A	P	u	b	li	С	Do	CI	um	e	n	4
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	CONO				A Public Documer
1. Agency Name				Date Stamp	California DO
County of Alameda  Division, Department, or Region (i.	f applipable)				Form DU
Board of Supervisors	аррисаріе)				For Official Use Only
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name	,Title)				
Crystal Hishida Graff, Clerk, Boar	d of Supervisors			Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number E-ma				Date of Original Filing:	
(510) 272-3882 crys	tal.hishida@acgo	v.org			(month, day, year)
. Function, Event, or Ceremor	iial Role Inform	ation			
Title DISney on Ke (Parc	to Dream)	A CONTRACTOR OF THE CONTRACTOR	Face V	/alue of Each Admis	sion \$ 34, 45
Description _   Cl Shou	)		Date(s	3,1,13	2
Description   CL Show Ticket(s)/Admission(s) provided	l by agency? Ye	:s 🙀 No 🗆	If no:	GSW	
		(		Name of	Source
Was the distribution to persons	identified below	made at the	behest of	an agency official?	
Yes No ☐ If yes: A	lameda County Sup Official'	pervisor Scott	Haggerty, D	District 1	
The identity of recipient(s) an			noi, and the		
Name	The explanation	E EEE PIC SEE			
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(Name, Address, Description);			zeremonia Horganizatio	rne, deceditoride publicanto Ungles, pedomedity antege one	neyrofficial kindividual rop v
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Verification					
eve read and understand FPPC Regular accordance with the provisions.	Jiations 18944.1 an	d 18942. I hav	e verified tha	t the distribution of admi	issions, set forth above,
Signature of Agen V Heat on D Stiphae	Lee Ann F		Ticket A	Administrator	3-21-13
				Title	(month, day, year)
Comment: (Us. this space of an attachme	nt for any additional ir	nformation includ	ding amendmei	nt explanation.)	

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1. Agency Name				Date Stamp	California 000
County of Alameda Division, Department, or Region (if ap,	nlicoble)				Form DU <
	pilcable)				For Official Use Only
Board of Supervisors Street Address					
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1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title	e)				
Crystal Hishida Graff, Clerk, Board of				Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number   E-mail	or Supervisors			Date of Original Filing	<b>.</b>
(510) 272-3882 crystal	.hishida@acgo	V Ora		Date of Original Filling	(month, day, year)
. Function, Event, or Ceremonia					
	-	utioi,			
Title Disney on Ice (Dareto	pream)	and the same of th	Face V	alue of Each Admi	ssion \$ <u>34, 45</u>
Description 1ce Show	ŕ			-	
Description 100 0100			Date(s	13,2,13	Ź
Ticket(s)/Admission(s) provided by		<b>.</b>	(	2511	
Ticket(s)/Admission(s) provided by	y agency? Ye	s ⊠ No □	If no:	Name	of Source
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Was the distribution to persons ide					)
Yes No 🔲 If yes: Alam	neda County Sur			vistrict 1	
A - ,	Official's	s Name (Last, F.	irst) and Title	And the state of t	,
The identity of recipient(s) and	the explanati	on:			
Namo			• Chackuha	income boxifahelagencyi	official control of the control of t
(Last Filet)	Numberei Admission(s)	在 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	en en de monto.	ome Urtheragency/official	ipenomediaceremonialitole
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Shanna Akara	14	Yes 🗍	To prom	ote attendance at a co	ounty sponsored
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Verification					
have read and understand FPPC Regulat s it accordance with the provisions.	ions 18944.1 an	d 18942. I hav	e verified tha	t the distribution of adn	nissions, set forth above,
Lufuy Cons	Lee Ann F		Ticket A	Administrator	2-21-13
Signature of Agence Head of D Signee	Print Nan	ne		Title	(month, day, year)
Comment: (Use this space or an attachment f	or any additional in	nformation includ	dina amendmei	nt explanation )	
		199	3 =	a enplanation.)	

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. Agency Name				Date Stamp	California DOS
County of Alameda					Form 5U2
Division, Department, or Region (if a	pplicable)				For Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536  Designated Agency Contact (Name, Ti	tie)				
Crystal Hishida Graff, Clerk, Board				Amendment (Must pr	rovide explanation in Part 3.)
Area Code/Phone Number E-mail		**************************************		Date of Original Filing: _	
(510) 272-3882 crysta	l.hishida@acgo	v.ora			(month, day, year)
Eunotion Event on Comment	15	4.1			
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Title lce Show			Datele	2,27,13	1011 \$
			Date		
Ticket(s)/Admission(s) provided b				>W	
				Name of S	Source
Was the distribution to persons ic	lentified below	made at the	behest of	an agency official?	
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Verification	tions 19044 1	- 40040			
have read and understand FPPC Regula in accompance with the provisions.	MONS 16944.1 AN	u 18942.Inave	verified tha	t the distribution of admis	isions, set forth above,
Signature of Agency Flead on Desorate	Lee Ann F	-	Ticket A	Administrator	2-21-13
	Print Nan			Title	(month, day, year)
comment: (Use this space or an attachment	for any additional in	formation includi	ing amendmei	nt explanation.)	

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DeVries, Joe  DeVries, Eli  DeVries, Malachi  Miller, Caleb  Verification I have read and understand FPPC Regulation is in accordance with the provisions.  Ann  Signature of Agency Pead of Designee		THE STREET	To promote al order to maxing the verified to the second to the se	tendance at an event held a nize potential County reven tendance at an event held a nize potential County reven tendance at an event held a nize potential County reven the dendance at an event held in the distribution of a stations Chief	at a County facility in the from parking and at a County facility in the from parking and at a County facility in the from parking and at a County facility in the from parking and at a County facility in the from parking and at a County facility in the from parking and account for form parking and account for for form parking and account for form parking account for form parking and account for form parking account for for form parking account for form parking accoun	Income  Income
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And the state of t		No □ Yes □			g and concession sales	Income
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		V		ndance at an event held at a Co	ounty facility in order to	
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov f if not inc ceremon organizat		al performed a ceremo urpose, including agency official, individu	nial role,
The identity of recipient(s) and th		Marine Marine	First) and Title			
Was the distribution to persons iden  Yes ☑ No ☐ If yes: Nate Mi	ley, Alameda Co	unty Superv	risor, District 4		?	
Ticket(s)/Admission(s) provided by a	igency? Yes	☑ No □	If no: Warr	iors Name	of Source	
Description Show			Date(s	) _02 _/_23 _/_13		
Manatan Iana			Face \	/alue of Each Admi	ssion \$ <u>41.00</u>	
510-891-5585 anna.gee Function, Event, or Ceremonial R	@acgov.org	ion				
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year)	
Anna Gee, Operations Chief				☐ Amendment (Must		an 3.)
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
Street Address						
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Board of Supervisors	ibie)				For Official U	se Only
Division, Department, or Region (if applications) Board of Supervisors	abla)			1/04/99/00/04/99/02/11/04/40/0	California Form	802
Board of Supervisors	able)			Date Stamp		

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1.	Agency Name				Date Stamp	California	802		
	County of Alameda					Form	Decision of the same		
	Division, Department, or Region (if applica	able)			1	For Official	Use Only		
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536			6					
	Designated Agency Contact (Name, Title)				☐ Amendment (Must provide explanation in Part 3.)				
	Cheryl Perkins Interim Clerk, Board of	Supervisors			Amendment (Must pro	ovide explanation ii	n Part 3.)		
	Area Code/Phone Number   E-mail				Date of Original Filing: _	(month, day, ye			
	(510) 272-3882 cheryl.pe	rkins@acgov.c	ora			(month, day, ye	ar)		
2.	Function, Event, or Ceremonial R	THE RESERVE OF THE PARTY OF THE	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAME						
	Tanodon, Event, or octomornal to	ole illionna							
	Title			Face \	Value of Each Admiss	ion \$ <u>\$85</u>			
	Description Alicia Keys concert			Date(s	3 / 10 / 13	/	/		
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	If no: Gold	len State Warriors				
				MAILS MORE	Name of S	Source			
	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?				
	Yes  No If yes: Supervi	sor Wilma Chan							
	100 E 110 E 11 yes.	Official's	Name (Last,	First) and Title					
	The identity of recipient(s) and th	o ovnlanatio	n:						
		e explanatio	)II.	1					
	Name (Last, First)	tavo			Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,				
	or	Number of Admission(s)/	Official		vide a description.				
	Organization (Name, Address, Description)	Ticket(s)	and the second	ceremon	ome, describe the public purp ial roles, performed by an age	ose, including ncy official, indivi	dual, or		
				organiza			North Brook, or		
	Chan, Daren	2	Yes 🗖		te attendance at an eve cility in order to maximiz		Income		
	Orian, paren	2	No 🖸	County lac	Sility in order to maximiz	ze poteritiai			
			Yes 🗆	County rev	venue from sales.		Income		
			No 🗆						
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	4		Yes 🗖				Income		
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į.	Verification						0000		
	I have read and understand FPPC Regulati	ons 18944.1 and	d 18942. I h	ave verified t	that the distribution of adn	nissions, set fo	rth above.		
	is in accordance with the provisions.					,			
					NATIONAL RESIDENCE PROPERTY OF THE PROPERTY OF				
	A CAMPAN	kandra Boskov	rich	Ticke	et Administrator	2/27/2	013		
	Signature of Agency Head or Designee	Print Nar	me		Title	(moni	th, day, year)		
	Comment' (Lies this space or an attacker at f		afame-11	almallia					
	Comment: (Use this space or an attachment for	or any additional ii	nformation in	cluding amendi	ment explanation.)				

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11	cket/Admission Distr	ibutions	j					4 Labile De	cumen	
1.	Agency Name						Date Stamp	California	902	
	County of Alameda						0	Form	802	
	Division, Department, or Regi	on (if applical	ble)					For Official	Use Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
	Designated Agency Contact (	Name, Title)					☐ Amendment (Must )	provide evalenation in	Part 3 )	
	Cheryl Perkins, Clerk, Board	l of Supervi	sors		The second service of the second services and the second second services of the second					
	Area Code/Phone Number	E-mail			Date of Original Filing:	(month, day, yes	ar)			
	(510) 272-3882	cheryl.per	kins@acgov.c	org				\$155575351A 555\$155655	00%	
2.	Function, Event, or Cere	monial R	ole Informat	tion						
				004.45						
	Title		Face \	Value of Each Admission \$ _\$34.45						
	Disney on Ice [	, 2 , 28 , 13	. #							
Description Disney on Ice Dare to Dream Date(s) 2 / 28 / 13										
	T1-14/->/A-11/->	en State Warriors								
	Ticket(s)/Admission(s) pro	vided by a	gency? Yes		o	If no: Ook	Name o	f Source		
	Was the distribution to per	sons ident	tified below n	nade	at th	e behest of	an agency official?			
	V E N- E 16	Supervis	sor Wilma Chan							
	Yes ☑ No ☐ If yo	es: ocpoins	Official's	Name (	Last, I	First) and Title				
	The identity of recipient	(e) and th								
		(S) and the	е ехріапаці	,,,,	_	1				
	Name (Last, First)		Number of	Age	ncy		e income box if the agency oncome. If the agency official			
	or Organization		Admission(s)/		cial	The State of the S	ride a description.	rnose including		
	(Name, Address, Descrip	tion)	Ticket(s)			ceremon	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>			
	Management of the second state			Yes	п		ote attendance at an event held at a		Income	
	Garling, Angie		2	No			cility in order to maxim			
	CONTRACTOR OF THE THEORY		(	Yes	_	0		TOTAL STATE OF STATE OF STATE OF	Income	
				No		County rev	venue from sales.			
				Yes					Income	
				No	ö					
				Yes						
				No					Income	
				Yes					William Co.	
				No	ä				Income	
_	Verification									
•	I have read and understand FPI	PC Regulatio	ons 18944.1 and	d 1894	12. I h	ave verified t	hat the distribution of a	dmissions set fo	rth above	
	is in accordance with the provisi	ions.							, asoro,	
	1	/				T1-1			200	
			andra Boskov			licke	t Administrator	2/21/2	013	
	Signature of Agency Head or Designe	<b>∌</b> e	Print Nar	ne			Title	(mont	h, day, year)	
	Comment: (Use this space or an	attachment fo	r any additional ir	nformat	ion inc	cludina amendi	ment explanation )			
	Commont. (Ose this space of an	attacinnent 10	arry additional II	normat	ion inc	adding amendi	пен өхріапацоп.)			

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. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if a	pplicable)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, 7	Title)			Tax Secretary Control of the Control		Elabority v
Cheryl Perkins, Clerk, Board of Su	pervisors			Amendment (Must pi	rovide explanation ir	Part 3.)
Area Code/Phone Number   E-mai				Date of Original Filing: .		
(510) 272-3882 chery	/l.perkins@acgov.d	ora		PRINCIPLE CONTRACTOR AND DAMAGE	(month, day, yea	ar)
. Function, Event, or Ceremoni		- 130				
Tunction, Event, or Geremon	ai Kole illiolilla	lion				
Title			Face \	Value of Each Admiss	sion \$ \$34.45	5
Description Disney on Ice Dare to	Dream		Date(s	s) 2 / 28 / 13		
and rate Creaming and Cities 11			Desired Statistics			
Ticket(s)/Admission(s) provided	by agency? Yes	□ No E	If no: Gold	ten State Warriors		
				Name of	Source	
Was the distribution to persons	identified below n	nada at th	o bobost of	f an aganay afficial?		
was the distribution to persons	identified below i	nade at ti	ie beliest o	i an agency official?		
Yes ☑ No □ If yes: Su	pervisor Wilma Chan					
	Official's	Name (Last,	First) and Title			
The identity of recipient(s) an	d the explanation	n:				
Name			Check th	ne income box if the agency o	fficial claims admis	sion as
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official		
or Organization	Admission(s)/	Official	1747/10000000000000000000000000000000000	vide a description. come, describe the public pur	pose, including	
(Name, Address, Description)	Ticket(s)			ial roles, performed by an ago		dual, or
		Yes 🗖	The state of the s	te attendance at an ev	ent held at a	Income
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		No 🗖	County re	venue from sales.		
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		Yes 🗖				62
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		Yes ☐ No ☐				Income
		ио Ц				
. Verification						. i
I have read and understand FPPC Regis in accordance with the provisions.	guiations 18944.1 an	a 18942. H	nave verified t	tnat the distribution of ad	missions, set fo	rtn above,
/1/0						
14	Alexandra Boskov	rich	Ticke	et Administrator	2/21/2	013
Signature of Agency Head or Designee	Print Nar	ne		Title	(moni	h, day, year)
					(MRSES)	
Comment: (Use this space or an attachn	nent for any additional in	nformation in	cluding amend	lment explanation.)		

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. Agency Name				Date Stamp	Californi	<sup>a</sup> 802
County of Alameda					Form	3 6 6 6W
Division, Department, or Region (if	applicable)				For Officia	al Use Only
Board of Supervisors						
Street Address				2		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)			☐ Amendment (Must p	esulate esseles elles	(n Dard D.)
Cheryl Perkins, Clerk, Board of Si	upervisors			Amendment (wast p	rovide explanation	in Part 3.)
Area Code/Phone Number   E-ma				Date of Original Filing:		
(510) 272-3882 cher	yl.perkins@acgov.d	ora			(month, day, y	ear)
Function, Event, or Ceremon	1996 Control of the C					
Title			Face \	/alue of Each Admis	sion \$ \$34.4	5
Description Disney on Ice Dare t	o Dream		Date(s	3 / 3 / 13		
Ticket(s)/Admission(s) provided	hy agency? Ves	II No IZ	I If no. Gold	len State Warriors		
rishes(e)/rtalinesion(e) provided	a by agency . Tes		1 1110	Name of	Source	
Was the distribution to never up	identified between			f		
Was the distribution to persons	identified below r	nade at th	e benest of	ran agency official?		
Yes ☑ No ☐ If yes: S	upervisor Wilma Chan					
Yes ☑ No ☐ If yes: S	Official's	Al (I	Fire All and Title			
	Official S	Name (Last.	rirst) and little			
The 1-1			First) and Title			
The identity of recipient(s) a			rirst) and Title			3
Name			Check th	e income box if the agency o		
Name (Last, First)	nd the explanatio	Agency	Check the taxable in	e income box if the agency oncome. If the agency official vide a description.		
Name (Last, First) or Organization	Number of Admission(s)/	on:	Check the taxable is also prove If not inc.	ncome. If the agency official vide a description. ome, describe the public pur	performed a cere pose, including	monial role,
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1. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if	applicable)			1	For Officia	I Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	,Title)			П А		
Cheryl Perkins, Clerk, Board of S	upervisors			Amendment (M	ust provide explanation	in Part 3.)
Area Code/Phone Number   E-ma				Date of Original Fili	ng:	
(510) 272-3882 che	ryl.perkins@acgov.c	ora			(month, day, ye	ear)
2. Function, Event, or Ceremor	NAME OF TAXABLE PARTY.	- VARIENCE				_
i dilottori, Event, or ocietilor	nai reoic informa	cion				
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Description Warriors vs. Bucks			Date(s	s) 3 / 9 / 1	3/_	
Ticket(s)/Admission(s) provide	d by agency? Yes	П № Г	I If no: Gold	en State Warriors		
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is in accordance with the provisions.	oguidions 10044. Fan	u 10542, 111	ave vermeu t	rial tire distribution o	r aurinssions, set it	orur above,
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	Alexandra Boskov	rich	Ticke	et Administrator	2/15/2	2013
Signature of Agency Head or Designee	Print Nar	me		Title	(mor	nth, day, year)
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Street Address						
1221 Oak Street, Suite 53	36					
Designated Agency Contac					0 30 0 30 5 20 5	55
Cheryl Perkins, Clerk, Boa	ard of Supervisors			Amendment (Mus	at provide explanation in Part	3.)
Area Code/Phone Number				Date of Original Filing	g:	
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Cheryl Perkins Interim Clerk, Boa	ard of Supervisors			Amendment (Mus	st provide explanation if	reart 3.)
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Description Carrie Underwood	concert		Date(s	s) 2 / 25 / 13		/
Ticket(s)/Admission(s) provide	d by agency? Yes	□ No [	☑ If no: Gold	den State Warriors		
				Name	of Source	
Was the distribution to persons	s identified below r	nade at t	ne hehest o	f an agency officia	12	
trao ino alouibation to persona	s identified below i	nade at t	ic beliest o	r an agency officia	1.0	
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	Official's	Name (Last	First) and Title			
The identity of recipient(s) a	and the explanation	on:				
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or Organization	Admission(s)/ Ticket(s)	Official	ACCOUNT OF THE	vide a description. come, describe the public p	ourpose, including	
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I have read and understand FPPC R is in accordance with the provisions.	egulations 18944.1 and	a 18942. I	nave verified i	tnat the distribution of	admissions, set fo	rth above,
	Alexandra Boskov	rich	Ticke	et Administrator	2/13/2	013
Signature of Agency Head or Designee	Print Nar	me		Title		th, day, year)
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Signature of Agency Head or Designee  Comment: (Use this space or an attack			ncluding amend		(mont	th, day

