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1.	Agency Name				Date Stamp	California Form	302
	County of Alameda					For Official Use	Only
	Division, Department, or Region (if applica	ble)				1 or omolar out	
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
					☐ Amendment (Must p	orovide explanation in Pa	nt 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	upervisors			Date of Original Filing:	(month day your)	_
	(510) 272-3882 crystal.his	shida@acgov.d	org			(month, day, year)	
2.	Function, Event, or Ceremonial R						
	Title Disney on Ice			Face \	Value of Each Admis	sion \$ <u>32.15</u>	
	Description Concert			Date(s	s) <u>10 / 14 / 11</u>		/
				2 3.10 (3			
	Ticket(s)/Admission(s) provided by a	nency? Yes	□ No □	If no. Gold	len State Warriors		
	Ticket(3)/Admission(3) provided by t	igency: 163		11110	Name o	f Source	
	Was the distribution to persons iden	tified below n	nade at the	e behest o	f an agency official?	•	
	Yes ☑ No □ If yes: Lockyer	, Nadia, Supervi	isor, District	2			
	Yes ✓ No ☐ If yes: Lockyer	Official's	Name (Last, I	irst) and Title			
	The identity of recipient(s) and th	o ovnlanatio	.n.				
		e explanatio);;. T	1 0 10			
	Name (Last, First)	Number of	Agency	1	ne income box if the agency on ncome. If the agency official		
	or.	Admission(s)/	Official	1	vide a description.		
	Organization (Name, Address, Description)	Ticket(s)		ceremon	come, describe the public pur nial roles, performed by an ag		ıl, or
			Yes 🗖	To promot	te attendance at an ev	vent held at a	Income
	Harrison, Bill	4	No ☑		cility to maximize pote		
			Yes 🗖			•	Income
			No 🗆				
			Yes □				Income
			No 🗖				
			Yes 🔲				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
3.	Verification						
٠.	I have read and understand FPPC Regulati	ons 18944.1 an	id 18942. I h	ave verified	that the distribution of a	dmissions, set forth	above,
	is in accordance with the provisions.						
	MIC	HELLE DIANI	DA	Ticke	et Administrator	10/	5/11
	Signature of Agency Head or Designee	Print Na	me		Title	(mgnth, c	day, year)
	Comment: (Lies this space or an attachment f	or any additional i	information in	oludina omono	tment evolunation \		
	Comment: (Use this space or an attachment for	ו any auuitional li	mumauon M	личну аттепс	ипон өхріанашін.)		

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Agency Name				Date Stamp	California	900		
County of Alameda					Form	002		
Division, Department, or Region (if app	licable)				For Official U	lse Only		
Board of Supervisors								
Street Address			-					
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title	e)			Amondment (Must provide audionation in Dark 2)				
Anna Gee, Operations Manager				Amendment (Must provide explanation in Part 3.)				
Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·		Date of Original Filin	ng:(month, day, year	<u> </u>		
510-891-5585 anna.g	ee@acgov.org				(month, day, year	,		
Function, Event, or Ceremonial		tion		,				
Title Lord of the Rings			Face \	/alue of Each Adm	nission \$ <u>67.70</u>			
Description Concert			Date(s	s) 10 , 22 , 1°	1/			
	2 1 1		- u Gold	len State Warriors				
Ticket(s)/Admission(s) provided by	y agency? Yes	□ No ☑	If no: Ook	Name Name	e of Source			
	da County Supervisor Na Official's I		ot 4 First) and Title					
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First)	da County Supervisor Na Official's i the explanatio	on: Agency	Check the taxable in	e income box if the agen ncome. If the agency offi vide a description.		0.0000000000000000000000000000000000000		
Yes No If yes: Alamed The identity of recipient(s) and Name	da County Supervisor Na Official's I the explanatio	on:	Check the taxable is also prove if not incorremone.	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar	cial performed a ceremo purpose, including	nial role,		
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First) or Organization	da County Supervisor Na Official's i the explanatio Number of Admission(s)/	Agency Official	Check the taxable is also provided if not inconsideration organization.	e income box if the agen ncome. If the agency offi vide a description. ome, describe the public ial roles, performed by ar	cial performed a ceremo purpose, including n agency official, individ	nial role, ual, or		
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First) or Organization	da County Supervisor Na Official's i the explanatio Number of Admission(s)/	on: Agency	Check the taxable is also provided if not inconsideration organization.	e income box if the agent ncome. If the agency offit vide a description. ome, describe the public ial roles, performed by artion.	cial performed a ceremo purpose, including n agency official, individ	nial role, ual, or		
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	da County Supervisor Na Official's i the explanatio Number of Admission(s)/ Ticket(s)	Agency Official	Check the taxable is also provided in the ceremon organiza To promote	e income box if the agent ncome. If the agency offit vide a description. ome, describe the public ial roles, performed by artion.	clal performed a ceremo purpose, including n agency official, individ event held at a	ual, or Incom		
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Agency Name				Date Stamp		California	802	
County of Alameda]		Form For Official U	lse Only	
Division, Department, or Region (if appl.	icable)					roi Oilidai C	ose Only	
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536					l			
Designated Agency Contact (Name, Title,)			Amendment (Must provide explanation in Part 3.)				
Anna Gee, Operations Manager								
Area Code/Phone Number E-mail				Date of Original Filing:				
510-891-5585 anna.ge	ee@acgov.org				•		,	
Function, Event, or Ceremonial	Role Informat	tion						
Title Lord of Rings		Face \			dmissio	n \$ <u>67.70</u>		
Canada				10 22	11			
Description Concert			Date(s)/_22	··			
Ticket(s)/Admission(s) provided by	agency? Yes	☐ No	☑ If no: Gold	den State Warriors				
				/ Vc	ine or oot	1100		
Yes ☑ No ☐ If yes: Alamed	Official's	Name (Las	st, First) and Title	•				
The identity of recipient(s) and		·	st, First) and Title)				
The identity of recipient(s) and Name		·	Gheck ti	he income box if the ag				
The identity of recipient(s) and Name (Last, First)	the explanation	n: Agenc	Check to taxable					
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The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	n: Agenc	Check ti taxable also pro If not inceremon organization.	he Income box if the ag income. If the agency c ivide a description. come, describe the pub nial roles, performed by	official perf lic purpose an agency	ormed a ceremo , including official, individ	onial role, ual, or	
The identity of recipient(s) and some (Last, First) or Organization	Number of Admission(s)/	Agenc Officia	Check to taxable also pro If not inceremon organization	he income box if the ag income. If the agency c ivide a description. come, describe the pub nial roles, performed by ation.	official perf lic purpose an agency	ormed a ceremo , including official, individ	onial role, ual, or	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna	Number of Admission(s)/ Ticket(s)	Agency Officia	• Check the taxable also pro elements organization of the composition	he income box if the agincome. If the agency cooled a description, come, describe the publial roles, performed by atton.	official perf lic purpose an agency an event	ormed a ceremo e, including official, individ held at a	ual, or Income	
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes D	• Check the taxable also pro elements organization of the common organization	he income box if the ag income. If the agency c ivide a description. come, describe the pub nial roles, performed by ation.	official perf lic purpose an agency an event	ormed a ceremo e, including official, individ held at a	ual, or	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric	Number of Admission(s)/ Ticket(s)	Agency Official Yes Mo	• Check the taxable also pro entered in the ceremon organization. To promo County factors	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by atton. te attendance at a ncility in order to m	official perf lic purpose an agency an event naximize	ormed a ceremon, including official, individed the held at a potential	ual, or Income	
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Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric	Number of Admission(s)/ Ticket(s)	Agency Official Yes [2] No [2] No [2] Yes [3] Yes [4] No [5]	County re	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by atton. te attendance at a ncility in order to m	official perf lic purpose an agency an event naximize	ormed a ceremon, including official, individed the held at a potential	Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan	Number of Admission(s)/ Ticket(s)	Agency Official Yes I No I Yes I No I Yes I No I Yes I No I Yes I	• Check the taxable also pro elements organization of the county far also pro elements organization organizat	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by atton. te attendance at a ncility in order to m	official perf lic purpose an agency an event naximize	ormed a ceremon, including official, individed the held at a potential	Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan	Number of Admission(s)/ Ticket(s)	Agency Official Yes [Agency Official Yes [County fa	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by atton. te attendance at a ncility in order to m	official perf lic purpose an agency an event naximize	ormed a ceremon, including official, individed the held at a potential	Income Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan Woodland, Omar	Number of Admission(s)/ Ticket(s) 1 1 1	Agency Official Yes [2] No [2] Yes [3] Yes [4] Yes [4] Yes [5] Yes [6] Yes [6] Yes [6]	County fa	he income box if the ag income. If the agency of vide a description. come, describe the pub nial roles, performed by atton. te attendance at a ncility in order to m	official perf lic purpose an agency an event naximize	ormed a ceremon, including official, individed the held at a potential	Income Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan Woodland, Omar	Number of Admission(s)/ Ticket(s) 1 1 1 1	Yes C No C Yes C No C Yes C No C Yes C No C Yes C No C	County fa	he income box if the agincome. If the agency covide a description. come, describe the publical roles, performed by ation. te attendance at a acility in order to me evenue from parking	official perfilic purpose an agency an event	ormed a ceremon, including official, individed held at a potential concession	Income Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan Woodland, Omar Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 1 1 1 1	Yes C No C Yes C No C Yes C No C Yes C No C Yes C No C	County fa	he income box if the agincome. If the agency covide a description. come, describe the publical roles, performed by ation. te attendance at a acility in order to me evenue from parking	official perfilic purpose an agency an event	ormed a ceremon, including official, individed held at a potential concession	Income Income Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Gee, Anna Vogel, Eric Svetik, Joan Woodland, Omar Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 1 1 1 1 1 ations 18944.1 an	Agency Official Yes [No	County fa	the Income box if the agincome. If the agency covide a description. come, describe the publical roles, performed by atton. te attendance at a acility in order to me evenue from parking that the distribution	official perfilic purpose an agency an event	ormed a ceremon, including official, including held at a potential concession	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 a	pplicable)				For Official Use Only		
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, 7	itle)			Amendment (Must	provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board	l of Supervisors						
	Area Code/Phone Number E-mai				Date of Original Filing	(month_day_year)		
	(510) 272-3882 cryst	al.hishida@acgov.d	ora			(monny day, year)		
	Function, Event, or Ceremoni	Gladia menintar atau kada mada mendah kerajaran beragan beragai dan beragai be						
-	, ,					450.00		
	Title Rodney Brooks		:	Face \	/alue of Each Admis	ssion \$ <u>150.00</u>		
	Daldana va Nave Vad	. 1-4-			09 25 11			
	Description Raiders vs. New York	(Jets		Date(s	s)/			
				0.11	land Daldana			
	Ticket(s)/Admission(s) provided	by agency? Yes	□ No ☑	If no: Oaki	and Raiders	of Source		
					rvaine (on source		
	Was the distribution to persons	identified below n	nade at the	e behest of	f an agency official	?		
	,							
	Yes 🗹 No 🖸 If yes:							
		Official's	Name (Last, F	irst) and Title				
	The identity of recipient(s) an	d the explanation	n:					
	Name			Check th	ne income box if the agency	official claims admission as		
	(Last, First)	Number of	Agency	I.	ncome. If the agency official vide a description.	al performed a ceremonial role,		
	or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public p			
	(Name, Address, Description)	Ticket(3)		1		gency official, individual, or		
			Yes 🗹		organization. To reward a County employee for his or her Inco			
	Brooks, Rodney	4	No 🗖	exemplary	service to the public	or to encourage		
			Yes 🗖			Income		
			No 🔲					
			Yes 🔲			Income		
			No 🗆					
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-			No 🗆					
	Verification							
	I have read and understand FPPC Re	gulations 18944.1 an	d 18942. l h	ave verified	that the distribution of a	admissions, set forth above,		
	is in accordance with the provisions.					**		
	A Shina	Amy Shrago		Ticke	et Administrator	09/09/11		
	/V/ /) (\(\D) 0 / \(\D)	, ,						
	Signature of Agency Mead or Designee	Print Na	me		Title	(month. day. year)		
	Signature of Agency Mead or Designee	Print Na	me		Title	(month, day, year,		
	Signature of Agency Mead or Designee Comment: (Use this space or an attachi			cluding amend		(month, day, yea		

