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1. A	Agency Name				Date Stamp	California 802
	County of Alameda					
D	Division, Department, or Region	(if applicable)			1	For Official Use Only
	Board of Supervisors				,	
S	Street Address				1	
1	1221 Oak Street, Suite 536					
Ē	Designated Agency Contact (Nar	me, Title)			☐ Amendment (Must pro	ovide explanation in Part 3.)
(	Cheryl Perkins, Clerk, Board of	f Supervisors			Amendment (mast pro	ovide explanation in Fait 3.)
A	rea Code/Phone Number E-	mail			Date of Original Filing: _	(month, day, year)
(	510) 272-3882 cl	heryl.perkins@acgov.c	org		10	(
. F	unction, Event, or Cerem	onial Role Informat	tion		<u> </u>	
		ë .				
Т	itle			Face \	Value of Each Admiss	ion \$ <u>\$100</u>
-	Warriore ve Knick	/S			3 , 11 , 13	
L	Description Warriors vs. Knick	15		Date(s	s)	
Т	icket(s)/Admission(s) provid	ded by agency? Yes	□ No ☑	I If no: Gold	den State Warriors  Name of	
					Turio or	our co
	he identity of recipient(s)  Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable i	ne income box if the agency off ncome. If the agency official p vide a description.	
	Organization (Name, Address, Description	Ticket(s)	Official	If not incoremon organiza	ome, describe the public purp ial roles, performed by an age tion.	ose, including ncy official, individual, or
			Yes 🗸		a County employee for	r her service Income
E	Baranco, Lauren	2	No 🗖		lic and encourage staff	
_			Yes 🗖		196	Income
			No 🗖			
_			Yes 🗖			Income
			No 🗖			
2			Yes 🗖			Income
		*	No 🗖			ПСОПЕ
			Yes 🗖			Income
			No 🗖			
v	erification			M		
1	have read and understand FPPC in accordance with the provision.	Regulations 18944.1 and s.	d 18942. I h	ave verified t	that the distribution of adn	nissions, set forth above,
	and	Alexandra Boskov	rich	Ticke	et Administrator	3/4/2013
	Signature of Agency Head of Designee	Print Nar	ne		Title	(month, day, year)
						VALUEU 1 (PASSE )
С	comment: (Use this space or an atte	achment for any additional in	nformation in	cluding amend	ment explanation.)	

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CKEU/Admission Distribution	0115				A		
Agency Name				Date Stam	р	California Form	901
County of Alameda							
Division, Department, or Region (if ap	oplicable)			1		For Official	Use Only
Board of Supervisors							
Street Address				1			
1221 Oak Street, Suite 536							
Designated Agency Contact (Name, Tit	tle)			П			2 121
Cheryl Perkins, Clerk, Board of Sup	pervisors			☐ Amendment		2	- 5
Area Code/Phone Number   E-mail				Date of Original	Filing:		
(510) 272-3882 cheryl	l.perkins@acgov.d	ora		A STANDARD CHARLES AND SHELL AND SHELL		(month, day, ye	ar)
Function, Event, or Ceremonia	The second secon	W-1574					
					( D . B. C4	¢400%	100 I
Title			Face \	Value of Each A	dmissi	on \$ _ <del>\$100/3</del>	20 park
Description Warriors vs. Rockets			Date(s	s) <u>3 / 8</u> /	13		/
			and pagement				
Ticket(s)/Admission(s) provided I	by agency? Yes	□ No ☑	If no: Gold	len State Warriors			
				1/1	lame of S	ource	
Yes ☑ No ☐ If yes: Sup		Name (Last,	First) and Title				
Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or	Official's	Name (Last,	Check the taxable in also provided the control of the control	e income box if the a ncome. If the agency vide a description.	official pe	erformed a cerem	
Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First)	Official's  d the explanation	Name (Last, Dn: Agency	Check th taxable is also prov If not inc ceremon	e income box if the a ncome. If the agency vide a description. ome, describe the pui ial roles, performed b	official pe	erformed a cerem se, including	ionial role,
Yes ☑ No ☐ If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization	Official's  In the explanation  Number of Admission(s)/	Name (Last, Dn: Agency	Check the taxable in also prove if not inconceremon organization.  To promot	e income box if the a ncome. If the agency vide a description. ome, describe the pui ial roles, performed b	official pe blic purpo y an agen an ever	erformed a ceremose, including cy official, indivi	nonial role, dual, or
Yes No lf yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Official's  In the explanation  Number of Admission(s)/ Ticket(s)	Agency Official	Check th taxable is also prov     If not inc ceremon organiza  To promot County face	ne income box if the a ncome. If the agency vide a description. nome, describe the pui ial roles, performed b tion. The attendance at	official pe blic purpo y an agen an ever naximiz	erformed a ceremose, including cy official, indivi	dual, or Incom
Yes No lf yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Official's  In the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  No  No  No  No  No  No  No  No  No	Check th taxable is also prov     If not inc ceremon organiza  To promot County face	ne income box if the a ncome. If the agency vide a description. ome, describe the pulial roles, performed b tion. e attendance at cility in order to r	official pe blic purpo y an agen an ever naximiz	erformed a ceremose, including cy official, indivi	dual, or Incom Incom
Yes No lf yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Official's  In the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prov     If not inc ceremon organiza  To promot County face	ne income box if the a ncome. If the agency vide a description. ome, describe the pulial roles, performed b tion. e attendance at cility in order to r	official pe blic purpo y an agen an ever naximiz	erformed a ceremose, including cy official, indivi	dual, or Income
Yes No lf yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)	Official's  In the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prov     If not inc ceremon organiza  To promot County face	ne income box if the a ncome. If the agency vide a description. ome, describe the pulial roles, performed b tion. e attendance at cility in order to r	official pe blic purpo y an agen an ever naximiz	erformed a ceremose, including cy official, indivi	Incom
Yes  No  If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)  Dempsey, Garrett  Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable in also produce of the ceremon organiza. To promot County factory f	te income box if the annome. If the agency vide a description. It is the put ial roles, performed by tion. The attendance at cility in order to revenue from sales that the distribution.	official pe blic purpo y an agen an ever maximiz	erformed a cerem ese, including cy official, indivi nt held at a e potential	Incom
Yes  No  If yes: Sup The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description)  Dempsey, Garrett  Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2 + parking	Agency Official  Yes	Check the taxable in also produce of the ceremon organiza. To promot County factory f	ne income box if the a ncome. If the agency vide a description. ome, describe the pui ial roles, performed b tion. The attendance at cility in order to not evenue from sale:	official pe blic purpo y an agen an ever maximiz	erformed a cerem ese, including cy official, indivi nt held at a e potential	Income In

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1.	Agency Name				Date Stamp	California Q	12
	County of Alameda				, , , , , , , , , , , , , , , , , , ,	Form O	14
	Division, Department, or Region (if ap	pplicable)				For Official Use Onl	ly
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536	W-1					
	Designated Agency Contact (Name, Tit				Amendment (Must pro-	vide explanation in Part 3.)	
	Cheryl Perkins Interim Clerk, Board Area Code/Phone Number   E-mail				Date of Original Filing:		
					Date of Original Filling.	(month, day, year)	
-		.perkins@acgov.d	100				
۷.	Function, Event, or Ceremonia	ai Roie informa	tion				
	Title			Face \	/alue of Each Admissi	on \$ <u>\$85</u>	
	1879 01					Ŷ.	
	Description Alicia Keys concert			Date(s	3 , 10 , 13		
	Ticket(s)/Admission(s) provided	by agency? Yes	□ No ☑	I If no: Gold	en State Warriors  Name of S		
					Name or S	ource	
	Was the distribution to persons in	dentified below r	nade at th	e behest of	f an agency official?		
	Yes ☑ No ☐ If yes: Sup	ervisor Wilma Chan Official's					
	,	Official's	Name (Last,	First) and Title			
	The identity of recipient(s) and	the explanation	on:				
	Name			Check th	e income box if the agency offi	cial claims admission as	
	(Last, First)	Number of	Agency	taxable ii	ncome. If the agency official per vide a description.		
	or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purpo		
	(Name, Address, Description)			ceremon organiza	ial roles, performed by an agen tion.	cy official, individual, or	
	F		Yes 🗖		e attendance at an ever		ome
	Franz, Jim	2	No 🗹	County fac	cility in order to maximiz	e potential [	
			Yes 🗖	County rev	venue from sales.	Inco	ome
			No 🗖	200			
			Yes 🗖			Inco	ome
			No 🗆				_
			Yes 🗆	-		Inco	ome
			No 🗆				
			Yes  No			Inco	
_	V- 161 - 41		140 []				
3.	Verification	ulations 19044 1 an	d 10010 1 h	anna manifical t	battle distribution of out-		
	I have read and understand FPPC Registion in accordance with the provisions.	aladons 10944. Fall	u 10942.111	iave verilled (	наств спутьятой от аат	issioris, set forth abo	ove,
			wall				
		Alexandra Boskov	rich	Ticke	t Administrator	3/4/2013	
	Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, y	ear)
	Comment: (Use this space or an attachme	ent for any additional in	nformation in	cluding amendi	ment explanation )		
		**************************************			anamanakiinii Maamanii Täääi		