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Weether distribution to account					8	
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Voc El No El Ifyron Sur	ervisor Wilma Chan					
Yes ☑ No ☐ If yes: Sup	Official's	Name (Last,	First) and Title			
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The identity of recipient(s) and	i the evalonatic					
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(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Ves  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	dual, or Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	dual, or  Income Income Income Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also provo lif not inc ceremon organiza  To promot County face	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an action. The attendance at an excility in order to maxin	I performed a cerem rpose, including gency official, indivi vent held at a	Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove of the incommon organiza.  To promot County factors of the incommon organiza.	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an agtion. The attendance at an excility in order to maxing the action of the control of the contro	I performed a cerem rpose, including gency official, indivi vent held at a nize potential	Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove of the incommon organiza.  To promot County factors of the incommon organiza.	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an agtion. The attendance at an excility in order to maxing the action of the control of the contro	I performed a cerem rpose, including gency official, indivi vent held at a nize potential	Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael  Verification I have read and understand FPPC Regularity	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove of the incommon organiza.  To promot County factors of the incommon organiza.	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an agtion. The attendance at an excility in order to maxing the action of the control of the contro	I performed a cerem rpose, including gency official, indivi vent held at a nize potential	Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael  Verification I have read and understand FPPC Regis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove of the incidence o	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an agtion. The attendance at an excility in order to maxing the action of the control of the contro	I performed a cerem rpose, including gency official, indivi vent held at a nize potential	Income Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael  Verification I have read and understand FPPC Regis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2  ulations 18944.1 and	Agency Official  Yes	taxable in also prove of the incidence o	ncome. If the agency official vide a description. ome, describe the public putial roles, performed by an agtion. The attendance at an excility in order to maxing exercise from sales.	I performed a cerem rpose, including gency official, indivi- vent held at a nize potential	Income Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Willcoxon, Michael  Verification I have read and understand FPPC Regis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2  ulations 18944.1 and Alexandra Boskov	Agency Official  Yes   No   Ves   Ves   No   Ves   Ves	taxable in also prove of the incommon organiza.  To promot County factor of the incommon organiza.  To promot County resident of the incommon organiza.  To promot County resident of the incommon organiza.	that the distribution of act Administrator	I performed a cerem rpose, including gency official, indivi- vent held at a nize potential	Income Income Income Income Income Income Income Income Income

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Ticket/Admission Distrib	utions				4 Public De	
. Agency Name				Date Stamp	California	802
County of Alameda	MANAGEMENT AND				Form	27-3327-3107
Division, Department, or Region	(if applicable)				For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Nat	ne, Title)			☐ Amendment (Must p	provide explanation is	Part 3 )
Cheryl Perkins, Clerk, Board of	f Supervisors				, v.	0.
Area Code/Phone Number E-	mail			Date of Original Filing:	(month day ye	orl .
(510) 272-3882 cl	heryl.perkins@acgov.d	org			(mornin, day, yet	/
Function, Event, or Cerem						
Title			, Face	Value of Each Admis	sion \$ <u>\$20.65</u>	5
				0 27 12		
Description Disney on Ice Dar	e to Dream		Date(s	s) 2 / 27 / 13	/_	/
Ticket(s)/Admission(s) provide	ded by agency? Yes	□ No ☑	If no: Gold	len State Warriors		
				Name o	f Source	
Yes ☑ No ☐ If yes:	Supervisor Wilma Chan Official's	Name (Last,	First) and Title			
The identity of recipient(s)		- 1				
Name	TERMINATE TO STATE OF THE PARTY	(AC) - (A) (1) (A)	Check th	e income box if the agency of	official claims admis	sion as
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official		
or Organization	Admission(s)/ Ticket(s)	Official	OSTAL ALTERNATION	vide a description. ome, describe the public pur	rpose, including	
(Name, Address, Description	n)	SENSOR SE	ceremon	ial roles, performed by an ag	jency official, indivi	dual, or
<u> </u>		Yes 🗖		e attendance at an ev	vent held at a	Income
Lyons, Marva	4	No 🗹		cility in order to maxim		
		Yes 🗖	Carratira			Income
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		No 🗆				Incom
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		Yes 🗆				Incom
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Verification I have read and understand FPPC is in accordance with the provision.	Regulations 18944.1 and s.	d 18942. I h	nave verified	that the distribution of ac	lmissions, set fo	rth above,
( )	Alexandra Boskov	rich	Ticke	et Administrator	2/13/2	013
Signature of Agency Head or Designee	Print Nar	ne		Title	(moni	h, day, year)
Signature of Agency Head or Designee  Comment: (Use this space or an atte	Print Nar	ne		Title		

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. Agency Name				Data Stamp	California	
and the second s				Date Stamp	California Form	802
County of Alameda  Division, Department, or Region (if appl	line to lea				For Official	
- The Call Mar exhabition that it to the transfer of the tribin	icabie)					17.7.7 (17.11.5)
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)			Amendment (Mus	st provide explanation in	Part 3.)
Cheryl Perkins, Clerk, Board of Supe	rvisors					
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, day, yea	ar)
(510) 272-3882 cheryl.p	erkins@acgov.c	org				
Function, Event, or Ceremonial	Role Informat	tion				
					<b>#</b> 100	
Title			Face \	Value of Each Adm	ission \$ <u>\$100</u>	
- Warriors vs. Kings			122201210121010101	3 6 13		
Description Warriors vs. Kings		<del></del>	Date(s	s) <sup>3</sup> / 6 / 13		/
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no: Gold	len State Warriors		
	T i			Name	of Source	
Yes ☑ No ☐ If yes: Supe	rvisor Wilma Chan Official's	Name (Last,	First) and Title			
The identity of recipient(s) and  Name (Last, First)	the explanation	Agency	Check the taxable is	ne income box if the agenc ncome. If the agency offic vide a description.		
The identity of recipient(s) and	Official's	on:	Check the taxable is also professional in the control of the ceremon ceremon.	ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public p ital roles, performed by an	ial performed a cerem ourpose, including	nonial role,
The identity of recipient(s) and  Name (Last, First) or Organization	the explanation  Number of Admission(s)/	Agency	Check the taxable is also profile if not inconceremon organization.	ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public p ital roles, performed by an	ial performed a cerem purpose, including agency official, indivi	dual, or
The identity of recipient(s) and  Name (Last, First) or Organization	the explanation  Number of Admission(s)/	Agency Official	Check the taxable is also professional in the ceremon organization.  To promote taxable in taxable	ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public p ial roles, performed by an tion.	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or  Incom  Incom  Incom
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	dual, or  Incom  Incom  Incom  Incom
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	Incom
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	Incom Incom Incom Incom Incom Incom Incom
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Summers, Dave	Number of Admission(s)/	Agency Official  Yes	Check the taxable is also professional incommendation organization.  To promote County factories.	ne income box if the agenc ncome. If the agency office vide a description. some, describe the public police in the public	ial performed a cerem purpose, including agency official, indivi event held at a	Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Summers, Dave	Number of Admission(s)/ Ticket(s)	Agency official  Yes	Check the taxable is also profession or if not inconstruction organization. To promote County factory research.  County research.	ne income box if the agency ncome. If the agency office vide a description. come, describe the public pial roles, performed by an action. the attendance at an cility in order to max venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	Income
Name (Last, First) or Organization (Name, Address, Description)  Summers, Dave  Verification I have read-and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also professored in not inconstruction organization. To promot County factoring the county research in the coun	ne income box if the agency ncome. If the agency office vide a description. come, describe the public pial roles, performed by an action. the attendance at an cility in order to max venue from sales.	ial performed a cerem purpose, including agency official, indivi event held at a imize potential	Income Income Income Income Income

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Agency Name							
				Date Stamp		California Form	200
County of Alameda				13/90/2014/3437/2002/2014/19/90		Form	004
Division, Department, or Region (if app	licable)					For Official L	Jse Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title	9)				250 72		D VAN
Cheryl Perkins, Clerk, Board of Supe	ervisors			Amendment	(Must prov	vide explanation in	Part 3.)
Area Code/Phone Number   E-mail	or vidoro			Date of Original F	iling:		
(510) 272-3882 cheryl.	perkins@acgov.c	ora		Proposition and the second		(month, day, year	)
Function, Event, or Ceremonia	The state of the s	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU					
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Mar 4 19 19 2 17 17 17 17 17 17 17 17 17 17 17 17 17	12 1-		Gold	en State Warriors			
Ticket(s)/Admission(s) provided b	y agency? Yes	□ No ☑	I If no: Gold	Alz	ame of S	ource	
The identity of recipient(s) and		N V	First) and Title				
The identity of recipient(s) and  Name (Last, First) or	the explanation	Agency	Check the taxable in also provided the control of the control	e income box if the ag ncome. If the agency o ride a description.	official pe	erformed a ceremo	
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Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check th taxable is also prove if not incommon organization.  To reward	ncome. If the agency or vide a description. ome, describe the pub ial roles, performed by tion.	official pe lic purpo an agen unteer	erformed a ceremonse, including cy official, individ	onial role, ual, or
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check th taxable is also prove if not incommon organization.  To reward	ncome. If the agency of vide a description. ome, describe the pub- ial roles, performed by tion. a community vol	official pe lic purpo an agen unteer	erformed a ceremonse, including cy official, individ	ual, or
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Yes	Check th taxable is also prove if not incommon organization.  To reward	ncome. If the agency of vide a description. ome, describe the pub- ial roles, performed by tion. a community vol	official pe lic purpo an agen unteer	erformed a ceremonse, including cy official, individ	ual, or Income
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove if not incommon organization.  To reward	ncome. If the agency of vide a description. ome, describe the pub- ial roles, performed by tion. a community vol	official pe lic purpo an agen unteer	erformed a ceremonse, including cy official, individ	ual, or Incom
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Name (Last, First) or Organization (Name, Address, Description)  Martirez, Louie	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove if not incommon organization.  To reward	ncome. If the agency of vide a description. ome, describe the pub- ial roles, performed by tion. a community vol	official pe lic purpo an agen unteer	erformed a ceremonse, including cy official, individ	Income
Name (Last, First) or Organization (Name, Address, Description)  Martirez, Louie  Verification I have read and understand FPPC Regular	Number of Admission(s)/ Ticket(s)	Agency official  Yes	Check the taxable is also proved if not incomparized. To reward service to a service to a service.	ncome. If the agency or ide a description.  ome, describe the publal roles, performed by the community vol Alameda Unified	official pe lic purpo an agen unteer Schoo	se, including cy official, individ for his I District.	Income
Name (Last, First) or Organization (Name, Address, Description)  Martirez, Louie	Number of Admission(s)/ Ticket(s)	Agency official  Yes	Check the taxable is also proved if not incomparized. To reward service to a service to a service.	ncome. If the agency or ide a description.  ome, describe the publal roles, performed by the community vol Alameda Unified	official pe lic purpo an agen unteer Schoo	se, including cy official, individ for his I District.	Income
Name (Last, First) or Organization (Name, Address, Description)  Martirez, Louie  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  4  ations 18944.1 and	Agency Official  Yes	Check th taxable is also prove the first incompanization or the first incompanization of the first inc	ncome. If the agency of the a description.  ome, describe the publial roles, performed by the community vol.  Alameda Unified	official pe lic purpo an agen unteer Schoo	erformed a ceremonse, including cy official, individed for his all District.	Income In
Name (Last, First) or Organization (Name, Address, Description)  Martirez, Louie  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Ves   No   Yes   No   Yes   No   No   Yes   Agency Official	Check th taxable is also prove the first incompanization or the first incompanization of the first inc	ncome. If the agency or ide a description.  ome, describe the publal roles, performed by the community vol Alameda Unified	official pe lic purpo an agen unteer Schoo	erformed a ceremonse, including cy official, individe for his all District.	Income Income Income Income Income Income

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1. Agency Name				Date Stamp	California	802
County of Alameda					Form	10-100 - 100
Division, Department, or Region (if ag	plicable)			]	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Ti	tle)			T Amondment at		D-101
Cheryl Perkins, Clerk, Board of Sup	nervisors			Amendment (Mu	ist provide explanation li	Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filir	ng:(month, day, yea	
(510) 272-3882 chery	l.perkins@acgov.d	ora			(month, day, yea	ar)
. Function, Event, or Ceremonia						
4.5 - 12 1.12 4.1.13 7 2.2 1.5 4.7 4.4 4.7 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2						
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V MAN TO A STATE OF THE STATE O				0 00 11		
Description Warriors vs. Wizards			Date(s	s) 3 / 23 / 13	<u> </u>	/
Ticket(s)/Admission(s) provided	by agency? Yes	□ No ☑	I If no: Gold	len State Warriors		
			30	Nam	e of Source	
200 81 EN 8/100 100 100 10	0 70020 200 2	21 53520	E 21 58 12	25 92300 16	12/23	
Was the distribution to persons i	dentified below r	nade at th	e behest of	f an agency officia	al?	
Sur	servisor Wilma Chan					
Yes ☑ No ☐ If yes: Sur	pervisor Wilma Chan	Name (I ast	First) and Title	(j)		
SALES AND CONTROL OF THE SALES	Official's	Name (Last,	First) and Title	) i		
Yes ☑ No ☐ If yes: Sup	Official's	Name (Last,	First) and Title	ű!		
The identity of recipient(s) and	Official's	Name (Last,	Check th	ne income box if the agen		
The identity of recipient(s) and  Name (Last, First)	Official's  If the explanation of the explanation o	Name (Last, Dn: Agency	Check th taxable is	ne income box if the agency offi		
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The identity of recipient(s) and  Name (Last, First) or	Official's  If the explanation of the explanation o	Name (Last, Dn: Agency	Check th taxable is also prov If not inc ceremon	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public tial roles, performed by ar	cial performed a ceren purpose, including	onial role,
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The identity of recipient(s) and  Name (Last, First) or Organization	Official's  If the explanation  Number of Admission(s)/	Name (Last, Dn: Agency	Check the taxable is also proved if not incommon organiza  To promote  Check the taxable is also proved.  To promote taxable is also promote taxable in taxable is also promote taxable in	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ilal roles, performed by ar tion.	cial performed a cerem purpose, including n agency official, indivi event held at a	nonial role, dual, or
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Official's  If the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not incommon ceremon organiza  To promot County face.	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ital roles, performed by ar tion. te attendance at an cility in order to max	cial performed a cerem purpose, including n agency official, indivi event held at a	dual, or Income Income Income
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Official's  If the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not incommon ceremon organiza  To promot County face.	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ital roles, performed by ar tion. te attendance at an cility in order to max	cial performed a cerem purpose, including n agency official, indivi event held at a	dual, or Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Official's  If the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not incommon ceremon organiza  To promot County face.	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ital roles, performed by ar tion. te attendance at an cility in order to max	cial performed a cerem purpose, including n agency official, indivi event held at a	Income
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Falcon, Ernesto	Official's  If the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not incommon ceremon organiza  To promot County face.	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public ital roles, performed by ar tion. te attendance at an cility in order to max	cial performed a cerem purpose, including n agency official, indivi event held at a	Income
Name (Last, First) or Organization (Name, Address, Description)  Falcon, Ernesto  8. Verification I have read and understand FPPC Reg	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable is also proved if not inconganiza.  To promot County factoring the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring in the county factoring is a county factoring in the coun	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public lal roles, performed by ar tion. The attendance at an cility in order to man evenue from sales.	cial performed a cerem purpose, including n agency official, indivi event held at a ximize potential	Income Income Income Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Falcon, Ernesto	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable is also proved if not inconganiza.  To promot County factoring the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring is a county factoring in the county factoring in the county factoring in the county factoring is a county factoring in the coun	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public lal roles, performed by ar tion. The attendance at an cility in order to man evenue from sales.	cial performed a cerem purpose, including n agency official, indivi event held at a ximize potential	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Falcon, Ernesto  8. Verification I have read and understand FPPC Reg is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable is also proved in the ceremon organiza. To promot County factory fa	that the distribution of	cial performed a cerem purpose, including n agency official, indivi event held at a ximize potential	Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Falcon, Ernesto  8. Verification I have read and understand FPPC Reg is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable is also proved in the ceremon organiza. To promot County factory fa	ne income box if the agen ncome. If the agency offi vide a description. come, describe the public lal roles, performed by ar tion. The attendance at an cility in order to man evenue from sales.	purpose, including nagency official, individent a cerember of the control of the	Income Income Income Income Income Income Income