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. Agency Name				Date Stamp	California 802	
County of Alameda					Form OUZ	
Division, Department, or Region (if a	pplicable)				For Official Use Only	
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, T.	itle)			Amendment (Must p	provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board					,	
Area Code/Phone Number E-mai	I			Date of Original Filing:	(month, day, year)	
(510) 272-3882 crysta	al.hishida@acgov.	org				
. Function, Event, or Ceremoni	al Role Informa	tion				
Title Eddie Russell			_ ,		150.00	
litle <u>Ludie Russeii</u>			Face \	/alue of Each Admis	sion \$	
Description Raiders vs. Rams			Date(s	s) <u>08</u> / 11 / 11		
			0-14	and Daidan		
Ticket(s)/Admission(s) provided	by agency? Yes	□ No ☑	If no: Oaki	Name o	f Source	
				ramo o	. 304,00	
Was the distribution to persons i	identified below r	nade at the	e behest of	f an agency official?		
Co	roon Koith Cunoniaa					
Yes ☑ No ☐ If yes: └	rson, Keith Superviso	Name /I act l	First) and Title			
		,	not) and mic			
The identity of recipient(s) an	d the explanatio	on: 				
Name				e income box if the agency official	official claims admission as performed a ceremonial role,	
(Last, First) or	Number of Admission(s)/	Agency Official		vide a description.	portormou a doromonia, toto,	
Organization (Name, Address, Description)	Ticket(s)		 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individu 			
(Name, Address, Description)			organiza			
Eddie Russell	4	Yes 🗖	1 '	e attendance at a eve cility in order to maxim	den matantial	
Eddie Müssell	4	No 🗹	- County lat	Sinty in order to maxim		
		Yes 🔲			Income	
		No 🗆			<u>L</u>	
		Yes 🗆			Income	
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		Yes 🗖			Income	
		No 🗆		1		
		Yes 🗖			Income	
		No 🔲				
. Verification						
I have read and understand FPPC Reg is in accordance with the provisions.	guiations 18944.1 an	a 18942. I h	ave verified i	tnat the distribution of ac	amissions, set forth above,	
is in accordance with the provisions.						
/La SAMOO A	Amy Shrago		Ticke	et Administrator	08/08/2011	
Signature of Agency Head or Pesignee	Print Na	me		Title	(month, day, year)	
Comment: (Use this space or an attachn	nent for any additional i	information ind	cluding amend	lment explanation.)		

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. Agency Name		Date Stamp California Q 🗅				
County of Alameda					Form	002
Division, Department, or Region (if app	licable)				For Official U	Jse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	e)					
Anna Gee, Operations Manager				Amendment (Must pr	ovide explanation in	Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	
510-891-5585 anna.g	oo@acaay ara				(month, day, yea	7)
Function, Event, or Ceremonial	ee@acgov.org	lion				
Function, Event, or Ceremonia	Role informat	uon				
Title Raiders vs Browns			Face \	/alue of Each Admiss	sion \$ 150.00	
Description Football Game			Date(s	10 16 11		
•			,	•		
Ticket(s)/Admission(s) provided b	v agency2 Vee		l If no			
Ticket(3)/Admission(3) provided b	y agency: Tes		11110	Name of	Source	,
			•			
Was the distribution to persons id	entified below n	nade at the	e behest of	f an agency official?		
•				,	•	
Yes ✓ No ☐ If yes: Alame	da County Supervisor Na Official's	ite Miley, District	. 4			
	Official's	Name (Last, F	First) and Title			
The identity of recipient(s) and	the evaluation	\n·				
The identity of recipient(s) and	tile explanation	/11.				
Name				e income box if the agency of ncome. If the agency official (
(Last, First) or	Number of Admission(s)/	Agency Official		vide a description.		
Organization	Ticket(s)	"""		ome, describe the public purp ial roles, performed by an age		lual or
(Name, Address, Description)			organiza		mcy official, marvic	iuai, Oi
		Yes 🗖	To promot	e attendance at an eve	ent held in a	Income
Hunt, Clarence	4	No ☑				
		Yes □	County fac	cility in order to maxim	ize notential	Income
		No 🗖	County lat	clifty in order to maxim	ize potential	
		Yes 🗖			4	Income
		No \square	County rev	venue from parking an	a concession	
		Yes 🗖	 		· · · · · · · · · · · · · · · · · · ·	.
		Yes ☐ No ☐	sales			Income
		Yes				Income
		No 🔲				
Verification		A. C.				
I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I h	ave verified t	that the distribution of ad	missions, set foi	th above,
is in accordance with the provisions.					,	,
			_			
PALL	nna Gee		Oper	ations Manager	10/10/	11
Signature of Agency Head or Designee	Print Na	me		Title	(mont	h, day, year)
Comment: (Use this space or an attachme	nt for any additional i	nformation ind	cluding amend	lment explanation.)		
Comment: (Use this space or an attachme	nt for any additional i	ntormation inc	ciuding amend	iment expianation.)		

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А.	т.	1131	102	176363		em

. Agency Name				Date Stamp	California 202
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Region (if application)	ble)				For Official Use Only
BOARD OF SUPERVISORS					
Street Address					
1221 OAK STREET, SUITE 536					
Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	upervisors				
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
	hida@acgov.				
. Function, Event, or Ceremonial R	ole Informat	tion			
Title LORD OF THE RINGS in conce			Face \	/alue of Each Admissi	on \$ <u>67.70</u>
Description Symphony concert		***************************************	Date(s	s) <u>10</u> / <u>22</u> / <u>11</u>	
Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no:	Name of S	Source
·					
Was the distribution to persons ident	tified below n	nade at the	e behest of	f an agency official?	
Supervis	or Scott Hagger	tv. District On	е		
Yes ☑ No ☐ If yes: Supervis	Official's	Name (Last, F	First) and Title		
			,		
The identity of recipient(s) and the	е ехріанаціс) . 	Linear Control		
Name (Last, First)	Number of	Agency	 March 1 — March 200 (March 200) 	e income box if the agency offince. If the agency official persons.	
or Organization	Admission(s)/	Official		vide a description. ome, describe the public purpo	see including
(Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an agen	
		Yes 🛅	organiza To pro	omote attendanc	ce at an Income
Fremont Symphony Orchestra	4	No ☑		held at a Cour	
		Yes 🗖		der to maximize	
		No 🗖		y revenue from oncession sales	parking -
		Yes 🗖		Oncession saie.	Income
		No 🔲			
	***	Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
. Verification					
I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified t	that the distribution of adm	nissions, set forth above,
Lu lu x Or & Lee	Ann Fergerso	n	Ticke	et Administrator	10/11/11
Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)
Comment: (Use this space or an attachment fo	r any additional ii	nformation inc	cluding amendi	ment explanation.)	

Λ	Di	ıh	lic	D^{\wedge}	c i	ım	ent

. Agency Name						
COLINITY OF ALAMATDA				Date Stamp	Califor	
COUNTY OF ALAMEDA					Forr	"
Division, Department, or Region (if applic	cable)				For O	fficial Use Only
BOARD OF SUPERVISORS						
Street Address			· · · · · · · · · · · · · · · · · · ·			
1221 OAK STREET, SUITE 536						
Designated Agency Contact (Name, Title)				•		
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Mus	t provide explana	tion in Part 3.)
Area Code/Phone Number E-mail	<u> </u>			Date of Original Filing	g:	
(510) 272-3882 crystal.h	ishida@aagay	ora			(month, da	ny, year)
Function, Event, or Ceremonial I	ishida@acgov.		***************************************			
Function, Event, or Ceremonial i	Role Illioilla	lion				
Title HOW SWEET THE SOUND			Face \	/alue of Each Admi	ission \$ $\frac{23}{}$.55
Description GOSPEL MUSIC			Date(s) 10 / 04 / 11		_//
·			`	•		
Ticket(s)/Admission(s) provided by	agency? Yes		I If no: GOL	DEN STATE WARRIO	RS	
(.,	G			Name	of Source	
					^	
Was the distribution to persons ide	ntified below r	nade at th	e behest of	an agency official	1	
				an agency official	•	
	/ISOR SCOTT HAGGE	ERTY, DISTRICT	1	an agency official	•	
Yes ☑ No ☐ If yes: SUPERV	/ISOR SCOTT HAGGE Official's	RTY, DISTRICT		an agency official	f	
•	/ISOR SCOTT HAGGE Official's	RTY, DISTRICT	1	an agency official	,	
Yes No If yes: SUPERV	/ISOR SCOTT HAGGE Official's	RTY, DISTRICT	First) and Title Check th	e income box if the agency	/ official claims a	
Yes No I If yes: SUPERV	/ISOR SCOTT HAGGE Official's he explanation Number of	RTY, DISTRICT Name (Last, I Dn: Agency	First) and Title Check th taxable in		/ official claims a	
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization	/ISOR SCOTT HAGGE Official's he explanatio	RTY, DISTRICT Name (Last, I	First) and Title Check th taxable ir also prov	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p	/ official claims a al performed a c urpose, includin	eremonial role,
Yes No I If yes: SUPERV The identity of recipient(s) and the Name (Last, First) or	/ISOR SCOTT HAGGE Official's he explanation Number of Admission(s)/	RTY, DISTRICT Name (Last, I Dn: Agency	First) and Title Check th taxable ir also prov	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an	/ official claims a al performed a c urpose, includin	eremonial role,
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization	/ISOR SCOTT HAGGE Official's he explanation Number of Admission(s)/	RTY, DISTRICT Name (Last, I Dn: Agency	Check the taxable in also prove If not inconceremonic organization.	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization	/ISOR SCOTT HAGGE Official's he explanation Number of Admission(s)/	Agency Official	Check the taxable in also prove If not inconceremonic organization.	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income
Yes No lf yes: SUPERV The identity of recipient(s) and the local Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes No	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income Income
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income Income
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income Income
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income Income Income
Yes No lf yes: SUPERV The identity of recipient(s) and the local Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, or event Income Income Income
Yes No lf yes: SUPERV The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check the taxable in also prove the ceremonic organizate. To promote	e income box if the agency ncome. If the agency offici ride a description. ome, describe the public p ial roles, performed by an a ion.	/ official claims a al performed a c urpose, includin agency official, i	eremonial role, g ndividual, or event Income Income Income

