonial role ng ndividual, or ons to Incor
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip Tri-City Health Center 39500 Liberty Street, Fremont CA, 94	rsons iden es: <u>Valle, R</u> (s) and th otion) 538 ducation,	tified below n ichard- Supervis Official's ne explanatic Number of Admission(s)/ Ticket(s)	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 ast, f	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also provement of the time or the time of tima of time of time of tima of time of time of time of tima of t</li></ul>	e income box if the age vide a description ome, describe the ial roles, performation.	ne agency off ncy official p oncy official p ed by an ager	icial claims a erformed a c ose, includin ccy official, i	eremonial role ndividual, or ons to Incor Incor

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.

Min	MICHELLE DIANDA	Ticket Administrator	Ce/18/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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110	cket/Admission Distr										
1.	Agency Name						Da	ate Stamp		California	002
	County of Alameda									Form	802
	Division, Department, or Reg	ion (if applica	ible)							For Official	Use Only
	Board of Supervisors										
	Street Address				-				_		
	1221 Oak Street, Suite 536										
1	Designated Agency Contact	(Name, Title)			-			e e sur est a la constant de la constant			
			Nunondooro				Ame	ndment (M	ust prov	vide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk, Area Code/Phone Number	E-mail	supervisors				Date of (	Original Fili	na:	(month, day, yea	
S								onginan ni		(month, day, yea	ar)
	(510) 272-3882		shida@acgov.								
2.	Function, Event, or Cere	emonial R	ole Informat	ion							
0	Title Alameda County Fair					Feee	latura afi	Fash Adu		on \$ _10.00	
	Title <u>Marrieda County Fair</u>				-	Face V	alue of	Each Adr	nissi	on \$	
	Description County Fair					Datala	, 06 ,	, 28 , 1	3	/	7
	Description			-	-	Date(s	i)/	/		/	
3	Ticket(s)/Admission(s) pro	ovided by a	agency? Yes		0 🔽	If no: Alam	neda Coun	ity Fairgrou	nas ne of S	ource	
2	Was the distribution to per Yes ☑ No ロ If y The identity of recipient	rsons iden es: <u>Valle, R</u>	tified below n ichard- District 2 Official's	nade a Name (l	at the	e behest of	<sup>f</sup> an ager	Nam	al?		
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2	Was the distribution to per Yes ☑ No ロ If y The identity of recipient <sup>Name</sup> (Last, First) or	rsons iden es: <u>Valle, R</u>	tified below n ichard- District 2 <i>Official's</i> ie explanation Number of	nade a Name (l	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provided to the second second</li></ul>	e income bo ncome. If th	Nam ncy officia ox if the agen a agency off iption.	ne of S al? ncy official pe	cial claims admis	
2	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First)	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 <i>Official's</i> ie explanatic	Name (l Name (l Pn:	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide on the second second</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe	Nam	ne of S al? ncy official pe c purpo	cial claims admir	ionial role,
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 <i>Official's</i> ie explanation Number of Admission(s)/	Name (l on: Agen Offici	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide on the second second</li></ul>	e income bo ncome. If th vide a descri ial roles, pe tion.	ncy officia ncy officia ox if the agen agency off iption. libe the public rformed by a	ncy official per c purpo n agen	cial claims admir rformed a cerem se, including cy official, indivi	ionial role, dual, or
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 <i>Official's</i> ie explanation Number of Admission(s)/	Name (l on: Agen Offici	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admir rformed a cerem se, including cy official, indivi	dual, or
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (l on: Age Offic	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income
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	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes No Yes No	Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income Income Income
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes No Yes No	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income Income Income
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a Name (l on: Agei Offic Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income Income Income Income
	Was the distribution to per Yes ☑ No ロ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons iden es: <u>Valle, R</u> : <b>(s) and th</b>	tified below n ichard- District 2 Official's e explanatic Number of Admission(s)/ Ticket(s)	Name (l on: Agen Offic Yes No Yes No Yes No Yes	at the	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also provide also prov</li></ul>	e income bo ncome. If th vide a descri ome, descri ial roles, pe tion.	ox if the agen agency officia iption. ibe the public rformed by a at an event	ne of S al? ney offic ficial pe c purpo in agen . held a	cial claims admin rformed a ceren se, including cy official, indivi at a County	dual, or Income Income Income

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

MAN	MICHELLE DIANDA	Ticket Administrator	6/18/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Docu	ment	
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11									
1.	Agency Name					Dat	te Stamp	California Form	001
	County of Alameda							and the second se	and the second s
	Division, Department, or Region (if	applicable)				1		For Official	Use Only
	Board of Supervisors								
	Street Address					1			
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name,	Title)					ndment (Musi	provide explanation in	Part 3)
	Crystal Hishida Graff, Clerk, Boar	d of Supervisors					iumone (masi	provide explanation in	r art o.y
	Area Code/Phone Number E-ma	il				Date of O	riginal Filing	:(month, day, yea	<i>r</i> )
	(510) 272-3882 crys	tal.hishida@acgo\	.org						
2.	Function, Event, or Ceremon	ial Role Informa	ation						
	Alemeda County Fair							10.00	
	Title Alameda County Fair			-	Face \	/alue of E	Each Admi	ssion \$ <u>10.00</u>	
	Description County Fair			_	Date(s	s)/_	30 <u>,</u> 13	/	/
					10 10 10 10 10 10 10 10 10 10 10 10 10 1				
	Ticket(s)/Admission(s) provided	by agency? Ye		0 🖸	If no: Alam	neda Count	y Fairground	S	
	Ticket(s)/Admission(s) provided	d by agency? Ye	5 🗖 N	0 🗹	If no: <u>Alam</u>	neda Count	y Fairground Name	s of Source	
							Wanie	or Source	
	Ticket(s)/Admission(s) provided						Wanie	or Source	
	Was the distribution to persons	i <b>identified below</b> alle, Richard- District	made a	at the	e behest of	f an agen	Wanie	or Source	
	Was the distribution to persons	i <b>identified below</b> alle, Richard- District	made a	at the		f an agen	Wanie	or Source	
	Was the distribution to persons	i <b>identified below</b> alle, Richard- District <i>Official</i>	made a 2 S Name (I	at the	e behest of	f an agen	Wanie	or Source	
	Was the distribution to persons Yes ☑ No ロ If yes: ⊻	i <b>identified below</b> alle, Richard- District <i>Official</i>	made a 2 S Name (I	at the	e behest of First) and Title	f an agen	cy official	official claims admis	
	Was the distribution to persons Yes ☑ No ロ If yes: <u>V</u> The identity of recipient(s) an Name (Last, First)	i identified below alle, Richard- District Official <sup>7</sup> nd the explanat Number of	made a 2 s Name (l on: Agen	at the Last, F	e behest of First) and Title Check th taxable in	f an agen	x if the agency	?	
	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization	alle, Richard- District Official <sup>2</sup> nd the explanat Number of Admission(s)	made a 2 s Name (l on: Agen	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc</li> </ul>	f an agen ne income bo ncome. If the vide a descrip	x if the agency e agency offici ption. be the public p	official claims admis al performed a cerem	onial role,
	Was the distribution to persons Yes ☑ No ロ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or	i identified below alle, Richard- District Official <sup>7</sup> nd the explanat Number of	made a 2 s Name (l on: Agen	at the Last, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inc</li> </ul>	f an agen ne income boo ncome. If the vide a describ ial roles, per	x if the agency e agency offici ption. be the public p	official claims admis al performed a cerem	onial role,
	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization	identified below alle, Richard- District Official? nd the explanat Number of Admission(s) Ticket(s)	made a 2 s Name (l on: Agen	at the Last, F	behest of     irst) and Title     Check th     taxable in     also prov     If not inc     ceremon     organizal     To promote a	f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, per tion. attendance a	x if the agency e agency offici ption. be the public p formed by an a	official claims admis al performed a cerem urpose, including igency official, individ	onial role, Iual, or
	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	alle, Richard- District Official <sup>2</sup> nd the explanat Number of Admission(s)	made a 2 3 Name (l on: Age Office	at the Last, F	behest of     irst) and Title     Check th     taxable in     also prov     If not inc     ceremon     organizal     To promote a	f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, per tion. attendance a	x if the agency e agency offici ption. be the public p formed by an a	official claims admis al performed a cerem urpose, including igency official, individ	onial role, lual, or
	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	identified below alle, Richard- District Official? nd the explanat Number of Admission(s) Ticket(s)	made a 2 s Name (i on: Age Office Yes No Yes	Last, F	behest of     irst) and Title     Check th     taxable in     also prov     If not inc     ceremon     organizal     To promote a	f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, per tion. attendance a	x if the agency e agency offici ption. be the public p formed by an a	official claims admis al performed a cerem urpose, including igency official, individ	iual, or Income
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	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	identified below alle, Richard- District Official? nd the explanat Number of Admission(s) Ticket(s)	made a 2 5 Name (l on: Agen Office Yes No Yes No	at the Last, F	behest of     irst) and Title     Check th     taxable in     also prov     If not inc     ceremon     organizal     To promote a	f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, per tion. attendance a	x if the agency e agency offici ption. be the public p formed by an a	official claims admis al performed a cerem urpose, including igency official, individ	ual, or Income Income Income
	Was the distribution to persons Yes ☑ No □ If yes: ⊻ The identity of recipient(s) at Name (Last, First) or Organization (Name, Address, Description)	identified below alle, Richard- District Official? nd the explanat Number of Admission(s) Ticket(s)	made a 2 5 Name (l on: Age Offic Yes No Yes No	at the Last, F	behest of     irst) and Title     Check th     taxable in     also prov     If not inc     ceremon     organizal     To promote a	f an agen ne income boo ncome. If the vide a descrip come, describ ial roles, per tion. attendance a	x if the agency e agency offici ption. be the public p formed by an a	official claims admis al performed a cerem urpose, including igency official, individ	Iual, or Incom Incom Incom Incom
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M	MICHELLE DIANDA	Ticket Administrator	6/18/13
Signature of Agency Head or Designee	Print Name	Title	(month, day year)