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. Agency Name				Date Stamp	California 802
County of Alameda					Form OUZ
Division, Department, or Region (if appl	icable)			1	For Official Use Only
Board of Supervisors					
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title,				<b>—</b>	
Cheryl Perkins, Clerk, Board of Supe	rvisors			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filing	:(month, day, year)
(510) 272-3882 cheryl.p	erkins@acgov.o	ora			(month, day, year)
. Function, Event, or Ceremonial		TION			
. randadi, eveni, er eerememar	rtolo illiolilla				
Title			Face \	Value of Each Admi	ssion \$ <u>\$34.45</u>
Description Disney on Ice Dare to D	ream		Date(s	s) <u>3 / 1 / 13</u>	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	len State Warriors	
				Name	of Source
Was the distribution to persons ide	entified helow r	nade at th	e hehest of	f an agency official	
in production to product the		nado at tii	c bellest of	an agency official	
Yes ☑ No □ If yes: Super	visor Wilma Chan				
	Official's	Name (Last,	First) and Title		
The identity of recipient(s) and	the explanation	on:			
Name			Check th	e income hox if the agency	official claims admission as
(Last, First)	Number of	Agency	taxable ii	ncome. If the agency officia	al performed a ceremonial role,
or Organization	Admission(s)/	Official	The second secon	vide a description. ome, describe the public pu	rrose including
(Name, Address, Description)	Ticket(s)	1685	ceremon	ial roles, performed by an a	gency official, individual, or
		Yes 🗖	To reward	a community volunte	eer for her Income
Lewis, Latifa	4	No 🖸		Oakland and Alamed	
		Yes 🗆			200000000000000000000000000000000000000
		No 🗆			Income
		Yes 🗆			*** **********************************
		No 🗆			Income
-		Yes 🗆			
		No 🗆			Income
		A			
		Yes ☐ No ☐			Income
V/00.00 (00.000)		140 []			
. Verification					
I have read and understand FPPC Regula is in accordance with the provisions.	itions 18944.1 an	a 18942. I h	ave verified t	nat the distribution of a	dmissions, set forth above,
Ale	exandra Boskov	rich	Ticke	t Administrator	2/11/2013
Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)
					(month, day, year)
Comment: (Use this space or an attachment	for any additional ii	nformation ind	cluding amendi	ment explanation.)	

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. Agency Name							
					Date Stamp	California	802
County of Alameda						Trace and the	Total Street
Division, Department, or Regi	on (if applica	ble)				For Official U	se Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (/	Name,Title)				☐ Amendment (Must pro	vide explanation in I	Part 3.)
Cheryl Perkins, Clerk, Board		sors					- 35
Area Code/Phone Number	E-mail				Date of Original Filing: _	(month, day, year	-
200	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	kins@acgov.c					
Function, Event, or Cere	monial R	ole Informat	tion				
T141 -						\$100/\$	00 nark
Title				Face	Value of Each Admiss	ion \$ _ <del>\$ 100/\$</del> 2	o park
Description Warriors vs. Kn	icks			Dato/s	3 / 11 / 13	y	,
Description				Date	9)		
Ticket(s)/Admission(s) pro	vided by a	gency? Vec	E No E	I If no. Gold	len State Warriors		
ricket(s)/Admission(s) pro-	vided by a	gencyr res	∐ мо №	<b>1</b> 11 110	Name of S	Source	
Yes ☑ No ☐ If ye The identity of recipient(			100	First) and Title	e e e e e e e e e e e e e e e e e e e		
Name (Last, First) or Organization		Number of	Agency Official	taxable i	ne income box if the agency official polytone. If the agency official polytone description		ion as
(Name, Address, Descript	tion)	Admission(s)/ Ticket(s)		If not inconceremon	vide a description. ome, describe the public purpo ial roles, performed by an ager tion.	ose, including	nial role,
(Name, Address, Descript	tion)		Yes 🔽	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	nial role, ıal, or
	tion)			If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion.	ose, including acy official, individe her service	nial role, ıal, or
(Name, Address, Descript	tion)	Ticket(s)	Yes 🔽	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	ial, or
(Name, Address, Descript	tion)	Ticket(s)	Yes ☑ No □	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	ial, or Incom
(Name, Address, Descript	tion)	Ticket(s)	Yes ☑ No ☐ Yes ☐	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	Income
(Name, Address, Descript	tion)	Ticket(s)	Yes ☑ No ☐ Yes ☐ No ☐	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	Incom
(Name, Address, Descript	tion)	Ticket(s)	Yes	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	Incom
(Name, Address, Descript	tion)	Ticket(s)	Yes	If not inconceremon organiza  To reward	ome, describe the public purpo ial roles, performed by an ager tion. a County employee for	ose, including acy official, individe her service	ial, or Income
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(Name, Address, Descript	PC Regulations.	Ticket(s)	Yes	If not incore ceremon organiza     To reward to the pub	ome, describe the public purpor lat roles, performed by an ager tion.  a County employee for lic and encourage staff	ose, including acy official, individe her service development.	Incom
(Name, Address, Descript Rivera, Karina  Verification I have read and understand FPF	PC Regulations.	2 + parking	Yes	If not incore ceremon organiza     To reward to the pub	that the distribution of adm	ose, including acy official, individual to the service development.	Incor Incor Incor Incor

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P-1		$\omega \omega$	110	$\mathbf{L}$	OGI	A 11 15 18	6-211	H.

Organization (Name, Address, Description)  Yee, Melinda  S. Verification I have read and understand FPPC Fis in accordance with the provisions.  Signature of Agency Head or Designee	Ticket(s)  4  Regulations 18944.1 and	rich	If not inc ceremon organizar  To promot County fact  County revenue ave verified to the county factor or the	e attendance at an eve bility in order to maximiz venue from sales.	ose, including new official, individual new official, individual new potential	Income Income Income Income Income Income Income		
Organization (Name, Address, Description)  Yee, Melinda  6. Verification I have read and understand FPPC F	Regulations 18944.1 and	Yes	If not inc ceremon organizar  To promot County fact  County revenue ave verified to the county factor or the	ome, describe the public purpoint roles, performed by an agention.  e attendance at an everility in order to maximize the form sales.	ose, including new official, individual new official, individual new	Income Income Income Income Income Income Income		
Organization (Name, Address, Description)  Yee, Melinda  6. Verification I have read and understand FPPC F	Ticket(s)  4  Regulations 18944.1 and	Yes	If not inc ceremon organizar     To promot County fact     County rev	ome, describe the public purpoint roles, performed by an agention. e attendance at an evecifity in order to maximization.  Venue from sales.	ose, including ncy official, individent nt held at a ze potential	Income		
Organization (Name, Address, Description)  Yee, Melinda  6. Verification	Ticket(s)	Yes	If not inc ceremon organizar     To promot County fact     County rev	ome, describe the public purpoint roles, performed by an agention. e attendance at an evecifity in order to maximization.  Venue from sales.	ose, including ncy official, individent nt held at a ze potential	Income		
Organization (Name, Address, Description) Yee, Melinda	Ticket(s)	Yes	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever illity in order to maximiz	ose, including ncy official, individ nt held at a	Income		
Organization (Name, Address, Description)	Ticket(s)	Yes	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	Income Income Income Income Income Income		
Organization (Name, Address, Description)	Ticket(s)	Yes	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	Income		
Organization (Name, Address, Description)	Ticket(s)	Yes	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	Income Income Income		
Organization (Name, Address, Description)	Ticket(s)	Yes	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	Income		
Organization (Name, Address, Description)	Ticket(s)	Yes   No   Yes   No	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	Income		
Organization (Name, Address, Description)	Ticket(s)	Yes □ No ☑	If not inc ceremon organizal  To promot County fac	ome, describe the public purpor ial roles, performed by an agention. e attendance at an ever cility in order to maximiz	ose, including ncy official, individ nt held at a	dual, or Income		
Organization (Name, Address, Description)	Ticket(s)	Yes 🗖	If not inc ceremon organizat  To promot	ome, describe the public purpo ial roles, performed by an agen tion. e attendance at an eve	ose, including ncy official, individ nt held at a	dual, or		
Organization	Ticket(s)	Official	If not inc ceremon	ome, describe the public purpo ial roles, performed by an agen	ose, including			
(Last, First)	Number of Admission(s)/	Agency	10 (A 10 A 2) 44 (A) 40 (A) 40 (A) 50 (A)	ncome. If the agency official pe		anial vala		
Name				e income box if the agency offi		sion as		
The identity of recipient(s)		KAOBINIA ATRIBITA				ř.		
Yes 🛛 No 🔲 If yes: ـ	Supervisor Wilma Chan	Name // ast	First) and Title					
Was the distribution to person	is identified below n	nade at th	e behest of	an agency official?				
				ivame or S	oource			
Ticket(s)/Admission(s) provide	ed by agency? Yes	□ No ☑	If no: Gold	en State Warriors				
Description Warriors vs. Rocke	ets		Date(s	2 / 12 / 13	/_			
Title				/alue of Each Admissi				
. Function, Event, or Ceremo	nial Role Informat	tion			1 Mercuratur			
The state of the s	eryl.perkins@acgov.d	The state of the s				**: 		
Cheryl Perkins, Clerk, Board of S	77. C.			Date of Original Filing: _	(month, day, yea	ar)		
Designated Agency Contact (Name				☐ Amendment (Must provide explanation in Part 3.)				
1221 Oak Street, Suite 536								
Street Address								
board of Supervisors					Por Official	Ose Only		
Board of Supervisors	(if applicable)			* v	Form For Official	802		
County of Alameda  Division, Department, or Region (  Board of Supervisors	(if applicable)			Date Stamp	California			

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Heretrainission Distribu	uons				A Fublic D	
1. Agency Name				Date Stamp	California Form	903
County of Alameda					Form	004
Division, Department, or Region (if	applicable)			1	For Officia	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	,Title)					
Cheryl Perkins, Clerk, Board of S	unervisors			Amendment (Mus	t provide explanation i	n Part 3.)
Area Code/Phone Number   E-ma	C. Branch Committee Commit			Date of Original Filing	ı:	
(510) 272-3882 che	ryl.perkins@acgov.o	ora			(month, day, ye	ar)
Function, Event, or Ceremor		TO THE PARTY OF TH				
andion, Event, or ociomor	nai itole illioillia	LIOII				
Title			Face '	Value of Each Admi	ssion \$ <u>\$100/</u>	\$20 park
Description Warriors vs. Raptors	8		Date(s	s) 3 /4 / 13		/
Ticket(s)/Admission(s) provide	d by agency? Yes	□ No ☑	I If no: Gold	den State Warriors		
		10000000		Name	of Source	
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	taxable i also pro	ne income box if the agency ncome. If the agency offici vide a description.	al performed a ceren	
(Name, Address, Description)	Ticket(s)			ome, describe the public paid ial roles, performed by an a tion.		idual, or
V		Yes 🗖		te attendance at an e		Incom
Torello, Robin	2 + parking	No 🗹	County fa	cility in order to maxi	mize potential	
	N.	Yes ☐ No ☐	County re	venue from sales.		Incom
		Yes 🗖				Incom
		No 🗆				
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		No 🗆				Incom
-		Yes 🗖				
		No 🗖				Incom
Verification		1000				
I have read and understand FPPQ Reis in accordance with the provisions.	egulations 18944.1 an	d 18942. I h	nave verified	that the distribution of a	admissions, set fo	orth above
Cary	Alexandra Boskov	rich	Ticke	et Administrator	2/11/2	2013
Signature of Agency Head or Designee	Print Nar	me		Title	(mon	th, day, year)
Comment: (Use this space or an attach	ment for any additional in	nformation in	cluding amend	ment explanation.)		

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HC	ket/Admission Distrib	utions					A Public D	
1. A	gency Name	_				Date Stamp	California Form	002
	County of Alameda							
D	ivision, Department, or Region	(if applicable)					For Officia	I Use Only
22.00	Board of Supervisors							
S	treet Address							
	221 Oak Street, Suite 536							
	esignated Agency Contact (Na	Albert II		*		☐ Amendment (Mt	ust provide explanation i	n Part 3.)
	Cheryl Perkins, Clerk, Board of							
	Countries of the Countries of Countries of the Countries	-mail				Date of Original Fili	ng:(month, day, yε	ar)
T/2/2		heryl.perkins@a	THE REAL PROPERTY.	or other lands of the lands of				
. F	unction, Event, or Cerem	onial Role Info	ormai	tion				92
T	itle			-	Face \	Value of Each Adn	nission \$ <u>\$100</u>	120 p
D	escription Warriors vs. Kings	S			Date(s	s) <u>3 / 6 / 13</u>	3	1
7					2010(0	7		
T	icket(s)/Admission(s) provid	ded by agency?	Yes	II No IZ	I If no. Gold	len State Warriors		
(30	(-)	,				Nam	ne of Source	
W	las the distribution to perso	ons identified be	elow n	nade at th	e behest of	f an agency officia	al?	
	Yes <a> No</a> If yes:	Supervisor Wilma	Gnan	Name /l ast	First) and Title			
-					riisi) and ritie			
1	he identity of recipient(s)	and the expla	inatio	on:				
	Name (Last, First)					ne income box if the agen income. If the agency offi		
	or	Numbe Admissi	AND DESCRIPTION OF THE PERSON NAMED IN	Agency Official	also prov	vide a description.		
	Organization (Name, Address, Descriptio	n) Ticket	t(s)		ceremon	come, describe the public nial roles, performed by an	purpose, including n agency official, indiv	idual, or
-			100	Yes 🗖	To promot	<sub>ition.</sub> te attendance at an	a ovent held at a	lanaman
K	Cears, Dave	2 + par	kina	No 🖸	County fac	cility in order to max	ximize potential	Income
-			5	Yes 🗆	798 41			
				No 🗆	County re	venue from sales.		Income
_				Yes 🗆				Income
				No 🗆		+		
_				Yes 🗆				Income
				No 🗖				ПСОПЕ
_				Yes 🗖				Income
				No 🗖				
. V	erification	***			*			
11	have read and understand FPPC in accordance with the provision	Regulations 1894	4.1 and	d 18942. I h	ave verified t	that the distribution of	f admissions, set fo	orth above,
	A STOCKSON							
		Alexandra B	oskov	rich	Ticke	et Administrator	2/11/2	2013
_	Signature of Agency Head or Designee	F	Print Nar	ne		Title	(mor	th, day, year)
C	omment: (Use this space or an atta				cludina amend		(mon	th, day, year)
	71	y.				, , , , , , , , , , , , , , , , , , , ,		