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I. Agency Name				Date Stamp	California 202
County of Alameda					Form OUZ
Division, Department, or Region (if	f applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name	, Title)			Amandment #4	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Boar	rd of Supervisors			, ,	,
Area Code/Phone Number E-mail				Date of Original Filing:	10/14/11 (month_day_year)
(510) 272-3882 crys	stal.hishida@acgov.	ora			(month, day, year)
2. Function, Event, or Ceremon	CONTRACTOR OF THE PROPERTY OF	The state of the s			
Title Raiders vs. Cleveland Brow	ns		Face \	Value of Each Admis	sion \$ <u>150.00</u>
				10 16 11	
Description Oakland Raiders Fo	ootdall		Date(s	s)///	
Ticket(s)/Admission(s) provide	d by agency? Yes	□ No ☑	If no: Oak	land Raiders	f Source
				rvame o	i Source
Was the distribution to persons	s identified below r	nade at the	e behest of	f an agency official?	•
•					
Yes 🖸 No 🔲 If yes: 🗅	Carson, Keith Superviso Official's	or .			
	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) a	nd the explanation	on:			
Name			Check th	ne income box if the agency of	official claims admission as
(Last, First)	Number of	Agency		= -	I performed a ceremonial role,
or Organization	Admission(s)/	Official	1	vide a description. come, describe the public pu	rpose, including
(Name, Address, Description)	Ticket(s)		ceremon organiza	nial roles, performed by an ag	gency official, individual, or
		Yes 🙀	 		er for his or her Income
Brown, James	4	No 🛂		the public.	
And the second of the second o		Yes 🗖			Income
		No 🗖			
Wilst Daniel		Yes 🗖			Income
		No \square			
		Yes 🗖			
		No 🗖			Income
		ļ <u> </u>			_
		Yes ☐ No ☐			Income
3. Verification					
I have read and understand FPPC R	'egulations 18944.1 an	d 18942. I h	ave verified	that the distribution of a	dmissions, set forth above,
is in accordance with the provisions.					
1.5/1100	Amy Shrago		Ticke	et Administrator	10/14/11
Signature of Agency Heat or Designee	Print Na	me		Title	(month, day, year)
7		•		2	(
Comment: (Use this space or an attack	hment for any additional i	information in	cluding amend	lment explanation.)	

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• '	Agency Name						Date Stamp	California 802	
	County of Alameda							I OIIII	
Ī	Division, Department, or Regio	on (if applica	ble)					For Official Use Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
_	Designated Agency Contact (A	lame, Title)					☐ Amendment (Must	provide explanation in Part 3.)	
	Crystal Hishida Graff, Clerk, I	Board of S	upervisors						
		E-mail	<u></u>				Date of Original Filing	10/31/11	
	(510) 272-3882	crystal his	hida@acgov.d	ora				(monun, day, year)	
Melmen	Function, Event, or Cerei								
• '	r unotion, Event, or ouron	inoma iv		., 011					
	Title Raiders vs. Kansas City	Chiefs	· · · · · ·		_	Face \	/alue of Each Admis	ssion \$ <u>150.00</u>	
-	Description Oakland Raider	s Football			_	Date(s	10 / 23 / 11		
,	Ticket(s)/Admission(s) prov	ided by a	gency? Yes	□ No	I	If no: Oakl	and Raiders		
	• • • • • • • • • • • • • • • • • • • •	•	- -				Name o	of Source	
	Was the distribution to pers	one idan	tified below n	nado a	t the	hahaet of	an agency official?	2	
	was the distribution to pers	sons iden	inea below ii	naut a		bellest of	an agency officials	• .	
	Yes ☑ No ☐ If ye	s: Carson,	Keith Superviso Official's i	r					
	100 111 119	· · · · · · · · · · · · · · · · · · ·	Official's i	Name (L	ast, F	irst) and Title			
	The identity of recipient(s) and th	e explanatio	n:					
		-,				Check th	e income hox if the agency	official claims admission as	
	Name (Last, First)		Number of	Agen	ICV	taxable ii	ncome. If the agency officia	al performed a ceremonial role,	
	or Organization		Admission(s)/	Offic	-		vide a description. come, describe the public purpose, including		
	(Name, Address, Descript	lion)	Ticket(s)	l			ome, describe the public pu	urpose, includina	
		1011)	l .		i i	ceremon	ial roles, performed by an a	urpose, including igency official, individual, or	
				Vac	_	ceremon organiza	ial roles, performed by an a tion.	igency official, individual, or	
	BORP 3075 Adeline St. Suite		4	Yes No		ceremon organiza To reward	ial roles, performed by an a tion.	t organization for Income	
	BORP 3075 Adeline St, Suite		4	No	Ø	ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income	
•	BORP 3075 Adeline St, Suite		4	No Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income hity Income	
	BORP 3075 Adeline St, Suite		4	No Yes No		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income hity Income	
•	BORP 3075 Adeline St, Suite		4	No Yes No Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income hity Income Income	
•	BORP 3075 Adeline St, Suite		4	No Yes No Yes No		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income hity Income	
•	BORP 3075 Adeline St, Suite		4	No Yes No Yes No Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income hity Income Income	
	BORP 3075 Adeline St, Suite		4	No Yes No Yes No Yes No Yes No		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income nity Income Income	
	BORP 3075 Adeline St, Suite		4	No Yes No Yes No Yes No Yes Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income nity Income Income	
	BORP 3075 Adeline St, Suite		4	No Yes No Yes No Yes No Yes Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income nity	
٠	BORP 3075 Adeline St, Suite		4	No Yes No Yes No Yes No Yes Yes		ceremon organiza To reward	ial roles, performed by an a tion. a school or nonprofi	t organization for Income nity Income Income Income Income	
		e 155 Berk		No Yes No Yes No Yes No Yes No		ceremon organiza To reward its contribu	ial roles, performed by an a tion. a school or nonprofi utions to the commur	t organization for Income nity	
	Verification I have read and understand FPF	e 155 Berk	ons 18944.1 an	No Yes No Yes No Yes No Yes No		ceremon organiza To reward its contribu	ial roles, performed by an a tion. a school or nonprofi utions to the commun	Income Income Income Income Income Income Income Income Income	
	Verification I have read and understand FPF	e 155 Berk PC Regulations.		No Yes No Yes No Yes No Yes No Yes No		ceremon organiza To reward its contribu	ial roles, performed by an a tion. a school or nonprofi utions to the commur	t organization for Income nity	

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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	Form 802 For Official Use Only
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	For Official Use Only
Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail	·
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	evolanation in Part 31
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail	evolanation in Part 3 \
Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail Crystal.hishida@acgov.org Date of Original Filing: 10/3 (m)	evolanation in Part 3 \
Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail Crystal.hishida@acgov.org Date of Original Filing: 10/3 (m)	explanation in Part 3)
Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail Crystal.hishida@acgov.org Date of Original Filing: 10/3 (m	
(510) 272-3882 crystal.hishida@acgov.org	
(510) 272-3882 crystal.hishida@acgov.org	ionth, day, year)
. Function, Event, or Ceremonial Role Information	
Deidonous Vancos City Chiefe	. 150.00
Title Raiders vs. Kansas City Chiefs Face Value of Each Admission	\$
Description Oakland Raiders Football Date(s) 10 / 23 / 11	, ,
Description	
Oakland Raiders	
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Raiders Name of Source	се
Was the distribution to persons identified below made at the behest of an agency official?	
Carson Keith Supervisor	
Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title	
The identity of recipient(s) and the explanation:	
Name Check the income box if the agency official taxable income. If the agency official performance to the company of the agency official performance to the company of the agency official performance to the company of the agency of the age	
or Number of Agency Also provide a description.	
Organization Ticket(s) If not income, describe the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, ceremonial roles, performed by an agency of the public purpose, and the public purpose, ceremonial roles, performed by an agency of the public purpose, and the public purpose public purpose purpose public purpose purpose public public pu	
organization.	C
Brown, Aisha Yes To promote attendance at a County to order to maximize potential County to	
NO L	
Yes 🔲	Income
No 🗖	
Yes 🗖	Income
No 🗆	
Yes 🗖	Income
No 🗖	
Yes 🗖	Income
No	
B. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admiss.	ions, set forth above,
is in accordance with the provisions.	
	10/31/11
is in accordance with the provisions.	10/31/11 (month, day, year)

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1.	Agency Name				Date Stamp	California Q02		
	County of Alameda					Form OUZ		
	Division, Department, or Region (if applica	ble)			1	For Official Use Only		
	Board of Supervisors							
	Street Address	,						
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (Must pro	ovide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S	upervisors			-	, , , , , , , , , , , , , , , , , , ,		
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)		
	(510) 272-3882 crystal.his	hida@acgov.	org					
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Tit. Dispay on Ica					32.15		
	Title Disney on Ice			Face \	alue of Each Admission \$ _32.15			
	Description Concert			Datale	s) <u>10 / 16 / 11</u>	1 1		
	Description			Date(s	•)			
	Ticket(s)/Admission(s) provided by a	gonou? Von	E No I	- If no. Gold	len State Warriors			
	ricket(s)/Admission(s) provided by a	igency? Yes	М ио Г	 11 110	Name of	Source		
	Was the distribution to persons iden	tified below n	nade at t	he behest o	f an agency official?			
	Voc El No El Ifyoo Lockyer	, Nadia, Superv	isor, Distric	ct 2	•			
	Yes ☑ No ☐ If yes: Lockyer	Official's	Name (Last	, First) and Title				
	The identity of recipient(s) and th							
		e explanatio	/II. 	Charlett	ne income box if the agency of	ficial alaima adminaica ac		
	Name (Last, First)	Number of	Agency	tavable i	ncome. If the agency official p	The state of the s		
	or	Admission(s)/	Official	also pro	ovide a description. come, describe the public purpose, including			
	Organization (Name, Address, Description)	ceremonial roles, performed by			nial roles, performed by an age			
			Yes 🗸	organiza To reward	a County employee fo	r her Income		
	Gasparac, Christine	4	No □		service to the public			
			Yes □	<u> </u>		Income		
			No 🗆					
			Yes □	<u>'</u>		Income		
			No 🗆	.				
			Yes 🗆			Income		
			No 🗆					
	***************************************		Yes □		·	Income		
			No 🗆					
3	Verification		******			The second secon		
J.	I have read and understand FPPC Regulation	ons 18944.1 an	d 18942. I	have verified	that the distribution of adr	missions, set forth above,		
	is in accordance with the provisions.					,		
	1/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7 A	Tiale	nt Administrator	10/5/11		
		HELLE DIANI			et Administrator			
	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 i	including amend	lment explanation.)			