A Fublic Document	Α	P	ublic	Document
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IC	Retraumssion Dist									
	Agency Name						Date Stamp		California	802
	County of Alameda						βr.		and the second second	
1	Division, Department, or Reg	ion (if applica	able)						For Official U	se Only
	Board of Supervisors					· ·				
	Street Address									
	1221 Oak Street, Suite 536									
ļ	Designated Agency Contact	(Name, Title)					Amendment (/	Must pro	vide explanation in I	Part 3.)
	Crystal Hishida Graff, Clerk	Board of S	Supervisors							377 G. 37 <b>4</b>
	Area Code/Phone Number	E-mail					Date of Original Fi	iling:	(month, day, year,	,
	(510) 272-3882	crystal.his	shida@acgov.o	org					0.02234240.0222004	
	Function, Event, or Cer	emonial R	tole Informat	ion						
2	Title Alameda County Fair					Face V	/alue of Each Ad	Imissi	on \$ _10.00	
	Description County Fair				_	Date(s	)_07_/ <u>06</u> _/_	13	/	
	Ticket(s)/Admission(s) pro								ource	
	Was the distribution to pe Yes ☑ No 🔲 If չ	rsons iden ves: <u>Valle, R</u>	tified below n tichard- District 2 Official's	nade a	it the				Cource	
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden res: <sup>Valle, R</sup>	tified below n tichard- District 2 Official's	nade a	at the	<ul> <li>behest of</li> <li>iirst) and Title</li> <li>Check th taxable in also prov</li> <li>if not inc.</li> </ul>		ency offi fficial p	cial claims admiss erformed a ceremo	nial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	rsons iden res: <sup>Valle, R</sup>	tified below n Richard- District 2 Official's ne explanation Number of Admission(s)/	nade a Name (L on: Ager Offic	at the ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not incoceremon organization</li> </ul>	e income box if the age ncome. If the agency o ride a description. ome, describe the publication of the publication of the second by tion.	ency offi official print an ager	cial claims admiss erformed a ceremo ose, including icy official, individ	nial role, ual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization	rsons iden res: <sup>Valle, R</sup>	tified below n Richard- District 2 Official's ne explanation Number of Admission(s)/	Name (L on: Ager Offic	at the ast, F	behest of     irst) and Title     Check th     taxable ir     also prov     If not inc.     ceremon     organizal     To promote a	e income box if the agency offic e income box if the agency o vide a description. ome, describe the publicat roles, performed by tion. attendance at an ever	ency offi ifficial po lic purpo an ager	cial claims admiss erformed a ceremo ose, including icy official, individ at a County	nial role, ual, or Incom
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	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	rsons iden res: <sup>Valle, R</sup>	tified below n tichard- District 2 Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the	behest of     irst) and Title     Check th     taxable ir     also prov     If not inc.     ceremon     organizal     To promote a	e income box if the agency offic e income box if the agency o vide a description. ome, describe the publicat roles, performed by tion. attendance at an ever	ency offi ifficial po lic purpo an ager	cial claims admiss erformed a ceremo ose, including icy official, individ at a County	nial role, ual, or Incom Incom Incom
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	rsons iden res: <sup>Valle, R</sup>	tified below n tichard- District 2 Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the	behest of     irst) and Title     Check th     taxable ir     also prov     If not inc.     ceremon     organizal     To promote a	e income box if the agency offic e income box if the agency o vide a description. ome, describe the publicat roles, performed by tion. attendance at an ever	ency offi ifficial po lic purpo an ager	cial claims admiss erformed a ceremo ose, including icy official, individ at a County	nial role, ual, or Incom Incom Incom
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descri	rsons iden res: <sup>Valle, R</sup>	tified below n tichard- District 2 Official's ne explanation Number of Admission(s)/ Ticket(s)	Name (L on: Ager Offic Yes No Yes No Yes No	at the	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check th taxable in also prov</li> <li>If not inc ceremon organizal</li> <li>To promote a</li> </ul>	e income box if the agency offic e income box if the agency o vide a description. ome, describe the publicat roles, performed by tion. attendance at an ever	ency offi ifficial po lic purpo an ager	cial claims admiss erformed a ceremo ose, including icy official, individ at a County	nial role, uai, or Incom Incom Incom Incom

is in accordance with the provisions.

min	MICHELLE DIANDA	Ticket Administrator	6/18/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: **Ceremonial Role Events and** I. AIA .I. ..... Ti

A Pub	olic Do	ocument
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Hcket/Admission Distrib	outions			A	Public Do	
1. Agency Name				Date Stamp	California Form	002
County of Alameda				10 1		and the second se
Division, Department, or Region	(if applicable)				For Official U	se Only
Board of Supervisors					62	
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Na	me, Title)			Amendment (Must pro	vide explanation in l	Part 3)
Crystal Hishida Graff, Clerk, Bo	oard of Supervisors					un 0.7
Area Code/Phone Number E	-mail			Date of Original Filing:	(month, day, year,	)
(510) 272-3882 c	rystal.hishida@acgov.	org				
2. Function, Event, or Cerem						
					E 00	
Title Alameda County Fair			Face	/alue of Each Admissi	on \$ _5.00	_
B County Fair			D. t. t	s) <u>06 / 19 / 13</u>	07 ,07	, 13
Description County Fair			Date(s	5)//	/	
			c Alan	aeda County Fair		
Ticket(s)/Admission(s) provi	ded by agency? Yes	□ No ☑	If no: <u>Alan</u>	Name of S	Source	
Was the distribution to perso	ons identified below r	nade at th	e behest o	f an agency official?		
	Valla Pichard Suponis	or District 2				
Yes 🗹 No 🗋 If yes	. Valle, Richard- Supervis	Name (Last.	First) and Title			
The identity of recipient(s)	) and the explanation	on:				
Name				e income box if the agency offi ncome. If the agency official p		
(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.		
Organization (Name, Address, Descriptio	Ticket(s)			ome, describe the public purpo ial roles, performed by an ager		ual, or
(Name, Address, Beschpild	,,,) 		organiza	and the second	at a Caunty	
Catalan, Yolanda	c	Yes 🗖		attendance at an event held a	16	Income
	6	No 🗹	lacility in ord	er to maximize potential reve	anue from sales.	
		Yes 🗆				Income
		No 🗖				
		Yes 🗖	2			Income
L		No 🗖				
	8	Yes 🗖			÷	Income
V		No 🗖				
		Yes 🗖				Income
		No 🗖				
3. Verification						

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



A Public Docur	nent	
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110	cket/Admission Distr								
١.	Agency Name						Date Stamp	California Form	001
	County of Alameda							Form	002
	Division, Department, or Reg	on (if applicable)						For Official U	Jse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (	Name, Title)						Aust provide explanation in	Part 3)
	Crystal Hishida Graff, Clerk,	Board of Supe	ervisors						1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
	Area Code/Phone Number	E-mail					Date of Original Fil	ing:(month, day, yea	r)
	(510) 272-3882	crystal.hishid	la@acgov.d	org				1	
2.	Function, Event, or Cere	emonial Role	e Informat	ion					
	Alamada County Fair							5.00	
	Title Alameda County Fair				-	Face V	alue of Each Ad	mission \$	
	Description County Fair				-	Date(s	) / 19 1	13 07 07	<u>, 13</u>
		12							
		eda County Fair							
	Ticket(s)/Admission(s) pro Was the distribution to per Yes ☑ No □ If y	rsons identifie	ed below n	nade a	it the	e behest of	110	ne of Source	
	Was the distribution to pe	rsons identific es: <u>Valle, Richa</u>	ed below n ard- Supervis Official's i	nade a or Distri Name (L	it the	e behest of	110		
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First) or	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L	ict 2 .ast, F	• behest of First) and Title • Check the taxable in also prov	e income box if the age ncome. If the agency of ride a description.	ial? ncy official claims admis fficial performed a cerem	
	Was the distribution to per Yes ☑ No □ If y The identity of recipient Name (Last, First)	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of	nade a or Distri Name (L on: Ager	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable in also prov</li> <li>If not inceceremoni organization</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the public ial roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, individ	onial role,
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic	nt the ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	ual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, individ	onial role, lual, or
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Iual, or Income Income
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	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Iual, or Income Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 .ast, F	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Iual, or Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the ict 2	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Income Income Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes No Yes No	the the cit 2 cit	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Income Income Income Income Income Income
	Was the distribution to per Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization (Name, Address, Descrip	rsons identifie es: <u>Valle, Richa</u> (s) and the e	ed below n ard- Supervis Official's / explanatic Number of dmission(s)/	nade a or Distri Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the ict 2	<ul> <li>behest of</li> <li>First) and Title</li> <li>Check the taxable is also prov</li> <li>If not inceceremoni organizat</li> <li>To promote a</li> </ul>	e income box if the age ncome. If the agency of ride a description. ome, describe the publi iat roles, performed by tion.	ial? ncy official claims admis fficial performed a cerem ic purpose, including an agency official, indivic t held at a County	Income Income Income Income Income

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

Α	Pub	lic	Document

1.	Agency Name					Date Stamp		California	802
	County of Alameda							Form	
	Division, Department, or Region (if a	applicable)						For Official	Jse Only
	Board of Supervisors						5		
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name,	Title)				Amendment (M	ust prov	ide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board	d of Supervisors							11.010.005
	Area Code/Phone Number E-ma	11				Date of Original Fili	ng:	(month, day, yea	r)
	(510) 272-3882 cryst	al.hishida@acgov.	org					6 6 679 1	×.
2.	Function, Event, or Ceremon	ial Role Informa	tion						
	Title Alameda County Fair				-			¢ 5.00	
	Little Alameda County Fair			-	Face V	/alue of Each Adn	nissi	on \$	
	Description County Fair			-	Date(s	;) <u>06 / 19 / 1</u> ;	3	07 07	<u>/</u> 13
	Ticket(s)/Admission(s) provided						ne of Si al?	ource	
	Was the distribution to persons	identified below	made at	<b>t the</b> ct 2	behest of			burce	
	Was the distribution to persons	identified below	made at	<b>t the</b> ct 2				ource	
	Was the distribution to persons	identified below i alle, Richard- Supervis Official's	made af sor Distric Name (La	<b>t the</b> ct 2	behest of			burce	
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ILL)	MICHELLE DIANDA	Ticket Administrator	6/19/13
signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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	County of Alameda						is a minima and the company set of the		Form	t and the second second	
	Division, Department, or Region	n (if applicab	ole)						For Off	icial Use Onl	ly
	Board of Supervisors										
	Street Address										
	1221 Oak Street, Suite 536										
	Designated Agency Contact (Na	ime, Title)					Amendment (M	ust prov	vide explanati	on in Part 3.)	)
	Crystal Hishida Graff, Clerk, Be	and the second se	upervisors								
	Area Code/Phone Number E	-mail					Date of Original Fili	ng:	(month, day	, year)	
_	VOID 100 MILLION AND AND A STORE AND A	owned the state of the second s	nida@acgov.o								
	Function, Event, or Cerem	nonial Ro	ole Informat	tion							
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	Title <u>manifold obdity ran</u>				_	Face	alue of Each Auf	nissi	on <del>a</del>		
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		ded by a	Noncy2 Voc			If no: Alam	neda County Fair				
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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.

M	MICHELLE DIANDA	Ticket Administrator	6/(9/13							
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)							
TI	cket/Admission Distr									
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1.	Agency Name						Date Stam	np	California Form	802
	County of Alameda								and the state of the second	
	Division, Department, or Regi	on (if applica	able)						For Official U	Jse Only
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	Name, Title)					Amendment	(Must prov	vide explanation in	Part 3.)
		Board of S	Supervisors				in the second se			
	Area Code/Phone Number	E-mail					Date of Original	Filing:	(month, day, yeai	7
	(510) 272-3882	crystal.his	shida@acgov.	org					10 10	
2.	Function, Event, or Cere	emonial R	ole Informat	tion						
	Title Alameda County Fair				_	Face \	/alue of Each /	Admissi	on \$ _5.00	
	5 1 2 2									, 13
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						Alor	oda County Fair			
	TTI I AL VIA I I I I I I I I I I I I I I I I I I				0 🔽	If no: Alan	ieua County Fair			1000
	licket(s)/Admission(s) pro	vided by a	agency? Yes		7 H			Name of S	ource	
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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.