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Agency Name				Date Stamp	Californi	802
County of Alameda				111000000 1111000000	Form	70-020-00
Division, Department, or Region (if appl	licable)			1	For Officia	al Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)				10 V 12	7 2 727
Cheryl Perkins Interim Clerk, Board of	of Supervisors			Amendment (Mu	ist provide explanation	in Part 3.)
Area Code/Phone Number   E-mail	or oupor ricoro			Date of Original Filir	ng:(month, day, y	
(510) 272-3882 cheryl.r	perkins@acgov.c	ora		2.535554446045441564341466533774277354164466	(month, day, y	ear)
Function, Event, or Ceremonial		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
					400 s	
Title			Face \	Value of Each Adm	nission \$ <u>\$75.8</u>	15
Corrie Underwood cons				s) 2 , 25 , 13	1	
Description Carrie Underwood cond	ert		Date(s	5)//////////		/
Ticket(s)/Admission(s) provided by	y agency? Yes	□ No [	☑ If no: Gold	den State Warriors	e of Source	
				ivain	e or source	
Yes ☑ No ☐ If yes: Supe	rvisor Wilma Chan Official's	Name (Last,	First) and Title			
The identity of reginient(e) and	the evalenction					
The identity of recipient(s) and	the explanatio	on:				
Name				ne income box if the agend income. If the agency office		
Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable i also pro	ncome. If the agency official vide a description.	cial performed a cere	
Name (Last, First)	Number of	Agency	taxable i also pro- lf not inc ceremon	ncome. If the agency officially office of the control of the contr	cial performed a cere purpose, including	monial role,
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	taxable i also prov lf not inc ceremon organiza	ncome. If the agency office of the comment of the comment of the public of the comment of the co	cial performed a cere purpose, including agency official, indi	monial role,
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov lf not inc ceremon organiza	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion.	cial performed a cere purpose, including agency official, indi	monial role, vidual, or Income
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official  Yes  No   ✓	e If not incorrection organiza To promot County fac	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	ridual, or Income
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  Yes	e If not incorrection organiza To promot County fac	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion.	cial performed a cere purpose, including agency official, indi	nonial role, vidual, or Income
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No	e If not incorrection organiza To promot County fac	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	inonial role, vidual, or Income
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove lf not incorremon organiza To promot County face	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	inonial role, vidual, or Income
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove lf not incorremon organiza To promot County face	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	Income
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove lf not incorremon organiza To promot County face	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove lf not incorremon organiza To promot County face	ncome. If the agency official vide a description. come, describe the public that roles, performed by antion. te attendance at an cility in order to maximum.	cial performed a cere purpose, including agency official, indi	Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove the inferior organiza.  To promot County factor organiza.  County reserved.	income. If the agency official roles, performed by an attorn.  to me, describe the public hial roles, performed by an attorn.  te attendance at an cility in order to may venue from sales.	cial performed a cere purpose, including n agency official, indi- event held at a kimize potential	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne  Verification I have read and understand FPPC Regulation	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove the inferior organiza.  To promot County factor organiza.  County reserved.	income. If the agency official roles, performed by an attorn.  to me, describe the public hial roles, performed by an attorn.  te attendance at an cility in order to may venue from sales.	cial performed a cere purpose, including n agency official, indi- event held at a kimize potential	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable is also prove the inferior organiza.  To promot County factor organiza.  County reserved.	income. If the agency official roles, performed by an attorn.  to me, describe the public hial roles, performed by an attorn.  te attendance at an cility in order to may venue from sales.	cial performed a cere purpose, including n agency official, indi- event held at a kimize potential	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove the increase of the incr	income. If the agency official roles, performed by an attorn.  to me, describe the public hial roles, performed by an attorn.  te attendance at an cility in order to may venue from sales.	cial performed a cere purpose, including n agency official, indi- event held at a kimize potential	Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2  ations 18944.1 and	Agency Official  Yes	taxable in also prove the increase of the incr	income. If the agency official roles, performed by an attorn.  the attendance at an cility in order to may venue from sales.	cial performed a cere purpose, including n agency official, individence event held at a kimize potential  f admissions, set f	Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Lam, Marianne  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2  ations 18944.1 and lexandra Boskov	Agency Official  Yes   No   Ves   Ves   No   Ves   No   Ves   Ves	taxable in also prove the inferior organiza To promot County factor of the inferior of the inf	that the distribution of Administrator	cial performed a cere purpose, including n agency official, individence event held at a kimize potential  f admissions, set f	Income Income Income Income Income Income Income

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. Agency Name		To Soviet i Perior I To I To germanici		Date Stamp	California 202
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 p	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				,
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	org			
. Function, Event, or Ceremonial F	Role Informat	tion			
Aliaia Maria					. 05
Title Alicia Keys			Face \	/alue of Each Admis	sion \$ _ <del>00</del>
- Concert			PR 4 4	s) 03 , 10 , 13	, ,
Description Concert			Date(s	5)	
			Gold	on State Warriors	•
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	Name of	Source
Was the distribution to persons idea	ntified below r	nade at th	e behest of	an agency official?	
Yes ☑ No ☐ If yes: Carson	, Keith, Alameda Official's	County Sup	ervisor Fifth D	District	
	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) and the	he explanatio	on:			
Name				e income box if the agency o	
(Last, First)	Number of	Agency	1	ncome. If the agency official vide a description.	performed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public pur	
(Name, Address, Description)	110.101(0)		ceremon organiza	ial roles, performed by an ag tion.	ency official, individual, or
Sanchez, Mina	·	Yes 🗸	1	unty employee for his or her exen	nplary service to the Income
	1	No 🔲	public or to enco	ourage staff development	
		Yes 🗖			Income
		No 🗖			
		Yes 🗖	and an annual management of the state of the		Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			income
		Yes 🗖			
		No 🗖			Income
V:6:		_ <b></b>	L	eest oo nii naaraa xaanii seesta ka ka ahaa ka ka ahaa ka ka ka ahaa ka ka ka ahaa ka ka ka ahaa ka ka ahaa ka	
. Verification	tions 18011 1 on	~ 10010 I h	ave verified	that the distribution of or	Amigaiana agt farth abour
I have read and understand FPPC Regularies in accordance with the provisions.	uons 10944.1 Afi	iu 10942. [[]	ave vermeu	итасите спотпринот от ас	umosions, sectorin above,
					,
Hal Tel Ha	nnah Greene		Ticke	et Administrator	02/27/13
Signature of Agency Head or Designee	Print Na	ime		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional i	information in	cluding amend	lment explanation.)	

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ionog/talliloololi Blottibation	•			• ,	i abiio Boodiiioii
. Agency Name				Date Stamp	California 202
County of Alameda	•				Form 004
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 pr	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors			Americane (mast pr	ovide explanation in r art o.,
Area Code/Phone Number   E-mail				Date of Original Filing: .	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	org			
. Function, Event, or Ceremonial F	Role Informat	tion			
Maniero ve Medeinetos					. 100
Title Warriors vs. Washington		•	Face \	Value of Each Admiss	sion \$
Description Basketball		MACONIMICAL MACONIMICA MACONIMICAL MACONIMICA M	Date(s	s) 03 / 23 / 13	
Tiple-May/Admits 2 (5) was 3d 24			Gold	len State Warriors	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no:	Name of	Source
Was the distribution to persons ider	ntified below r	nade at the	e behest of	f an agency official?	
Yes ☑ No ☐ If yes: Carson	, Keith, Alameda Official's	County Sup	ervisor Fifth D	District	
	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) and the	ne explanatio	n:			
Name				e income box if the agency o	
(Last, First) or	Number of	Agency		ncome. If the agency official vide a description.	performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public pur	
(Name, Address, Description)			organiza		-
Sanchez, Mina		Yes <b></b> ✓	1	unty employee for his or her exem	plary service to the Income
	4	No 🔲	public or to effect	ourage staff development	
		Yes 🔲	,		Income
		No 🗖			, $\square$
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
. Verification					
I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified t	that the distribution of ad	missions, set forth above,
Hank Do Ha	nnah Greene		Ticke	et Administrator	02/28/2013
Signature of Agency Head or Designee	Print Na	me	CASTONICO BRECHESCO	Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional i	information inc	cluding amend	lment explanation.)	

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Agency Name					
County of Alamada				Date Stamp	California 802
County of Alameda					Form 002
Division, Department, or Region (if appl.	icable)				For Official Use Only
Board of Supervisors					
Street Address	0 - 140 h - 15 h - 1 - 6 h - 6				
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title,	)				
Crystal Hishida Graff, Clerk, Board of	Supanieore			Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number   E-mail	Supervisors			Date of Original Filing	1:
					(month, day, year)
	nishida@acgov.				
Function, Event, or Ceremonial					
Title Warriors vs. Kings		Eace \	Value of Each Admi	ission \$ 200	
Title					•
Description Basketball			Datale	03 , 27 , 13	
Description			Date(s	3 )	recommend to the second
TiskadaNA turi tandan ayar ita tik		turn 1.1 pros	Gold	len State Warriors	
Ticket(s)/Admission(s) provided by	agency? Yes	∐ ио ⊡	If no: 30.0	Name	of Source
Was the distribution to persons ide	entified below n	nade at the	e behest of	f an agency official	?
	14 141 81				
Yes 🛛 No 🔲 If yes: Carso	n, Keith, Alameda	County Supe	ervisor Fifth D	District	
Yes ☑ No ☐ If yes: Carso	on, Keith, Alameda Official's	County Supe Name (Last, I	ervisor Fifth D First) and Title	District	
Yes ☑ No ☐ If yes: Carso  The identity of recipient(s) and			ervisor Fifth D	District	
					y official claims admission as
The identity of recipient(s) and  Name (Last, First)		On:	Check the taxable in	ne income box if the agency ncome. If the agency offici	y official claims admission as ial performed a ceremonial role,
The identity of recipient(s) and  Name (Last, First) or	Number of Admission(s)/	on:	Check the taxable is also provided.	ne income box if the agency	ial performed a ceremonial role,
The identity of recipient(s) and  Name (Last, First)	the explanation	On:	Check th taxable ii also prov If not inc ceremon	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role,
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	al performed a ceremonial role, purpose, including agency official, individual, or
The identity of recipient(s) and  Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or r service to the public Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes D	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or rervice to the public Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	al performed a ceremonial role, purpose, including agency official, individual, or rervice to the public Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or recruice to the public Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	al performed a ceremonial role, purpose, including agency official, individual, or reservice to the public Income Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or recruice to the public Income
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	al performed a ceremonial role, purpose, including agency official, individual, or reservice to the public Income Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or recruice to the public Income Income Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	ial performed a ceremonial role, purpose, including agency official, individual, or recruice to the public Income Income Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Henderson, Adrian	Number of Admission(s)/	Agency Official  Yes	Check the taxable in also proceed in the ceremon organization.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p tial roles, performed by an	lal performed a ceremonial role, purpose, including agency official, individual, or reservice to the public Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Henderson, Adrian	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proven in the ceremon organiza. To reward a continuous continuous ceremon organiza.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p ital roles, performed by an attion. nmunity volunteer for his or her	Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Henderson, Adrian	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proven in the ceremon organiza. To reward a continuous continuous ceremon organiza.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p ital roles, performed by an attion. nmunity volunteer for his or her	Income
Name (Last, First) or Organization (Name, Address, Description)  Henderson, Adrian  Verification I have read and understand FPPC Regularity	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proven in the ceremon organiza. To reward a continuous continuous ceremon organiza.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p ital roles, performed by an attion. nmunity volunteer for his or her	Income
Name (Last, First) or Organization (Name, Address, Description)  Henderson, Adrian  Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proves if not incomparized to reward a constant and a constant are also proves as a constant are also proves a constant are also proves as a constant are also proves as a constant are also proves a consta	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p ital roles, performed by an attion. nmunity volunteer for his or her	ial performed a ceremonial role, purpose, including agency official, individual, or receive to the public Income Income Income Income Income Income Income Income

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. Agency Name					
				Date Stamp	California Form 802
County of Alameda					For Official Use Only
Division, Department, or Region (	if applicable)				To official cas offi
Board of Supervisors		APPENNINGACIONI MERINGOPACIONI CALCENTE	EMECONICIONO MONOCOLO COMO POCIO		
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Nam	e,Title)			☐ Amendment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Boa	ard of Supervisors				provide emplanding in a directly
Area Code/Phone Number E-n	nail			Date of Original Filing	(month, day, year)
(510) 272-3882 cry	vstal.hishida@acgov.	org			, , ,,,
Function, Event, or Ceremo	THE REPORT OF THE PROPERTY OF	novum kartuumin diskuudung ja dumen kulut Erine olgu travus muusi massa sighi dumen si sala			
Title Warriors vs. Pistons		VEGCOS/COMPONIES COME	Face \	/alue of Each Admi	ssion \$
				02 13 13	
Description Basketball	5535577411441457440004474447744744774700077474474		Date(s	i) <u>03</u> <u>13</u> 13	
Ticket(s)/Admission(s) provide	ed by agency? Yes	□ No ☑	If no: Gold	en State Warriors	
		_		Name	of Source
Yes ☑ No ☐ If yes: _	Carson, Keith, Alameda Official's	County Sup	ervisor Fifth D	District	
The identity of recipient(s)	and the explanatio	on:			
	he income box if the agency official claims admission as				
Name			ie Checkth	e income box if the agency	official claims admission as
(Last, First)	Number of	Agency	taxable i	ncome. If the agency offici	official claims admission as al performed a ceremonial role,
or	Number of Admission(s)/	Agency Official	taxable i also prov	ncome. If the agency offici vide a description.	al performed a ceremonial role,
• • •	Admission(s)/ Ticket(s)	,	taxable i also prov If not inc ceremon	ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a	al performed a ceremonial role,
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	taxable i also prov If not inc ceremon organiza	ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a	al performed a ceremonial role, urpose, including agency official, individual, or
or Organization	Admission(s)/ Ticket(s)	Official Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, urpose, including ugency official, individual, or service to the public Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes No 🖸	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, urpose, including agency official, individual, or service to the public Incom
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes □ No ☑ Yes □	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes  Yes Yes No Yes No	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, urpose, including agency official, individual, or service to the public Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Income Income Income Income Income Income Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, urpose, including agency official, individual, or service to the public Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Income Income Income Income Income Income Income Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Income Income Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including sigency official, individual, or service to the public Income Income Income Income Income Income Income Income Income
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including sigency official, individual, or service to the public Income Income Income Income Income Income Income Income Income
or Organization (Name, Address, Description) Wheatley, Bonnie	Admission(s)/ Ticket(s)	Yes	taxable i also prov If not inc ceremon organiza	ncome. If the agency offici- vide a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Incom
or Organization (Name, Address, Description) Wheatley, Bonnie	Admission(s)/ Ticket(s)  2  Regulations 18944.1 an	Yes	taxable in also prove the first incommendation of the firs	ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. nmunity volunteer for his or her	al performed a ceremonial role, surpose, including seems official, individual, or service to the public Incom Incom Incom Incom Incom Incom Incom Incom Incom
Or Organization (Name, Address, Description) Wheatley, Bonnie  Verification I have read and understand FPPC F	Admission(s)/ Ticket(s)  2  Regulations 18944.1 an	Yes	taxable in also prove the increase of the incr	ncome. If the agency official idea description. ome, describe the public potal roles, performed by an attion. Immunity volunteer for his or her idea the distribution of a	al performed a ceremonial role, surpose, including agency official, individual, or service to the public Income In
Or Organization (Name, Address, Description) Wheatley, Bonnie  Verification I have read and understand FPPC F	Admission(s)/ Ticket(s)  2  Regulations 18944.1 an	Yes	taxable in also prove the increase of the incr	ncome. If the agency official vide a description. ome, describe the public pu ial roles, performed by an a tion. nmunity volunteer for his or her	al performed a ceremonial role, surpose, including sigency official, individual, or service to the public Income Income Income Income Income Income Income Income Income

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1.	Agency Name				Date Stamp	California 802	
	County of Alameda					Form OUZ	
	Division, Department, or Region (if applica	ble)				For Official Use Only	
	Board of Supervisors			(A)			
	Street Address						
	1221 Oak Street, Suite 536		Manual 1994				
	Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk, Board of S	Supervisors		www.managaramwakwazone			
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)	
and south		shida@acgov.d					
2.	Function, Event, or Ceremonial R	ole Informat	tion				
	Title Warriors vs. Pistons			Eace \	Value of Each Admiss	ion \$ 100	
	Title	en i i i i i i i i i i i i i i i i i i i	CTINE DE STOCK AND				
	Description Basketball			Date(s	03 13 13		
				`	,		
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: Gold	len State Warriors		
	( ) ( ) ( )			•	Name of	Source	
	Was the distribution to persons iden	tified below n	nade at the	a hahast at	f an agency official?		
	was the distribution to persons iden	tilled below i	nauc at tin	e penest o	i all agency official:		
	Yes  No I If yes: Carson,	Keith, Alameda	County Supe	ervisor Fifth D	District		
	,	Official's	Name (Last, F	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:				
	Name			Check th	ne income box if the agency of	ficial claims admission as	
	(Last, First)	Number of	Agency	1	ncome. If the agency official position of the comment of the comme	performed a ceremonial role,	
	or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purp		
	(Name, Address, Description)			ceremon	onial roles, performed by an agency official, individual, or zation.		
	Hedani, Barbara		Yes 🗖	To reward a con	mmunity volunteer for his or her ser	vice to the public Income	
		2	No <b></b> ✓				
			Yes 🗖			Income	
			No 🗖				
			Yes 🗖			Income	
			No 🗖				
			Yes □			Income	
			No 🗖				
			Yes 🗖			Income	
			No 🔲			Ċ	
3.	Verification						
	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified	that the distribution of adı	missions, set forth above,	
/	Hanh Do Han	nah Greene		Ticke	et Administrator	02/15/2013	
	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)	
	Comment: (Use this space or an attachment for	or any additional i	information inc	cluding amend	lment explanation.)		