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Agency Name County of Alameda				Date Stamp	California	000
				Date Stamp		¹ 802
					Form	= 100
Division, Department, or Region <i>(if appli</i>	icable)			]	For Officia	l Use Only
Board of Supervisors						
Street Address				]		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				☐ Amendment (Mu	ıst provide explanation	in Part 3.)
Cheryl Perkins, Clerk, Board of Super	rvisors					
Area Code/Phone Number E-mail				Date of Original Filin	ng:(month, day, ye	ear)
(510) 272-3882 cheryl.p	erkins@acgov.c	org			C9009100000879094817 (290097) 2299	
Function, Event, or Ceremonial	Role Informat	tion				
			9 <u>44</u> 0 (1900)		\$100	
Γitle			Face \	Value of Each Adm	nission \$	
Description Warriors vs. Raptors			Detelo	s) 3 / 4 / 13	3 ,	
Description			Date(s	5) ——/——/—		<del></del>
	ACK 7800		Cald	lan Ctata Marriana		
Ficket(s)/Admission(s) provided by	agency? Yes	□ No ☑	] If no: Gold	ien State Warriors	e of Source	
Nas the distribution to persons ide						
	visor Wilma Chan	Name /l ast	First) and Title			
Yes  No  If yes: Super	visor Wilma Chan Official's		First) and Title	3500 300		
Yes ☑ No ☐ If yes: Super	visor Wilma Chan Official's					
Yes ☑ No ☐ If yes: Super  The identity of recipient(s) and to  Name	visor Wilma Chan Official's the explanatio	on:	Check th	ne income box if the agency officence. If the agency officence.		
Yes ☑ No ☐ If yes: Super  The identity of recipient(s) and t  Name (Last, First) or	visor Wilma Chan Official's the explanation Number of Admission(s)/		Check the taxable in also provided the control of the control	e income box if the agenc ncome. If the agency offic vide a description.	cial performed a cere	
Yes ☑ No ☐ If yes: Super  The identity of recipient(s) and t  Name (Last, First)	visor Wilma Chan Official's the explanatio	Agency	Check th taxable is also prov If not inc ceremon	e income box if the agenc ncome. If the agency offic vide a description. come, describe the public ial roles, performed by an	cial performed a cerei purpose, including	nonial role,
Yes ☑ No ☐ If yes: Super  The identity of recipient(s) and t  Name (Last, First) or Organization	visor Wilma Chan Official's the explanation Number of Admission(s)/	Agency Official	Check th taxable ii also prov If not inc ceremon organization	ne income box if the agency ncome. If the agency office vide a description. come, describe the public ial roles, performed by an tion.	cial performed a cerei purpose, including n agency official, indiv	nonial role,
Yes ☑ No ☐ If yes: Super  The identity of recipient(s) and t  Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check th taxable is also prove if not incongree ceremon organizate.  To promote	ne income box if the agency office of the agency office of the agency office of the agency office of the public of the public of the agency of	cial performed a cerei purpose, including a agency official, indiv	nonial role, idual, or Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	visor Wilma Chan Official's the explanation Number of Admission(s)/	Agency Official	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the public and roles, performed by an action. The attendance at an actification order to maximum and the action order to maximum agency.	cial performed a cerei purpose, including a agency official, indiv	idual, or
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office of the agency office of the agency office of the agency office of the public of the public of the agency of	cial performed a cerei purpose, including a agency official, indiv	Income
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Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	idual, or Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)  Schaff, Bill	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promote County face.	ne income box if the agency office and description. If the agency office a description. It is a describe the publice all roles, performed by an action. The attendance at an actificity in order to maximum and the action of the	cial performed a cerei purpose, including a agency official, indiv	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)  Schaff, Bill	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved. If not inconstruction organizate. To promote County factoring the county factor	te income box if the agency office of the agency office of the public of	cial performed a cerei purpose, including n agency official, indiv event held at a kimize potential	Income
Yes No If yes: Super  The identity of recipient(s) and to  Name (Last, First) or Organization (Name, Address, Description)  Schaff, Bill	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved. If not inconstruction organizate. To promote County factoring the county factor	te income box if the agency office of the agency office of the public of	cial performed a cerei purpose, including n agency official, indiv event held at a kimize potential	Income
Yes No If yes: Super  Name (Last, First) or Organization (Name, Address, Description)  Schaff, Bill  Verification have read and understand FPPC Regulars in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  2	Agency Official  Yes	Check the taxable is also prove the first incommon organization.  To promote County factory factory revenues the first incommon organization.  County revenues the first incommon organization organization.  County revenues the first incommon organization organization organization.	te income box if the agency office of description. If the agency office of the public	cial performed a cerei purpose, including n agency official, indiv event held at a kimize potential	Income
Yes No If yes: Super  Name (Last, First) or Organization (Name, Address, Description)  Schaff, Bill  Verification have read and understand FPPC Regulars in accordance with the provisions.	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also prove the first incommon organization.  To promote County factory factory revenues the first incommon organization.  County revenues the first incommon organization organization.  County revenues the first incommon organization organization organization.	te income box if the agency office of description.  Tome, description the public of th	cial performed a cerei purpose, including n agency official, indiv event held at a kimize potential	Income In

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1.	Agency Name				Date Stamp	California	202
	County of Alameda				**	Form	002
	Division, Department, or Region (if applic	able)			,	For Official U	Jse Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				☐ Amendment (Must pro	ovide evolenation in	Part 3 )
	Crystal Hishida Graff, Clerk, Board of	Supervisors			Amenament (mast pro	wide explanation in	ran s.,
	Area Code/Phone Number   E-mail	*			Date of Original Filing: _	(month, day, year	-)
	(510) 272-3882 crystal.hi	shida@acgov.	org			(	ć.
2.	Function, Event, or Ceremonial F				€ 9		
	Aliaia Kaya					05.00	
	Title Alicia Keys			Face \	/alue of Each Admiss	ion \$ <u>85.00</u>	
	Concert				03 , 10 , 13	127	W
	Description Concert			Date(s	3)	/	
		2024 9990	DALK SS VIL	Gold	on State Warriors		
	Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no: Gold	Name of S	Source	
					9		
	Was the distribution to persons iden	ntified below r	nade at th	e behest of	an agency official?		
	- Valle F	Dichard Supervio	or District 2				
	Yes 🛛 No 🔲 If yes: Valle, F	Richard- Supervis	Name (Last	First) and Title			
			CONTROL OF THE CONTRO	noty and Thic			
	The identity of recipient(s) and the	ne explanation	on:	L	-		
	Name			155 (150 PA) 1 (150 PA) 1 (150 PA) 1 (150 PA)	e income box if the agency off ncome. If the agency official p		
	(Last, First) or	Number of Admission(s)/	Agency Official	. T. T. T. M. S.	vide a description.	eriorinea a ceremo	iliai role,
	Organization (Name, Address, Description)	Ticket(s)	970337533	<ul> <li>If not income ceremon</li> </ul>	ome, describe the public purp ial roles, performed by an age	ose, including ncv official, individ	ual. or
	(Name, Address, Description)			organiza	tion.		, 01
	Jackson, James		Yes 🗖		attendance at an event held	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	Income
		2	No 🗵	facility in orde	er to maximize potential reve	anue from sales.	
			Yes 🗖				Income
	<u> </u>		No 🗆				
			Yes 🗖				Income
			No 🗖				
	*		Yes 🗖				Income
			No 🗖				
			Yes 🗖				Income
			No 🗖				
3.	Verification	////		Ť.			
	I have read and understand FPPC Regulat	ions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adn	nissions, set for	th above,
	in accordance with the provisions.						
	MIC MIC	CHELLE DIANI	DA	Ticke	t Administrator	211	1/12
	Signature of Agency Head or Designee		Page 1			_ 5"	1112
	Signature of Agency-Head or Designee	Print Na	me		Title	Tinjonth	, day, year)
	Comment: (Use this space or an attachment	for any additional i	information in	cluding amendi	ment explanation.)	· (C)	