Signature of Agency Head or Designee

MICHELLE DIANDA Print Name Ticket Administrator

(month day

A Public Document	Α	Publ	ic D	ocument
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IC	Retradmission Dist									
	Agency Name						Date Stamp		California	801
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	Division, Department, or Reg	<b>jion</b> (if applica	able)							se Only
	Board of Supervisors									
	Street Address						1	-		
	1221 Oak Street, Suite 536							_		
	Designated Agency Contact	(Name, Title)					Amendment (M	ust prov	vide explanation in I	Part 3.)
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	Area Code/Phone Number	E-mail					Date of Original Fili	ing:	(month, day, year,	)
	(510) 272-3882	crystal.hi	shida@acgov.o	org						~
1	Function, Event, or Cer	emonial F	Role Informat	ion						
9	Title Alameda County Fair					<b>E</b>	( )		- c 5.00	
	Title Alameda County Fail				-	Face	alue of Each Adr	nissi	on \$	
3	Description County Fair					Dato/s	06 , 19 , 1	3	07 ,07	, 13
3						Dato(c	.)		V	
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is in accordance with the provisions.

$\mathbb{V}$	412	MICHELLE DIANDA	Ticket Administrator	6/19/13
Sig	gnature of Agency Head or Designee	Print Name	Title	(month, day, year)

County of Alameda         Division, Department, or Region (if applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         E-mail         (510) 272-3882         Crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title Alameda County Fair         Description County Fair         Description County Fair         Date (s) 06 / 19 / 13         Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Alameda County Fair         Name of Sourd         Was the distribution to persons identified below made at the behest of an agency official?         Yes □ No □ If yes: Valle, Richard-Supervisor District 2         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         (Last, First) or Organization (Name, Address, Description)         Yes □ Address, Description)         Yes □ To promote attendance at an event held at a facility in order to maximize potential revenue organization.	(month, day, year)
Division, Department, or Region (if applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         [510] 272-3882         crystal.hishida@acgov.org         C. Function, Event, or Ceremonial Role Information         Title Alameda County Fair         Description         County Fair         Description         County Fair         Date(s)         Of         Vas the distribution to persons identified below made at the behest of an agency official?         Name (Last, First)         or         or         Organization         (Name, Address, Description)         Yes         Name         (Last, First)         or         Organization         (Name, Address, Description)         Yes         Young, Juliette         3	For Official Use Only ide explanation in Part 3.) (month, day, year) on \$ 5.00 07 , 07 , 13 ource clal claims admission as prormed a ceremonial role, se, including cy official, individual, or
Division, Department, or Region (if applicable)         Board of Supervisors         Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         [510] 272-3882         crystal.hishida@acgov.org         C. Function, Event, or Ceremonial Role Information         Title Alameda County Fair         Description         County Fair         Description         County Fair         Description County Fair         Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Alameda County Fair         Name of Soc         Was the distribution to persons identified below made at the behest of an agency official?         Yes □ No □ If yes:       Valle, Richard- Supervisor District 2         Official's Name (Last, First) or	ride explanation in Part 3.) (month, day, year) on \$ _5.00 _07 _07 _13 ource cial claims admission as priormed a ceremonial role, se, including cy official, individual, or
Street Address         1221 Oak Street, Suite 536         Designated Agency Contact (Name, Title)         Crystal Hishida Graff, Clerk, Board of Supervisors         Area Code/Phone Number         (510) 272-3882         E-mail         crystal.hishida@acgov.org         Cheat Code/Phone Number         (510) 272-3882         Crystal.hishida@acgov.org         Cheat Code/Phone Number         Crystal.hishida@acgov.org         Cheat Code/Phone Number         Cheat Code/Phone Number         Crystal.hishida@acgov.org         Cheat Code/Phone Number         Description         County Fair         Description County Fair         Ticket(s)/Admission(s) provided by agency? Yes         No         Yes	(month, day, year)
1221 Oak Street, Suite 536	(month, day, year)
Designated Agency Contact (Name, Title)	(month, day, year)
Crystal Hishida Graff, Clerk, Board of Supervisors       Image: Amendment (Must provide Area Code/Phone Number [E-mail]       Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Clerk, Board of Supervisors       Date of Original Filing:         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         E. Function, Event, or Ceremonial Role Information         Title Alameda County Fair       Face Value of Each Admission         Description County Fair       Date(s) 06 / 19 / 13         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Alameda County Fair       Name of Sou         Was the distribution to persons identified below made at the behest of an agency official?       Name of Sou         Yes ☑ No □ If yes: Valle, Richard- Supervisor District 2       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation: <ul> <li>Mumber of or Organization (Name, Address, Description)</li> <li>Yes □ Address, Description)</li> <li>Yes □ To promote attendance at an event held at a facility in order to maximize potential revenue</li> </ul>	(month, day, year)
(510) 272-3882       crystal.hishida@acgov.org         2. Function, Event, or Ceremonial Role Information         Title       Alameda County Fair         Description       County Fair         Description       County Fair         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no:       Alameda County Fair         Name of Sou         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □       If yes:         Valle, Richard- Supervisor District 2         Official's Name (Last, First)         or         Organization         (Name, Address, Description)         Young, Juliette         Young, Juliette	on \$ <u>5.00</u> <u>07</u> <u>07</u> <u>13</u> ource clai claims admission as prformed a ceremonial role, se, including cy official, individual, or
2. Function, Event, or Ceremonial Role Information         Title Alameda County Fair       Face Value of Each Admission         Description County Fair       Date(s) 06 / 19 / 13         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Alameda County Fair       Name of Sou         Was the distribution to persons identified below made at the behest of an agency official?       Name of Sou         Yes ☑ No □       If yes: Valle, Richard- Supervisor District 2       Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:       Name of Admission(s)/       Official         Name (Last, First) or Granization (Name, Address, Description)       Number of Admission(s)/       Agency official         Young, Juliette       3       Yes □       To promote attendance at an event held at a facility in order to maximize potential revenue	07 07 13
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Description County Fair       Date(s) 06 19 13         Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Alameda County Fair Name of Sour         Was the distribution to persons identified below made at the behest of an agency official?         Yes ☑ No □ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)         Number of Admission(s)/ Young, Juliette         Yes □         Yes □         No ☑	07 07 13
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Yes       No       If yes:       Valle, Richard- Supervisor District 2         Official's Name (Last, First) and Title         The identity of recipient(s) and the explanation:         Name (Last, First) or Organization (Name, Address, Description)       Number of Admission(s)/Ticket(s)       Agency Official       Check the income box if the agency official taxable income. If the agency official performed by an agency organization.         Young, Juliette       Yes       To promote attendance at an event held at a facility in order to maximize potential revenue	erformed a ceremonial role, se, including cy official, individual, or
or Organization (Name, Address, Description)     Admission(s)/ Ticket(s)     Official     also provide a description.       Young, Juliette     Yes     If not income, describe the public purpose ceremonial roles, performed by an agency organization.       Young, Juliette     Yes     Io       Young, Juliette     Yes     Io       Yes     Io     Facility in order to maximize potential revenue	cy official, individual, or
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### Agency Report of: **Ceremonial Role Events and** Т

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EI)	cket/Admission Distribution							
1.	Agency Name				Date Stamp		California	802
	County of Alameda				18		Form	002
	Division, Department, or Region (if ap,	plicable)			1		For Official U	se Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Tit	le)					-lalalla la -l	2-40)
	Crystal Hishida Graff, Clerk, Board	of Supervisors			Amendment (M	ust provi	de explanation in l	-aπ 3.)
	Area Code/Phone Number E-mail				Date of Original Fili	ing:	(month, day, year,	
	(510) 272-3882 crysta	l.hishida@acgov.o	ora				(monal, day, year,	/
ί.	Function, Event, or Ceremonia	the second s						
•								
	Title Oakland A's vs. Texas Ranger	S		Face	Value of Each Adr	nissic	n \$ <u>85.00</u>	
		00 02 1	2					
	Description Baseball Game			Date	s) <u>08 / 02 / 1</u>	3	/	_/
	Ticket(s)/Admission(s) provided I Was the distribution to persons i				Nan	ne of So al?	urce	
	Was the distribution to persons i	dentified below r e, Richard- Supervis <i>Official's</i>	nade at ti or District 2 Name (Last	ne behest o ? First) and Titl • Check t	of an agency offici e	al?	ial claims admiss	
	Was the distribution to persons in Yes ☑ No □ If yes: <u>Vall</u> The identity of recipient(s) and Name (Last, First)	dentified below r e, Richard- Supervis Official's I the explanatic Number of	org tion Face Va Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Date(s) Oaklan made at the behest of a sor District 2 Name (Last, First) and Title On: Agency Official Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □	of an agency officia e the income box if the agency off	al?	ial claims admiss		
	Was the distribution to persons in Yes ☑ No □ If yes: Vall The identity of recipient(s) and Name	dentified below r e, Richard- Supervis Official's I the explanatic	nade at ti or District 2 Name (Last on: Agency	First) and Title Check of taxable also pro- if not in ceremon	the income box if the ager income. If the agency off ovide a description. come, describe the public nial roles, performed by a	al? ncy offic ficial per c purpos	ial claims admiss formed a ceremo	onial role,
	Was the distribution to persons in Yes ☑ No □ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/	nade at tl or District 2 Name (Last On: Agency Official	<ul> <li>First) and Title</li> <li>Check 1 taxable also per if not in cerema organiz</li> </ul>	the income box if the ager income. If the agency off ovide a description. come, describe the public nial roles, performed by a	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	onial role, ual, or
	Was the distribution to persons in Yes ☑ No □ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/	nade at ti or District 2 Name (Last on: Agency Official Yes 🗖	First) and Title     Check to     taxable     also pre     If not in     ceremic     organiz     To reward a	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	onial role, ual, or
	Was the distribution to persons in Yes ☑ No ☐ If yes: Vall The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Greater Hayward Area Recreation	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s)	nade at ti or District 2 Name (Last On: Agency Official Yes D Yes D	First) and Title     Check 1     taxable     also pr     if not ir     ceremo     organiz     To reward a     the commun	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	ual, or Income Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at the or District 2 Name (Last) On: Agency Official Yes No Yes No	<ul> <li>First) and Title</li> <li>Check to taxable also prevent or an in the ceremon organiz</li> <li>To reward a the communication of the comm</li></ul>	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	ual, or Income Income Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or       Organization         Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541         Helps fund programs for Hayward Recreation a	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at ti or District 2 Name (Last On: Agency Official Yes No Yes Yes	e behest o	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at ti or District 2 Name (Last on: Agency Official Yes No Yes No Yes No Yes No	First) and Titl     Check     taxable     also pr     If not ir     ceremo     To reward a     the commun	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or       Organization         Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541         Helps fund programs for Hayward Recreation a	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at the or District 2 Name (Last) On: Agency Official Yes No Yes No Yes No Yes No Yes No Yes	<ul> <li>First) and Title</li> <li>Check to taxable also provide the ceremon organiz</li> <li>To reward a the communication</li> </ul>	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or       Organization         Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541         Helps fund programs for Hayward Recreation a	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at the or District 2 Name (Last Dn: Agency Official Yes No Yes No Yes No Yes No Yes No	e behest o	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	Income
	Was the distribution to persons is         Yes       No       If yes: Vall         The identity of recipient(s) and         Name (Last, First) or       Organization         Organization (Name, Address, Description)         Greater Hayward Area Recreation Foundation         1099 E Street, Hayward, CA 94541         Helps fund programs for Hayward Recreation a	dentified below r e, Richard- Supervis Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	nade at the or District 2 Name (Last) On: Agency Official Yes No Yes No Yes No Yes No Yes No Yes	Pirst) and Titl     Check t     taxable     also pr     If not ir     ceremo     organiz     To reward a     the commun	the income box if the ager income. If the agency off povide a description. icome, describe the public nial roles, performed by a ation.	al? ncy offic ficial per c purpos in agenc	ial claims admiss formed a ceremo se, including y official, individ	Income