A Public Document

4.00						
Agency Name				Date Stamp	California	802
County of Alameda					Form	Llas Only
Division, Department, or Regi	on (if applicable)				For Official	Use Only
Board of Supervisors						
Street Address			· · · · · · · · · · · · · · · · · · ·]		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)			☐ Amendment (Must pr	ovide explanation ir	Part 3.)
Crystal Hishida Graff, Clerk,					•	
Area Code/Phone Number	E-mail			Date of Original Filing: _	(month, day, yea	ar)
(510) 272-3882	crystal.hishida@acgov.					
Function, Event, or Cere	emonial Role Informat	tion				
Title Disney on Ice			Face \	Value of Each Admiss	sion \$ <u>20.40</u>	
Description Concert			Date(s	s) <u>10</u> <u>12</u> <u>11</u>		/
Ticket(s)/Admission(s) pro	wided by agency? Voc		Lifno. Gold	den State Warriors		
ricket(s)/Admission(s) pro	vided by agency: Tes	□ MO □	II IIO	Name of	Source	
Was the distribution to per	sons identified below r	nade at the	e benest of	f an agency official?		
Yes ☑ No ☐ If y	es. Lockyer, Nadia, Supervi	sor District 2				
Tes M No L Hy	es: Lockyer, Nadia, Supervi Official's	Name (Last, I	First) and Title			1
The identity of recipient	(s) and the explanatio	nn.				
		T	Check th	ne income box if the agency of	fficial claims admir	seion se
Name (Last, First)	Number of	Agency	taxable i	ncome. If the agency official		
or Organization	Admission(s)/	Official		vide a description. come, describe the public purp	ose including	
(Name, Address, Descrip	otion) Ticket(s)		ceremon	nial roles, performed by an age		dual, or
		Yes 🔽	To promot	te attendance at an eve	ent held at a	Income
Loomis, Laura	4	No 🗆		cility to maximize poter		
		Yes 🗖				Income
		No 🗆				
		Yes □				Income
		No \square				
		Yes 🗖	1			Incomo
		No 🗖				Income
		Yes 🗖			***************************************	•
		No 🗆				Income
Verification			<u></u>			
I have read and understand FP	PC Regulations 18944 1 an	nd 18942 Ih	ave verified	that the distribution of ad	missions set fo	orth above.
is in accordance with the provis						,
1/1	Marie Centre	D.4	· ·		14/	1/11
1/VX/IX	MICHELLE DIANI	DA	Ticke	et Administrator		1/11
Signature of Agency Head or Design	ee Print Na	me		Title	(Inon	th, day, year)
Comment: (Use this space or an	attachment for any additional i	information inc	cluding amend	lment explanation.)	•	
	•		-	. ,		

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C Di B	gency Name					0 116	
Di B					Date Stamp	California	802
В	ounty of Alameda				For Official	Ise Only	
	ivision, Department, or Region (if app.	licable)				For Official (use Only
~	oard of Supervisors						
31	treet Address	-					
	221 Oak Street, Suite 536						
D	esignated Agency Contact (Name, Title)			Amendment (Must	provide explanation in	Part 3.)
	rystal Hishida Graff, Clerk, Board o	f Supervisors			Date of Original Filing	10/31/11	
A	rea Code/Phone Number E-mail				Date of Original Filing	(month, day, yea	r)
NAME OF TAXABLE PARTY.		hishida@acgov.	Charles and the state of the property of the property of the state of				
. F	unction, Event, or Ceremonial	Role Informat	tion				
Ti	itle Raiders vs. Kansas City Chiefs			Face \	√alue of Each Admi	ssion \$ 150.00	
''							
D	escription Oakland Raiders Footb	all		Date(s	s) 10 / 23 / 11		/
Ti	icket(s)/Admission(s) provided by	y agency? Yes	□ No ☑	If no: Oak	land Raiders	of Source	
					мате (or Source	
10	as the distribution to persons id	entified below n	nade at the	e behest of	f an agency official1	?	
VV	•				•		
VV							
VV	Yes No I If yes:	0.65 - 1 - 1	Ala	Time Time			
VV	Yes □ No ☑ If yes:	Official's	Name (Last, F	First) and Title			
	Yes ☐ No ☑ If yes: he identity of recipient(s) and	Official's		First) and Title			
	he identity of recipient(s) and	Official's	on:	Check th	ne income box if the agency		
	he identity of recipient(s) and	the explanation		Check the taxable is			
	he identity of recipient(s) and Name (Last, First) or Organization	the explanation	On:	Check the taxable is also profile in the first income.	ne income box if the agency ncome. If the agency officia vide a description. come, describe the public pu	al performed a cerem urpose, including	onial role,
	he identity of recipient(s) and Name (Last, First) or	Official's the explanation Number of Admission(s)/	Agency Official	Check the taxable is also produced in the control of the control organization.	ne income box if the agency ncome. If the agency officia vide a description. come, describe the public pu nial roles, performed by an a tion.	al performed a cerem urpose, including igency official, individ	onial role, dual, or
<u>T</u>	he identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable is also professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	dual, or
<u>T</u>	he identity of recipient(s) and Name (Last, First) or Organization	Official's the explanation Number of Admission(s)/	Agency Official	Check the taxable is also professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency officia vide a description. come, describe the public pu nial roles, performed by an a tion.	al performed a cerem urpose, including igency official, individen Dunty facility in	dual, or Income
<u>T</u>	he identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes Yes	Check the taxable is also professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	dual, or Income
<u>T</u>	he identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes No	Check the taxable is also professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	onial role, dual, or Income Income
<u>T</u>	he 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 professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income
<u>T</u>	he 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 professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income
<u>T</u>	he 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 professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income Income Income Income
<u>T</u>	he 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 professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income Income Income Income Income
<u>T</u>	he 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 professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income Income Income Income Income Income
	he identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Carson, Keith	Number of Admission(s)/	Agency Official Yes	Check the taxable is also professions of the ceremon organization. To promote the control of the ceremon organization.	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public roles, performed by an aution.	al performed a cerem urpose, including igency official, individen Dunty facility in	Income Income Income Income Income
	he identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency official Yes	Check the taxable is also professed in the control of the control	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public position of the public position. The attendance at a Costaximize potential Costaximize potential Costaximize	al performed a cerem urpose, including igency official, individual ounty facility in unty revenue	Income Income Income Income Income Income
	Name (Last, First) or Organization (Name, Address, Description) Carson, Keith Cerification thave read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency official Yes	Check the taxable is also professed in the control of the control	ne income box if the agency ncome. If the agency official vide a description. come, describe the public public position of the public position. The attendance at a Costaximize potential Costaximize	al performed a cerem urpose, including igency official, individual ounty facility in unty revenue	Income Income Income Income Income Income Income Income

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1.	Agency Name				Date Stamp	California OOO
•	COUNTY OF ALAMEDA				Date Stamp	Form 802
	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	ovide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	supervisors			Date of Original Filing: _	
		shida@aaaau				(month, day, year)
-	(510) 272-3882 crystal.his	shida@acgov.d				7
۷.	runction, Event, or Ceremonial K	ole illioillat	.1011			
	Title Raider's Game			Face \	/alue of Each Admiss	ion \$ <u>150.00</u>
	Description FOOTBALL	- А		Date(s	s)/	
	Ticket(s)/Admission(s) provided by a	gency? Yes	☑ No □] If no:	Name of	
					Name of	Source
	Was the distribution to persons iden	tified below n	nade at th	e behest of	an agency official?	
	SUPERVIS	SOR SCOTT HAGGE	RTY DISTRICT	⁻ 1		
	Yes ☑ No ☐ If yes: SUPERVIS	Official's I	Name (Last.)	First) and Title		
	The identity of recipient(s) and th	e explanatio	n:			
	Name				e income box if the agency of ncome. If the agency official p	
	(Last, First) or	Number of Admission(s)/	Agency Official	and the contract of the contra	ide a description.	
	Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purp ial roles, performed by an age	
	(Name, Address, Description)			organiza	tion.	
	STEPHANIE SARGENT		Yes 🗖		eattendence at a county so county facility in order to m	sponsored event Income
	STEPHANIE SARGENT	4	No 🔽		enue from parking and co	
			Yes 🗖			Income
	V		No 🗖		Manufacture - 17 Miles	
			Yes 🗖			Income
			No 🔲			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖			Income
			No 🔲			
3.	Verification					
	I have read and understand FPPC Regulation	ons 18944.1 and	d 18942. I h	ave verified t	hat the distribution of adr	missions, set forth above,
$\nabla_{S_{n_i}}$	is in accordance with the provisions.					
	V (V) As () () Lee	Ann Fergerso	n	Ticke	et Administrator	10-17-11
	Signature of Agency Head or Designee	Print Nan			Title	(month, day, year)
	Signature of Agency Figure of Pesignee	i tilit ivdi			TIMO	(month, day, year)
	Comment: (Use this space or an attachment for	or any additional ir	nformation inc	cluding amendi	ment explanation.)	