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	RODEN RODEN DE LA PORTE DE	76					
1.	Agency Name				Date Stamp	California	202
	County of Alameda				W.	Form	002
	Division, Department, or Region (if applica	ble)				For Official	Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				☐ Amendment (Must	provide explanation in	n Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number   E-mail	Supervisors			Date of Original Filling		
					Date of Original Filing	(month, day, ye	ar)
_		shida@acgov.					
2.	Function, Event, or Ceremonial R	ole Informat	tion				
	Title Golden State Warriors vs. Housto	n Rockets		Face \	/alue of Each Admis	ssion \$ <u>200.00</u>	)
	Description Basketball Game			Date(s	03 , 08 , 13		
				Cold	on State Wessians		
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: Gold	en State vvarriors	of Source	
					reamo c	n cource	
	Was the distribution to persons iden	tified below r	nade at th	e behest of	an agency official?	>	
	Vella D	lahard Curanda	District O				
	Yes ☑ No ☐ If yes: Valle, R	Official's	Name // ast	First) and Title			
				r maty and mile			
	The identity of recipient(s) and th	e explanatio	on:				
	Name (Last, First)			10.00 TO THE RESERVE OF THE RESERVE	e income box if the agency ncome. If the agency officia		
	or	Number of Admission(s)/	Agency Official		vide a description.	ii portormed a doren	ioinai roie,
	Organization (Name, Address, Description)	Ticket(s)			ome, describe the public pu ial roles, performed by an a		dual, or
				organiza	tion.		
	Vliet, David	4	Yes 🗖	public.	community volunteer for h	is service to the	Income
		-4	No 🔽	public.			
	2		Yes 🗆				Income
			No 🗖				
			Yes 🗆				Income
			No 🗆				
			Yes  No				Income
			Poster Person				
			Yes 🗆				Income
_			No 🗖				
3.	Verification					5	
	I have read and understand FPPC Regulati- isrin accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified t	hat the distribution of a	dmissions, set fo	rth above,
	of description with the provision of					0	1.1
	MIC ) MIC	HELLE DIANI	DA	Ticke	t Administrator	3,	5/1-
	Signature of Agency/Read or Designee	Print Nar	me		Title	(mgn	th, day, year)
	Comment: (Use this space or an attachment for			cluding amend		(11)	, day, ye
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Agency Name				Date Stamp	California	802		
County of Alameda				711 =	Form	002		
Division, Department, or Region (if applied	cable)			1	For Official	Use Only		
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536				8				
Designated Agency Contact (Name, Title)				☐ Amendment (Must provide explanation in Part 3.)				
Crystal Hishida Graff, Clerk, Board of	Supervisors		<b>W</b>		provide explanation if	ran s.,		
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, yea	(r)		
(510) 272-3882 crystal.h	ishida@acgov.	org				::#0		
Function, Event, or Ceremonial	Role Informa	tion		,				
Title Golden State Warriors vs. Detroi	Title Golden State Warriors vs. Detroit Pistons Face V							
Description Basketball Game			Date(s	03 , 13 , 13				
Ticket(s)/Admission(s) provided by	aganay2 Vaa		I If no. Gold	len State Warriors				
ricket(s)/Admission(s) provided by	agency? Yes	П ио Б	I II no	Name o	of Source			
Yes ☑ No ☐ If yes: Valle,  The identity of recipient(s) and t		Name (Last,	First) and Title					
Name	Check th	e income box if the agency	official claims admis	sion as				
(Last, First)	Number of	Agency		ncome. If the agency officia vide a description.	I performed a cerem	onial role,		
or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or					
(Name, Address, Description)			organiza	tion.				
Clark, Robert	24	Yes 🗖		community volunteer for h	is service to the	Income		
	4	No 🖸	public.					
		Yes 🗆				Income		
		No 🗖						
		Yes 🗖				Income		
		No 🗆						
		Yes 🗆				Income		
		No 🗖						
		Yes  No				Income		
		No 🗖						
Verification	100111	140040 11						
I have read and understand FPPC Regula is in accordance with the provisions.	tions 18944.1 an	ia 18942. Fr	ave verified i	that the distribution of a	dmissions, set fo	rth above,		
(	CHELLE DIANI	DA	Ticke	et Administrator	2/	7/5		
Signature of Agency Head or Designee	Print Na	me		Title	mon	th, day, year)		
		87 <u>2</u> 7-31 (188-1 181		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/			
Comment: (Use this space or an attachment	170	nformation in	cluding amend	ment explanation.)		T.		

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1.	Agency Name				Date Stamp	California	802		
	County of Alameda				22.71	Form	002		
	Division, Department, or Region (if applica	able)				For Official L	Ise Only		
	Board of Supervisors			V					
	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			ren are no ada				
	Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year	<del>)                                    </del>		
		shida@acgov.	100						
2.	Function, Event, or Ceremonial R	tole Informat	tion						
	Title Alicia Keys			Face \	Value of Each Admiss	ion \$ 85.00			
	11110								
	Description Concert			Date(s	s) <u>03</u> , <u>10</u> , <u>13</u>		_/		
	America de cartico com a mesos de desenta a como como como como como como como c			1.7700 min 1900 min 1	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	If no: Gold	len State Warriors				
	The Country of the Co		s <del>Allah</del> t osepe <del>ola</del>	A DOM CONTRACTOR	Name of S	Source			
	Was the distribution to persons iden				7 A				
	Yes No lif yes: Valle, R	Official's	Name // ast	First\ and Title					
				i iisi) and ride					
	The identity of recipient(s) and the	e explanation	on:						
	Name (Last, First)		V <b>A</b> WOLLOW		ne income box if the agency off ncome. If the agency official p				
	or	Number of Admission(s)/	Agency Official	also pro	provide a description.				
	Organization (Name, Address, Description)	Ticket(s)	Submitted thanks of a promi	<ul> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or</li> </ul>					
			Voc 🗖	To promote a	ation. attendance at an event held	at a County	Income		
	Chu, Isa	2	Yes □ No ☑		er to maximize potential reve	45-1:37-21-31-11-1	Income		
	<del></del>		Yes 🗆	,			Income		
			No 🗆						
			Yes 🗆				Income		
			No 🗖						
			Yes 🗖				Income		
			No 🗖						
			Yes 🗖				Income		
			No 🗖						
_	Verification		A				-		
	I have read and understand FPPC Regulati	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of adr	nissions, set for	th above,		
	is in accordance with the provisions.					<ul> <li>In the transfer of the control of the</li></ul>			
		CHELLE DIANI	DA	Ticke	et Administrator	_3/	7/1-		
	Signature of Agency Head or Designee	Print Na	me		Title	Tmonth	, day, year)		
	Comment: (Use this space or an attachment for	or any additional i	information in	cludina amena	lment explanation )	/	/		
		any additional i	ommunon an	aamig amend					

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) n	Date Stamp  California 80 Form For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filing: (month, day, year)  Face Value of Each Admission \$ 100					
10	For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filing:					
10	Date of Original Filing:					
10	Date of Original Filing:(month, day, year)					
10	Date of Original Filing:(month, day, year)					
10	Date of Original Filing:(month, day, year)					
10	Date of Original Filing:(month, day, year)					
10	Date of Original Filing:(month, day, year)					
10	(month, day, year)					
10	Face Value of Each Admission \$					
n 	Face Value of Each Admission \$					
	Face Value of Each Admission \$					
	Date(s) 03 , 30 , 13					
3 55 500	Golden State Warriors					
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Gol						
	First) and Title					
he identity of recipient(s) and the explanation:						
Agency Official	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role also provide a description.</li> </ul>					
•	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.					
Yes 🗖	To reward a volunteer for his contributions to the Incor					
No 🗹	community.					
Yes □	Incor					
No 🗖						
Yes □	Incor					
No 🗖						
Yes 🔲	Incor					
No 🗖						
Yes 🔲	Incor					
Vo □						
8942. I h	ave verified that the distribution of admissions, set forth above  Ticket Administrator					
	Title 4mohth, day ye.					
C	Agency Official  /es					

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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   Date Stamp   California   Form   For Official Us	802 e 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   15 mail)  Pate of Original Filling:	e 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	e Only
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	
1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number   E-mail	
Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number   E-mail	
Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number   E-mail    Date of Original Filing:	
Area Code/Phone Number   E-mail   Date of Original Filling	art 3.)
(510) 272-3882 crystal.hishida@acgov.org	
(510) 272-3882 crystal.hishida@acgov.org  Function, Event, or Ceremonial Role Information	_
. Function, Event, or Ceremonial Role information	
Title Oakland A's vs. Kansas City Royals Face Value of Each Admission \$ 1768.00	
Description Baseball Game Date(s) 05 , 19 , 13	_/
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's	
Name of Source	
Was the distribution to persons identified below made at the behest of an agency official?	*
SECURAL MARIEST SECONSTRUCTURES DE ACADAM DE SECURACIONAL EL CONTROL DE SON CITADOS AND SECURACIONAL PRODUCTION DE SECURACION DE SON CITADOS AND SECURACION DE SECURACION	
Yes No If yes: Valle, Richard- Supervisor District 2  Official's Name (Last, First) and Title	
Official's Name (Last, First) and Title	
The identity of recipient(s) and the explanation:	
Name Check the income box if the agency official claims admissi	
(Last, First)  Number of Agency official laso provide a description.  Admission(s)/  Official taxable income. If the agency official performed a ceremon also provide a description.	iai roie,
Organization  (Name, Address, Description)  Ticket(s)  If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individu	al. or
organization.	
Lougas of Volumosis	Income
20 No 🔽 the community.	
30 120 Ruscilli D., Newark CA 34300	Income
No 🗖	
	Incomo
Helps with the needs of youth, senior citizens and	-
the needy No 🗖	
the needy No 🗖 Yes 🔲	
the needy No	
No         □           Yes         □           No         □           Yes         □	Income Income
the needy No Service No	Income
the needy  No  Yes  No  Yes  No  Yes  No  Yes  No  Verification	Income Income
the needy  No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	Income
the needy  No  Yes  No  Yes  No  Yes  No  Yes  No  Verification	Income Income
the needy    No   Yes   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	Income Income Income Income
the needy    No   Yes   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	Income
the needy  No   Yes   No   Yes   No   Yes   No   No   Yes   No   Yes   No   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	Income Income