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1.	Agency Name				Date Stamp	California Ong
	County of Alameda					Form OUA
	Division, Department, or Region (if applica	nble)				For Official Use Only
	Board of Supervisors					£
	Street Address			<u> </u>		
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)	**************************************			☐ Amendment (Must pr	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	Supervisors				,
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
	(510) 272-3882 crystal.his	shida@acgov.d	org			
2.	Function, Event, or Ceremonial R					
	Title Warriors vs. Kings		MANAGEMENT CONTROL OF THE PROPERTY OF THE PROP	Face \	Value of Each Admiss	sion \$ <u>200</u>
	Description Basketball			Date(s	s) 03 , 06 , 13	
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: Gold	den State Warriors  Name of	
					Name of	Source
	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?	
	·					
	Yes ☑ No ☐ If yes: Carson,	Keith, Alameda	County Sup	ervisor Fifth D	District	
		Official's	Name (Last,	First) and Title		
	The identity of recipient(s) and th	e explanatio	on:			
	Name	he income box if the agency official claims admission as				
	(Last, First) or	Number of	Agency Official	i i	ncome. If the agency official vide a description.	performed a ceremonial role,
	Organization	Admission(s)/ Ticket(s)	Official		ome, describe the public purp	
	(Name, Address, Description)			organiza		4-1
	Jenkins, Kevin		Yes ☑	l .	unty employee for his or her exem ourage staff development	plary service to the Income
		4	No 🗖	public of to choc	-	
			Yes 🗖			Income
	***************************************		No 🗖			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
	Mit de la company de la compan		No 🗖			
			Yes 🗖			Income
<b>GANESA</b>			No 🔲			· <b>[</b> ]
3.	Verification					
	I have read and understand FPPC Regulations in accordance with the provisions	ons 18944.1 an	d 18942. I h	nave verified i	that the distribution of ad	missions, set forth above,
	is in accordance with the provisions.					
	/ // //					
	Han	nah Greene		Ticke	et Administrator	02/27/2013
	Signature of Agency Head or Designee	nah Greene Print Nar	me	Ticke	et Administrator Title	02/27/2013 (month, day, year)
		Print Nar			Title	·

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. Agency Name					and the second s
				Date Stamp	California 802
County of Alameda					Form OU2
Division, Department, or Region (if applic	cable)				Tor Official OSC Chiry
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536	ALCO MICHIGAN AND AND AND AND AND AND AND AND AND A	- Totalin March March		<u> Cantilian din pangangan Sangangan din kangangan pangangan din kangangan din kangangan din kangangan din kangan</u>	
Designated Agency Contact (Name, Title)				Amendment (Must p	rovide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				
Area Code/Phone Number E-mail	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.h	ishida@acgov.d	org			
. Function, Event, or Ceremonial I	Role Informat	tion			
Marriera va Bantara					150
Title Warriors vs. Raptors	The state of the s	W. C.	Face \	/alue of Each Admis	sion \$
Description Basketball			D . ( . ( .	03 , 04 , 13	
Description <u>Basketball</u>			Date(s	5)	
			Cold	on State Warriors	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	Name of	f Source
				, tame of	300.00
Was the distribution to persons ide	ntified below n	nade at th	e behest of	an agency official?	
True tile dietilbation to percene lac	poloti ii	naao at iii		an agone, cincian	
Yes ☑ No ☐ If yes: Carsor	n, Keith, Alameda Official's	County Sup	ervisor Fifth D	District	
100	Official's	Name (Last, i	First) and Title	MACHINE THE PROPERTY OF THE PR	
The identity of recipient(s) and t	ho ovnlanatio	\n.			
The identity of recipient(s) and t	iic cxpiailauc				
	•	)[]. 	1 2		
Name (Last First)			1	e income box if the agency on the come. If the agency official	official claims admission as performed a ceremonial role,
Name (Last, First) or	Number of	Agency Official	taxable i also pro	ncome. If the agency official vide a description.	performed a ceremonial role,
(Last, First) or Organization		Agency	taxable i also pro	ncome. If the agency official vide a description. ome, describe the public pur	performed a ceremonial role,
(Last, First) or	Number of Admission(s)/	Agency Official	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or
(Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Agency	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or appary service to the Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion.	performed a ceremonial role, pose, including ency official, individual, or
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or appary service to the Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes 🔽 No 🔲	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or nplary service to the Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or  nplary service to the Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes ☑ No ☐ Yes ☐	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or applary service to the Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes ☑ No □ Yes □ No □ Yes □ No □	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or  nplary service to the Income Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or  Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes ☑ No ☐ Yes ☐ No ☐ No ☐ ☐ No ☐ ☐	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or  Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, rpose, including ency official, individual, or  Income Income Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha	Number of Admission(s)/ Ticket(s)	Agency Official  Yes ☑ No ☐ Yes ☐ No ☐ No ☐ ☐ No ☐ ☐	taxable i also pro- lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exen	performed a ceremonial role, pose, including ency official, individual, or  Income Income Income Income Income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha  Verification	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prove If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag titon. unty employee for his or her exen purage staff development	performed a ceremonial role, pose, including ency official, individual, or income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha  Verification I have read and understand FPPC Regula	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prove If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag titon. unty employee for his or her exen purage staff development	performed a ceremonial role, pose, including ency official, individual, or income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha  Verification	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prove If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag titon. unty employee for his or her exen purage staff development	performed a ceremonial role, pose, including ency official, individual, or income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha   Verification I have read and understand FPPC Regula is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag titon. unty employee for his or her exen purage staff development	performed a ceremonial role, pose, including ency official, individual, or income
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha   Verification I have read and understand FPPC Regula is in accordance with the provisions.  Ha	Number of Admission(s)/ Ticket(s)  4  tions 18944.1 an	Agency Official  Yes	taxable i also pro If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag titon. unty employee for his or her exenourage staff development	performed a ceremonial role, pose, including ency official, individual, or income lincome linc
(Last, First) or Organization (Name, Address, Description)  Brown, Aisha   Verification I have read and understand FPPC Regula is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  4  tions 18944.1 an	Agency Official  Yes	taxable i also pro If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency official vide a description. ome, describe the public pur ial roles, performed by an ag tion. unty employee for his or her exenourage staff development	performed a ceremonial role, pose, including ency official, individual, or income inco

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1.	Agency Name					Date Stamp	California	202
	County of Alameda						Form	1904
	Division, Department, or Region (if applica	ble)		***************************************			For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					☐ Amendment (Must pro	vide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	Supervisors						,
	Area Code/Phone Number E-mail					Date of Original Filing:	(month, day, yea	ar)
	(510) 272-3882 crystal.his	shida@acgov.d	org					
2.	Function, Event, or Ceremonial R							
	Title Warriors vs. Rockets	/alue of Each Admiss	ion \$ <u>200</u>					
	Description Basketball			-	Date(s	03 / 08 / 13		
					Gold	en State Warriors		
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ №	<b>V</b>	If no:	Name of S	Source	
	Yes ☑ No ☐ If yes: Carson,  The identity of recipient(s) and th			Supe ast, I	ervisor Fifth C First) and Title	District		
	Name	Check th	he income box if the agency official claims admission as					
	(Last, First)	Number of	Agen		1	ncome. If the agency official p	erformed a ceren	nonial role,
	or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes 171		• if not inc	ovide a description. ncome, describe the public purpose, including onial roles, performed by an agency official, individual, or		
	Brown, Aisha					unty employee for his or her exemp	lary service to the	Income
	Drown, Albha	4	l		public or to enco	ourage staff development		
			Yes				a ann a guardann na ann ann ann an an an	Income
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			Yes			enterente de la companya de la comp		Income
		***************************************	Yes					Income
			No					
			Yes					Income
Harana			No					
3.	Verification I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942	- <u>-</u> -	ave verified	that the distribution of adm	nissions, set fo	orth above,
	Hah Ize Han	nah Greene			Ticke	et Administrator	02/27	/2013
	Signature of Agency Head or Designee	Print Na	me	00,000		Title	(mon	th, day, year)
	Comment: (Use this space or an attachment for	or any additional i	informatio	on ind	cluding amend	ment explanation.)		

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Agency Name				Date Stamp	California OAG
County of Alameda				2 2.13 2 12.11.11	Form 802
Division, Department, or Region (if applica	ible)	***************************************			For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amondment (Mus	t provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors			Amendment (Mus	r provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year)
(510) 272-3882 crystal.his	shida@acgov.	org			(
. Function, Event, or Ceremonial R	-yeurge-re-ranking-re-ranking-re-rank				
Title Warriors vs. Timberwolves	MACAPUTAN AND THE PROPERTY OF		Face \	/alue of Each Admi	ssion \$ <u>200</u>
Description Basketball			Date(s	04 / 09 / 13	
	0. 1/		Gold	en State Warriors	
Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: Ooid	Name	of Source
•					
Was the distribution to persons iden	tified below n	nade at th	e behest of	an agency official	?
Carson	Keith Alameda	County Sup	ervisor Fifth F	District	
Yes  No  If yes: Carson,	Official's	Name (Last, I	First) and Title	·	
			,		
The identity of recipient(s) and th	e explanatio	on;	·		
Name (Last, First)	Number of	Agency	1		official claims admission as al performed a ceremonial role,
or	Admission(s)/	Official	1	vide a description.	and the second s
Organization (Name, Address, Description)	Ticket(s)		ceremon		urpose, including agency official, individual, or
Asian Hardh Carina		Yes 🗖	organiza To reward a sch	<b>tion.</b> ool or nonprofit organization fo	r its contributions to the Income
Asian Health Services 818 Webster St, Oakland CA 94607		No 🖸	community		
		Yes 🗖			Income
		No 🗆			
		Yes 🗖			Income
		No 🗆			
		Yes 🔲			Income
		No 🗖			ПСОП
		Yes 🗖			Income
		No 🗖			
. Verification					
I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified i	that the distribution of	admissions, set forth above,
Harly De Har	nah Greene		Ticke	et Administrator	02/27/2013
\$ignature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Comment: (Use this space or an attachment for	or any additional i	nformation in	aleralia se a ma a sa si	······································	

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Ī.	Agency Name					Date Stamp	California 202
	County of Alameda						Form OUZ
	Division, Department, or Region (if applical	ble)					For Official Use Only
	Board of Supervisors						
	Street Address		V.				
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)	a a seconda notico de la constantida d			××××××××××××××××××××××××××××××××××××××	☐ Amendment (Must pro	ovide explanation in Part 3.)
	Crystal Hishida Graff, Clerk, Board of S	upervisors				<u>-</u>	
	Area Code/Phone Number E-mail					Date of Original Filing: _	(month, day, year)
	(510) 272-3882 crystal.his	hida@acgov.	org				
2.	Function, Event, or Ceremonial Ro	ole Informat	ion				
	Dispay on Ica						. • 20.65
	Title Disney on Ice	**************************************		-	Face \	/alue of Each Admiss	ion \$
	Description Event - Ice Skating				Datala	02 , 27 , 13	1 1
	Description				Date(S	)	according to the second
	Tielest(a)(Adminaiou/a) unavided by a		P=9 &I.	. F1	روم. Gold	en State Warriors	
	Ticket(s)/Admission(s) provided by a	gency? Yes	Пи	0 [√]	If no:	Name of	Source
	Was the distribution to persons ident	tified below n	nade a	it the	e behest of	f an agency official?	
	Carson.	Keith, Alameda	County	Supe	ervisor Fifth D	District	
	Yes  No  If yes: Carson,	Official's	Name (L	ast, F	irst) and Title		
	The identity of recipient(s) and the	e explanatio	)N;		T		
	Name (Last, First)	Manustran of	Λ ~ ~ ~			e income box if the agency of ncome. If the agency official p	
	or	Number of Admission(s)/	Ager Offic		also prov	vide a description.	
	Organization (Name, Address, Description)	Ticket(s)				ome, describe the public purp ial roles, performed by an age	
					organiza To reward a Cou	tion. unty employee for his or her exemp	plary service to the
	Jenkins, Kevin		Yes No		1	ourage staff development	Income
			-	<u></u>			
			Yes No				Income
			Yes				Income
			No				
			Yes No				Income
			Yes No				Income
10000			1110				
3.	Verification	100111		<b>.</b>	161 6		
	I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	a 1894	2. I N	ave verified t	tnat the distribution of adi	missions, set forth above,
	A A A						
	Han Han	nah Greene			Ticke	et Administrator	02 <i>1</i> 27/13
	Signature of Agency Head or Designee	Print Na	me			Title	(month, day, year)
	$\nu$ o $\sim$ $\tau$ .						, ,,,,
	,				atualia ar a saa		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Comment: (Use this space or an attachment for	or any additional i	informati	ion ind	cluding amend		, , , , , , , , , , , , , , , , , , , ,

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1. Agency Name				Date Stamp	California 202
County of Alameda					Form 004
Division, Department, or Region (if applica	ble)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)			W-1-1-17-04	☐ Amendment (Must r	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors				novido explanation in valt e.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 Ceremonial R	ole Informat	tion			
Title Carrie Underwood			Face \	Value of Each Admis	sion \$ <u>34.45</u>
Description Concert		**************************************	Date(s	s) <u>02</u> <u>/ 28</u> <u>/ 13</u>	
			Gold	len State Warriors	
Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no:	Name o	f Source
The identity of recipient(s) and th  Name (Last, First) or Organization	Number of Admission(s)/	Agency	taxable i also pro lf not inc	vide a description. come, describe the public pu	l performed a ceremonial role, rpose, including
(Name, Address, Description)	` '		organiza		
Osorio, Vickie		Yes 🗖	To reward a cor	mmunity volunteer for his or her s	ervice to the public Income
	4	No <b></b> ✓			
		Yes □			Income
		No 🗖			
		Yes □ No □			Income
		Yes 🗖			
		No 🗆			Income
		Yes 🗖		A CONTRACTOR OF THE CONTRACTOR	
		No 🗖			Income
I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	nd 18942. I h		that the distribution of ac	dmissions, set forth above,
Signature of Agency Head or Designee	Print Na	me	COMPOSICION ROMONOSCO CHACON	Title	(month, day, year)
Comment: (Use this space or an attachment for			dudina amaza		(,,
Comment to	огану айишопан	inorniauon M	auung amend	ннын өхрганашон.)	

	-			Date:			
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. Agency Name				Date Stamp	California 802
County of Alameda					Form 004
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)				Amondment (Must	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors		,	Amendment (Must)	orovide explanation in Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.hi	shida@acgov.	ora			(monal, day, year)
Function, Event, or Ceremonial F					
		-			
Title Carrie Underwood			Face \	/alue of Each Admis	sion \$ <u></u>
				02 25 13	
Description Concert			Date(s	s) <u>02</u> / <u>25</u> / <u>13</u>	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	len State Warriors	£ Course
				ivame c	f Source
Was the distribution to persons ide	ntified below r	nade at the	e behest of	f an agency official?	1
•					
Yes ☑ No ☐ If yes: Carsor	, Keith, Alameda Official's	County Sup	ervisor Fifth D	District	
,	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) and the	ne explanatio	on:			
Name			Check th	e income box if the agency	official claims admission as
(Last, First)	Number of	Agency	1	ncome. If the agency officia vide a description.	l performed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official	1	ome, describe the public pu	rpose, including
(Name, Address, Description)	Ticket(3)		ceremon organiza	ial roles, performed by an ag	gency official, individual, or
Osorio, Vickie		Yes 🗖		nmunity volunteer for his or her s	service to the public Income
Coone, violic	4	No 🗹			
		Yes 🗖			Income
		No 🗆			
		Yes 🗆			Income
		No $\square$			
		Yes 🗖			A STATE OF THE STA
		No 🗆			Income
		Yes 🗖		2-52-m	
		No 🗖			Income
. Verification					
I have read and understand FPPC Regulation is in accordance with the provisions.	uons 18944.1 an	a 18942. I h	ave verified t	tnat the distribution of a	amissions, set forth above,
1 / A					
Handy 7 E Ha	nnah Greene		Ticke	et Administrator	02/25/13
Signature of Agency Head or Designee	Print Na	me	TOTAL PROPERTY.	Title	(month, day, year)
• •					,,
Comment: (Use this space or an attachment	for any additional i	nformation in	cluding amend	lment explanation.)	