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		[127]				물레 [경기 원주 12] [1] [1] [2] [2] [2]	
1.	Agency Name				Date Stamp	California	202
	County of Alameda					Form	002
	Division, Department, or Region (if appli			For Official	Use Only		
	Board of Supervisors						
	Street Address		1				
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)		☐ Amendment (Must pro	vide explanation in	Part 3.)		
	Crystal Hishida Graff, Clerk, Board of	Supervisors				Trade disprarration in	7 4.1. 5.7
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, yea	ar)
	(510) 272-3882 crystal.h	nishida@acgov.	org				5
2.	Function, Event, or Ceremonial	Role Informa	tion				
	Title Oakland Raiders			Face \	Value of Each Admiss	ion \$ _150.00	
	Description Football Game			Date(s	s) 10 , 16 , 11		
				Oakl	land Raiders		
	Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Oak	Name of S	Source	
	Was the distribution to persons ide	ntified below r	nade at th	e behest of	f an agency official?		
	Van El Na El Ifa. Locky	er. Nadia. Superv	risor- District	2			
	Yes ☑ No ☐ If yes: Locky	er, Nadia, Superv Official's	Name (Last,	First) and Title			
	The identity of reginient(s) and (ho ovnlanatio					
	The identity of recipient(s) and t	ne explanatio	on:				
	Name (Last, First)	Number of	Agency		ne income box if the agency off ncome. If the agency official p		
	or	Number of Admission(s)/	Official	10000	vide a description.		
	Organization (Name, Address, Description)	Ticket(s)		ceremon	ome, describe the public purp lial roles, performed by an age		dual, or
	* Committee of the comm		Vac 🗖	To promot	_{ition.} le attendance at an eve	nt hold at a	Income
	Dianda, Michelle	1	Yes ☑ No ☐		cility to maximize poten		Income
		+					
			Yes ☐ No ☐				Income
			Yes ☐ No ☐				Income
							A-10-0
			Yes No				Income
		*		-			
		4	Yes No				Income
_			_ NO L				
3.	Verification		140040 14				- 14
	I have read and understand FPPC Regula is in accordance with the provisions.	itions 18944.1 an	ia 18942. I r	iave verified i	that the distribution of adn	nissions, set fo	rth above,
	1. 1					9	
	Intin Horses RI	JBEN BRIONES	S	Depu	uty Chief of Staff		
	Signature of Agency Head or Designee	Print Na	me		Title	(mont	h, day, year)
	6						
	Comment: (Use this space or an attachment	for any additional i	information in	cluding amend	lment explanation.)		

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. Agency Name					Date Stamp	California Form	802
County of Alameda						For Official U	se Only
Division, Department, or Region (if appli	cable)					7 Of Official C	30 Only
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title)		•			Amendment (Mus	st provide explanation in F	Part 3.)
Anna Gee, Operations Manager							•
Area Code/Phone Number E-mail					Date of Original Filin	g:	
510-891-5585 anna.ge	e@acgov.org					(, 22,, , 22,,	•
Function, Event, or Ceremonial		ion					
Title Foo Fighters		-	_	Face \	/alue of Each Adm	ission \$	
					10 10 11		
Description Concert				Date(s	s) <u>10 , 19 , 11</u>		/
Ticket(s)/Admission(s) provided by	agency? Yes		o 🗹	If no: Gold	en State Warriors	of Source	
					ivame	or source	
The identity of recipient(s) and t	he explanatio	n:					
Name		10.35	en en en en		e income box if the agenc		
(Last, First) or	Number of Admission(s)/	Age Offi	ncy		ncome. If the agency offic vide a description.	iai perionneo a ceremo	niai roie,
Organization	Ticket(s)	J	.		ome, describe the public p ial roles, performed by an		ial or
(Name, Address, Description)				organiza		agency emeial, married	iui, Oi
		Yes	✓	To promot	e attendance at an	event held at a	Income
Capurro-Durkee, Finn	1	No					
		Yes		County fac	cility in order to max	imize potential	Income
Capurro-Durkee, Ruby	1	No	✓			,	
		Yes		County rev	venues from parking	and concession	Income
Palmer, Oliver		No	V	County ic		g and concession	
		Yes		sales	***	The state of the s	Income
Hickey, Conor		No	✓	Sales			П
		Yes					Income
		No					
1				<u> </u>	164,04 500000		
V:::	NAME OF THE OWNER OWNER OWNER.						
1	tions 19044 1 on	d 100	10 I h	ava varified t	that the distribution of	admingions, set fort	20,000 (10,00) (10,000 (10,000 (10,00) (10,000 (10,00) (10,000 (10,00) (10,00) (10,000 (10,00) (10,00) (10,00) (10,00) (10,00) (10,00) (10,00) (10,000 (10,00)
I have read and understand FPPC Regula	itions 18944.1 and	d 1894	12. I h	ave verified t	that the distribution of	admissions, set fort	20,000 (10,00) (10,000 (10,000 (10,00) (10,000 (10,00) (10,000 (10,00) (10,00) (10,000 (10,00) (10,00) (10,00) (10,00) (10,00) (10,00) (10,00) (10,000 (10,00)
1	itions 18944.1 and	d 1894	12. I h	ave verified t	that the distribution of	admissions, set fort	
I have read and understand FPPC Regulation is in accordance with the provisions.	ntions 18944.1 and	d 1894	12. I h		that the distribution of ations Manager	admissions, set fort 10/25/1	h above,
is in accordance with the provisions.			12. I h			10/25/1	h above,
I have read and understand FPPC Regula is in accordance with the provisions.	ına Gee		12. I h		ations Manager	10/25/1	h above

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I. Agency Name	•				Date S	Stamp	California Form	802
County of Alameda Division, Department, or Region (if app	oliophio)	····	-				For Official U	
	olicable)						1	-,
Board of Supervisors Street Address			······································		÷			
1221 Oak Street, Suite 536	1-1							
Designated Agency Contact (Name, Title	e)				☐ Amendm	nent (Must pr	ovide explanation in I	Part 3.)
Anna Gee, Operations Manager					Data of Orig	inal Eilina		
Area Code/Phone Number E-mail					Date of Orig	mai riimg:	(month, day, year,	
	gee@acgov.org							
. Function, Event, or Ceremonia	I Role Informat	tion						
Title Foo Fighters			-	Face Va	alue of Eac	h Admiss	ion \$	
Description Concert		·		Date(s)	10 , 19	11		
				Calda	n Chata Maur	ioro		
Ticket(s)/Admission(s) provided b	y agency? Yes	☐ No	☑ If	no: Golde	n State warr	Nome of	Source	
Was the distribution to persons id	iendinea pelow n							
•		te Miley, Di	istrict 4			_		
•	eda County Supervisor Na Official's	ite Miley, Di Name (La	istrict 4 ast, First,) and Title		_		
•	eda County Supervisor Na <i>Official's</i> i		istrict 4 ast, First,) and Title		_		
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization	eda County Supervisor Na <i>Official's</i> i		cy •	Check the taxable inc	ome. If the ag de a descriptio ne, describe th	ency official p n. ne public purp	ficial claims admiss performed a ceremo lose, including ncy official, individi	nial role,
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or	eda County Supervisor Na Official's the explanation Number of Admission(s)/	n: Agend	cy al	Check the taxable inc also provid if not incorderemonia organization	ome. If the ag de a descriptio ne, describe th I roles, perform on.	ency official p n. ne public purp ned by an age	performed a ceremo ose, including ncy official, individ	nial role,
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization	eda County Supervisor Na Official's the explanation Number of Admission(s)/	n: Agend	cy al .	Check the taxable inc also provid if not incorderemonia organization	ome. If the ag de a descriptio ne, describe th I roles, perform on.	ency official p n. ne public purp ned by an age	performed a ceremo ose, including	nial role, ual, or
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Official's A County Supervisor Na Official Na Offi	Agend Offici	cy al .	Check the taxable inc also provide if not incorporate organization promote	come. If the ag de a descriptio ne, describe th I roles, perform on. attendance	ency official p n. ne public purp ned by an age e at an eve	performed a ceremo ose, including ncy official, individ	niai role, ial, or Income
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) DeVries, Frederick	Ada County Supervisor Na Official's the explanation Number of Admission(s)/ Ticket(s)	Agent Offici Yes No Yes No	cy al .	Check the taxable inc also provide if not inconceremonia organization promote ounty faci	tome. If the age of a description one, describe the incident of the incident o	n. ne public purpned by an age e at an eve	performed a ceremo lose, including ncy official, individu ent held at a	ial, or Income
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) DeVries, Frederick Bang, Tyrone	Admission(s) Ticket(s)	Agencofficion Yes No Yes No Yes No Yes No Yes	cy ai Ci	Check the taxable inc also provide if not inconceremonia organization promote ounty faci	tome. If the age of a description one, describe the incident of the incident o	n. ne public purpned by an age e at an eve	performed a ceremo lose, including incy official, individu ent held at a lize potential	ial, or Income
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) DeVries, Frederick Bang, Tyrone DeVries, Elijah	Number of Admission(s) 1 1 1 1	Agend Official Yes No Yes No Yes No Yes No Yes No Yes No Yes No	cy To	Check the taxable inc also provide in the concernmental organization promote ounty faci	tome. If the age of a description one, describe the incident of the incident o	n. ne public purpned by an age e at an eve	performed a ceremo lose, including incy official, individu ent held at a lize potential	Income Income Income Income Income
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) DeVries, Frederick Bang, Tyrone DeVries, Elijah DeVries, Malachi Capurro, Sammy	Number of Admission(s) 1 1 1 1 1 1	Agend Official Yes No Yes No Yes No Yes No Yes No Yes No	cy al Co	Check the taxable inc also provide if not incorporate organization promote ounty faciounty reveales	tome. If the ag de a descriptione, describe the I roles, performant. attendance	ency official in. The public purposed by an age The at an every The maxim The parking a	performed a ceremo nose, including ncy official, individu ent held at a ize potential and concession	Income Income Income Income Income Income
Yes No If yes: Alame The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) DeVries, Frederick Bang, Tyrone DeVries, Elijah DeVries, Malachi Capurro, Sammy S. Verification I have read and understand FPPC Regulis in accordance with the provisions.	Number of Admission(s) 1 1 1 1 1 1	Agend Official Yes No Yes No Yes No Yes No Yes No Yes No	cy al Co	Check the taxable inc also provide if not incorporate organization promote ounty facilities.	tome. If the ag de a descriptione, describe the I roles, performant. attendance	n. ne public purposed by an age e at an ever to maxim parking a	performed a ceremo nose, including ncy official, individu ent held at a ize potential and concession	Income Income Income Income Income Income