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B S 1 D C A	gency Name County of Alameda ivision, Department, or Region (if applica				Date Stamp	Proposition and the second	DOMESTIC WASH
B S 1 D C A						California	802
B S 1 D	ivision, Department, or Region (if applica					Form	
S 1 D C A		ible)				For Official U	se Only
1 D C A	Board of Supervisors						
D C A	treet Address				*		
CA	221 Oak Street, Suite 536					_	
Ā	esignated Agency Contact (Name, Title)				Amendment (Must provide explanation in Part 3.)		
	Crystal Hishida Graff, Clerk, Board of S	Supervisors					711 71K
(	rea Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	_
	510) 272-3882 crystal.his	shida@acgov.d	org				
F	unction, Event, or Ceremonial R	tole Informat	tion				
Т	itle Oakland A's vs. Baltimore Orioles	Si .			/alue of Each Admis		
D	Pescription Baseball Game			Date(s	3) 04 , 25 , 13		
т	icket(s)/Admission(s) provided by a	agency? Ves		I If no. Oakl	and A's		
	icket(s)/Admission(s) provided by a	Name o	f Source				
	Yes ☑ No ☐ If yes: Valle, R	Official's	Name (Last, I	First) and Title			
т	he identity of recipient(s) and th	e explanatio	on:				
<u>T</u>	he identity of recipient(s) and the  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also prov lf not inc ceremon	e income box if the agency on ncome. If the agency official vide a description. ome, describe the public purial roles, performed by an ag	I performed a ceremo	nial role,
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	taxable i also prov e If not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pui ial roles, performed by an ag tion.	l performed a ceremo rpose, including gency official, individu	nial role, ual, or
	Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	taxable in also proving life not inconstruction organization.	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	ual, or
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official Yes  No	taxable i also prov e If not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	ual, or Income
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  Yes  Yes	taxable in also proving life not inconstruction organization.	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	Income
	Name (Last, First) or Organization (Name, Address, Description)  /olunteer Hayward  099 E Street, Hayward CA 94541	Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Yes   No   No	taxable in also proving life not inconstruction organization.	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	ial, or Income
	Name (Last, First) or Organization (Name, Address, Description)  /olunteer Hayward  099 E Street, Hayward CA 94541  supports volunteer activities for HARD and City of	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	Income
	Name (Last, First) or Organization (Name, Address, Description)  /olunteer Hayward  099 E Street, Hayward CA 94541	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	Income
	Name (Last, First) or Organization (Name, Address, Description)  /olunteer Hayward  099 E Street, Hayward CA 94541  supports volunteer activities for HARD and City of	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	Income
	Name (Last, First) or Organization (Name, Address, Description)  /olunteer Hayward  099 E Street, Hayward CA 94541  supports volunteer activities for HARD and City of	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also prov lf not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu- ial roles, performed by an ag- tion. non-profit organization for	l performed a ceremo rpose, including gency official, individu	Income Income Income Income Income

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1. Agency Name				Date Stamp	California	802		
County of Alameda				¢1	Form	002		
Division, Department, or Region (if applica	ible)			1	For Official U	lse Only		
Board of Supervisors								
Street Address				1				
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, Title)				- Loren or Common and State Common and Commo				
Crystal Hishida Graff, Clerk, Board of S	Suparvisors			Amendment (Must provide explanation in Part 3.)				
Area Code/Phone Number   E-mail	supervisors			Date of Original Filing:				
	shida@aaaa.				(month, day, year	)		
(510) 272-3882 crystal.his	shida@acgov.							
					0000000 20			
Title Oakland A's vs. Kansas City Roya	als		Face \	Value of Each Admi	ission \$ <u>1768.0</u>	)		
D				05 10 13				
Description Baseball Game			Date(s	s) <u>05</u> <u>/ 19</u> <u>/ 13</u>		/		
Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	If no: Oak	and A's				
				Name	of Source			
Was the distribution to persons iden	tified below r	nade at th	e hehest o	f an agency official	2			
8								
Yes  No If yes: Valle, R	ichard- Supervis	or District 2						
	Official's	Name (Last,	First) and Title					
The identity of recipient(s) and th	e explanatio	on:						
Name	ne income box if the agency	v official claims admiss	ion as					
(Last, First)	Number of	Agency	taxable i	income. If the agency offic				
or Organization	Admission(s)/	Official	also provide a description					
(Name, Address, Description)	Ticket(s)							
Howard Education Foundation		Yes 🗖		non-profit organization fo	or its contributions to	Income		
Hayward Education Foundation	20	No 🖸	the communi	[[[[[[[]]]]]]] [[[[[]]]]] [[[]] [[]] [				
		Yes 🗆						
P.O. Box 56444 Hayward, CA 94545		No 🗆				Income		
<u> </u>								
Provides Hayward teachers and students with		Yes 🗆				Income		
additional funding for educational activities	<u> </u>	No 🗆						
		Yes 🗆				Income		
		No 🗖						
		Yes 🗆				Income		
		No 🗖						
3. Verification								
I have read and understand FPPC Regulati	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of	admissions, set for	th above,		
is in accordance with the provisions.					12			
MA ( )	HELLE DIANI	DΔ	Tick	et Administrator	2/1	4/15		
		V-288355	TICK			0/1		
Signature of Agency Head or Designee	Print Na	me		Title	(fnonti	, day, year)		
Comment: (Use this space or an attachment for	or any additional i	information in	cludina amena	Iment explanation )	7			
Comment (Coo the opace of all attachment	or any daditional	or motion in	ordaning annotic	mon explanation.)				