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I. Agenc	cy Name					Date Stamp	California OOO
	of Alameda					Tri-Profit and Cold will be cold.	Form 802
The second of the second of the second	n, Department, or Regi	ion (if applica	ble)				For Official Use Only
Board	of Supervisors						
10-17-17-17-17	Address						
1221 C	Dak Street, Suite 536						
	ated Agency Contact (	Name,Title)				□ Amendment ///	st provide explanation in Part 3.)
Crystal	l Hishida Graff, Clerk,	Board of S	Supervisors			Amendment (Ma	st provide explanation in Fart 3.7
		E-mail				Date of Original Filin	ng:(month, day, year)
(510) 2	272-3882	crystal.his	shida@acgov.	org			
. Functi	ion, Event, or Cere	monial R	ole Informat	tion			
7	la a Mila a						101.90
Title 💾	he Who					/alue of Each Adm	
Descri	ption Concert				Date(s	3) 02 / 01 / 13	3
Ticket(	(s)/Admission(s) pro	vided by a	gency? Yes	□ No ☑	If no: Gold	en State Warriors	
	Variation and the second section of the second				. //UNIDEST	Name	e of Source
Was th	ne distribution to per						11?
Yes	s ☑ No 🔲 If yo	es: Carson,	Keith, Alameda Official's	County Sup	ervisor Fifth L	District	
			Officials	Name (Last, i	First) and Title		
man a							
The id	lentity of recipient	(s) and th	e explanatio	on:			
The id	Name	(s) and th			53-77-087-18-087-18-08-087-18-08-18-08-18-08-18-08-18-08-18-08-18-08-18-08-18-08-18-08-08-1		cy official claims admission as cial performed a ceremonial role,
The id	Name (Last, First) or	(s) and th	e explanation  Number of Admission(s)/	Agency Official	taxable i also pro	ncome. If the agency office a description.	cial performed a ceremonial role,
	Name (Last, First) or Organization		Number of	Agency	taxable i also pro-	ncome. If the agency office a description. ome, describe the public	cial performed a ceremonial role,
3()	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official	taxable i also prov lf not inc ceremon organiza	ncome. If the agency office a description. ome, describe the public ial roles, performed by an tion.	cial performed a ceremonial role, purpose, including agency official, individual, or
10	Name (Last, First) or Organization		Number of Admission(s)/	Agency Official	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office wide a description. ome, describe the public ial roles, performed by an	cial performed a ceremonial role, purpose, including a agency official, individual, or exemplary service to the Income
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official Yes ☑ No ☐	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	cial performed a ceremonial role, purpose, including agency official, individual, or exemplary service to the Income
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes  No  Yes	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	cial performed a ceremonial role, purpose, including a agency official, individual, or exemplary service to the Income
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10	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	cial performed a ceremonial role, purpose, including a agency official, individual, or exemplary service to the Income Income
10	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	cial performed a ceremonial role, purpose, including agency official, individual, or exemplary service to the Income Income Income
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	purpose, including agency official, individual, or exemplary service to the lincome
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	purpose, including n agency official, individual, or exemplary service to the Income Income Income Income
	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	purpose, including agency official, individual, or income
Sanche	Name (Last, First) or Organization (Name, Address, Descrip		Number of Admission(s)/	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza To reward a Cor	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her e	purpose, including n agency official, individual, or exemplary service to the Income Income Income Income
Sanche Sanche	Name (Last, First) or Organization (Name, Address, Descripez, Mina	otion)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prov e If not inc ceremon organiza To reward a Cor public or to enco	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her enurage staff development	purpose, including a gency official, individual, or exemplary service to the income
Sanche Sanche	Name (Last, First) or Organization (Name, Address, Descripez, Mina	PPC Regulati	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prove lf not inconstruction organiza To reward a Construction public or to enconstruction	ncome. If the agency office a description.  ome, describe the public ial roles, performed by an tion.  unty employee for his or her enurage staff development	purpose, including n agency official, individual, or exemplary service to the Income Income Income Income Income Income

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1. Agency Name				Date Stamp	California	802
County of Alameda					Form	A State of the same
Division, Department, or Region (if applica	ible)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must pr	rovide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of S	Supervisors			Date of Original Filings		
Area Code/Phone Number E-mail	3000 St (2005			Date of Original Filing: _	(month, day, yea	or)
	shida@acgov.					
2. Function, Event, or Ceremonial R	ole Informat	tion				
Title Disney on Ice			Face \	/alue of Each Admiss	sion \$ 34.45	
Description Event - Ice Skating			Date(s	s) 03 , 03 , 13		
Ticket(s)/Admission(s) provided by a	agency? Yes	☐ No ☑	If no: Gold	len State Warriors	Cause	
				Name of	Source	
Was the distribution to persons iden	tified below r	nade at th	e behest of	f an agency official?		
				, 1, 1 m		
Yes No If yes: Carson,	Keith, Alameda	County Sup	ervisor Fifth D	District		
	Officials	Name (Last, i	First) and Title			
The identity of recipient(s) and th	e explanatio	on:				
Name			The state of the s	ne income box if the agency of		
(Last, First) or	Number of Admission(s)/	Agency Official		ncome. If the agency official vide a description.	periormed a cerem	oniai roie,
Organization	Ticket(s)	- Timenan		ome, describe the public purposes ial roles, performed by an age		dual, or
(Name, Address, Description)			organiza	tion.		10000407 AND
Jenkins, Kevin		Yes 🔽		unty employee for his or her exem ourage staff development	plary service to the	Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗆				Income
**************************************		No □ Yes □				
		Yes ☐ No ☐				Income
		TATABLE TO THE				
		Yes  No				Income
<ol> <li>Verification         I have read and understand FPPC Regulati is in accordance with the provisions.     </li> </ol>	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of ad	missions, set fo	rth above,
/ A POVISIONS.						
Hand to Han	nah Greene		Ticke	et Administrator	02/19/	13
Signature of Agency Head or Designee	Print Na	me		Title	(mont	h, day, year)
Commont (1990)						
Comment: (Use this space or an attachment for	or any additional i	niormation in	ciuaing amena	iment explanation.)		

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. Agency Name					Date Stamp	California 802
County of Alameda						TOME CO.
Division, Department, or Region (if appli	cable)					For Official Use Only
Board of Supervisors						
Street Address						.1
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)					Amendment (Mark	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors				Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number   E-mail					Date of Original Filing:	(month, day, year)
(510) 272-3882 crystal.h	nishida@acgov.	ora				(monal, day, year)
. Function, Event, or Ceremonial	7/60 FE (10)	A				
						04.45
Title Disney on Ice			_	Face \	/alue of Each Admis	sion \$ <u>34.45</u>
- Event Los Skating					. 03 . 01 . 13	2 0
Description Event - Ice Skating			-	Date(s	s) 03 , 01 , 13	/
	SS 1865			Cold	Ion State Marriers	
Ticket(s)/Admission(s) provided by	agency? Yes		o 🗸	If no: Gold	Name o	f Source
					, reality o	
Was the distribution to persons ide	ntified below r	nade	at the	e behest of	f an agency official?	
6	- K-ith Ald-	Count	Cum	on door Fifth F	Natural	
Yes  No If yes: Carso	n, Keith, Alameda	County Name (	Supe	ervisor Fifth L First) and Title	DISTRICT	
			Last, r	nsi) and Title		
The identity of recipient(s) and t	the explanation	on:				
Name					e income box if the agency	
(Last, First) or	Number of	Age Offi			ncome. If the agency officia vide a description.	I performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	"	Ciai		ome, describe the public pu	
(Name, Address, Description)				organiza		
Moreno, Doreen		Yes	Ø		unty employee for his or her exer ourage staff development	mplary service to the Income
<u> </u>		No		public of to effect	burage stall development	
		Yes				Income
		No				
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		Yes				Income
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		Yes				Income
		No				
. Verification	-					
I have read and understand FPPC Regula	ations 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of a	dmissions, set forth above,
is in accordance with the provisions.						41 (1994) 1994 (1994) (1994) (1994) (1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)
	annah Craens			Tiele	at Administrator	00/40/40
Jan 1	annah Greene			TICKE	et Administrator	02/19/13
Signature of Agency Head or Designee	Print Na	me			Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional i	nformat	ion inc	luding amend	lment explanation.)	

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1. Agency Name				Date Stamp	California 802		
County of Alameda					TOIM -		
Division, Department, or Region (if applica	ble)				For Official Use Only		
Board of Supervisors				1			
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)				☐ Amendment (Must pro	ovide evalenation in Part 3.1		
Crystal Hishida Graff, Clerk, Board of S	Supervisors			Amendment (wast pro	vide explanation in Part 3.)		
Area Code/Phone Number   E-mail				Date of Original Filing: _	(month, day, year)		
(510) 272-3882 crystal.his	shida@acgov.	org			(monan, day, year)		
2. Function, Event, or Ceremonial R	THE RESIDENCE OF THE PARTY OF T						
Title Disney on Ice	/alue of Each Admiss	ion \$ _34.35					
Description Event - Ice Skating	Description Event - Ice Skating Date						
Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	I f no: Gold	len State Warriors			
				Name of S	Source		
Was the distribution to persons iden	tified below r	nade at th	e behest of	f an agency official?			
Yes  No If yes: Carson,	ervisor Fifth D	District					
The identity of recipient(s) and th							
	e income box if the agency official claims admission as						
Name (Last, First)		income. If the agency official performed a ceremonial role,					
or	Number of Admission(s)/	s)/ Official also pro		ovide a description.			
Organization (Name, Address, Description)	Ticket(s)	Yes 🔽	ceremon	come, describe the public purpose, including nial roles, performed by an agency official, individual,			
Section of the Control of the Contro	-		organiza To reward a Cou	tion. unty employee for his or her exemp	olary service to the Income		
Brown, Aisha		No 🗖	public or to enco	ourage staff development	income		
		Yes  No			Income		
		Yes ☐ No ☐			Income		
-							
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		Yes 🗆			Income		
		No 🗖					
3. Verification							
I have read and understand FPPC Regulati	ons 18944.1 an	id 18942. I h	ave verified	that the distribution of adr	nissions, set forth above,		
is in accordance with the provisions.							
Han	nah Greene		Ticke	et Administrator	02/19/13		
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)		
Comment: (Use this space or an attachment for			cluding amend	WCS .			

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dment (Must provide explanation iginal Filing:(month, day, year ach Admission \$ _41.00 arriors	al Use Only  in Part 3.)	
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dment (Must provide explanation iginal Filing:(month, day, year ach Admission \$ _41.00 arriors	nission as	
ach Admission \$ 41.00  arriors  Name of Source  If the agency official claims adm	ear)	
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I. Agency Name				Date Stamp	California 000	
County of Alameda					Form 802	
Division, Department, or Region (if applied	cable)				For Official Use Only	
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (M	ust provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment	ist provide explanation in Fait 5.)	
Area Code/Phone Number E-mail				Date of Original Filin	ng:(month, day, year)	
(510) 272-3882 crystal.h	ishida@acgov.	org			(#552.10 SOM COMBO #500 COB	
Function, Event, or Ceremonial	Role Informat	tion				
- Marriara va Sunda		150				
Title Warriors vs. Sunda				/alue of Each Adn		
Description Basketball			Detel	02 , 20 , 13	<u></u>	
Description			Date(s	5)/	//	
Tiple 4/2 \ / A dustration / 2 \ masside d have	V	- N	ı ıç Gold	len State Warriors		
Ticket(s)/Admission(s) provided by	agency? Yes	П ио №	If no:	den State Warriors  Name of Source		
Was the distribution to persons ide	e behest of	f an agency officia	al?			
Carson	District					
Yes  No If yes: Carson	Notifiet .					
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١.	Agency Name					Date Stamp	California Form	902
	County of Alameda					1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Form	002
	Division, Department, or Region	on (if applica	ble)				For Official U	Jse Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (/	Vame, Title)				□ Amondment (tt		0-401
	Crystal Hishida Graff, Clerk,	Board of S	Supervisors			Date of Original Filing:		
		E-mail	,					
	(510) 272-3882	crvstal.his	shida@acgov.	ora			(monin, day, year	,
	Function, Event, or Cere							
	No. 100 (201) Anno Mari							
	Title The Who				Face \	/alue of Each Adm	ission \$ <u>101.80</u>	
				02 01 13				
	Description Concert		Date(s	s) 02 / 01 / 13	<u> </u>	/		
	Ticket(s)/Admission(s) prov	vided by a	igency? Yes	□ No ☑	If no: Gold	len State Warriors	e of Source	
			Name	e or Source				
	Was the distribution to pers	sons iden	f an agency officia	1?				
			, , , , , , , , , , , , , , , , , , ,					
	Yes ☑ No ☐ If ye	es: <u>Valle, R</u>						
			Official's	Name (Last,	First) and Title			
	The identity of recipient(	s) and th	Official's	Name (Last,	First) and Title			
	The identity of recipient(	s) and th	Official's	Name (Last,	First) and Title	e income box if the agenc	cy official claims admiss	sion as
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1.	Agency Name					Date Stamp	California	802			
	County of Alameda						Form	UUL			
	Division, Department, or Region (if applica	ble)					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	upervisors				Amendment (Must pro	vide explanation in	Part 3.)			
	Area Code/Phone Number   E-mail	aportionio				Date of Original Filing:					
	(510) 272-3882 crystal.his	shida@acgov.	ora			1975 NOV	(month, day, year	,			
2	Function, Event, or Ceremonial R			_							
<i>A</i>	ranotion, Event, or octomornal re										
	Title Golden State Warriors vs. Housto	/alue of Each Admissi	on \$ 250.00								
	Description Basketball Game				Date(s	02 / 12 / 13	/	_/			
	Ticket(s)/Admission(s) provided by a	gency? Yes	$\square$ N	o 🗹	If no: Gold	den State Warriors					
		o <del>m</del> acesaesumades marces		ne-	* 1,000 pages 100 y	Name of S	ource				
	Was the distribution to persons iden	tified below r	nado	at th	a hahast at	an agency official?					
	was the distribution to persons iden	tilled below i	naue .	at til	e penesi oi	an agency official?					
	Yes ☑ No ☐ If yes: Valle, R	chard- Supervis	or Dist	ict 2							
	100 E 110 E 11 you.	Official's	Name (	Last, I	First) and Title						
	The identity of recipient(s) and the explanation:										
		e income box if the agency offi	alal alaima admia	-tan-as							
	Name (Last, First)	Number of	Age	ncv		ncome. If the agency official pe					
	or	Admission(s)/	Offi			ride a description.					
	Organization (Name, Address, Description)	Ticket(s)	10000			ome, describe the public purpo ial roles, performed by an agen		ual, or			
	A street of policy and policy and policy and policy and the policy		- V		To promote of		at a Causty	•			
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		2	No	<u> </u>	lacility in orde	er to maximize potential reve	nue nom sales				
			Yes					Income			
			No								
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			No								
3.	Verification		,								
	I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 1894	2. I h	ave verified t	hat the distribution of adm	issions, set for	th above,			
	MIC MIC	HELLE DIANI	DA -		Ticke	t Administrator	7	14/12			
	Signature of Agency Head or Designee	Print Na	me			Title	(month	, day, year)			
	Comment (II)										
	Comment: (Use this space or an attachment for		nformat	ion inc	cluding amend	ment explanation.)					
	Includes 1 parking pass at the value of	\$20									

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icket/Admission distribution	15				A Public Do	cumen
. Agency Name				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if appl	icable)				For Official	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title,						
<ul> <li>COSTRESION TRACTORISMOSTINI DE PRESENTA DE PRESENTA DE PRESENTA DE PRESENTADO PRESENTA</li></ul>				Amendment (Mus	t provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of Area Code/Phone Number   E-mail	Supervisors			Date of Original Filing		
				Date of Original Filling	g:(month, day, yea	r)
	nishida@acgov.	- 173-011				
Function, Event, or Ceremonial	Role Informa	tion				
Title Golden State Warriors vs. Wash	nington Wizards		Face V	/alue of Each Admi	ission \$ <u>100.00</u>	
B 1 4 1 0				02 23 13		
Description Basketball Game			Date(s	3) 03 , 23 , 13		/
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no: Golde	en State Warriors		
THE STREET AND A PROBLEM OF THE PROPERTY OF THE THE THE STREET AND THE PROPERTY OF THE STREET AND THE PROPERTY OF THE STREET AND THE STREET A		5000000		Name	of Source	
Was the distribution to persons ide	entified below i	made at th	e behest of	an agency official	?	
Yes  No If yes: Valle,	Richard- Supervis	sor District 2	First) and Title			
	Officials	Name (Last,	rirst) and Title			
The identity of recipient(s) and	the explanation	on:				
Name			Check the	e income box if the agency	y official claims admis	sion as
(Last, First)	Number of	Agency		ncome. If the agency offici vide a description.	ial performed a cereme	onial role,
or Organization	Admission(s)/ Ticket(s)	Official	• If not ince	ome, describe the public p		
(Name, Address, Description)	ποποτίολ		ceremoni organizat	ial roles, performed by an a tion.	agency official, individ	iual, or
Ries, Karen		Yes 🗖		ttendance at an event h	eld at a County	Income
Tilos, Taron	4	No 🗹		er to maximize potential	경우 무슨 없이 하는 것이 하는데 하면 이 경기를 하는데 하는데 없다.	
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Verification I have read and understand FPPC Regularis in accordance with the provisions.					admissions, set for	th above,
M	ICHELLE DIANI	DA	Ticke	t Administrator		1911
Signature of Agency Head or Designee	Print Na	me		Title	(monty	h, day year)
Comment: (Use this seems as as a seems	t for only a daller - 1	Info was #1 !-	alvella er		/	/
Comment: (Use this space or an attachmen Includes 1 parking pass at the value of		mormation in	ciuding amendi	nent explanation.)		
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I. Agency Name				Date Stamp	California	802
County of Alameda				**	Form	
Division, Department, or Region (if applied	able)				For Official U	Ise Only
Board of Supervisors				1		
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				☐ Amendment (Must	provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors					erana ana
Area Code/Phone Number E-mail				Date of Original Filing	:(month, day, year	)
(510) 272-3882 crystal.h	ishida@acgov.	org				···
. Function, Event, or Ceremonial I	Role Informat	tion				
Golden State Warriors vs. Sacra	monto Kings		220-1010-2		200.00	
Title Golden State Warriors vs. Sacra	nento Kings		Face \	/alue of Each Admi	ssion \$	
Description Basketball Game			Date(s	03 , 27 , 13	/	/
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no: Gold	en State Warriors	of Source	
				rvaine v	or Source	
Was the distribution to persons ide	ntified below r	nade at th	e behest of	an agency official	?	
				652 %		
Yes ☑ No ☐ If yes: Valle, I	Richard- Supervis	or District 2	First) and Title			
			riisi) and Tille			
The identity of recipient(s) and t	he explanatio	on:				
Name				e income box if the agency		
(Last, First) or	Number of Admission(s)/	Agency Official		ncome. If the agency officia vide a description.	ai periorineu a ceremo	miai role,
Organization (Name, Address, Description)	Ticket(s)	3.11.51.51		ome, describe the public pu ial roles, performed by an a		ual. or
(Name, Address, Description)		-	organiza	tion.		
Santana, Chuck		Yes 🗖		attendance at an event he	H 77. 17. 17. 17. 17. 17. 17. 17. 17. 17.	Income
	4	No 🖸	facility in ord	er to maximize potential r	evenue from sales.	
		Yes 🗖				Income
		No 🗖				
		Yes 🔲				Income
Λ		No 🗆				
		Yes 🗖				Income
·		No 🗖				
		Yes 🗖				Income
		No 🗖				
3. Verification I have read and understand FPPC Regula	tions 18944.1 an		ave verified	that the distribution of a	admissions, set for	
is in accordance with the provisions.						1
MI ( ) MI	CHELLE DIANI	DA	Ticke	et Administrator	01	11/1=
Signature of Agency Head or Designee	Print Na	E.O. 1.		Title	(month	Hay Vear
- Sustain at the state of pesigned	r mic iva			.100	(mgha	, Jay, year)
Comment: (Use this space or an attachment	for any additional i	information inc	cluding amend	ment explanation.)		