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

Inth	MICHELLE DIANDA	Ticket Administrator	6/19/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of \$17

Ti	cket/Admission Distri	butions			A Public D	
1.	Agency Name				Date Stamp California	802
	County of Alameda					
	Division, Department, or Regio	on (if applicable)			For Officia	Use Only
	Board of Supervisors					
	Street Address				1	
	1221 Oak Street, Suite 536					
	Designated Agency Contact (N	lame, Title)			Amendment (Must provide explanation	n Part 3.)
	Crystal Hishida Graff, Clerk, E	Board of Supervisors			and the second of the second second	0.00
	Area Code/Phone Number	E-mail			Date of Original Filing:	ar)
	(510) 272-3882	crystal.hishida@acgov.o	org			
2.	Function, Event, or Cerer	82 crystal.hishida@acgov.org				
	Title Alameda County Fair			Face	Value of Each Admission \$ _10.00	
	Description <u>County Fair</u>				s) 06 23 13	/
	Ticket(s)/Admission(s) prov	/ided by agency? Yes	🗆 No 🗹	I If no: <u>Anal</u>	Name of Source	
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(s	s: Valle, Richard- District 2 Official's	Name (Last,			
	Name (Last, First) or Organization (Name, Address, Descript	Number of Admission(s)/ Ticket(s)	Agency Official	taxable also pro e If not inc	he income box if the agency official claims adm income. If the agency official performed a cere ovide a description. come, descripte the public purpose, including nial roles, performed by an agency official, indiv ation.	nonial role,
	McEvoy, Regina	4	Yes □ No ☑	To promote	attendance at an event held at a County der to maximize potential revenue from sale:	Income
			Yes 🗖 No 🗖			Income
			Yes 🗖 No 🗖			Income

### 3. Verification

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

Yes 🗖

Yes 🗖

No 🗖

No 🗖

	Mitz	MICHELLE DIANDA	Ticket Administrator	6/2/13
S	gnature 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

# Agency Report of: Ceremonial Role Events and 7

Agency Na County of Ala Division, Dep	me										cument
							Date	e Stamp		California	802
Division, Dep	ameda									Form	
Division, Department, or Region (if applicable)							1			For Official	Use Only
Board of Sup	pervisors										
Street Addres	s						1				
	reet, Suite 536										_
Designated A	gency Contact (	(Name, Title)					Ameno	iment (	Must prov	ide explanation in	Part 3.)
	da Graff, Clerk,	Board of S	upervisors								- 338afi
Area Code/Ph	none Number	E-mail					Date of Or	iginal Fi	iling:	(month, day, yea	ir)
(510) 272-38	382	crystal.his	hida@acgov.o	org							
Function, E	Event, or Cere	emonial Re	ole Informat	ion							
Oaklan	d Ale ve Chicar	no Cube						1.2			
Title Oakland	Title Oakland A's vs. Chicago Cubs Face Y						/alue of Ea	ach Ad	imissi	on \$ _22.00	
Description	Baseball Game	е				Dato/c	, 07 ,0	)3 ,	13	/	7
Description					_	Date(s	·)	/			
T:-!	mission(s) pro	wided by a		-		If no. Oakl	and A's				
	1111331011131 010		MONCUT VOC		0 171				me of S		
ficket(s)/Ad		ovided by a	gency? Yes		hand			Na	ime of S	ource	
										ource	
	tribution to pe									ource	
Was the dist	tribution to pe	rsons ident	ified below n	nade a	at the	behest of	f an agenc			ource	
	tribution to pe	rsons ident		nade a	at the	behest of	f an agenc			ource	
Was the dist Yes ⊡	tribution to pe No □ If y	rsons ident es: <u>Valle, Ri</u>	t <b>ified below n</b> chard- Supervise <i>Official's i</i>	n <b>ade a</b> or Distr Name (I	at the	behest of	f an agenc			ource	
Was the dist Yes ⊡	tribution to pe No □ If y y of recipient	rsons ident es: <u>Valle, Ri</u>	t <b>ified below n</b> chard- Supervise <i>Official's i</i>	n <b>ade a</b> or Distr Name (I	at the	behest of	f an agenc	y offic	ial?		sion as
Was the dist Yes ⊡	tribution to pe No □ If y	rsons ident es: <u>Valle, Ri</u>	t <b>ified below n</b> chard- Supervise <i>Official's i</i>	n <b>ade a</b> or Distr Name (I	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in</li> </ul>	f an agenc	if the age	ial?	cial claims admis	
Was the dist Yes ⊡	tribution to per No □ If y y of recipient Name (Last, First) or	rsons ident es: <u>Valle, Ri</u>	tified below n chard- Supervise Official's / e explanatio Number of Admission(s)/	nade a or Distr Name (I on:	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provided</li> </ul>	f an agenc	if the age agency o	cial? ency offic fficial pe	cial claims admis	
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Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervise Official's / e explanatio Number of Admission(s)/	or Distr Name (I on: Agen Offic	at the ict 2 Last, F ncy cial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provise</li> <li>If not inc</li> </ul>	f an agenc ne income box ncome. If the vide a descripe ial roles, perfe tion.	if the age agency o tion. • the publ prmed by	ial? ency offic fficial pe lic purpo an agen	cial claims admit rformed a cerem se, including cy official, indivi	onial role,
Was the dist Yes ☑ The identit	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervise Official's / e explanatio Number of Admission(s)/	nade a or Distr Name (I on: Agen	at the ict 2 Last, F ncy cial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admit rformed a cerem se, including cy official, indivi	dual, or
Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervis Official's / e explanatio e explanatio Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic	at the ict 2 Last, F ncy cial	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admis rformed a cerem se, including cy official, indivi it a County	onial role, dual, or Income
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Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervis Official's / e explanatio e explanatio Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admis rformed a cerem se, including cy official, indivi it a County	dual, or Income Income Income
Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervis Official's / e explanatio e explanatio Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Age Offic Yes No Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admis rformed a cerem se, including cy official, indivi it a County	dual, or Income Income Income
Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervis Official's / e explanatio e explanatio Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admis rformed a cerem se, including cy official, indivi it a County	dual, or Income Income Income
Was the dist Yes ☑ The identity (Name	tribution to per No	rsons ident es: <u>Valle, Ri</u> c <b>(s) and th</b> e	tified below n chard- Supervis Official's / e explanatio e explanatio Number of Admission(s)/ Ticket(s)	nade a or Distr Name (I on: Agen Offic Yes No Yes No Yes No Yes	at the ict 2 Last, F	<ul> <li>behest of</li> <li>irst) and Title</li> <li>Check the taxable in also provide the taxable in</li></ul>	f an agenc e income box ncome. If the vide a descript ome, describe ial roles, perfo tion. altendance a	if the age agency of tion. the public primed by	ency offic official pe lic purpo an agen nt held a	cial claims admis rformed a cerem se, including cy official, indivi it a County	dual, or Income Income Income Income Income

Signature of Agency Head or Designee

V

Print Name

Ticket Administrator Title

month, day, year

### Agency Report of: **Ceremonial Role Events and** 7

Τi	cket/Admission Distri	butions	1					A Public Do	cumen
1.	Agency Name						Date Stamp	California Form	802
	County of Alameda							a second s	
	Division, Department, or Regio	on (if applica	ble)					For Official U	lse Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (A	lame, Title)						st provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S	upervisors					al pronao explanation in	, art oly
	Area Code/Phone Number	E-mail					Date of Original Filir	ng:(month, day, year	-)
	(510) 272-3882	crystal.his	hida@acgov.	org				(	•
2.	Function, Event, or Cere		CONTRACTOR OF STREET	and a local division of the local division o					
								00700	
	Title Oakland A's vs. Chicago Cubs Face V					/alue of Each Adn	nission \$ <u>22.00</u>		
	- Baceball Game					07 04 13	3	8	
	Description Baseball Game Date(s					) 07 / 04 / 13	/	/	
						0.11			
	Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Oak					and A's Nam	e of Source		
							1000		
	Was the distribution to pers	sons iden	tified below n	nade a	at th	e behest of	an agency officia	1?	
	Yes 🗹 No 🔲 Ifye	s: <u>Valle, R</u>	chard- Supervis Official's	Nomo (	ict 2	First) and Title			
					Last, I	nsi) and nue			
	The identity of recipient(	s) and th	e explanatio	on:					
	Name					이 승규가 다 다 나는 것이 같아.	e income box if the agen	승규는 물질을 얻는 것이 많은 것이 집에 가지 않는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없 않는 것이 없는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 없는 것이 않는 것 않는 것	
	(Last, First) or	(Last, First)			Adency		ncome. If the agency offi ride a description.	cial performed a ceremo	oniai role,
	Organization (Name, Address, Descript	ion)	Admission(s)/ Ticket(s)		CILI		ome, describe the public ial roles, performed by ar tion.		ual, or
	Aro-Valle, Barbara			Yes		To promote a	ttendance at an event	held at a County	Income
	¢		2	No	7	facility to max	kimize potential revenu	e from potential sales	
				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 

Yes 🗖 No 

Yes 🗖

Yes 🗖

No

No 

MAL	MICHELLE DIANDA	Ticket Administrator	6/27/13
Signature of Agency Head or Designee	Print Name	Title	(mpnth, 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** Ticl

Ti	cket/Admission Distr	ibutions			A Public Do	ocumen
1.	Agency Name County of Alameda			Date Stamp	California Form	802
	Division, Department, or Reg	on (if applicable)		-	For Official	Use Only
	Board of Supervisors					
	Street Address			1		
	1221 Oak Street, Suite 536					
	Designated Agency Contact	Name, Title)		Amendment (Must	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk,	Board of Supervisors				
	Area Code/Phone Number	E-mail		Date of Original Filing	:(month, day, yea	ar)
	(510) 272-3882	crystal.hishida@acgov.org				
2.	Function, Event, or Cere	emonial Role Information				
	Title Alameda County Fair		Face	Value of Each Admi	ission \$ <u>5.00</u>	
	Description County Fair		Date(	s)/ 19/ 13	070	7 <u>,</u> 13
	Ticket(s)/Admission(s) pro	ovided by agency? Yes 🗖 No 🗹	meda County Fair Name	of Source		
	Was the distribution to pe	rsons identified below made at th	e behest c	of an agency official	?	
	Yes 🗹 No 🗖 If y	es: Valle, Richard- Supervisor District 2				
		Official's Name (Last,	First) and Title	e		