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. Agency Name					Date Stamp	California	802
County of Alameda	а				54t)	Form	002
Division, Departme	nt, or Region (if applica	able)				For Official U	Jse Only
Board of Supervise	ors				4		
Street Address	0.0						
1221 Oak Street (	Cuito E26						
1221 Oak Street, S	Contact (Name, Title)					1	
					Amendment (Mu	st provide explanation in	Part 3.)
	aff, Clerk, Board of S	Supervisors			Data of Oslala at Fills		
Area Code/Phone N	lumber E-mail				Date of Original Filir	ig:(month, day, year	)
(510) 272-3882		shida@acgov.					
Function, Event	, or Ceremonial F	Role Informat	tion				
Ookland Alax	Taranta Diva Jav					1769.00	
Title Oakland A's	vs. Toronto Blue Jay	S		Face \	/alue of Each Adm	nission \$1768.00	)
Poss	hall Cama				07 30 13	3	
Description Base	ball Game			Date(s	s) <u>07 , 30 , 13</u>	/	<i>—/</i> —
Ticket(s)/Admissi	ion(s) provided by a	agency? Yes	□ No ☑	If no: Oakl	and A's	- 10	
					Name	e of Source	
Was the distribut	ion to persons iden	tified below n	nade at th	e hehest of	an agency officia	12	
was the distributi	ion to persons laci	itilica belew i	nade at th	c beliest of	an agency officia	11.2	
	— Valle B	Richard- Supervis	or District 2				
Yes I7I No I	If yes: Valid, 1	mornan ap-ci in-					
Yes 🖸 No I	If yes:	Official's	Name (Last,	First) and Title			
<del></del> \		Official's	Name (Last,	First) and Title			
The identity of r	ecipient(s) and th	Official's	Name (Last,		a income hav if the again	ov official claims admissa	lan as
The identity of r		Official's ne explanatio	Name (Last,	Check th	e income box if the agenc ncome. If the agency offi		
The identity of r	recipient(s) and the lame tt, First) or	Official's  ne explanation  Number of Admission(s)/	Name (Last,	<ul> <li>Check th taxable in also prov</li> </ul>	ncome. If the agency official vide a description.	cial performed a ceremo	
The identity of r	recipient(s) and the lame it, First) or inization	Official's ne explanation	Name (Last,  On:  Agency	Check th taxable in also prov If not inc	ncome. If the agency offi	cial performed a ceremo	onial role,
The identity of r N (Las Orga (Name, Addre	recipient(s) and the lame st., First) or sinization less, Description)	Official's  ne explanation  Number of Admission(s)/	Agency Official	Check th taxable ii also prov If not inc ceremon organizal	ncome. If the agency officite a description.  ome, describe the public ial roles, performed by antion.	cial performed a ceremo purpose, including a agency official, individ	onial role, ual, or
The identity of r	recipient(s) and the lame st., First) or sinization less, Description)	Number of Admission(s)/	Agency Official	Check th taxable in also prov     If not inc ceremon organizat  To reward a recommendation	ncome. If the agency officiate a description. ome, describe the public ial roles, performed by antion. non-profit organization	cial performed a ceremo purpose, including a agency official, individ	ual, or
The identity of r N (Las Orga (Name, Addre	recipient(s) and the lame st., First) or sinization less, Description)	Official's  ne explanation  Number of Admission(s)/	Agency Official  Yes  No  No	Check th taxable ii also prov If not inc ceremon organizal	ncome. If the agency officiate a description. ome, describe the public ial roles, performed by antion. non-profit organization	cial performed a ceremo purpose, including a agency official, individ	onial role, ual, or
The identity of r N (Las Orga (Name, Addre	recipient(s) and the lame st, First) or nization ess, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable in also prov     If not inc ceremon organizat  To reward a recommendation	ncome. If the agency officiate a description. ome, describe the public ial roles, performed by antion. non-profit organization	cial performed a ceremo purpose, including a agency official, individ	ual, or Income
The identity of r  N (Las  Orga (Name, Addre	recipient(s) and the lame st, First) or nization ess, Description)	Number of Admission(s)/	Agency Official  Yes  No  No	Check th taxable in also prov     If not inc ceremon organizat  To reward a recommendation	ncome. If the agency officiate a description. ome, describe the public ial roles, performed by antion. non-profit organization	cial performed a ceremo purpose, including a agency official, individ	ual, or Income
The identity of r  N (Las  Orga (Name, Addre	recipient(s) and the lame st, First) or nization ess, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable in also prov     If not inc ceremon organizat  To reward a recommendation	ncome. If the agency officiate a description. ome, describe the public ial roles, performed by antion. non-profit organization	cial performed a ceremo purpose, including a agency official, individ	ual, or Income
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County of Alameda				10.0 miles and manufacture and the	Form OU2
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)					AV West 260 W. W. 62 90805
Crystal Hishida Graff, Clerk, Board of S	upordoore			Amendment (Mu	st provide explanation in Part 3.)
Area Code/Phone Number   E-mail	supervisors			Date of Original Filin	ng:
(0) FRANT FOR ALTERNATION FOR FORWARD STATES AND STATES OF THE CANADA ST	hida @aaaaa				(month, day, year)
(510) 272-3882 crystal.his	shida@acgov.d	THE STATE OF THE S			
runction, Event, or Ceremoniar K	ole illiorillat	LIOII			
Title Oakland A's vs. Tampa Bay Rays			Face \	alue of Each Adm	nission \$ <u>1768.00</u>
Description Baseball Game			Date(s	30 <u>/ 13</u>	3
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Yes ☑ No ☐ If yes: Valle, Ri	ichard- Supervis	or District 2			
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icket/Admission Distributions								
Agency Name					Date Stam	р	California Form	802
County of Alameda								41 F. 18 W.
Division, Department, or Region (if applica	able)				1		For Official U	Jse Only
Board of Supervisors								
Street Address								
1221 Oak Street, Suite 536				1				
Designated Agency Contact (Name, Title)					☐ Amendment	(Must pro	iida avnlanation in	Part 2 1
Crystal Hishida Graff, Clerk, Board of S	Supervisors				Amendment	(iviust prot	nde explanation in	raris.)
Area Code/Phone Number E-mail					Date of Original	Filing:	(month, day, year	r)
(510) 272-3882 crystal.his	shida@acgov.	org					(monan, day, year	
Function, Event, or Ceremonial R	THE RESERVE TO SERVE THE PARTY OF THE PARTY							
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Title Oakland A's vs. Los Angeles Ang	els		_	Face \	/alue of Each /	Admissi	on \$ <u>1768.0</u>	0
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Description Baseball Game			-	Date(s	s)			/
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Ticket(s)/Admission(s) provided by a	agency? Yes		o	If no: Oak	and As	Vame of S	ource	
Was the distribution to persons iden	itified below n	nade a	t the	e behest of	an agency off	icial?		
Valle F	lichard Suporvic	or Dietri	ot 2					
Yes ☑ No ☐ If yes: Valle, R	Official's	Name (L	ast F	First) and Title				
The identity of recipient(s) and th	e explanatio	on:						
Name			v 35000		e income box if the a			
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County of Alameda				6	Form OU
Division, Department, or Region (if applicate	ble)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				NAME OF THE PERSON OF THE PERS	46 100 M 100 W 40 40 40 40 40 40 40 40 40 40 40 40 40
				Amendment (Mus	st provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of Starta Code/Phone Number   E-mail	upervisors			Date of Original Filin	a.
ACCIONATION OF THE CONTROL OF THE CO					(month, day, year)
	hida@acgov.	CONTRACTOR OF THE PARTY OF THE			
Function, Event, or Ceremonial Ro	ole Informat	tion			
Title Oakland A's vs. Kansas City Roya	ls		Face \	/alue of Each Adm	ission \$ <u>85.00</u>
Description Baseball Game			Date(s	05 18 13	
Ticket(e)/Admission(e) provided by a	nonou2 V		I If po. Oakl	and A's	
Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	I ir no: Sam	Name	of Source
Was the distribution to persons ident	tified below n	nade at th	e behest of	an agency officia	1?
Valle Pir	chard Supanie	or Dietrict 2			
Yes  No  If yes:  Valle, Rie	chard- Supervis	or District 2	First) and Title		
	Official's	Name (Last, I	First) and Title	e e	
Yes ☑ No ☐ If yes: Valle, Ric	Official's	Name (Last, I	First) and Title		
The identity of recipient(s) and the	Official's e explanatio	Name (Last, I on:	Check th		ry official claims admission as
The identity of recipient(s) and the	Official's e explanation	Name (Last, I	Check th taxable in		ry official claims admission as cial performed a ceremonial role,
The identity of recipient(s) and the  Name (Last, First) or Organization	Official's e explanatio	Name (Last, I on:	Check th taxable in also prov If not inc	ncome. If the agency office vide a description. ome, describe the public p	cial performed a ceremonial role,
The identity of recipient(s) and the	Official's e explanation Number of Admission(s)/	Name (Last, I	Check th taxable in also prov If not inc	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an	cial performed a ceremonial role,
The identity of recipient(s) and the	Official's e explanation Number of Admission(s)/	Name (Last, I	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	cial performed a ceremonial role, purpose, including agency official, individual, or
The identity of recipient(s) and the  Name (Last, First) or Organization (Name, Address, Description)	Official's e explanation Number of Admission(s)/	Name (Last, I	Check th taxable in also prove if not inconceremon organization.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	cial performed a ceremonial role, purpose, including agency official, individual, or
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II	Number of Admission(s)/	Agency Official	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	cial performed a ceremonial role, purpose, including agency official, individual, or or its contributions to Incom
The identity of recipient(s) and the  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  V	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	cial performed a ceremonial role, purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536	Number of Admission(s)/	Agency official  Yes   No   Yes   No   No	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check th taxable in also prove if not inc ceremon organizar  To reward a results.	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom Incom Incom Incom Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school	Number of Admission(s)/	Agency Official  Yes  No	Check th taxable in also prove if not incederemon organization. To reward a if the community in the communi	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom Incom Incom Incom Incom Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prove if not incederemon organization. To reward a if the community in the communi	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom Incom Incom Incom Incom Incom Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prove if not incederemon organization. To reward a if the community in the communi	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school districts in the East Bay	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prove if not incederemon organization. To reward a if the community in the communi	ncome. If the agency office ride a description. ome, describe the public p ial roles, performed by an tion. non-profit organization fo	purpose, including agency official, individual, or or its contributions to Incom Incom Incom Incom Incom Incom Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school districts in the East Bay	Official's e explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prove if not incederemon organizar.  To reward a in the community.	ncome. If the agency office ride a description. ome, describe the public paid roles, performed by an ation. non-profit organization for	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school districts in the East Bay  Verification I have read and understand FPPC Regulation	Official's e explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prove if not incederemon organizar.  To reward a in the community.	ncome. If the agency office ride a description. ome, describe the public paid roles, performed by an ation. non-profit organization for	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school districts in the East Bay  Verification I have read and understand FPPC Regulations in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prove the communitation of the communitation o	ncome. If the agency office a description.  If the agency office a describe the public part of the public pa	purpose, including agency official, individual, or or its contributions to Incom
Name (Last, First) or Organization (Name, Address, Description)  Music for Minors II  37141 Second Street, Fremont, CA 94536  Expands music education programs in local school districts in the East Bay  Verification I have read and understand FPPC Regulations in accordance with the provisions.	Official's e explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Add 18942. I had the	Check th taxable in also prove the communitation of the communitation o	ncome. If the agency office ride a description. ome, describe the public paid roles, performed by an ation. non-profit organization for	purpose, including agency official, individual, or or its contributions to Incom