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Date Stamp   California   802   Stamp   California   802   Stamp   S
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
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 crystal.hishida@acgov.org]  2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors  Face Value of Each Admission \$ 150.00  Description Basketball Game  Date(s) 030413
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  2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors  Description Basketball Game  Date(s) 03
1221 Oak Street, Suite 536   Designated Agency Contact (Name, Title)   Amendment (Must provide explanation in Part 3.)
Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors  Date of Original Filing:
Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number   E-mail
Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors Face Value of Each Admission \$ 150.00  Description Basketball Game Date(s) 03 04 13
(510) 272-3882 crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors Face Value of Each Admission \$ 150.00  Description Basketball Game Date(s) 03
2. Function, Event, or Ceremonial Role Information  Title Golden State Warriors vs. Toronto Raptors  Description Basketball Game  Date(s) 03 04 13
Title Golden State Warriors vs. Toronto Raptors  Face Value of Each Admission \$ 150.00  Description Basketball Game  Date(s) 03 , 04 , 13 , , ,   Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  Yes  No  Face Value of Each Admission \$ 150.00  If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  Yes  No  Face Value of Each Admission \$ 150.00  Name of Source  Valle, Richard- Supervisor District 2  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:  Name (Last, First)  Number of Admission(s)/ Official  Number of Admission(s)/ Official also provide a description.
Description Basketball Game  Date(s) 03 , 04 , 13  Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  Yes  No  If yes: Valle, Richard- Supervisor District 2  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:  Name (Last, First)
Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  Yes  No  If yes: Valle, Richard- Supervisor District 2  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:  Name (Last, First)  Number of Agency official performed a ceremonial role, also provide a description.
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  Number of Admission(s)/  Agency Official  Agency Official  Number of Admission(s)/
Was the distribution to persons identified below made at the behest of an agency official?  Yes No If yes:     Valle, Richard- Supervisor District 2   Official's Name (Last, First) and Title   The identity of recipient(s) and the explanation:    Name (Last, First)   Number of (Last, First)   Agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
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  Number of Admission(s)/ Official  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  Number of Admission(s)/ Official  Agency Official
The identity of recipient(s) and the explanation:  Name (Last, First) or Admission(s)/ Official
The identity of recipient(s) and the explanation:  Name (Last, First) or Admission(s)/ Official
Name (Last, First) Or Admission(s)/ Official  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.
Name (Last, First) Or Admission(s)/ Official  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.
(Last, First) Or Admission(s)/ Number of Agency Official Agency Official Agency It taxable income. If the agency official performed a ceremonial role, also provide a description.
Admission(s)/ Official a life to be supplied to supplie the number of supplied to supplied
(Name, Address, Description) ceremonial roles, performed by an agency official, individual, or organization.
Rodriquez, Robert Yes To reward a community volunteer for his service to the Income
4 No 🖸 public.
Yes  Income
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Yes  Income
No □
Yes I Income
No 🗆
Yes I 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.
is in accordance with the provisions.  MICHELLE DIANDA  Ticket Administrator  2/4/12
is in accordance with the provisions.

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1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if applica	ible)					For Official	Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)							20000-01-0000
		`unondooro				Amendment (Must	provide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number   E-mail	supervisors				Date of Original Filing:	:(month, day, yea	os)
	(510) 272-3882 crystal.his	shida@acgov.o	org				(month, day, yea	ar)
	Function, Event, or Ceremonial R	ole Informat	tion					
	Title Disney on Ice "Dare to Dream"			_	Face \	/alue of Each Admis	ssion \$ <u>34.45</u>	
	Description Concert			_	Date(s	s) <u>03</u> , 02 , 13		
	Ticket(s)/Admission(s) provided by a	agency? Yes	$\square$ N	o 🛭	If no: Gold	len State Warriors	of Source	
						ivaine c	ii Source	
	Was the distribution to persons iden					Paralle Section	•	
	Yes ☑ No ☐ If yes: Valle, R	ichard- Supervis Official's	or Distr	ict 2	First) and Title			
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	The identity of recipient(s) and th	е ехріапаціс	)II.		L. Charlette		-60-1-1-1-1-1	
	Name (Last, First)	Number of	Age	ncv	7 m 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e income box if the agency ncome. If the agency officia		
	or	Admission(s)/	Offi			vide a description. ome, describe the public pu	urnoso, including	
	Organization (Name, Address, Description)	Ticket(s)			ceremon	ial roles, performed by an a		idual, or
	Bloom to the same		Yes		To reward a	tion. community volunteer for h	er service to the	Income
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	Verification	·						
	I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 1894	2. I h	ave verified t	that the distribution of a	dmissions, set fo	orth above,
		HELLE DIANI	DA		Ticke	et Administrator	2	2/(e/1-
	Signature of Agency Head or Designee	Print Na	me			Title	(mon	nth, day, year)
	Comment: (Use this space or an attachment for	or any additional i	nformat	ion inc	cluding amend	lment explanation.)		

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e/Phone Number   E-mail				Date of Original Filing:	nth, day, year)
2-3882 crystal.h	ishida@acgov.d	org		251371	
n, Event, or Ceremonial	Role Informat	tion			
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ion Concert	y		Date(s	s) <u>02 / 27 / 13</u>	J
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/Admission(s) provided by	agency? res	П ио 🖸	II no	Name of Source	•
✓ No ☐ If yes: Valle,	Richard- Supervis	or District 2			
	Official's	Name (Last, I	First) and Title		
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ame, Address, Description)	1		organiza	tion.	SECOND NAMED IN CONTRACTOR OF THE PARTY.
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rdance with the provisions.	CHELLE DIANI	DA	Ticke	et Administrator	2/7/12
	e/Phone Number   E-mail	dishida Graff, Clerk, Board of Supervisors e/Phone Number 2-3882  In, Event, or Ceremonial Role Information on Concert  Admission(s) provided by agency? Yes distribution to persons identified below r  No If yes: Valle, Richard- Supervisor Official's Intity of recipient(s) and the explanation (Last, First) or Organization Interport Address, Description)  Al 4	Sephone Number   E-mail   Crystal.hishida@acgov.org   Cr	Isishida Graff, Clerk, Board of Supervisors   E-mail   2-3882   crystal.hishida@acgov.org	Amendment (Must provide experience   Amendment (Must provide experience   Amendment (Must provide experience   Date of Original Filling:

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1. Agency Name					Date Stamp	California	802
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Division, Department, or	r Region (if applica	ble)				For Official U	se Only
Board of Supervisors					=		
Street Address							
1221 Oak Street, Suite Designated Agency Con							
	an 17 ana 18 an 18 a Taoinn ann an t-airm an 18				Amendment (Must p	rovide explanation in l	Part 3.)
Crystal Hishida Graff, C		upervisors			Data of Original Fillians		
Area Code/Phone Numb	er E-mail				Date of Original Filing: .	(month, day, year	<del>,                                    </del>
(510) 272-3882		hida@acgov.d	- Control of the Cont				
2. Function, Event, or	Ceremonial R	ole Informat	tion				
Title Disney on Ice "Da	are to Dream"		-	Face \	/alue of Each Admis	sion \$ <u>34.45</u>	
Description Concert				Date(s	3) 02 , 28 , 13		
PI-12-44-31A-12-31-31-31-31-31-31-31-31-31-31-31-31-31-	A revenue to the return of	0 V	- 11 -	Gold	en State Warriors		
Ticket(s)/Admission(s	s) provided by a	gency? Yes	□ No ☑	If no: Ook	Name of	Source	
Was the distribution to	o persons ident						
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Agency Name				Date Stamp	California	802		
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Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)				D Amendment (1/-		D-+01		
Crystal Hishida Graff, Clerk, Board of Su	inervisors			Amendment (Must provide explanation in Part 3.)				
Area Code/Phone Number   E-mail	apervisors			Date of Original Filing	Date of Original Filing:			
(510) 272-3882 crystal.hish	nida@acgov.d	ora		A 8	(month, day, year	0		
Function, Event, or Ceremonial Ro								
Title Disney on Ice "Dare to Dream"			Fac	e Value of Each Admi	ssion \$ 34.45			
1110								
Description Concert		, i	Date	e(s) 03 , 01 , 13		_/		
	0.4		- " G	olden State Warriors				
Ticket(s)/Admission(s) provided by ag	gency? Yes	□ No	☑ If no: ⊆	Name	of Source	-		
Was the distribution to persons ident	ified below n	nade at	the behest	of an agency official	?			
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Yes ☑ No ☐ If yes: Valle, Ric	onard- Supervis	Or Distric	at 2 ast, First) and T	ille.				
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agend Official Yes   No   Yes	ey taxab also lif not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	ual, or		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541	Number of Admission(s)/ Ticket(s)	Yes   No   No	taxab also also if not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	lual, or Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care	Number of Admission(s)/ Ticket(s)	Agend Official Yes   No   Yes   No	taxab also also if not cerer orgar  To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	lual, or Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No	ey taxab also lif not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes	taxab also also if not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No	ey taxab also lif not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes	taxab also also if not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes	ey taxab also lif not cerer organ To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportional roles, performed by an a pization.	al performed a ceremo urpose, including agency official, individ	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	taxabalso   If not cerer organ  To reward the comm	te income. If the agency offici- provide a description. Income, describe the public promail roles, performed by an a sization. I a nonprofit organization for unity	al performed a ceremo urpose, including agency official, individ its contributions to	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers  Verification I have read and understand FPPC Regulation	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	taxabalso   If not cerer organ  To reward the comm	te income. If the agency offici- provide a description. Income, describe the public promail roles, performed by an a sization. I a nonprofit organization for unity	al performed a ceremo urpose, including agency official, individ its contributions to	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	taxabalso   If not cerer organ  To reward the comm	te income. If the agency offici- provide a description. Income, describe the public promail roles, performed by an a sization. I a nonprofit organization for unity	al performed a ceremo urpose, including agency official, individ its contributions to	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers  Verification I have read and understand FPPC Regulatio is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Ano   Ano	taxab also al lif not cerer orgar To reward the comm	te income. If the agency offici- provide a description. Income, describe the public promail roles, performed by an a sization. I a nonprofit organization for unity	al performed a ceremo urpose, including agency official, individ its contributions to	Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)  Lincoln Child Center  1149 A Street, Hayward CA 94541  Provides support and kinship services to foster care caregivers  Verification I have read and understand FPPC Regulatio is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  4	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	taxab also al lif not cerer orgar To reward the comm	te income. If the agency offici- provide a description. Income, describe the public proportion of a national roles, performed by an anization. I a nonprofit organization for unity	al performed a ceremon urpose, including agency official, individual its contributions to	Income Income Income Income Income Income		

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1	Agency Name				Date Stamp	California	802
	County of Alameda				10	Form	
Ī	Division, Department, or Region (if applica	ble)				For Official	Use Only
	Board of Supervisors						
7	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	upervisors			Bata of Original Fillians		
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, yea	r)
_		hida@acgov.					
2.	Function, Event, or Ceremonial R	ole Informat	tion				
,	Title Disney on Ice "Dare to Dream"			Face \	/alue of Each Admissi	on \$ 34.45	
	0				03 03 13		
	Description Concert			Date(s	03 / 03 / 13		/
					CONTRACTOR OF THE PROPERTY OF		
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no: Gold	en State Warriors  Name of S	'auraa	
					Name or S	ource	
1	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?		
	7. 19.1941 - 19.1				,		
	Yes ☑ No ☐ If yes: Valle, R	chard- Supervis	or District 2				
		Official's	Name (Last, i	First) and Title			
	The identity of recipient(s) and th	e explanatio	on:				
	Name			Check th	e income box if the agency office	cial claims admis	sion as
	(Last, First)	Number of	Agency		ncome. If the agency official pe vide a description.	rformed a cerem	onial role,
	or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purpo		
	(Name, Address, Description)	Ticket(s)		ceremon organiza	ial roles, performed by an agen tion.	cy official, individ	dual, or
	Richardson, Sarah		Yes 🗖		community volunteer for her	service to the	Income
	, to, tal assit, salah	4	No 🗹	public.			
			Yes 🗆				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
•			Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗆				
2	Verification		YEARS -				
	verification I have read and understand FPPC Regulati	one 18044 1 an	d 18042   h	ave verified	that the distribution of adm	viesione set fo	rth above
	is in accordance with the provisions.	ons roott. ran	G 10072.111	avo voimou i		resions, set 10	ar above,
							011
	MIC MIC	HELLE DIANI	DA	Ticke	et Administrator	2/	X/12
	Signature of Agency Head or Designee	Print Na	me		Title	(mont	h, day, year)
						/	•
	Signature of Agency Head or Designee  Comment: (Use this space or an attachment for			cluding amend		(mbnt	h, day, year

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TIONO BY CONTINO	non bioundatione	•					ouiiioii.
1. Agency Name	•				Date Stamp	California	802
County of Alamo						Form	10-32-51-51
Division, Depart	ment, or Region (if applica	ble)	556			For Official U	Jse Only
Board of Superv	visors						
Street Address							
1221 Oak Stree	et, Suite 536 ncy Contact (Name, Title)						
75-50 DE 17 17 17 17 17 17 17 17 17 17 17 17 17	5-7 8-15-15-15-15-15-15-15-15-15-15-15-15-15-				Amendment (Must p	rovide explanation in	Part 3.)
Area Code/Phon	Graff, Clerk, Board of S e Number   E-mail	supervisors			Date of Original Filing:		
(510) 272-3882	crystal.his	shida@acgov.	org		especial arms in activities accessed to the many residence and the second secon	(month, day, year	)
A STATE OF THE PARTY OF THE PAR	ent, or Ceremonial R	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN TRANSPORT TO THE PERSON NAMED IN TR	SOURCE CO.				
Title Golden Sta	ate Warriors vs. Utah Ja	azz		Face \	Value of Each Admis	sion \$ _100.00	
Description Ba	sketball Game	til			s) 04 , 07 , 13		
**************************************				,			
Ticket(s)/Admis	ssion(s) provided by a	gency? Yes	□ No ☑	I If no: Gold	len State Warriors		
					Name of	Source	
Was the distrib	ution to persons iden	tified below r	nade at th	e behest of	f an agency official?		
Yes 🗹 N	o 🔲 If yes: Valle, Ri	ichard- Supervis Official's	or District 2 Name (Last, I	First) and Title			
The identity o	of recipient(s) and th	o ovnlanatio	on:				
The identity o		T	)II. I	Charlett		en alat atalan adala	-1
(1	Name Last, First)	Number of	Agency	taxable i	ne income box if the agency on ncome. If the agency official		
0	or rganization	Admission(s)/	Official	152	vide a description. come, describe the public pur	roose, including	
	ldress, Description)	Ticket(s)			ial roles, performed by an ag		ual, or
Sanborn, Greg	3 1 3 2		Yes 🗖	The state of the s	attendance at an event held	d at a County	Income
Gambonn, Greg		4	No 🖸	facility in ord	er to maximize potential re	venue from sales.	
			Yes 🗆				Income
			No 🗖				
			Yes 🔲				Income
***************************************			No 🗖				
			Yes 🗆				Income
			No 🗆				
			Yes 🔲				Income
			No 🗆				
<ol> <li>Verification   I have read and using accordance with the second and the second and</li></ol>	nderstand FPPC Regulation in the provisions.	ons 18944.1 an	d 18942. I h	ave verified i	that the distribution of ac	lmissions, set for	th above,
1	MIC	HELLE DIANI	DA	Ticke	et Administrator	21	8/12
Signature of Agenc	y Head or Designee	Print Na	me		Title	(month	n, day year)
Comment: (Use t	his space or an attachment fo	or any additional i	information inc	cluding amend	lment explanation.)	2	
	ng pass at the value of				4444 (444 (445 (445 (445 (445 (445 (445		

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	onour tailing of our bloth battle	110				I done be	carrier		
1.	Agency Name				Date Stamp	California	802		
	County of Alameda					Form	No. of Lotter		
	Division, Department, or Region (if app	olicable)			1	For Official L	Jse Only		
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title	e)			Amendment (Must pro	ovide explanation in	Part 3.)		
	Crystal Hishida Graff, Clerk, Board	of Supervisors			- months (months on purious on pu				
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	)		
	(510) 272-3882 crystal	.hishida@acgov.	org			0.77 - 0.45 (1.75 (	5.5		
2.	Function, Event, or Ceremonia	l Role Informa	tion						
	Title Monster Jam			Face	Value of Each Admiss	ion \$ 41.00			
	Description Concert			Date(s	02 , 23 , 13	,	1		
	Dog The Control of th			Datot	,,				
	Ticket(s)/Admission(s) provided b	v agency? Yes	□ No □	I If no. Oak	land A's				
	nonos(o), tambolos (o) provided a	y agency. Too			Name of S	Source			
	Was the distribution to persons ic	lentified below r	made at th	e behest o	f an agency official?				
	— Valle	Pichard Supervis	or Dietrict 2						
	Yes 🛛 No 🔲 If yes: 🗸	e, Richard- Supervis Official's	Name (Last.	First) and Title	-				
	The identify of accipient(s) and		100	noy and Thio					
	The identity of recipient(s) and	the explanation	on:						
	Name (Last, First)			United the State of the State o	ne income box if the agency off ncome. If the agency official p				
	or	I Number of T Agency T			also provide a description.				
	Organization (Name, Address, Description)	Ticket(s)	V CASHAGAGA	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>					
	(Name, Address, Description)		orgar		organization.				
	Austria, Carlo		Yes 🗖	그 보다면 해가 없는 보다 살다는데	attendance at an event held	]	Income		
		3	No 🛛	facility in ord	er to maximize potential reve	enue from sales.			
			Yes 🔲				Income		
	-		No 🗖						
			Yes 🔲				Income		
			No 🗖						
			Yes 🔲				Income		
	<u></u>		No 🗆						
			Yes 🗖				Income		
			No 🗖						
3.	Verification								
	I have read and understand FPPC Regulation is in accordance with the provisions.	uauons 18944.1 an	ia 18942. I h	lave verified	tnat the distribution of adr	nissions, set for	n above,		
		MICHELLE DIANI	DA	Ticke	et Administrator	21	19/12		
	Signature of Agency Head or Designee	Print Na	me		Title	(month	, day year)		
	Comments #1- #1			V 725	25 15 (2 1/25) 151	1	(a)		
	Comment: (Use this space or an attachme	nt for any additional i	information in	cluding amend	lment explanation.)				