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul> <li>Check the income box if the agency official claims admiss taxable income. If the agency official performed a ceremo also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individ organization.</li> </ul>	onial role,
Abella, Daisy	4	Yes □ No ☑	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	Income
2		Yes 🗖 No 🗖		Income
		Yes 🗖 No 🗖		Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income

### 3. Verification

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

MAD	MICHELLE DIANDA	Ticket Administrator	(e/27/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Gift to Agency Report		A Public D	ocument		GIFT TO AGENCY REPORT
1. Agency Name				Date Stamp	California <b>201</b>
County of Alameda					Form OU I
Division, Department, or Regi	ion (if applicable)			For Official Use Only	
Board of Supervisors					
Street Address		***************************************			
1221 Oak Street, Suite 536					
Area Code/Phone Number	E-mail			Amendment (explain i	in comment section)
(510) 272-3882	cheryl.perkins@a	acgov.org			
Agency Contact (name and title)	)			Date of Original Filing: _	(month, day, year)
Cheryl Perkins, Interim Cler	rk, Board of Super	visors			(,,,
2. Donor Name and Addres	SS				
Individual Lynch	Eugene		□ Other		
	First	Name		Ν	lame
2501 Best Ave.		Oakland <sub>City</sub>		CA	94601 Zip Code
Name		Amount		Name	\$Amount
	\$	Amount		Name	\$Amount
	ent (other than travel)	Amount 6/20/2013 (month, day, year)	\$	50	\$Amount
3. Payment Information		6/20/2013 (month, day, year)		50 (Round to whole dollars)	· · · · · · · · · · · · · · · · · · ·
3. Payment Information Date and Amount of Paymo Travel Payment Informatio	<b>n</b> (Round to whole dollars	6/20/2013 (month, day, year) s) Location of	Travel	50 (Round to whole dollars)	· · · · · · · · · · · · · · · · · · ·
3. Payment Information Date and Amount of Paymo Travel Payment Informatio	n (Round to whole dollars	6/20/2013 (month, day, year) s) Location of Lodging Expenses	Travel \$ Meal Exp	50 (Round to whole dollars) 	es Total Expenses
3. Payment Information Date and Amount of Paymo Travel Payment Informatio	n (Round to whole dollars ansportation Expenses fiption of the nat	6/20/2013 (month, day, year) (Docation of Lodging Expenses ture and use of hent was used	Travel \$ of the paym	50 (Round to whole dollars) 	ses Total Expenses
3. Payment Information Date and Amount of Payme Travel Payment Informatio 	n (Round to whole dollars ansportation Expenses fiption of the nation whom the paym	6/20/2013 (month, day, year) (Docation of Lodging Expenses ture and use of hent was used	Travel \$ of the paym	50 (Round to whole dollars) enses Structure nent for official agei	ses \$ ncy business:

#### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Alexandra Boskovich	Senior Legislative Aide	6/18/13				
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)				
Comment: (Use this space or an attachment for any additional information.)							

icket/Admission Di	stributions				A Public Document	
Agency Name				Date Stamp	California 802	
County of Alameda						
Division, Department, or F	egion (if applicable)			1	For Official Use Only	
Board of Supervisors						
Street Address				ĺ		
1221 Oak Street, Suite 5	36					
Designated Agency Conta						
Cheryl Perkins, Clerk, Bo	ard of Supervisors			Amendment (Mus	t provide explanation in Part 3.)	
Area Code/Phone Number				Date of Original Filing	g:	
(510) 272 2992	abord parking@pagous				g:(month, day, year)	
(510) 272-3882	cheryl.perkins@acgov.c					
	eremonial Role Informat	lion				
Title A's Baseball	Title A's Baseball				ission \$ <u>30400 85</u> ,0	
	the second second		Face	value of Each Aum	1551011 \$	
Description	Description <u>VS SF GIANTS</u>			Date(s) <u>5, 28, 13</u>		
the second s			Oa	kland Athletic	s	
Ticket(s)/Admisšion(s)	provided by agency? Yes					
	Name of Source					
Was the distribution to	persons identified below n	nade at th	e behest o	f an agency official	?	
Yes 🗹 No 🗖	If yes:	strict 1				
	Official's Name (Last, First) and Tit					
The identity of recipie	ent(s) and the explanatio	on:				
Name (Last, First) or Organizatior	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro		y official claims admission as ial performed a ceremonial role, purpose, including	

or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
See Attached		Yes 🗖 No 🖾	
		Yes 🗖 No 🗖	Income
		Yes 🗖 No 🗖	Income
		Yes 🔲 No 🔲	Income
		Yes □ No □	Income

### 3. Verification

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

Lulin pricis	Lee Ann Fergerson	Ticket Administrator	6-5-13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Addresses:

Haggerty's 6 tickets 1221 Oak St., Suite 536 Dakland, CA 94612

Matt Lillard 429 Thrasher Ave Livermore, CA 94551 4 tickets

Sean & Ana Obrien 7025 Ann Arbor Way Dublin, CA 94568 3 tickets

Gilbert & Robin Amador 8799 Augusta Ct Dublin, CA 94568 3 tickets

Scott & Alisa Hackbarth 7444 Limerick Ave Dublin, CA 94568 2 tickets

Rich & Cindy Puppione 17455 Marfolwer Drive Castro Valley, CA 94546 2 tickets

					Distributions		A Public Document
1.	Agency Na	me				Date Stamp	California Form 802
	Alameda Co	unty			Contraction of a second s		
	Division, Depa	artment, or Reg	ion (If Applicabl		For Official Use Only		
	County Admi	nistrator's Offic	ce				
	•	gency Contact				-	
	Nerissa Riray	, Executive As	sistant				
	Area Code/Phone Number E-mail					Amendment (Must p	provide explanation in Part 3.)
	(510) 272-69		nerissa.rira	/@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function o	r Event Infor	mation				
	Does the ager	ncy have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass <sup>-</sup> \$ _	\$85.00
	Event Descrip	tion <u>Baseball</u> g	jame		1 1		
	Event Descrip		Provide Title/Exp	lanation			
	Ticket(s)/Pass	(es) provided b	y agency?	Yes 🔲 No	If no: Oaklar	nd A's	
						Name of So nichi, Sucan	urce
	Was ticket distribution made at the behest No I Yes I If yes: Muran of agency official?					Official's Name (	Last, First)
2	Recipients						-
J.	-	o identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit Ticket(			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Information 1	echnology		7	To reward County e	employees for their ex	emplary service to the
	В.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Ceremonial Role	Other	Income
					lf checking "Ceremon	ial Role" or "Other" describe below:	
					Ceremonial Role	Other ial Role" or "Other" describe below:	Income -
		e of Outside Orgar e address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy

ignature of Ag ncy Head or Designee

**Executive Assistant** 

Tille

Comment: \_

A Public Document

. Agency Name				Date Stamp	California 802	
Alameda County			Form			
Division, Department, or Re	gion (If Applicable	1	For Official Use Only			
County Administrator's Off	ice					
-				1		
Nerissa Riray, Executive A	ssistant					
Area Code/Phone Number	E-mail	******		Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6984	nerissa.riray	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Info	rmation			]		
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$85.00	
Event Description Baseball	game		Date(s)4	<u>, 3 , 13 </u>	///////	
	Provide Title/Expl					
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oaklar	nd A's	ICO	
Was ticket distribution made	at the hehest		Murar			
of agency official?	מנ נווס טסווספנ	NO 📋 Yes	If yes:	Official's Name (L	ast, First)	
Recipients						
•	icy's department or	unit. 🔹 Use Sec	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Women's Hall of Fame Pla Committee	Women's Hall of Fame Planning Committee		7 To reward County employees for their exemplary servic public			
	ual	Number of Ticket(s)/		Identify one of the followi	ng:	
(Last, Hrst)		Pass(es)		·	· · · · · · · · · · · · · · · · · · ·	
				— —	Income	
					income	
	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	to the agency's policy	
	Division, Department, or Re County Administrator's Off Designated Agency Contact Nerissa Riray, Executive A Area Code/Phone Number (510) 272-6984 Function or Event Info Does the agency have a tick Event Description Baseball Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm Women's Hall of Fame Pla Committee B. Name of Individ (Last, First)	Division, Department, or Region (If Applicable         County Administrator's Office         Designated Agency Contact (Name, Title)         Nerissa Riray, Executive Assistant         Area Code/Phone Number       E-mail         (510) 272-6984       erissa.riray         Function or Event Information         Does the agency have a ticket policy?         Event Description       Baseball game         Provide Title/Expl         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or         Mame of Agency, Department or Unit         Women's Hall of Fame Planning         Committee         B.       Name of Individual         (Last, First)	Division, Department, or Region (If Applicable)         County Administrator's Office         Designated Agency Contact (Name, Title)         Nerissa Riray, Executive Assistant         Area Code/Phone Number         (510) 272-6984         Punction or Event Information         Does the agency have a ticket policy?         Yes X         No         Event Description         Baseball game         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X         No         Was ticket distribution made at the behest of agency official?         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's depart or	Division, Department, or Region (If Applicable)         County Administrator's Office         Designated Agency Contact (Name, Title)         Nerissa Riray, Executive Assistant         Area Code/Phone Number       E-mail         (510) 272-6984       e-mail         Does the agency have a ticket policy?       Yes 🛛 No 🗌       Face Value of         Event Description       Baseball game       Date(s)4         Provide Title/Explanation       Date(s)4         Vas ticket distribution made at the behest of agency official?       No 🗌 Yes 🔄 No 🔄       If yes: Mural of agency official?         Recipients       Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual of agency. Department or Unit       Number of Ticket(s)/ Pass(es)         Women's Hall of Fame Planning       7       To reward County of public         B.       Name of Individual (Last, Fint)       Number of Ticket(s)/ Pass(es)       Ceremonial Role if chacking "Ceramon of the chacking "Ceramon o	Division, Department, or Region (If Applicable)         County Administrator's Office         Designated Agency Contact (Name, Title)         Nerissa Riray, Executive Assistant         Area Code/Phone Number         (510) 272-6984         Permition or Event Information         Does the agency have a ticket policy?         Yes X         Event Description         Baseball game         Provide Title/Explanation         Date(s)       4         Park of Original Filling:         Was ticket distribution made at the behest       No         of agency official?       No         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify the agency's department or unit.         Vuse Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify an individual.       •Use Section C to identify an individual.       •Use Section B to identify an individual.       •Use Section C to identify the agency's department or unit.         •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify an individual.	