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Agency Name					
Agency Name				Date Stamp California	802
County of Alameda				Form	Charles Charles Comment
Division, Department, or Region (if applica	able)			For Official	Use Only
Board of Supervisors				*	
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
	Supervisors			Amendment (Must provide explanation in	Part 3.)
Crystal Hishida Graff, Clerk, Board of S  Area Code/Phone Number   E-mail	supervisors			Date of Original Filing:	
	-1:1-0	2012012		(month, day, ye	ar)
	shida@acgov.d				
Function, Event, or Ceremonial F	tole informat	tion			
Title Oakland A's vs. Baltimore Orioles	;		Face \	/alue of Each Admission \$ 22.00	
Description Baseball Game			Date/s	o) 04 , 28 , 13	1
Description			Batole	<i>'</i>	,
Ticket(s)/Admission(s) provided by	aganay2 Vac	E No E	I If no. Oakl	and A's	
ricket(s)/Admission(s) provided by	agency r res	□ NO □	11 110	Name of Source	
Was the distribution to persons iden	itified below n	nade at th	e behest of	f an agency official?	
Valle F	Dishard Susania	or District 2			
Yes  No If yes: Valle, F	Richard- Supervise Official's	Name // ast	Eiret) and Title		
	Officials	ivame (Last, i	rirsi) and Tide		
The identity of recipient(s) and the	ne explanatio	on:			
Name				e income box if the agency official claims admi	
(Last, First)	Number of	Agency	7.5540.5557.5457.560	ncome. If the agency official performed a cerer vide a description.	nonial role,
or Organization	Admission(s)/ Ticket(s)	Official	\$1000 Sec. 1919.191	riao a accomptioni	
(Name, Address, Description)	nonot(o)		e it not inc	ome, describe the public purpose, including	
			ceremon	ial roles, performed by an agency official, indiv	idual, or
Haward Promise Neighborhood		Yes 🗖	ceremon organiza	ial roles, performed by an agency official, indiv	
Hayward Promise Neighborhood	2	Yes □ No ☑	ceremon organiza	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	
	2	No 🗹	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
Hayward Promise Neighborhood  25800 Carlos Bee Blvd, Hayward CA 94542	2	No ☑ Yes □	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
25800 Carlos Bee Blvd, Hayward CA 94542		No 🖸 Yes 🗆 No 🗅	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support		No 🖸 Yes 🗆 No 🗅 Yes 🗅	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income Income
25800 Carlos Bee Blvd, Hayward CA 94542		No  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support		No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support		No  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support		No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income Income Income Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support		No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income Income Income Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward		No	ceremon organiza To reward a	ilal roles, performed by an agency official, indivition. non-profit organization for its contributions t	Income Income Income Income Income Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward  Verification	t	No	ceremon organiza To reward a the communi	ital roles, performed by an agency official, indivition.  non-profit organization for its contributions to the state of th	Income In
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward	t	No	ceremon organiza To reward a the communi	ital roles, performed by an agency official, indivition.  non-profit organization for its contributions to the state of th	Income In
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward  Verification I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	No	ceremon organiza To reward a the communi	that the distribution of admissions, set fo	Income In
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward  Verification I have read and understand FPPC Regular is in accordance with the provisions.	t	No	ceremon organiza To reward a the communi	ital roles, performed by an agency official, indivition.  non-profit organization for its contributions to the state of th	Income Income Income Income Income Income
25800 Carlos Bee Blvd, Hayward CA 94542  Promoting effective schools and community support for Hayward  Verification I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	No	ceremon organiza To reward a the communi	that the distribution of admissions, set for the Administrator	Income In

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icket/Admission Distributions					711 dibilio Boodinion
Agency Name				Date Stamp	California 802
County of Alameda					10.111
Division, Department, or Region (if applical	ble)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				☐ Amendment (Mus	st provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of S	upervisors			Data of Ocioinal Fillia	
Area Code/Phone Number E-mail				Date of Original Filing	g:(month, day, year)
	hida@acgov.d				
Function, Event, or Ceremonial R	ole Informat	tion			
Title Oakland A's vs. Los Angeles Ange	els			/alue of Each Admi	
Description Baseball Game			Date(s	o4 <u>/ 29 _ 13</u>	
Ticket(e)/Admission(e) provided by a	ganay2 Va-	E No E	If no. Oakl	and A's	
Ticket(s)/Admission(s) provided by a	gency r res	□ NO ☑	11 110	Name	of Source
The identity of recipient(s) and the			First) and Title		
Name	100	AVAILABLE STORY TOW		- 14 TO 10	y official claims admission as ial performed a ceremonial role,
(Last, First) or	Number of Admission(s)/	Agency Official		vide a description.	iai periorinea a ceremoniai role,
Organization (Name, Address, Description)	Ticket(s)				ourpose, including agency official, individual, or
Hayward Promise Neighborhood		Yes 🗖		non-profit organization fo	or its contributions to Income
	2	No ☑	the communi	ty	
25800 Carlos Bee Blvd, Hayward CA 94542		Yes 🗆			Income
23000 Callos Bee Bivd, Hayward CA 34342		No 🗖			
Promoting effective schools and community support		Yes 🗖			Income
for Hayward		No 🗖			
		Yes 🗆			Income
		No 🗖			
		Yes 🗆			Income
		No 🗖			
Verification				——————————————————————————————————————	
I have read and understand FPPC Regulations in accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave verified t	that the distribution of	admissions, set forth above,
MIC MIC	HELLE DIANI	DA	Ticke	et Administrator	3/27/1
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Comment: (Use this space or an attachment for	or any additional i	information in	cluding amend	lment explanation.)	35 6

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٦.	Agency Name					Date Stamp	California Form	802
	County of Alameda						For Official U	lse Only
	Division, Department, or Region (if applica	bie)						
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)					☐ Amendment (Must pro	ovide explanation in i	Part 3.)
	Crystal Hishida Graff, Clerk, Board of S Area Code/Phone Number   E-mail	upervisors				Date of Original Filing: _	(month, day, year	
	(510) 272-3882 crystal.his	hida@acgov.d	ora			<u>  [1]</u>	(monar, day, year	,
2.	Function, Event, or Ceremonial R	VINANA 7/85						
	Tunotion, Evolut, or continuous re							
	Title Oakland A's vs. Kansas City Roya	ls			Face \	/alue of Each Admiss	ion \$ 22.00	
						05 47 40		
	Description Baseball Game				Date(s	05 17 13	/_	
	,							
	Ticket(s)/Admission(s) provided by a	gency? Yes		0 🛛	If no: Oakl	and A's		
	1 (B. 1907) (C. 1904) → C. 1907 (C. 1904) (C.	• remarks or market			(1 75417 (356)	Name of	Source	
	Yes ☑ No ☐ If yes: Valle, Ri	chard- Supervis Official's	or Distr Name (I			, 76 A		
	The identity of recipient(s) and th	е ехріапаціс	)II.					
	Name (Last, First)	Number of	Age	acv.		e income box if the agency of ncome. If the agency official p		
	or	Admission(s)/	Offic			vide a description.	ana lantudina	
	Organization (Name, Address, Description)	Ticket(s)			ceremon	ome, describe the public purp ial roles, performed by an age		ual, or
			Vaa	_	organiza	tion. non-profit organization for it	e contributions to	Income
	Hayward Promise Neighborhood	2	Yes No		the communi	선물님들이는 시간이 요즘이 하다. 나는 아이라고 있어요? 그 아이는 아이 아니는 그리아가 되었다.	s contributions to	Income
	Constant of the Property of the Constant of th	-			uic commun	.,		
	25800 Carlos Bee Blvd, Hayward CA 94542		Yes					Income
	<del>(</del>		No					
	Promoting effective schools and community support		Yes	100				Income
	for Hayward		No					
			Yes	(m)				Income
	<u> </u>		No					
			Yes	7				Income
			No					
3.	Signature of Agency Head or Designee	HELLE DIANI Print Na	DA me	( )22.0	Ticke	et Administrator	3/2	th above,
	Comment: (Use this space or an attachment for	or any additional i	ntormat	on in	ciuaing amena	iment explanation.)		