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I. Agency Name				Date Stamp	California OO
County of Alameda					Form 502
Division, Department, or Region (if ap	oplicable)		M		For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Ti	tie)			F7 A	
Crystal Hishida Graff, Clerk, Board	of Supervisors			Amendment (Must	provide explanation in Parl 3.)
Area Code/Phone Number E-mail		**************************************	***************************************	Date of Original Filing:	
(510) 272-3882 crysta	l.hishida@acgo	v.org			(month, day, year)
. Function, Event, or Ceremonia	l Role Inform	ation			
IN ANCIONS "					0 /
Title Warriors			Face V	alue of Each Admis	sion \$ <u>95</u>
Description Bask	etbull			7 12 1-	7
Description	Ci Juni		Date(s	12,12,13	5
Tiefe-Made to the Albertain		•	(	35W	
Ticket(s)/Admission(s) provided b	by agency? Ye	s 🗗 No 🗖	If no:	Name of	10-
					Source
Was the distribution to persons id	lentified below	made at the	behest of	an agency official?	
Yes ☑ No ☐ If yes: Alar	meda County Sur	pervisor Scott	Hannerty D	listrict 1	
res No ir yes:	Official'	s Name (Last. F	irst) and Title	15(1)(( )	
The identity of recipient(s) and			THE		
CONTRACTOR OF THE PARTY OF THE	American International Control of the Control of th				
Namo (Last) (Rist)	War-ta-		O Charlettan	ncomeloxil/thelagency/o	mcial claimsladmissionlast (* 28) penormediatoeremoniabroie
for the second second	Admission(s)	4 Difficial			
Otoganization (Name Address, Description): "	ागिर्दाखा(s)		iconimón II. 📭 Bircomerca	on, eteralisoid publicións liceles, pademicolay arrec ire	ose (including)
		V	To roward		TO THE TAXABLE PROPERTY.
Kasie Hildenbrand	2	Yes 🗍	public	a community volunteer fo	or his or her service to the
		Yes 🗇			
		No 🗆			
		Yes 🔲			Income
		No 🗆			
		No 🗆			Income
		Yes ☐ │ No ☐ │			Income
Verification					
	itions 18044 1 an	d 18042   hav			
have read and understand FPPC Regula in accordance with the provisions.	acito roott. rail	u 10342. I 118V	e verillea tha	ine distribution of adm	issions, set forth above,
della Variation		_			
THE WAY TO THE	Lee Ann F	ergerson	Ticket A	Administrator	13-21-Feb
Signature of Agency Hear of Cast nee	Print Nan	ne	-	Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional in	nformation inclus	lina amenda	nt evnlaneties i	
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I. Agency Name				Date Stamp	California 802
County of Alameda					Form 502
Division, Department, or Region (if appli	cable)				For Official Use Only
Board of Supervisors					
Street Address		······································			
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				I Amondana A ()	
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Must provid	e explanation in Parl 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
(510) 272-3882 crystal.h	ishida@acgo	v.org		(	month, day, year)
Function, Event, or Ceremonial	Role Inform	ation			
Title DISNLY on Ice (Da	ure to Dra	<u>cam</u>	Face V	alue of Each Admissior	1\$34.45
Description keShow		,	Date(s	3,2,13	
Ticket(s)/Admission(s) provided by	agency? Ye	s <b>P</b> No [	If no: 6	SW	
				712.11.0 01 250,	ce
Was the distribution to persons iden	ntified below	made at th	e behest of	an agency official?	
Yes No ☐ If yes: Alame	Official's	Name (Last.	First) and Title	15thtt	
The identity of recipient(s) and th			well and Thie		
Name:	le explanati	OII.	S answer and a section	Moving and the second s	
(Last Piet)	Numberof	Agrancy	nggagai axa Dianar	ililamo, var, ega edin i xoden oʻqui xoneq ililin oʻ, vanega edin il seno	***人员及我的人会对你的现在分词的方式是是在2000年1000年
or Organisation	Admission(s)	(Official)	- also provi	lo al desertotion	
(Name, Address, Description);	Tifelde((s))		peremonia	to a (description) no description) no describe the public purposo, incles, sectormed by an Egencyto	ncludino + filozalkindividualko
12 11 11		Yes 🔲		a county employee for I	vic Or
Josh Thurman	1 4	No 🗆		plary service to the public	
		Yes 🔲			
		No 🛘			Income
		Yes 🗆			
		No 🔲			Income
		Yes 🔲			
		No 🗆			income
-		Yes 🔲			
		No 🗆			Income
/erification					
have read and understand FPPC Regulation accordance with the provisions.	ns 18944.1 and	d 18942. I ha	ve verified tha	t the distribution of admission	ns, set forth above,
Signature of Agency Head Appasign te	Lee Ann F		Ticket A	dministrator	2-2/1/3
	Print Nan	ie		Title	(month, day, year)
omment: (Use this space or an attachment for	any additional in	formation inclu	iding amendmer	nt explanation.)	

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	Ons			I	A Public Documen
I. Agency Name				Date Stamp	California 000
County of Alameda					Form OUZ
Division, Department, or Region (if ap	oplicable)				For Official Use Only
Board of Supervisors	0 <del>-10-10-10-10-10-10-10-10-10-10-10-10-10-</del>				
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Ti				☐ Amendment (Must	
Crystal Hishida Graff, Clerk, Board	of Supervisors				provide explanation in Parl 3.)
Area Code/Phone Number   E-mail			***************************************	Date of Original Filing:	/ no or discounting
	l.hishida@acgo				(month, day, year)
. Function, Event, or Ceremonia	il Role Inform	ation			
Title DISNey on Ice Dan	re to Drea	am)	Face V	/alue of Each Admiss	sion \$ 34, 45
Description 1ce Show	W. W		Date(s	3,3,13	
Ticket(s)/Admission(s) provided b	y agency? Ye	s <b>№</b> № 🗖	If no:	G-SW Name of	Course
					Source
Was the distribution to persons id	lentified below	made at the	behest of	an agency official?	
Yes No If yes:	meda County Sur	pervisor Scott I	Haggerty, D	istrict 1	
nyes.	Official's	Name (Last, Fir	st) and Title	Personne 40-40-41-41-41-41-41-41-41-41-41-41-41-41-41-	•
The identity of recipient(s) and					
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Constitution of the second	ได้ของอาจา	Agency	daxable in	ncomeloxilithe agencyoff gliffailtoiyonegaethilla emoc	icialiciaimsiadmissioniastorias enormediaceremonializate
Organization	Admission(s)) Tild(si((s))	A Official V	aliso provi O die acciona	te aldesemption.	
(Name Addiess Description) = 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ceremonia Adorganizatio	de a gesearieuten nos conselhos discribble euro Nicolas pasisimed by an agri on	ese; including revionical lindividual on
- 1 A	. /	Yes 🗖		ote attendance at a co	24.72美元的12.23人。2.14.00年的主义中国13.14.15
Teresa Wipfu	1 4	No X	event in	order to maximize pote	ential county
1		Yes 🔲	revenue	for concession and pa	rking sales.
		No 🔲			ы
		Yes 🔲			Income
		No 🔲			mcome
		Yes 🔲			
		No 🔲			Income
		Yes 🗆	<u> </u>	Marian and a second	
		No 🔲			Income
/erification					
have read and understand FPPC Regula on accordance with the provisions.	itions 18944.1 and	d 18942. I have	verified tha	t the distribution of admi	ssions, set forth above,
Signature of Agencia Hear shows	Lee Ann F	-	Ticket A	Administrator	3-21-13
Signature of Agency Head of Designee	Print Nan	ne		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional in	formation includi	ng amendmei	nt explanation.)	

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1	Aganay Nama				Data Otaman	California
1.	Agency Name				Date Stamp	California 802
	County of Alameda  Division, Department, or Region (if applica	nhle)				For Official Use Only
			-			
	Board of Supervisors Street Address					
	1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)					
					Amendment (Must p	provide explanation in Part 3.)
	Cheryl Perkins, Clerk, Board of Superv	isors			Date of Original Filing:	
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
		rkins@acgov.c				
2.	Function, Event, or Ceremonial R	ole Informat	tion			
	Title			Face \	Jalue of Each Admis	sion \$ _\$100/\$20 parkii
	Tide			race	value of Each Admis	SION \$
	Description Warriors vs. Rockets			Date(s	2 / 22 / 13	
				Butole		
	Ticket(s)/Admission(s) provided by a	Noney Voc		I If no. Gold	len State Warriors	
	ricket(s)/Admission(s) provided by a	agency? Yes	П ио Г	11110	Name of	f Source
	Yes ☑ No ☐ If yes: Supervi			First) and Title		
	Name			Check th	ne income box if the agency of	official claims admission as
	(Last, First)	Number of	Agency			performed a ceremonial role,
	or Organization	Admission(s)/ Ticket(s)	/ Official	also provide a description.  If not income, describe the public purpose, including		
	(Name, Address, Description)	1101101(0)		ceremon	ial roles, performed by an ag ition.	jency official, individual, or
			Yes 🗖		te attendance at an ev	ent held at a Income
	Falcon, Ernesto	4 + parking	No ☑	County fac	cility in order to maxim	nize potential
			Yes 🗖	County re	venue from sales.	Income
			No 🗖	County 10	veride irom sales.	
			Yes □			Income
			No 🗖			
			Yes 🔲			Income
		4	No 🗖			·
			Yes 🗖			Income
		-	No 🗆			
3	Verification					
Υ,	I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 18942. I f	nave verified	that the distribution of ac	dmissions, set forth above,
	Alex	xandra Boskov	vich .	Ticke	et Administrator	2/15/2013
	Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)
	Comment: (Use this space or an attachment for	or any additional ii	nformation in	cluding amend	lment explanation.)	

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1.	Agency Name				Date Stamp	California	802		
	County of Alameda					Form	loo Only		
	Division, Department, or Region (if applica	ble)				For Official	Jse Only		
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in	Part 3.)		
	Cheryl Perkins, Clerk, Board of Supervi	isors			Date of Original Filing: _				
	Area Code/Phone Number E-mail				Date of Original Filling.	(month, day, yea	r)		
_		kins@acgov.c							
2.	Function, Event, or Ceremonial R	ole Informat	tion						
	Title			Face \	/alue of Each Admiss	ion \$ <u>\$100/</u> \$	20 park		
	Marriana da Banka								
	Description Warriors vs. Rockets			Date(s	s) 2 / 22 / 13				
				Cold	Ion State Marriera				
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: Gold	Name of S	Source			
					,,,,,,,,				
	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?				
	Yes No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title								
	Yes No I If yes: Supervis	•							
				i iisij and Tilic					
	The identity of recipient(s) and th	e explanatio	on:	è					
	Name	Alexander de la companya de la compa			ne income box if the agency off ncome. If the agency official p				
	(Last, First) or	Number of Admission(s)/	Agency Official		vide a description.		oman 7010,		
	Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an age		dual, or		
	(Name, Address, Bescription)			organiza					
	Brekke, Ryan	4 + parking	Yes □ No ☑		te attendance at an eve cility in order to maximiz		Income		
	Brokko, riyari	4 · parking			· · · · · · · · · · · · · · · · · · ·	ao poterniar			
			Yes ☐ No ☐	County re	venue from sales.		Income		
			Yes 🗖	-		н	Income		
			No 🗆						
			Yes 🗆						
			No 🗆				Income		
			Yes 🗖				Income		
			No 🗆						
3	Verification								
٠.	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	nave verified	that the distribution of adn	nissions, set fo	rth above,		
	Alex	kandra Boskov	/ich	Ticke	et Administrator	2/15/2	013		
	Signature of Agency Head or Designee	Print Nar	me		Title	(mont	h, day, year)		
	Comment: (Use this space or an attachment for	or any additional ii	nformation in	cluding amend	lment explanation.)				

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1.	Agency Name				Date Stamp	California 802
	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			2		
	<b>Designated Agency Contact</b> (Name, Title)				☐ Amendment (Must pro	vide explanation in Part 3.)
	Cheryl Perkins, Clerk, Board of Super-	visors				,
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
	(510) 272-3882 cheryl.pe	erkins@acgov.c	org			
2.	Function, Event, or Ceremonial I	Role Informat	tion			
						\$400/\$20 parlain
	Title		_	Face \	/alue of Each Admissi	ion \$\$100/\$20 park
	Warriors vs. Rockets			D-1-1	, 2 , 22 , 13	
	Description Warriors vs. Rockets			Date(s	5)/	
				Gold	en State Warriors	
	Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Ook	Name of S	Source
	Was the distribution to persons idea	ntified below n	nade at th	e behest of	f an agency official?	
	Supon	visor Wilma Chan				
	Yes ☑ No ☐ If yes: Superv	visor Wilma Chan Official's	Name (Last	First) and Title		
				insty and Thic		
	The identity of recipient(s) and the	he explanatio	on:			
	Name		Server and the server		e income box if the agency offincome. If the agency official pe	
	(Last, First) or	Number of Admission(s)/	Agency Official	and the second second second	vide a description.	eriorined a ceremoniai role,
	Organization	Ticket(s)	Omolai		ome, describe the public purpo ial roles, performed by an agen	
	(Name, Address, Description)	The state of the s		organiza		ioy omolal, marviadal, or
	O		Yes 🗖		e attendance at an eve	
	Cravahlo, Brian	4 + parking	No ☑	County fac	cility in order to maximiz	ze potential
			Yes 🗖	County re	venue from sales.	Income
			No 🗖			
			Yes □			Income
		5	No 🗖			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			
3.	Verification					
	I have read and understand FPPC Regula is in accordance with the provisions.	tions 18944.1 an	d 18942. I h	ave verified t	that the distribution of adm	nissions, set forth above,
	Ale	exandra Boskov	/ich	Ticke	et Administrator	2/15/2013
	Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)
	Comment: (1) file					
	Comment: (Use this space or an attachment	tor any additional ii	ntormation in	cluding amend	ment explanation.)	

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Tollow Talling Coll Bioth Battorie					2 0 0 0 0
I. Agency Name				Date Stamp	California QO
County of Alameda					Form OUA
Division, Department, or Region (if applica	ble)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Cheryl Perkins, Clerk, Board of Supervi	ieore			Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number   E-mail	13013			Date of Original Filing: _	
(510) 272-3882 cheryl.per	rkins@acgov.c	ora			(month, day, year)
2. Function, Event, or Ceremonial R					
Function, Event, of Geremonial K	ole illioilla	LIOII			
Title	2 20		Face \	lalue of Each Admiss	ion \$ _\$100/\$20 park
Description Warriors vs. Rockets			Date(s	s) 2 / 22 / 13	
Ticket(s)/Admission(s) provided by a	agency? Yes	□ No 🔽	I If no: Gold	len State Warriors	
	,			Name of S	Source
The identity of recipient(s) and th	e explanation	On:		ne income box if the agency off ncome. If the agency official p	
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	If not inc	vide a description. come, describe the public purp ial roles, performed by an agel tion.	
		Yes 🗖	1	te attendance at an eve	ent held at a Incom
Amgott-Kwan, Jared	2 + parking	No ☑		cility in order to maximiz	
		Yes □ No □	County re	venue from sales.	Incom
		Yes 🗆	: -		Incom
*		No 🗆			
·		Yes 🗆			pen
		No 🗆			Incom
		Yes 🗖	-		<u></u>
		No 🗆			Incom
		110 11			
3. Verification I have read and understand FPPC Regulating is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	nave verified	that the distribution of adn	nissions, set forth above
(4	kandra Boskov	/ich	Ticke	et Administrator	2/15/2013
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year
Comment: (Use this space or an attachment for	or any additional i	nformation in	cluding amend	lment explanation.)	