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1.	Agency Name				Date Stamp	California 802	
	County of Alameda	11.				For Official Use Only	
	Division, Department, or Region (if applica	able)					
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536	***************************************					
	Designated Agency Contact (Name, Title)				☐ Amendment (Must provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S	Supervisors			<u> </u>		
	Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	
	(510) 272-3882 crystal.his						
2.	Function, Event, or Ceremonial R	ole Informat	tion				
	Title Disney on Ice: Treasure Trove			Face \	/alue of Each Admiss	ion \$ <u>32.15</u>	
	Description Event	Date(s	s) <u>10</u> / 15 / 11				
					,		
	Ticket(s)/Admission(s) provided by a	agency? Ves		I If no. Gold	len State Warriors		
	ricket(s)/Admission(s) provided by a	igency: res		1 1110	Name of S	Source	
	Was the distribution to persons iden	tified below n	nade at th	e behest of	f an agency official?		
	Carson	Keith Sunerviso	r				
	Yes No If yes: Carson,	Official's		First) and Title	On the state of th		
	The identity of recipient(s) and the						
	Name			1	e income box if the agency off		
	(Last, First) or	Number of Admission(s)/	Agency Official	1	ncome. If the agency official p vide a description.	eriorined a ceremoniai role,	
	Organization (Name, Address, Description)	Ticket(s)		ceremon	ome, describe the public purpolal lal roles, performed by an agen		
			Yes 🗖	To promot	tion. e attendance at a Cour	aty engineered Income	
	Bolton, Sheila	4	No ☑		vent held at a County fa		
	,	<u> </u>				- Insul	
			Yes □ No □			Income	
		<u> </u>					
			Yes 🗖			Income	
			No 🗆				
			Yes 🗖			Income	
			No 🗖				
			Yes 🗖			Income	
Waltenda			No 🗖				
3.	Verification	inna 19011 1 an	-1 40040 L	and novition	that the distribution of adv	vicciona, act forth above	
	I have read and understand FPPC Regulation is in accordance with the provisions.	ave vermed i		nissions, set ionn above,			
	In Shape Am	y Shrago		Ticke	et Administrator	10/04/11	
	Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)	
	′ 0						
	Comment: (Use this space or an attachment t	or any additional i	nformation in	cluding amend	lment explanation.)		

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١.	Agency Name				Date Stamp	California 802		
	County of Alameda			Form OUZ				
	Division, Department, or Region (if applica			For Official Use Only				
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)							
		N			Amendment (Must pro	ovide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail		Date of Original Filing: 10/13/2011 (month, day, year)					
			Date of Original Filling.	(month, day, year)				
		shida@acgov.	**************************************					
2.	Function, Event, or Ceremonial R	lole Informat	tion					
	Dianay on Ioo: Tragura Traya					20.45		
	Title Disney on Ice: Tresure Trove			Face \	/alue of Each Admiss	ion \$		
	- Event				s) <u>10 / 14 / 11</u>	·		
	Description Event			Date(s	s)			
		*			lan Otata Maritana			
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	If no: Gold	len State Warriors Name of	Course		
					матте от	source		
	Was the distribution to persons iden	tified helow r	nade at the	a hahast of	f an agency official?			
	That the distribution to percent facility	timod bolow i	nado at tin	0 0011001 01	an agonoy omolar.			
	Yes ☑ No ☐ If yes: Carson,	Keith Alameda Co	unty Superviso	or				
		Official's	Name (Last, F	First) and Title				
	The identity of recipient(s) and th	e evolanatio	nn'					
	The identity of recipient(s) and the	ie explanatio) . 					
	Name (Last, First)			1	ie income box if the agency of ncome. If the agency official p			
	or	Number of Admission(s)/	Agency Official		vide a description.	,		
	Organization	Ticket(s)			ome, describe the public purp lial roles, performed by an age			
	(Name, Address, Description)			organiza		noy omolal, marriada, or		
			Yes □	1	-	r for his or her Income		
	Lovitt, DeBora	4	No ☑	service to	the public			
			Yes 🔲			Income		
			No 🗖					
			Yes 🗖			Income		
			No 🗖			П		
	The state of the s		Yes 🗖					
			1 ==			Income		
		 	No 🗖	ļ		<u>L</u>		
			Yes 🗖			Income		
-			No 🔲					
3.	Verification							
	I have read and understand FPPC Regulati	ions 18944.1 an	d 18942. I h	ave verified t	that the distribution of adr	nissions, set forth above,		
	is in accordance with the provisions.					,		
	1 < 1			_				
	An Sween Am	y Shrago		Ticke	et Administrator	10/13/11		
	Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)		
	<i>' U</i>							
	Comment: (Use this space or an attachment f	or any additional i	information ind	cluding amend	lment explanation.)			

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Agency Name				D 1 01	0-1161-	
<u> </u>				Date Stamp	California Form	802
County of Alameda Division, Department, or Region (if applied)	achia)			_	For Official U	Jse Only
	cable)					,
Board of Supervisors				4		
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must provide explanation in Part 3.)		
Anna Gee, Operations Manager						
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year	<u>r)</u>
510-891-5585 anna.ge	e@acgov.org					
Function, Event, or Ceremonial						
Title Foo Fighters	Value of Each Admi	ission \$ <u>75.10</u>				
Description Concert			Date(s	s) 10 / 19 / 11		
Ticket(s)/Admission(s) provided by	agency? Yes	III No E	7 If no			
rionot(e), riamicoron(e) provided by	agoney: 100			Name	of Source	
Yes No If yes: Alameda	Official's	Name (Last,	First) and Title	1		
The identity of recipient(s) and t			First) and Title			
The identity of recipient(s) and t			Check th	ne Income box if the agency	ud a prijas datulitika alikita, taponis tir ili prijas i oki prima tikuliti zapras glovija tirikuliti ani koji	
The identity of recipient(s) and t	he explanation	Agency	Check the taxable is		ud a prijas datulitika alikita, taponis tir ili prijas i oki prima tikuliti zapras glovija tirikuliti ani koji	
Name (Last, First) or Organization	he explanation	on:	Check the taxable is also pro If not ince	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p	al performed a ceremo urpose, including	onial role,
The identity of recipient(s) and to Name (Last, First) or	Number of Admission(s)/	Agency	Check the taxable is also pro If not ince	ne Income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an	al performed a ceremo urpose, including	onial role,
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable is also pro If not incorremor organizations.	ne Income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an	al performed a ceremo urpose, including agency official, individ	ual, or
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable is also pro If not incorremor organizations.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ution.	al performed a ceremo urpose, including agency official, individ	onial role, lual, or
Name (Last, First) or Organization (Name, Address, Description) Economy, Michael	Number of Admission(s)/	Agency Official	Check the taxable is also pro if not inconstruction organization. To promote the taxable is also proposed to taxable in ta	ne income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an action. te attendance at an e	al performed a ceremo urpose, including agency official, individ event held at a	lual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes I	Check the taxable is also pro if not inconstruction organization. To promote the taxable is also proposed to taxable in ta	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ution.	al performed a ceremo urpose, including agency official, individ event held at a	ual, or
Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes Yes Yes	Check the taxable is also pro If not incorrection organization. To promote the country factors and taxable is also promoted to the taxable in ta	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation. te attendance at an official control of the cility in order to max	al performed a ceremon urpose, including agency official, individ event held at a imize potential	lual, or Income
Name (Last, First) or Organization (Name, Address, Description) Economy, Michael	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No No No No No No No No No No	Check the taxable is also pro If not incorrection organization. To promote the country factors and taxable is also promoted to the taxable in ta	ne income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an action. te attendance at an e	al performed a ceremon urpose, including agency official, individ event held at a imize potential	lual, or Income
Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro If not incorrection organization. To promote the country factors and taxable is also promoted to the taxable in ta	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation. te attendance at an official control of the cility in order to max	al performed a ceremon urpose, including agency official, individ event held at a imize potential	Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro if not incorrection organization. County fa County re	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation. te attendance at an official control of the cility in order to max	al performed a ceremon urpose, including agency official, individ event held at a imize potential	Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro if not incorrection organization. County fa County re	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation. te attendance at an official control of the cility in order to max	al performed a ceremon urpose, including agency official, individ event held at a imize potential	Income Income Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro if not incorrection organization. County fa County re	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an ation. te attendance at an official control of the cility in order to max	al performed a ceremon urpose, including agency official, individ event held at a imize potential	Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro if not inconstruction organization. To promote the country factor of the country factor of the country respectively.	ne income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an atton. te attendance at an e cility in order to max venue from parking	al performed a ceremonurpose, including agency official, individual event held at a similar potential and concession	Income Income Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka McCullough	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro if not inconstruction organization. To promote the country factor of the country factor of the country respectively.	ne income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an atton. te attendance at an e cility in order to max venue from parking	al performed a ceremonurpose, including agency official, individual event held at a similar potential and concession	Income Income Income Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Economy, Michael McCarthy, Colleen McCullough, Mayanka McCullough Verification I have read and understand FPPC Regulatis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable is also pro If not incorrect in the ceremory organization in the ceremory of the ceremory of the country factor in the country respectively. The country respectively in the ceremory of the ceremo	ne income box if the agency income. If the agency offici vide a description. come, describe the public p nial roles, performed by an atton. te attendance at an e cility in order to max venue from parking	al performed a ceremonurpose, including agency official, individual event held at a similar potential and concession	Income Income Income Income Income Income