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IC	RetrAdmission Distribution	5				A FUDIIC DO	
	Agency Name				Date Stamp	California Form	802
0	County of Alameda				The section of the first section of the first section	Form	002
	Division, Department, or Region (if applic	able)			1	For Official	Use Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				D Amendment #4		B. 401
70	Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Musi	l provide explanation in	Part 3.)
-/-	Area Code/Phone Number   E-mail	oupor ricoro			Date of Original Filing	]:(month, day, yea	
	(510) 272-3882 crystal.hi	shida@acgov.	ora			(month, day, yea	11)
	Function, Event, or Ceremonial F	A STATE OF THE PERSON NAMED IN	and the same of th				
	anotion, Event, or coromonar	tolo illiolilla					
	Title Oakland A's vs. Kansas City Roy	als		Face	Value of Each Admi	ssion \$ 22.00	
	Martin Andrewall Control (Martin Andrewall C				05 10 13		
	Description Baseball Game			Date(	s) 05 / 19 / 13	/_	
	Ticket(s)/Admission(s) provided by	agency? Yes	☐ No	☑ If no: Oak	land A's	- 10	
					Name	of Source	
,	Was the distribution to persons ide	ntified below r	nade at	the behest o	f an agency official	2	
	rus the distribution to persons laci	itilioa bolow i	naao at	ino bonest o	ran agency emelai	•	
	Yes  No If yes: Valle, F	Richard- Supervis Official's	or District	2			
		Official's	Name (Las	t, First) and Title			
,	The identity of recipient(s) and t	he explanatio	on:				
	Name			Check ti	he income box if the agency	official claims admis	sion as
	(Last, First)	Number of	Agency	taxable	income. If the agency offici		
	or Organization	Admission(s)/	Officia		vide a description. come, describe the public p	urpose, including	
	(Name, Address, Description)	Ticket(s)			nial roles, performed by an a		dual, or
•	Hayward Promise Neighborhood		Yes [		non-profit organization fo	or its contributions to	Income
	Trayward Tromise (Veighborhood	2	No E	5V-	ity		
•	25900 Carles Bas Blist Harried CA 04542		Yes [	- Constitution of the Cons	2.50		Income
	25800 Carlos Bee Blvd, Hayward CA 94542		No [				
	Dromating officially pales is and assembly		Yes [				Income
	Promoting effective schools and community suppor for Hayward	l .	No [	T()			
	ioi riayward	-	Yes [				
			No [	\$30 P.			Income
			Yes [				
			No [				Income
			1,10				
0	Verification	100 11 1	1 100 10				
	have read and understand FPPC Regula is in accordance with the provisions.	uons 18944.1 an	a 18942.	i nave verified	tnat the distribution of a	aamissions, set fo	πη above,
	1						11
	MI	CHELLE DIANI	DA	Tick	et Administrator	2	127/
V	Signature of Agency Head or Designee	Print Na	me		Title	(mod	th, day, year)
						/	1
1	Comment: (Use this space or an attachment	for any additional i	information	including amend	dment explanation.)		
		- 0					

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Agency Name				Date Stamp	California 802
County of Alameda					10.00
Division, Department, or Region (if applied	able)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)				Amendment (Mus	t provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (was	t provide explanation in Fait 3.)
Area Code/Phone Number   E-mail				Date of Original Filing	g:(month, day, year)
(510) 272-3882 crystal.h	ishida@acgov.d	ora			(monar, day, year,
Function, Event, or Ceremonial I					
Title Oakland A's vs. Texas Rangers			Face \	/alue of Each Admi	ission \$ _22.00
Description Baseball Game			Date(s	o5 <u>13</u> 13	
			Oakl	and A's	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Oak	Name	of Source
Was the distribution to persons ide	ntified below n	nade at the	e behest of	f an agency official	?
15 2010 10 11		920 N A 372		22 3	
Yes ☑ No ☐ If yes: Valle, I	Richard- Supervis	or District 2			
	Official's	Name (Last, F	First) and Title		
The identity of recipient(s) and t	he explanatio	n:			
Name	1				official claims admission as
(Last, First) or	Number of	Agency		ncome. If the agency offici vide a description.	ial performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public p	
(Name, Address, Description)			ceremon		agency official, individual, or
Lighthouse Community Center		Yes 🗖	To reward a	non-profit organization fo	or its contributions to Income
3	2	No <b></b> ✓	the communi	ty	
1217 A Street, Hayward CA 94541		Yes 🗖			Income
		No 🗖			
To serve the LGBTQ community and allies in		Yes 🗖			Income
Southern Alameda County		No 🗖			
Country Manieda County		Yes 🗖			Incomo
Country Plantous County		100 🗖			IIICOME
Country Planted County		No 🗖			
Country realised County		25/Y 11 12-35			
Country realised County		No 🗖			Income
,		No 🗆 Yes 🗖			
Verification	tions 18944 1 an	No  Yes  No	ave verified	that the distribution of	Income
,	tions 18944.1 an	No  Yes  No	ave verified	that the distribution of	Income
Verification I have read and understand FPPC Regularis in accordance with the provisions.		No Yes No			Income
Verification I have read and understand FPPC Regularis in accordance with the provisions.	tions 18944.1 an	No Yes No		that the distribution of t	Income
Verification I have read and understand FPPC Regularis in accordance with the provisions.		No Property No Pro			Income
Verification I have read and understand FPPC Regularies in accordance with the provisions.  MI	CHELLE DIANI	No Property No Pro		et Administrator	Income admissions, set forth above,

Α	D.	-1-1	1-	D		***		4
A	-	JIO	IC	U	OCI	ım	en	Т

County Divisio Board Street 1221 ( Design Crysta Area C (510) 2	cy Name y of Alameda on, Department, or Region (if application) of Supervisors Address Oak Street, Suite 536 nated Agency Contact (Name, Title) al Hishida Graff, Clerk, Board of S	able)			Date Stamp	California	202
Divisio Board Street 2 1221 ( Design Crysta Area C	on, Department, or Region (if application) of Supervisors Address Oak Street, Suite 536 nated Agency Contact (Name, Title) al Hishida Graff, Clerk, Board of S	able)					
Board Street A 1221 ( Design Crysta Area C	of Supervisors  Address Oak Street, Suite 536  nated Agency Contact (Name, Title) al Hishida Graff, Clerk, Board of S	able)				Form For Official U	o Only
Street A 1221 ( Design Crysta Area C (510) 2	Address Oak Street, Suite 536 nated Agency Contact (Name, Title) al Hishida Graff, Clerk, Board of S					For Official O	se Only
1221 (Design Crysta Area C	Oak Street, Suite 536 nated Agency Contact (Name, Title) al Hishida Graff, Clerk, Board of S						
Crysta Area C (510)	nated Agency Contact (Name,Title) al Hishida Graff, Clerk, Board of S					C .	
Area C (510) 2							
Area C (510) 2		Supervisors			☐ Amendment (Must pi	rovide explanation in F	Part 3.)
	ode/Phone Number E-mail	oupor vicoro			Date of Original Filing: .	(month, day, year)	
	272-3882 crystal.hi	shida@acgov.d	org			(momin, day, year)	
. runci	tion, Event, or Ceremonial F						
Title ⊆	Dakland A's vs. Los Angeles Ang	jels		Face V	alue of Each Admiss	sion \$ <u>22.00</u>	
Descr	iption Baseball Game			Date(s	) 04 / 30 / 13		
Ticket	t(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Oakla	and A's		
					Name of	Source	
	s ☑ No ☐ If yes: Valle, F	Richard- Supervis Official's in		First) and Title			
	Name			<ul> <li>Check the</li> </ul>	e income box if the agency o	fficial claims admiss	ion as
	(Last, First) or	Number of	Agency Official		ncome. If the agency official ride a description.	performed a ceremo	nial role,
	Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Oniciai	<ul> <li>If not ince</li> </ul>	ome, describe the public pur ial roles, performed by an ag		ual, or
Lighthe	ouse Community Center		Yes 🗖		non-profit organization for i	its contributions to	Income
3		2	A. 6 Sept. Sept. Street, 19	the communit	ty		
1217 A	Street, Hayward CA 94541		Yes 🗆 No 🗖				Income
		*	Yes 🗆				Income
	e the LGBTQ community and allies in		No 🗆				
	n Alameda County	XI (	Yes 🗆				
	n Alameda County						Income
	n Alameda County		No 🗖				Income
	n Alameda County		10/00/10/10/00/00		T		
	n Alameda County		No 🗖				
Southern  Verific  I have i	cation read and understand FPPC Regular cordance with the provisions.	tions 18944.1 and	No Yes No		that the distribution of ad	Imissions, set for	Income