#### 4. Verification

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

ŧ Prisc in Signature of Agency Head or Designee

Nerissa Riray

**Executive Assistant** Title

Comment: \_

A Public Document

1.	Agency Name				Date Stamp	California 002
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	County Administrator's Offic	ce	·			
	Designated Agency Contact					
	Nerissa Riray, Executive As	ssistant				
	Area Code/Phone Number	E-mail			. D Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6984	nerissa.riray	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation			1	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$85.00
	Event Description Baseball g	game		Date(s) 4		1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of Sou	
				— Murar		Irce
	Was ticket distribution made a of agency official?	at the denest	No 🗌 Yes	If yes: Murar	Official's Name (L	ast, First)
2	Recipients					
5.	Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Human Resource Services		7 To reward County public		employees for their exe	emplary service to the
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	Identify one of the followi	ıg:
				Ceremonial Role		Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					er nir en en eksik, kan er	

# 4. Verification

I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

ature of Agency Head or Designee Sigr

Nerissa Riray Print Name

**Executive Assistant** 

Title

Πđ

Comment:

**A Public Document** California Date Stamp 8 Form For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title)

	Nerissa Riray, Executive A	ssistant	Amendment (Must pro	wide evaluation in Port 2 )		
	Area Code/Phone Number	E-mail			wide explanation in Part 3.)	
	(510) 272-6984	nerissa.riray@acgov.org		Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation		n an	фо <i>с</i> (	
	Does the agency have a tick	et policy? Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	\$85.0	

Does the agency have a ticket policy?	Yes 🛛 No 🗖	Face Value of Each Ticket/Pass \$	\$85.00		
Event Description		Date(s) <u>4 / 16 / 13 /////////////////////////////</u>	1		
Provide Title/Exp	planation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛛	If no: Oakland A's			
		Name of Source			
Was ticket distribution made at the behest	No 🗌 Yes 🛛	lf yes: <u>Muranishi, Susan</u>			
of agency official?		Official's Name (Last, First)			

### 3. Recipients

1. Agency Name

Alameda County

County Administrator's Office

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Age	ncy/Department Heads	7	To promote attendance at an event held at a County facility to maximize County revenue from sales
,			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>1</b>			

#### 4. Verification

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

Sia ature of Agency Head or Designee

Nerissa Riray Print Name

**Executive Assistant** Title

Comment:

**A Public Document** 

_								
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form 002				
	Division, Department, or Regi	on (If Applicable	<i>)</i>			For Official Use Only		
	County Administrator's Offic			· · · · · · · · · · · · · · · · · · ·				
	Designated Agency Contact (	Name, Title)						
	Nerissa Riray, Executive As	sistant			Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
harrows	(510) 272-6984	nerissa.riray	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				<b>¢</b> 0 <u></u> <u></u> <u></u> 00		
	Does the agency have a ticket		Yes 🛛 No 🗌	] Face Value o	f Each Ticket/Pass \$	\$85.00		
	Event DescriptionBaseball g	ame		Date(s) 5		1 1		
		Provide Title/Expl	lanation					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🗵	If no: Oaklar	nd A's Name of So			
				Muro	urce			
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🗵	If yes: <u>Muran</u>	Official's Name (L	ast First)		
3.	• Use Section A to identify the agency	ia donartmont or	unit e llas Sosti	on D to identify an individu	und a Una Castion C to ident	life an autoida arrantentian		
			Number of	2 - 1				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individua	B. Name of Individual (Last, First)		Ceremonial Role	— —			
				Ceremonial Role If checking "Ceremon	Other	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	East Oakland Youth Develo Center, 8200 International B		10	To reward a school community	or nonprofit for its cor	ntributions to the		
	Develop social and leadersh of youth	ip capacities		•				
4.	Verification I have read and understand FRPC Regul	ations 18944.1 and				th the requirements.		
	Ignature of Agency Head or Designee	Nerissa Rii Print Name	ray	Executive Assistant	(Month, Day, Year)			
	Comment:				········	EBBC Earm 902 (4(42)		

A Public Document

0010				Biotributions		A Public Documen		
1. Aç	gency Name				Date Stamp	California 802		
Ala	ameda County							
Div	vision, Department, or Reg	<b>jion</b> (If Applicabl	e)			For Official Use Only		
Co	ounty Administrator's Offic	ce						
De	signated Agency Contact	(Name, Title)			-			
Ne	erissa Riray, Executive As	ssistant						
	ea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
(5 <sup>-</sup>	10) 272-6984	nerissa.riray	/@acgov.org	1	Date of Original Filing:	(Month, Day, Year)		
2. Fu	unction or Event Infor			1				
Do	es the agency have a ticke	et policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	\$85.00		
Eve	ent DescriptionBaseball g	game		Data(a) 05	5 <u>14</u> 13	1 1		
		Provide Title/Exp	lanation					
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's			
10/-			_	— Mura	Name of Sou	rce		
	is ticket distribution made a f agency official?	at the benest	No 🗌 Yes	If yes: Mura	Official's Name (La	ast. First)		
I	- •				•			
	ecipients se Section A to identify the agenc	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.		
Α.	Name of Agency, Departmo	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Cc	County Administrator's Office		4	4 To reward County employees for their exemplary service to public				
 B.	Name of Individu (Last, First)	al	Number of Ticket(s)/		Identify one of the followin	lg:		
	(Lasi, riisi)		Pass(es)			<ul> <li>Provide Alia (1) A Self Provide</li> </ul>		
					U Other U ial Role" or "Other" describe below:			
	999447874			Ceremonial Role		Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
C.	Name of Outside Orgar (include address and des	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p					
•								
4. Ve	rification	······································	•	•				

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

Nerissa Riray **Executive Assistant** ignature of Agency Head or Designee Print Name Title

Comment: .

A Public Document

-						A Fublic Document
1.	Agency Name		· · · ·		Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only		
	County Administrator's Offic	e				
	Designated Agency Contact	Name, Title)				
	Nerissa Riray, Executive As	sistant				
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6984	/@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		<b>#05.00</b>		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pas <mark>s \$</mark> _	\$85.00
	Event Description	ame Provide Title/Exp	1	Date(s)5	5 <u>14</u> 13	//
			Yes No	If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided b	y agency?	Name of Se	ource		
	Was ticket distribution made a	it the behest	nishi, Susan			
	of agency official?		Official's Name	(Last, First)		
3.	Recipients					
	Use Section A to identify the agenc	y's department or		ction B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	Local Agency Formation Commission		2	To reward County employees for their exemplary service to the public		
	B. Name of Individua (Last, First)	31	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
					Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	e stert de gester d'al de la set
-	Verification					

 Merissa Riray
 Executive Assistant
 7/26/13

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Hear)

Comment: ....

A Public Document

1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form 00/2		
	Division, Department, or Reg	<b>gion</b> (If Applicab	le)			For Official Use Only		
	County Administrator's Offi	се						
	Designated Agency Contact							
	Nerissa Riray, Executive A	ssistant						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6984	y@acgov.org	I	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Info	rmation				(		
	Does the agency have a tick	et policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$85.00		
	Event Description Baseball	game			5 <u>, 13 , 13</u>			
	Event Description	Provide Title/Exp	planation	Date(s)		J		
	Ticket(s)/Pass(es) provided t	ov agency?	Yes 🗌 No	If no: Oakland A's				
		, , ,			Name of So	urce		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes					
			Official's Name (Last, First)					
3.	• Use Section A to identify the agend	ave department o	runit e Lleo Sov	tion <b>P</b> to identify an individu	ual a Llas Section C to ident	tify an outside organization		
			Number of					
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Clerk of the Board Office	2	To reward County employees for their exemplary service to the public					
	B. Name of Individu	ial .	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
					Other D	Income		
				Ceremonial Role If checking "Ceremon	Other Other describe below:	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
_								

# 4. Verification

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

Thenia Nerissa Riray **Executive Assistant** ILANDAR CT 1 Print Name Title Month, Day, Year

Comment: .

**A Public Document** 

-										
1.	Age	ency Name		Date Stamp	California 802					
	Alar	neda County					Form			
	Divis	ion, Department, or Reg	ion (If Applicable	)			For Official Use Only			
	Cou	nty Administrator's Offic	е							
	Desi	gnated Agency Contact (	Name, Title)			-				
	Neri	ssa Riray, Executive As	sistant							
		Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510	)) 272-6984	nerissa.riray	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Fun	ction or Event Infor	mation							
	Does	s the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$85.00			
	<b>F</b>	t Description Baseball g	ame		$D_{\text{res}}$ 0	5 , 13 , 13	//			
	Ever	it Description	Provide Title/Expl	anation	$\_$ Date(s) $\_$	//	//			
	Ticke	et(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oakla					
		., ., .				Name of Sc	burce			
		ticket distribution made a	it the behest	If yes: Mura	anishi, Susan Official's Name (					
	of agency official?					Official s Name (	Lasi, Firsi)			
3.		pients								
	• Use	Section A to identify the agence	y's department or	Number of	tion B to identify an individ	Iual. • Use Section C to iden	tify an outside organization.			
	Α.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy			
	County Administrator's Office			2	To reward County public	employees for their ex	emplary service to the			
					Manania					
	В.	Name of Individua (Ləst, First)	al .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
					Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below:	Income			
					Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income			
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy				
4.		ification read and understand FPPC Regu	lations 18944.1 and	i 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.			

# Signature of Agency Head or Designee

Nerissa Riray

Executive Assistant

Title

21 Month. Dav

Comment: ....

Comment: \_\_\_\_\_

A Public Document

					A Fublic Document	
1. Agency Name		Date Stamp	California 802			
Alameda County			Form 002			
Division, Departme	nt, or Region (If Applicat	-	For Official Use Only			
County Administra	tor's Office					
	Contact (Name, Title)					
Nerissa Riray, Exe	ecutive Assistant					
Area Code/Phone N				_ L Amendment (Must	provide explanation in Part 3.)	
(510) 272-6984	nerissa.rira	ay@acgov.org	I	Date of Original Filing	(Month, Day, Year)	
2. Function or Eve	ent Information					
Does the agency ha	Does the agency have a ticket policy?		Face Value of	of Each Ticket/Pass \$ .	\$85.00	
Event Description	Baseball game		Data(a) = 05	5 , 17 , 13	//////	
Event Description _	Provide Title/E	xplanation	Date(s)	/	/	
Ticket(s)/Pass(es) p	provided by agency?	Yes 🗖 No	If no: Oakla	nd A's		
			Name of Source			
Was ticket distributi of agency official?	on made at the behest	nishi, Susan Official's Name	(Loot First)			
_ •			Onicial 3 Maine	(183), 7 // 30		
3. Recipients • Use Section A to identi	fy the agency's department (	ual. • Use Section C to ide	ntify an outside organization.			
A	y, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	and the second	
Clerk of the Board	Clerk of the Board Office		To reward County of public	employees for their e	xemplary service to the	
B. Name				·		
D. Name	of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below.	Income	
			Ceremonial Role If checking "Ceremor	Other Inter Other Other Other	Income	
	itside Organization ess and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
4. Verification		and 18042 / have	l	forth allow is in accordance.	iith the convictore of	
	a Mar	Nerissa F		forth above, is in accordance w Executive Assistant		
Signature of Agency He	ead or Designee	Print Nar	10	Title	(Monih, Day, Year)	