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					Date Sta	mp Ca	alifornia	202
County of Alameda							Form	002
Division, Department, or Region (if applica	able)						For Official U	se Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536	A Straight Committee on the Straight Analysis Straight Committee							
Designated Agency Contact (Name, Title)					☐ Amendme	nt (Must provide e.	xplanation in F	Part 3.)
Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors				Date of Origina	al Filing: 10/04	1/11	
	shida@acgov.c	ora			.	(mo	nth, day, year)	
Function, Event, or Ceremonial R	The second secon							
Title How Sweet the Sound				Eaco \	/alue of Each	Admission	23.55	
Title			•				ν	
Description Concert				Date(s) 10 04	_/_11		
				0.11	0.1.18			
Ticket(s)/Admission(s) provided by a	agency? Yes	☐ No		f no: Gold	en State Warrioi	rs Name of Source	9	
							-	
Was the distribution to persons iden	tified below n	nade at	the l	ehest of	an agency o	fficial?		
Yes No If yes:	Official's I	Vame (La	ast. Firs	at) and Title				
i ne identity of recipient(s) and tr	The identity of recipient(s) and the explanation:							
Name (Last, First)	Number of	Agend	cv l		e income box if the agen			
or	Admission(s)/	Offici	- ;	-	ide a description.	nublic nurñose in	ocludina	
Organization (Name, Address, Description)	Ticket(s)			 If not income, describe the public purpose, in ceremonial roles, performed by an agency of organization. 				
				organizat		d by an agency of		ıal, or
		Yes	7 T				ficial, individu	
Carson, Keith	4	Yes No	_	o promot	tion.	at a County s	ficial, individu	
Carson, Keith	4		_ €	o promot	e attendance	at a County s	ficial, individu	Income
Carson, Keith	4	No Yes	_ €	o promot	e attendance	at a County s	ficial, individu	Income
Carson, Keith	4	No Yes		o promot	e attendance	at a County s	ficial, individu	Income Income
Carson, Keith	4	No Yes No Yes No		o promot	e attendance	at a County s	ficial, individu	Income Income
Carson, Keith	4	No Yes No Yes No Yes		o promot	e attendance	at a County s	ficial, individu	Income Income
Carson, Keith	4	No Yes No Yes No Yes No		o promot	e attendance	at a County s	ficial, individu	Income Income
Carson, Keith	4	No Yes No Yes No Yes No Yes No		o promot	e attendance	at a County s	ficial, individu ponsored	Income Income Income Income
	4	No Yes No Yes No Yes No Yes No		o promot	e attendance	at a County s	ficial, individu ponsored	Income Income Income
Verification		No Yes No Yes No Yes No Yes No Yes No		o promot vent or e	e attendance /ent held at a	at a County s County facility	ponsored y	Income Income Income Income Income
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Verification I have read and understand FPPC Regulation is in accordance with the provisions.		No Yes No Yes No Yes No Yes No Yes No		o promot vent or ev	e attendance /ent held at a	at a County s County facility	ponsored y	Income Income Income Income Income
Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 and	No Yes No Yes No Yes No Yes No Ad 18942		o promot vent or ev	e attendance vent held at a	at a County s County facility	ponsored y ons, set fort	Income Income Income Income Income
Verification I have read and understand FPPC Regulation is in accordance with the provisions. Am	ions 18944.1 and y Shrago Print Nar	No Yes No Yes No Yes No Yes No Ad 18942	G G G G G G G G G G G G G G G G G G G	e verified t	ton. e attendance yent held at a that the distribute at Administrate	at a County s County facility tion of admission	ponsored y ons, set fort	Income Income Income Income Income Income

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1.	Agency Name					Date Stamp	California	ono.	
	County of Alameda						Form	00/4	
	Division, Department, or Region (if application)	ble)					For Official I	Jse Only	
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)					☐ Amendment (Must provide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	upervisors				Date of Original Filing:			
	(510) 272-3882 crystal.his	hida@acgov.d	ora			7	(month, day, yea	r)	
2.	Function, Event, or Ceremonial R		· · · · · · · · · · · · · · · · · · ·		***************************************	<u> </u>			
	Title Disney on Ice	At site of the		_	Face \	/alue of Each Adm	ission \$ <u>32.15</u>		
	Description Concert			_	Date(s	s) 10 / 13 / 11		/	
					`	•			
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No	7	no: Gold	len State Warriors	of Source		
						ivame	or Source		
	Was the distribution to persons iden	tified below n	nade a	t the I	ehest of	f an agency officia	l?		
	Voc El No El Ifyog: Lockyer.	, Nadia, Supervis	sor Distr	ict 2					
	Yes ☑ No ☐ If yes: Lockyer,	Official's	Name (L	ast, Firs	t) and Title				
	The identity of recipient(s) and th								
	Name			Т,		ne income box if the agenc			
	(Last, First) or	Number of	Agen	- 1		ncome. If the agency offic vide a description.	ial performed a cerem	onial role,	
	Organization	Admission(s)/ Ticket(s)	Official		If not inc	come, describe the public point in the comment of t	purpose, including	fual or	
	(Name, Address, Description)	i i i	d.		organiza	tion.			
	Natarajan, Anu	4	Yes No			te attendance at an cility to maximize po		Income	
			Yes					Income	
			No			M. Carlotte			
			Yes	$=$ \Box				Income	
			Yes No	$=$ \Box				Income	
			<u> </u>						
			Yes No					Income	
_	Verification		110		20 mg - 20 mg	o magazina, con esta esta esta esta esta esta esta esta			
3.	Verification I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	d 18942	2. I hav	e verified	that the distribution of	admissions, set fo	rth above,	
		HELLE DIANI	DA		Ticke	et Administrator	10/	w/11	
	Signature of Agency Head of Designee	Print Na	me			Title	(mdnt	h, day, year)	
	Comment: (Use this space or an attachment for	or any additional i	nformatio	on inclu	ding amend	dment explanation.)		-	

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. Agency Name		W-121	NAME OF THE OWNER, WAS	Date S	tamp	California	000
County of Alameda						Form	802
Division, Department, or Region (if app	licable)		.			For Official U	Jse Only
Board of Supervisors	•					•	
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Title	e)						
Anna Gee, Operations Manager				L Amendm	Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail	· 70/2Ltv-	- HALL		Date of Origi	nal Filing:	(month, day, year	
510-891-5585 anna.g			(топтп, аау, уеа	7			
Function, Event, or Ceremonial							
Title Foo Fighters	ace Value of Eac	h Admissi	on \$				
Description Concert			, . I	Date(s) 10 / 19	11		
Ticket(s)/Admission(s) provided by	y agency? Yes	□ No	☑ If no):	Name of S	1	
					Name of S	ource	
Yes ☑ No ☐ If yes: Alamed	da County Supervisor Na Official's I	ate Miley, Di Name (La	istrict 4 ast, <i>First) a</i>	nd Title	-		
-			• (heck the income box if t			\$20,000 to \$0.000 \$10 to \$10 to \$40 \$40 \$
Yes ☑ No ☐ If yes: Alamed The identity of recipient(s) and			cy t al s	theck the income box if the agoust income. If the agoust is provide a description income, describe the eremonial roles, perform	ency official pe 1. e public purpo	erformed a ceremose, including	onial role,
Yes No If yes: Alarmed The identity of recipient(s) and Name (Last, First) or Organization	the explanation Number of Admission(s)/	on: Agend	cy to contact the	theck the income box if t exable income. If the ago lso provide a description foot income, describe the	ency official pe n. e public purpo ied by an agen	erformed a ceremo se, including cy official, individ	onial role, ual, or
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agend Official	sy to	theck the income box if the ago axable income. If the ago iso provide a description not income, describe the eremonial roles, perform rganization.	ency official pe n. e public purpo led by an agen e at an evel	erformed a ceremonse, including cy official, individent	ual, or
Yes No If yes: Alarmed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Ma, Stella	Number of Admission(s)/ Ticket(s)	Agend Official Yes [No [Yes] No [To p	theck the income box if the ago axable income. If the ago iso provide a description not income, describe the eremonial roles, perform rganization. romote attendance	ency official per n. e public purpo led by an agen e at an ever to maximiz	erformed a ceremonse, including cy official, individent held at a see potential	ual, or Income
Yes No If yes: Alarmed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Saephan, Nai	Number of Admission(s)/ Ticket(s)	Agend Official Yes [No [Yes [Ye	To p Cou	theck the income box if the against income. If the against provide a description of the common of th	ency official per n. e public purpo led by an agen e at an ever to maximiz	erformed a ceremonse, including cy official, individent held at a see potential	Income
Yes No If yes: Alarmed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Saephan, Nai Carino, Irish	Number of Admission(s)/ Ticket(s) 1 1	Agend Official Yes [No [Yes	To p Cou Cou Sale	theck the income box if the against income. If the against provide a description of the common of th	ency official per n. e public purpo led by an agen e at an ever to maximiz	erformed a ceremonse, including cy official, individent held at a see potential	Incom Incom Incom Incom Incom
Yes No If yes: Alamed The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Saephan, Nai Carino, Irish Ocreto, Cain Saephan, Farm	Number of Admission(s)/ Ticket(s) 1 1 1 1	Yes No	To p Cou Cou Sale	theck the income box if the ago is operating the ag	ency official period e public purpo led by an agen e at an ever to maximize parking and	erformed a ceremonse, including cy official, individent held at a ceremonse potential concession	Income
Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Saephan, Nai Carino, Irish Ocreto, Cain Saephan, Farm Verification I have read and understand FPPC Regulis in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 1 1 1 1	Yes No	To p Cou Cou Sale	theck the income box if the ago is operating the ag	ency official pent. e public purpoled by an agen e at an ever to maximize earking and	erformed a ceremonse, including cy official, individent held at a ceremonse potential concession	Income Income Income Income

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1.	Agency Name			en e	Date Stamp	California 802			
	COUNTY OF ALAMEDA					Form OUZ			
	Division, Department, or Region (if applica		For Official Use Only						
	BOARD OF SUPERVISORS	BOARD OF SUPERVISORS							
	Street Address	Street Address							
	1221 OAK STREET, SUITE 536 Designated Agency Contact (Name, Title)								
				•	Amendment (Must pro	vide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	Supervisors			Date of Original Filing:	(month, day, year)			
	(510) 272-3882 crystal.his	shida@acgov.	org			(month, day, year)			
2.	Function, Event, or Ceremonial R								
	Title DISNEY ON ICE TREASURE T			Face \	/alue of Each Admissi	on \$ <u>32.15</u>			
	Description DISNEY ICE SKATING			Date(s	3) 10 / 14 / 11				
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ⊡	If no: GOL	DEN STATE WARRIORS Name of S	Source			
	Was the distribution to persons identified below made at the behest of an agency official?								
	Yes No I If yes: SUPERVI	Official's	Name (Last	First) and Title					
				Thisty and Thie					
	The identity of recipient(s) and the explanation:								
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov	e income box if the agency offincome. If the agency official period a description. The public purposes in the public purposes.	erformed a ceremonial role, ose, including			
			Yes 🗖	organiza		nanagrad event Income			
	NAPPO, DEBBIE	4	No 🖸	To promote held at a co	e attendance at a county s ounty facility	ponsored event			
			Yes 🗖			Income			
			No 🗖						
			Yes □			Income			
	RAPIWA MINI-		No 🗖						
			Yes 🗖			Income			
			No 🗆	-					
			Yes ☐ No ☐			Income			
3	Verification								
J.	I have read and understand FPPC Regulations in accordance with the provisions.	ons 18944.1 an	d 18942. I i	have verified t	hat the distribution of adm	nissions, set forth above,			
	All Marie Ma	ANN FERGE		TICK	ET ADMINISTRATOR	10/3/11			
	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	ncluding amend	ment explanation.)				

Α	Ρ	ub	lic	Do	cu	m	en	ıt
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Agonov Nomo				Data Ctamp	California			
. Agency Name				Date Stamp	California 802			
	County of Alameda							
Division, Department, or Region (if applica	abie)				,			
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536					And the second state of th			
Designated Agency Contact (Name, Title)				Amendment (Mus	t provide explanation in Part 3.)			
Crystal Hishida Graff, Clerk, Board of S	Supervisors				10/31/11			
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year)			
(510) 272-3882 crystal.his	shida@acgov.d	org						
. Function, Event, or Ceremonial R	Role Informat	ion						
Daidara va Kanaga City Chiafa					150.00			
Title Raiders vs. Kansas City Chiefs			Face \	/alue of Each Admi	ission \$			
- Oakland Raiders Football	1			s) <u>10 / 23 / 11</u>				
Description Oakland Raiders Football			Date(s	5)				
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Oaki	And Raiders	of Source			
Was the distribution to persons iden	ntified below n	nade at the	e behest of	an agency official	?			
,								
	Yes No If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title							
Yes ☑ No ☐ If yes: Carson	, Keith Superviso	r						
Yes No If yes: Carson	, Keith Superviso Official's i	r Name (Last, F	First) and Title					
			First) and Title					
The identity of recipient(s) and the			·	e income box if the agenc	v official claims admission as			
			Check th taxable in	ncome. If the agency offic	y official claims admission as ial performed a ceremonial role,			
The identity of recipient(s) and the Name (Last, First) or	Number of Admission(s)/	on:	Check th taxable in also prov	ncome. If the agency offic vide a description.	ial performed a ceremonial role,			
The identity of recipient(s) and the Name (Last, First)	ne explanatio	Agency	Check th taxable in also prov If not inc ceremon	ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	ial performed a ceremonial role,			
The identity of recipient(s) and the Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	ial performed a ceremonial role, ourpose, including agency official, individual, or			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	ial performed a ceremonial role, ourpose, including agency official, individual, or it organization for Income			
The identity of recipient(s) and the Name (Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Agency Official Yes No 7	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, burpose, including agency official, individual, or it organization for Income nity			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes Yes Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No No No No No No No No No No	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ACMHS 310 8th Street, Suite 201 Oak	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable ii also prov If not inc ceremon organiza	ncome. If the agency office idea description. ome, describe the public particular roles, performed by an aution. a school or nonprof	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ACMHS 310 8th Street, Suite 201 Oak	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable in also prove If not income ceremon organiza To reward its contribution	ncome. If the agency office idea description. ome, describe the public plat roles, performed by an atton. a school or nonprofutions to the commu	ial performed a ceremonial role, purpose, including agency official, individual, or lit organization for Income nity Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ACMHS 310 8th Street, Suite 201 Oak Verification I have read and understand FPPC Regulat is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable in also prove the first ceremon organiza. To reward its contributed ave verified to taxable in also prove the first ceremon organiza.	ncome. If the agency office idea description. ome, describe the public plat roles, performed by an atton. a school or nonprofutions to the commu	ial performed a ceremonial role, purpose, including agency official, individual, or it organization for Income nity Income Income Income Income Income Income			
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ACMHS 310 8th Street, Suite 201 Oak Verification I have read and understand FPPC Regulat is in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 4	Agency Official Yes	Check th taxable in also prove the first ceremon organiza. To reward its contributed ave verified to taxable in also prove the first ceremon organiza.	ncome. If the agency office idea description. ome, describe the public plat roles, performed by antion. a school or nonprofutions to the commu	in performed a ceremonial role, burpose, including agency official, individual, or it organization for Income nity			

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Ī.	Agency Name		Date Stamp California						
	County of Alameda		Form OUZ						
	Division, Department, or Region (if applica		For Official Use Only						
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536	221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				Amendment (Must pi	ovide explanation in Part 3.)			
	Crystal Hishida Graff, Clerk, Board of S	upervisors							
	Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, year)			
		hida@acgov.	A CALLED TO THE PARTY OF THE PA	No. 14 Supple - Supple					
2.	Function, Event, or Ceremonial R	ole Informat	tion						
	Title Disney on Ice: Treasure Trove			F \	Value of Each Admiss	-i ¢ 32.15			
	litle <u>Bishey of rice. Treasure frove</u>			Face \	value of Each Admiss	sion \$ <u></u>			
	Description Event			Date/s	s) <u>10</u> / 12 / 11	1 1			
	Description			Dato	· · · · · · · · · · · · · · · · · · ·				
	Ticket(s)/Admission(s) provided by a	nancy2 Vac		If no. Gold	len State Warriors				
	Ticket(s)/Admission(s) provided by a	igency: res		11 110	Name of	Source			
					r				
	Was the distribution to persons iden	tified below n	nade at the	e penest of	r an agency official?				
	Yes 🖸 No 🔲 If yes: Carson,	Keith Superviso	r						
	100 E 11 100 E	Official's	Name (Last, F	irst) and Title					
	The identity of recipient(s) and th	e explanatio	n:						
	Name		 	Check th	ne income box if the agency o	fficial claims admission as			
	(Last, First)	Number of	Agency	taxable i	ncome. If the agency official performed a ceremonial role,				
	or Organization	Admission(s)/	Official	i .	vide a description. come, describe the public pur	oose. includina			
	(Name, Address, Description)	Ticket(s)			nial roles, performed by an ag				
	· · · · · · · · · · · · · · · · · · ·		Yes 🗖			inty sponsored Income			
	Hutchings, Michael	4	No ☑	event or e	vent held at a County	facility			
			Yes 🗖			Income			
			No 🗖						
			Yes 🔲			Income			
			No 🗖						
			Yes 🗖			Income			
			No 🗖						
			Yes 🗖			Income			
			No 🗖						
-	Verification	a, amay kandara, kanda iya gamala firamarah kamarah ya nighini kayanga sinda marafisina a te	A						
•	I have read and understand FPPC Regulation	ons 18944.1 an	d 18942. I h	ave verified i	that the distribution of ad	missions, set forth above,			
	is in accordance with the provisions.								
	16/2	, Shraga		Tioks	et Administrator	10/24/44			
	My S T COUNTY	/ Shrago				10/31/11			
	Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)			
	Comment: (Use this space or an attachment for	or any additional i	nformation inc	cluding amend	lment explanation.)				
	·	•		-	•				

A Public Document

1.	Agency Name				Date Stamp	California			
	County of Alameda					Form	004		
	Division, Department, or Region (if applica		For Official	Use Only					
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)	☐ Amendment (Must pro	nuida avalanation ir	. D-42)					
	Crystal Hishida Graff, Clerk, Board of S	Supervisors			Amendment (Must pro	омае ехріапацоп іг	Part 3.)		
	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	ole Informat	tion						
	Title Foo Fighters			Face	· Value of Each Admiss	ion \$ 75.10	•		
	Description Concert		·	Date	(s) 10 19 11				
	Ticket(s)/Admission(s) provided by a	olden State Warriors Name of	Cauras						
		ivame or a	Source						
	Was the distribution to persons identified below made at the behest of an agency official?								
	Laglaca	Nadia Comanda	Di-t-i	. 0					
	Yes ☑ No ☐ If yes: Lockyer	<u></u>							
				i, i ii sij anu Tii	10		•		
	The identity of recipient(s) and the explanation:								
	Name			4	the income box if the agency of e income. If the agency official p				
	(Last, First) or	Number of Admission(s)/ Ticket(s)	Official also		provide a description.				
	Organization (Name, Address, Description)				ot income, describe the public purpose, including emonial roles, performed by an agency official, individual, or				
			Van E		zation.	ent hold at a			
	Urbano, Isabel	4	Yes ☐ No ☑	- Ia ' ,	ote attendance at an eve acility to maximize poten		Income		
		<u> </u>	Yes [4					
			No [<u> </u>			Income		
			Yes [Income		
			No [_					
			Yes [Income		
			No 🗖	-			П		
	·		Yes [1			Income		
			No 🗖						
3.	Verification					**************************************			
7	I have read and understand FPPC Regulati	ons 18944.1 and	d 18942.	l have verified	d that the distribution of adr	nissions, set fo	rth above,		
	is in accordance with the previsions.						•		
	MIC	ket Administrator	117	10/W					
	Signature of Agency Head or Designee	Print Nar	me		Title	- V mgni	h, day, vear)		
	Comment: (Use this space or an attachment for	or any additional is	nformation	includina emo	ndment explanation)	1	<i>f</i>		
	Comment (Coo and Space of all attachment to								

A Public Document

1.	Agency Name	Date Stamp California 80								
	County of Alameda		Form	200						
	Division, Department, or Region (if applica		For Official I	Jse Only						
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536									
		Designated Agency Contact (Name, Title)								
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number E-mail	upervisors			Date of Original Filing: _					
		shida@acgov.d	ora			(month, day, yea	r)			
2.	Function, Event, or Ceremonial R						***************************************			
	Title Disney on Ice			Face \	/alue of Each Admiss	ion \$ <u>32.15</u>				
4	Description Concert			Date(s	s) 10 / 16 / 11					
	2	,								
	Ticket(s)/Admission(s) provided by a	gency? Yes	☑ No □	If no: Gold	den State Warriors Name of Source					
					ivame or .	Source				
	Was the distribution to persons identified below made at the behest of an agency official?									
	Yes ☑ No ☐ If yes: Lockyer	, Nadia, Supervi	isor, District	2						
		Official's i	Name (Last,	First) and Title						
	The identity of recipient(s) and th	e explanatio	n:							
	Name	Number of Admission(s)/ Ticket(s)		L.	ne income box if the agency of					
	(Last, First) or		Agency Official	also prov	taxable income. If the agency official performed a ceremonial role, also provide a description.					
	Organization (Name, Address, Description)			 If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 						
			Yes ☑		te attendance at an eve	ent held at a	Income			
	Sharples, Fred	4	No 🗖	County fac	cility to maximize poter	itial revenue.				
			Yes 🗖				Income			
			No 🗖							
			Yes 🗖				Income			
			No 🗆							
			Yes □ No □				Income			
				•	***************************************					
			Yes ☐ No ☐				Income			
_	Verification	<u></u>	110							
ა.	I have read and understand FPPC Regulation is in accordance with the provisions.	that the distribution of adı	missions, set fo	th above,						
	MIC MIC	et Administrator								
	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 i	nformation in	cludina amend	lment explanation)	ľ				
	Comment. (Ose une space of all attachment to	топ охранавон.)								