Α	P	u	b	li	С	D	o	С	u	m	۱e	n	t

			Notif 400	Distributions		A Public Documen
. Age	ncy Name		Date Stamp	California 802		
Alan	neda County					
Divis	ion, Department, or Reg	gion (If Applicable	;)			For Official Use Only
Cou	nty Administrator's Offi	се				
Desig	gnated Agency Contact	(Name, Title)				
Neri	ssa Riray, Executive A	ssistant				]
	Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510	) 272-6984	nerissa.riray	@acgov.org	l	Date of Original Filing: _	(Month, Day, Year)
. Fun	ction or Event Info	mation			1	
Does	the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$85.00
Even	t Description Baseball	game	_	Date(s)5	, 18 , 13	///
LVEN		Provide Title/Expl	anation	Dale(S)		//
Ticke	et(s)/Pass(es) provided b	by agency?	Yes 🗌 No	If no: Oaklar	nd A's	
					Name of Sour	се
	ticket distribution made gency official?	at the behest	No 🗌 Yes	If yes: <u>Murar</u>	nishi, Susan Official's Name (La	st Eirol)
					Uniciai s Name (La	ы, гизі)
	ipients Section A to identify the agence	cy's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
Α.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Risk	Management Unit	· statemeter	2	To reward County e public	employees for their exe	mplary service to the
В.	Name of Individu (Last, First)	al and a second second	Number of Ticket(s)/		Identify one of the followin	g:
·	(2001) / AO	· · · · ·	Pass(es)			
					Other al Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income
С.	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
_						
		. Week de Welden en oaren				n na haite an na haite an na haite
<u>\/-</u>	G					
veri	fication					

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tand FPPQ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements I have read ag

Signpture of Agency Head of Designee

Nerissa Riray Print Name

**Executive Assistant** 

Title

(Month. Da

Comment: \_

С	eremonial Role Events and Tic	A Public Document					
1.	. Agency Name			Date Stamp	California 802		
	Alameda County				Form 002		
	Division, Department, or Region (If Applicable	e)			For Official Use Only		
	County Administrator's Office						
	Designated Agency Contact (Name, Title)			-			
	Nerissa Riray, Executive Assistant						
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6984 nerissa.riray	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)		
2.	. Function or Event Information				(Mohin, Day, Tear)		
	Does the agency have a ticket policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	\$85.00		
	Event Description Baseball game		_	413	<i>, ,</i>		
	Event Description	anation	Date(s)		]		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	M If no: Oaklar	If no: Oakland A's			
			Name of Source				
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Muranishi, Susan Official's Name (Last, First)				
	of agency official?		Official's Name (	Last, First)			
3.	Recipients	unit - Une Co	ster D to identify on individu				
	Use Section A to identify the agency's department or	Number of		1.1.1	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
	County Administrator's Office	2	To reward County e	employees for their exemplary service to the			
	· · · · · · · · · · · · · · · · · · ·			<u>, , , , , , , , , , , , , , , , , , , </u>			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		ing:			
				Other D	Income		
			Ceremonial Role If checking "Ceremoni	Other  Other  describe below:	Income		
		Number of					
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
				•			

# 4. Verification

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

Signature of Agency Head or Designee

Nerissa Riray

Executive Assistant

(Month.

Comment: \_

eremonial Role Ev	vents and Tic	ckevPass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ
Division, Department, or	Region (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)			1	
Anna Gee					
Area Code/Phone Numb	er E-mail	· · · · - · -		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event In	nformation				<u> </u>
Does the agency have a	ticket policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	
Event Description baseb	all game		Data(c) 06	6 , 13 , 13	//
	Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗌 No	If no: Out	cland Athletics	3
		_	_	Name of So	burce
Was ticket distribution ma of agency official?	ade at the behest	No 🗌 Yes	If yes: Miley	Official's Name	(Last. First)
• Use Section A to identify the a	agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
B. Name of Ind (Last, Firs		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Eggiman, Mary	Lon	20		Other X nial Role" or "Other" describe below: nunity volunteer for her	Income
			Ceremonial Role	Other	Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
C. Name of Outside ( (include address an		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
I have that and understand RPPC	Regulations 18944.1 and	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.
	$\bigcirc$	Anna G		Operations Chief	06/01/13
Signature of Agency-Head or De	signee	Print Nam	e	Title	(Month, Day, Year)
Comment:					

C	eremonial Role Events and T	icket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applica	able)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Anna Gee				
	Area Code/Phone Number E-mail	<u> </u>		Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694 anna.gee	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information			<u> </u>	
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	1700
	Event Description baseball game		_	8,15,13	
	Event Description	xplanation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	🛛 If no: <u>Oak</u>	and Athletics	purce
	Was ticket distribution made at the behes	t No⊡ Yes	If yes: Miley	, Nathan	
	of agency official?		1 i yes	Official's Name (	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Killion Devid		Ceremonial Role		Income
	Killian, David	20		ial Role" or "Other" describe below:	aamiaa ta tha uublia
			To reward a comm	unity volunteer for her	service to the public
			Ceremonial Role	Other	
			If checking "Ceremon	ial Role" or "Other" describe below:	_
		Number			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	$\frown$		•		
	Verification	and 10010 ( hours up			
	Thave read and understand FPPC Begulations 18944.1 a				
/	Signature of Arenty Line to Davies	Anna G		Operations Chief	06/01/13
	Signature of Agency Head of Designee	Print Nam	2	Title	(Month, Day, Year)
	Comment:				

A Public Document

					Date Stamp	California 000
1.	Agency Name				Dute otamp	
	Alameda County					Form GOZ For Official Use Only
	Division, Department, or Reg	ion (If Applicat	ole)			I of official bac officy
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			_ [_] Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
,	Function or Event Inform	mation			.1	
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	38.00
	Event Description baseball g	ame		Date(s)0	6 , 16 , 13	06 , 25 , 13
		Provide Title/Ex	planation	Date(s)	+	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	_	Hand Athlet Name of So	1CS burce
1	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley	v, Nathan	
	of agency official?				Official's Name (	Last, First)
	Recipients					
-	Use Section A to identify the agency	/'s department o		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
į	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
4	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
-	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
1	B. Name of Individua (Last, First)		Number of Ticket(s)/	Ceremonial Role		
-	B. Name of Individua (Last, First)	I	Number of Ticket(s)/	If checking "Ceremon	Other D	Income
	B. Name of Individua (Last, First) C. Name of Outside Organiz (include address and desc	zation	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income
	(Last, First)	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health,	Control Contr	Income
	(Last, First) C. Name of Outside Organii (include address and desc United Seniors of Oakland &	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, to vulnerable populi	Other	Income
	(Last, First) C. Name of Outside Organic (include address and desc United Seniors of Oakland & County - 7200 Bancroft Ave, Oakland 94605	zation rription) Alameda Ste 251 -	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 8	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, to vulnerable popul underprivileged, set	Other	Income
	C. Name of Outside Organi. (include address and desc United Seniors of Oakland & County - 7200 Bancroft Ave, Oakland 94605 senior advocacy	zation rription) Alameda Ste 251 -	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 8	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote health, to vulnerable popul underprivileged, set rified that the distribution set for	Other	Income

. Agency Name					The second se
				Date Stamp	California 802
Alameda County Division, Department, or Reg	ion (If Ann Early	28.1			Form OUZ For Official Use Only
-	ion (II Applicab)	ie)			i or original and only
Board of Supervisors					
Designated Agency Contact (	Name.Title)				
Anna Gee				[ Amondmont (At	
Area Code/Phone Number	E-mail				provide explanation in Part 3.)
(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing	(Month, Day. Year)
Function or Event Inform	nation				
Does the agency have a ticket		Yes 🔀 No	Face Value	of Each Ticket/Pass \$ .	38.00
Event Descriptionbaseball ga	ame		Date(s) 0	6 <u>, 26 , 13 </u>	1 1
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Oakla	and Athletics	
Was ticket distribution made a	t the behast			Name of S	ource
of agency official?	t the benest	No 🗌 Yes	If yes:	Official's Name	(Last. First)
Paginianta					
Recipients • Use Section A to identify the agency	's department or	unit. • Use Ser	ction B to identify an individ	lual Ise Section C to ide	atify an outside organization
A. Name of Agency, Department		Number of Ticket(s)/	I	blic purpose made pursuan	
		PUSSIESI	E		
		Pass(es)			
8. Name of individual		Number of Ticket(s)/		Identify one of the follow	ing:
B. Name of Individual dest. Fing:		Number of			ring:
		Number of Ticket(s)/	If checking "Ceremoi	Other Other Control of "Other" Control of the describe below:	income
		Number of Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other Control of "Other" Control of the describe below:	income
	zation	Number of Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other	income
C. Name of Outside Organiz	zation ription) Alameda	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income Income Income Et to the agency's policy
C. Name of Outside Organiz (include address and desc United Seniors of Oakland &	zation ription) Alameda	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking 'Ceremon Describe the put To promote health, to vulnerable popul	Other	Income In
C. Name of Outside Organiz (include address and desc United Seniors of Oakland &	zation ription) Alameda Ste 251	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To promote health, to vulnerable popul underprivileged, se	Other	Income
C. Name of Outside Organiz (include address and desc United Seniors of Oakland & County - 7200 Bancroft Ave,	zation ription) Alameda Ste 251	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To promote health, to vulnerable popul underprivileged, se	Other	Income

### A Dublic De

Agency Name County of Alameda Division, Department, or Region (if a				Date Sta	amp	Californ	ia nn
						Form	<sup>ia</sup> 80
	nnlicahle)					is could be	ial Use Only
Board of Supervisors	ppricable						in oco only
Street Address							
1221 Oak Street, Suite 536 Designated Agency Contact (Name, T	24.0						
	ue)			🔲 Amendmer	nt (Must pro	vide explanatio	n in Part 3.)
Anna Gee, Operations Manager Area Code/Phone Number   E-mail							
				Date of Origina	al Filing:	(month, day,	year)
	gee@acgov.org						
Function, Event, or Ceremoni	al Role Informa	tion					
Title <u>A's vs.</u> Cardials			_			20.0	0
	· · · · ·		Face V	alue of Each	Admissi	on \$ _ 38.0	
Description Baseball Game			<b>D</b> ( ( )	) 06 / 29	. 13	06 .	30 . 13
			Date(s	)/	_/	/	/
			Oakla	and Athletics			
Ticket(s)/Admission(s) provided	by agency? Yes	🛛 No 🗸	If no:		Name of S		
Yes 🔲 No 🗹 Ifyes: Mile	ey, Nate - Alameda C Official's	County Super Name (Last,		an agency of	fficial?		
The identity of recipient(s) and	ey, Nate - Alameda C Official's	County Super Name (Last,	rvisor First) and Title			clai claims adn	ission as
Yes I No I If yes: <u>Mile</u> The identity of recipient(s) and Name (Last, First)	ey, Nate - Alameda C Official's I <b>the explanatic</b> Number of	County Super Name (Last,	rvisor First) and Title Check the taxable im	income box if the come. If the agence	agency offic		
Yes □ No ☑ If yes: <u>Mile</u> The identity of recipient(s) and Name (Last, First) or	ey, Nate - Alameda C Official's I the explanatic Number of Admission(s)/	County Super Name (Last, . Dn:	rvisor First) and Title Check the taxable im also provi	income box if the come. If the agenc de a description.	agency offic cy official pe	rformed a cere	
Yes I No I If yes: <u>Mile</u> The identity of recipient(s) and Name (Last, First)	ey, Nate - Alameda C Official's I <b>the explanatic</b> Number of	County Super Name (Last, . Dn: Agency	Frist) and Title Check the taxable im also provi If not inco ceremonia	income box if the come. If the agenc de a description. me, describe the p al roles, performed	agency offic cy official pe public purpos	rformed a cere se, including	monial role,
Yes No If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	ey, Nate - Alameda C Official's I the explanatic Number of Admission(s)/	County Supe Name (Last, . on: Agency Official	First) and Title  Check the taxable in also provi If not inco ceremonia organizati	income box if the come. If the agenc de a description. me, describe the p al roles, performed	agency offic cy official pe public purpos l by an agenc	rformed a cere se, including cy official, indi	monial role, vidual, or
Yes I No I If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization	ey, Nate - Alameda C Official's I the explanatic Number of Admission(s)/	County Super Name (Last, ) On: Agency Official Yes	First) and Title	income box if the come. If the agenc de a description. me, describe the p al roles, performed on. n, motivate and provid tions in the County su	agency offic cy official pe by an agenc de expanded c uch as the disa	rformed a cere se, including cy official, indi	monial role, vidual, or
Yes  No  If yes: Mile The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda County	ey, Nate - Alameda C Official's I the explanatic Number of Admission(s)/ Ticket(s) 4	County Super Name (Last, ) On: Agency Official Yes □ No ☑	First) and Title	income box if the come. If the agenc de a description. me, describe the p al roles, performed on. n, motivate and provid	agency offic cy official pe by an agenc de expanded c uch as the disa	rformed a cere se, including cy official, indi	vidual, or Incom
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Comment: (Use this space or an attachment for any additional information including amendment explanation.) 2 tickets to each game

(month, day, year)

### A Public Document

Agency Name					Date Stamp	Californi	-
County of Alameda						Californi Form	80
Division, Department, or Regi	on (if applicable)					For Officia	al Use Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (/	lame, Title)						
Anna Gee, Operations Mana	aer.				Amendment (Must p	provide explanation	in Part 3.)
	E-mail				Date of Original Filing:		
510-891-5585						(month, day, ye	ear)
	anna.gee@acg						
Function, Event, or Cere	noniai Role in	ntorma	lion				
Title A's vs. Cubs				Face	/alue of Each Admis	sion \$ 38.00	
				1 ace 4	ande of Lacit Autitis	sion #	
Description Baseball Game				Date(s	) 07 / 04 / 13	1	1
					Name of	Source	
Was the distribution to pers	ons identified I	below n	nade at th	e behest of	Name of	Source	
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

### **A Public Document**

Agency Name				Date Stamp	Ca	lifornia	80
County of Alameda						Form	00,
Division, Department, or Region (if applic	able)					For Official	Use Only
Board of Supervisors							
Street Address					Í		
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				Amendment (	Must provide ex	nlanation in	Part 3)
Anna Gee, Operations Manager					must provide ex,	pianadon il	r Part 3.7
Area Code/Phone Number E-mail	······································			Date of Original Fi	iling:	th, day, yea	ar)
510-891-5585 anna.gee	e@acgov.org				<i>(</i>	,,, ,	
Function, Event, or Ceremonial F	Role Informa	tion				-	
Ala va Cuba						0= 004	
Title <u>A's vs. Cubs</u>			Face V	alue of Each Ad	lmission \$	85.00/	38.00
Description Baseball Game				07 12	13 0	7 1	3 13
Description <u>Description</u>			Date(s	)///////_			/
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JS X	Anna Gee	Operations Manager	06/2613
Signatule of Agency Head or Designee	Print Name	Title	(month, day, year)

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

3 parking passes

**A Public Document** 

Agency Name					Date Stam	p	Californ	<sup>ia</sup> 802
County of Alameda							Form	00/
Division, Department, or Region (if app	licable)					Í	For Offic	ial Use Only
Board of Supervisors								
Street Address					1			
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title	)				Amendment	/Must provi	ido ovalanatio	(n (Da d 0))
Anna Gee, Operations Manager						(widst provi	ide explanation	rin Part 3.)
Area Code/Phone Number E-mail					Date of Original	Filing:	(month, day,	(ear)
510-891-5585 anna.ge	ee@acgov.org						(moman, day,	(car)
Function, Event, or Ceremonial		tion						
Title <u>A's vs. Angels</u>				Face V	/alue of Each A	dmissio	on \$ <u>38.0</u>	0/85.00
- Basaball Gama					07 25	13	07	13 13
Description Baseball Game				Date(s	s) <u>07</u> <u>25</u>			
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Ticket(s)/Admission(s) provided by Was the distribution to persons ide Yes ☐ No ☑ If yes: <sup>Miley,</sup> The identity of recipient(s) and t	entified below r , Nate - Alameda C Official's	<b>nade a</b> County S Name (L	at the	e <b>behest of</b> visor First) and Title	an agency offi	cial?		
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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.

	15 10	Anna Gee	Operations Manager	06/2613
Sig	nature of Agency Flead or Designee	Print Name	Title	(month, day, year)
Com	ment: (Use this space or an attach	ment for any additional inform	ation including amendment explanation.)	

3 parking passes given to 7/26

### **A Public Document**

Agency Name				Date Stamp	Calif	ornia o
County of Alameda						orm Ö
Division, Department, or Region (if app	plicable)				Fo	Official Use Or
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	e)			Amendment (Must		nation in Rod A
Anna Gee, Operations Manager					provide expla	nation in Part 3.
Area Code/Phone Number E-mail				Date of Original Filing	(month	day, year)
510-891-5585 anna.g	ee@acgov.org				(monar,	uay, year)
Function, Event, or Ceremonia		tion				
Title <u>A's vs. Angels</u>			Face V	alue of Each Admis	sion \$ _3	8.00
Boschall Came				07 27 13	07	28
Description Baseball Game			Date(s)	07 , 27 , 13		
Was the distribution to persons id	entified below r	nade at th	e behest of	Name o	f Source	
Was the distribution to persons id Yes □ No ☑ If yes: Miley	entified below r r, Nate - Alameda C Official's	nade at th County Super Name (Last,	behest of      rvisor      First) and Title      Check the     taxable inc     also provid      If not inco     ceremonia	income box if the agency official?	official claims performad a	i ceremonial ro ing
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AS C	Anna Gee	Operations Manager	06/26/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use<sup>U</sup>this space or an attachment for any additional information including amendment explanation.) 3 parking passes given to 7/26

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### A Public Document

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. Agency Name	Agency Name				Californi	a 000
County of Alameda	County of Alameda				Form	002
Division, Department, or Region (if	ivision, Department, or Region (if applicable)					al Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)			Amendment (Mu	ist provide evolenation	in Part 21
Crystal Hishida Graff, Clerk, Boar	d of Supervisors					
Area Code/Phone Number E-ma	ail			Date of Original Filir	ng:(month. day. y	earl
(510) 272-3882 crys	tal.hishida@acgov.	.org			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our,
. Function, Event, or Ceremon	nial Role Informa	tion				
Ockland Ale ve Venkees					05	
Title Oakland A's vs. Yankees			Face \	/alue of Each Adm	nission \$ _ <sup>85</sup>	
Description Baseball Game, Log	le tickets			) <u> </u>	3	,
Description <u>Basebull</u> Guille, Edg			Date(s	;)//		/
	by agency? Yes	: 🗖 No 🗹	If no: Oak		e of Source	
Ticket(s)/Admission(s) provided Was the distribution to persons	identified below ı	nade at th	e behest of	Name		
Was the distribution to persons Yes 🖸 No 🔲 If yes: Ca	arson, Keith Superviso Official's	made at th or Name (Last, I	e behest of	Name		
Was the distribution to persons	arson, Keith Superviso Official's	made at th or Name (Last, I	e behest of	Name		
Was the distribution to persons Yes I No I If yes: Ca The identity of recipient(s) ar Name	arson, Keith Superviso Official's nd the explanatio	made at th or Name (Last, i on:	First) and Title	an agency officia	<b> ?</b> y official claims adm	
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### 3. Verification

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

MAMag D	Amy Shrago	Ticket Administrator	06/10/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

			•				i ablic Document	
1.	Agency Name		1			Date Stamp	California	
	County of Alameda	2					Form <b>802</b>	
	Division, Department, or Regio	on (if applica	able)			1	For Official Use Only	
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)							
	Crystal Hishida Graff, Clerk, I	Board of S	Supervisors			Amendment (Must provide explanation in Part 3.)		
		E-mail				Date of Original Filing: _	(month, day, year)	
	(510) 272-3882	crystal his	shida@acgov.	ora			(month, day, year)	
2.	Function, Event, or Cerei							
				don				
	Title Oakland A's vs. White S	ox			Face \	Value of Each Admission \$ _30		
						00 01 10		
	Description Baseball Game,	Field tick	ets		Date(s	<u>, 06 , 01 , 13</u>	//	
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes		If no: Oakl	and A's		
						Name of S	Source	
	Was the distribution to pers	ons iden	tified below r	nado at th	a hehest of	an agency official?		
	mus are distribution to pers			naue al li	e bellest ui	an agency official?		
	Yes 🖸 No 🗖 If yes	s: Carson,	Keith Superviso	or				
			Official's	Name (Last,	First) and Title			
	The identity of recipient(s	s) and th	e explanatio	on:				
				 	a Check the	e income box if the agency off	icial alaima admination on	
	Name (Last, First)		Number of	Agency		come. If the agency official p		
	or		Admission(s)/	Official		ide a description.		
	Organization (Name, Address, Description)		Ticket(s)		<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indiv</li> </ul>			
	Dura II Ed			Vee 🗖	organizat To reward a com	ion. munity volunteer for his or her sen	vice to the public	
	Russell, Ed		2	Yes <b>□</b> No ☑		,		
			-					
				Yes			Income	
	······			No 🗖				
				Yes 🗖			Income	
				No 🗖				
				Yes 🗖			Income	
-				No 🗖	ļ			
				Yes 🗖			Income	
				No 🗖				

### 3. Verification

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

Abho	Hannah Greene	Ticket Administrator	06/04/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

I. Agency Name				D 1 01	A 116	
• •				Date Stamp	California Form	802
County of Alameda Division, Department, or Region (if a	nationables			-	For Official	Lise Only
	pplicable)					,
Board of Supervisors Street Address				-		
1221 Oak Street, Suite 536 Designated Agency Contact (Name, T						
	,			Amendment (Mus	st provide explanation i	n Part 3.)
Crystal Hishida Graff, Clerk, Board			_	Data of Original Filing	<b></b>	
	-			Date of Original Filing	g:(month, day, ye	ar)
	al.hishida@acgov.	-				
. Function, Event, or Ceremoni	al Role Informa	tion				
Title Oakland A's vs. White Sox			<b>F</b>	Value of Each Admi	· · · · · · · · · · · · · · · · · · ·	
			гасе	value of Each Admi		
Description Baseball Game, Field	tickets		Dato/	s) <u>06 / 02 / 13</u>	1	1
			Date	s;		/
Ticket(s)/Admission(s) provided				Name	of Source	
Was the distribution to persons i	dentified below r rson, Keith Supervisc Official's	<b>nade at</b> or Name (Las	the behest o	of an agency official	?	
Was the distribution to persons i Yes I No I If yes: Car The identity of recipient(s) and Name	dentified below r rson, Keith Supervisc Official's d the explanatic	made at or Name (Las	the behest o st, First) and Title	of an agency official	? y official claîms admis	
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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.

Ach hat	lannah Greene	Ticket Administrator	06/04/13
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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