### Agency Report of: Ceremonial Role Events and

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increarding stoll Distribution						
. Agency Name			MATOMORIA	Date Stamp	California	802
County of Alameda				en e	Form	OUZ
Division, Department, or Region (if appl	icable)				For Official t	Jse Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536				,		
Designated Agency Contact (Name, Title,	)					5
Anna Gee, Operations Manager				Amendment (Mu	st provide explanation in	Part 3.)
Area Code/Phone Number   E-mail			***************************************	Date of Original Filin	ng:	
510-891-5585 anna.ge	e@acgov.org				(month, day, yea	2
. Function, Event, or Ceremonial	WHITE STATE OF THE PARTY OF THE	tion		Announce of the second second second second		THE RESIDENCE OF THE PARTY OF T
. r direction, E. vent, or oeremonar	Note informat	don				_
Title Pre-Season Game			Face \	Value of Each Adm	nission \$ <del>30</del>	
Description Baseball Game			Date(s	s) <u>03</u> <u>, 30</u> <u>, 13</u>	3 <u></u> /	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No [7	I If no: Oakl	land Athletics		
1				Name	e of Source	
		1 000	2 21 2 2			
Was the distribution to persons ide	entified below n	nade at th	e behest of	f an agency officia	17	
Vac D. Na D. 16 Milev.	Nate - Alameda C	County Supe	rvisor			
Yes ☐ No ☑ If yes: Miley,	Nate - Alameda C	County Supe Name (Last.	rvisor First) and Title			
	Official's	Name (Last,	rvisor First) and Title			
Yes ☐ No ☑ If yes: Miley, The identity of recipient(s) and t	Official's	Name (Last,	rvisor First) and Title			
The identity of recipient(s) and to	Official's the explanation	Name (Last, on:	First) and Title	ne income box if the agenc		
The identity of recipient(s) and	Official's the explanation  Number of	Name (Last, Dn: Agency	First) and Title  • Check th			
The identity of recipient(s) and to Name (Last, First) or Organization	Official's the explanation	Name (Last, on:	Check the taxable is also prove If not ince	ne income box if the agenc ncome. If the agency offic vide a description. come, describe the public	cial performed a ceremo purpose, including	onial role,
The identity of recipient(s) and to Name (Last, First) or	Official's the explanation  Number of Admission(s)/	Name (Last, Dn: Agency	Check th     taxable is     also prov     If not inc     ceremon     organiza	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public nal roles, performed by an	cial performed a ceremo purpose, including agency official, individ	onial role,
The identity of recipient(s) and to Name (Last, First) or Organization	Number of Admission(s)/	Name (Last, Dn: Agency	Check the taxable in also provide in the ceremon organiza  To promote atternations.	ne income box if the agency ncome. If the agency office vide a description. come, describe the public nial roles, performed by an action. ndance at an event held at a	cial performed a ceremon purpose, including agency official, individ County facility in order to	ual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Official's the explanation  Number of Admission(s)/	Name (Last, on: Agency Official	Check the taxable in also provide in the ceremon organiza  To promote atternations.	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public nal roles, performed by an	cial performed a ceremon purpose, including agency official, individ County facility in order to	onial role, ual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also provide If not incideremon organiza  To promote attermaximize potent	ne income box if the agency ncome. If the agency office vide a description. come, describe the public nial roles, performed by an action. Indance at an event held at a tial County revenue from park	cial performed a ceremon purpose, including agency official, individent County facility in order to ing and concession sales	ual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency ncome. If the agency office vide a description. come, describe the public nial roles, performed by an action. ndance at an event held at a	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the end of the end of the public come, describe the public come, describe the public end of the end of th	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the end of the end of the public come, describe the public come, describe the public end of the end of th	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	ual, or Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the end of the end of the public come, describe the public come, describe the public end of the end of th	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  No	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the end of the end of the public come, describe the public come, describe the public end of the end of th	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  Yes  No	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the agency office vide a description. Some, describe the public aid roles, performed by an artion.  Indicate at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the agency office vide a description. Some, describe the public aid roles, performed by an artion.  Indicate at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy	Official's the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check th taxable in also prove if not inc ceremon organiza. To promote attermaximize potent.  To promote a	ne income box if the agency office of the agency office vide a description. Some, describe the public aid roles, performed by an artion.  Indicate at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park	purpose, including purpose, including agency official, individended to county facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  No  Yes  No  No  Yes  No  No  No  Yes  No	Check th taxable in also prove if not incommon organiza. To promote attermaximize potent. To promote a order to maximize.	ne income box if the agency office a description.  come, describe the public plat roles, performed by an artion.  Indance at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park at a stall county revenue from	cial performed a cereme purpose, including agency official, individence County facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  No  Yes  No  No  Yes  No  No  No  Yes  No	Check th taxable in also prove if not incommon organiza. To promote attermaximize potent. To promote a order to maximize.	ne income box if the agency office a description.  come, describe the public plat roles, performed by an artion.  Indance at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park at a stall county revenue from	cial performed a cereme purpose, including agency official, individence County facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy  . Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  1  1  1  1	Agency Official  Yes  No  No  Yes  No  No  Yes  No  No  No  Yes  No	Check the taxable in also provide if not inconstruction organiza. To promote attermaximize potent.  To promote a order to maximize and order to maximize to the maximize potent.	ne income box if the agency office of the agency office of the description.  It is publicated to the publicated roles, performed by an artion.  Indance at an event held at a state of the agency of t	cial performed a cereme purpose, including agency official, individe County facility in order to sing and concession sales at a County facility in enue from parking and a concession sales at a County facility in enue from parking and a county facility in enue faci	Income Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy  . Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  No  Yes  No  No  Yes  No  No  No  Yes  No	Check the taxable in also provide if not inconstruction organiza. To promote attermaximize potent.  To promote a order to maximize and order to maximize to the maximize potent.	ne income box if the agency office a description.  come, describe the public plat roles, performed by an artion.  Indance at an event held at a stall County revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park attendance at an event held at a stall county revenue from park at a stall county revenue from	cial performed a cereme purpose, including agency official, individence County facility in order to sing and concession sales at a County facility in enue from parking and	Income Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Dunlap, Kamika  Fitgerald, Amy  . Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  1  1  1  1	Agency Official  Yes  No  No  Yes  No	Check the taxable in also provide if not inconstruction organiza. To promote attermaximize potent.  To promote a order to maximize and order to maximize to the maximize potent.	ne income box if the agency office of the agency office of the description.  It is publicated to the publicated roles, performed by an artion.  Indance at an event held at a state of the agency of t	cial performed a cereme purpose, including a gency official, individually in order to compare and concession sales at a County facility in enue from parking and fadmissions, set for 03/29/	Income Income Income Income Income Income Income Income Income

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M	FUD	IIC.	Docu	men	Ł

Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605  senior advocacy  Verification I have read and understand FPPC Regulation in accordance with the provisions.  Ann Signature of Agency Head or Designee			organiza To promote atte maximize potent To promote a order to maxim	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	ounty facility in order to g and concession sales at a County facility in ue from parking and admissions, set for 03/29/1	Income In
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605 senior advocacy	4	No	organiza To promote atte maximize potent To promote a order to maxim	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	ounty facility in order to g and concession sales at a County facility in ue from parking and	Income Income Income Income Income
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605	4	No	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	gency official, individently facility in order to g and concession sales at a County facility in ue from parking and	Income
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605	4	No	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	gency official, individently facility in order to g and concession sales at a County facility in ue from parking and	Income Income
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605	4	No	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	gency official, individently facility in order to g and concession sales at a County facility in ue from parking and	Income Income Income
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA 94605	4	No 🖸 No 🗖 Yes 🗖	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	gency official, individently facility in order to g and concession sales at a County facility in ue from parking and	Incom Incom
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Ste 251m - Oakland, CA	4	No 🖸 Yes 📙 No 📮	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co tial County revenue from parking ttendance at an event held a mize potential County reven	gency official, individently facility in order to g and concession sales at a County facility in ue from parking and	Incom
Organization (Name, Address, Description)  United Seniors of Oakland & Alameda		No 🗹	To promote atte	ial roles, performed by an a tion. ndance at an event held at a Co	gency official, individ ounty facility in order to	Incom
Organization	Ticket(s)		organiza	ial roles, performed by an a tion.	gency official, individ	ual, or
Name (Last, First)	Number of Admission(s)/	Agency Official	taxable in also prov	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu	al performed a ceremo	
Was the distribution to persons iden  Yes □ No □ If yes: Miley, No  The identity of recipient(s) and the	Nate - Alameda C Official's I	ounty Supe Name (Last,		f an agency official?	?	
Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	∄ If no: Oakl	and Athletics Name	of Source	
Description Baseball Game			Date(s	30 , 30 , 13	man and a second	J
Title Pre-Season Game			Face \	/alue of Each Admis	ssion \$	~
510-891-5585 anna.gee	@acgov.org	ion				
Area Code/Phone Number E-mail				Date of Original Filing	:(month, day, year	)
Anna Gee, Operations Manager	***************************************			Amendment (Must		Part 3.)
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)						
Street Address						
Board of Supervisors					For Official U	lse Only
Division, Department, or Region (if applied Board of Supervisors	able)				Form	804
	able)			Date Stamp	California	HAVAVA

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l. Agency Name				Date Stamp	California	000
County of Alameda					Form	OUA
Division, Department, or Region (if app	olicable)	, , , , , , , , , , , , , , , , , , , ,			For Official L	Ise Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	9)			☐ Amendment (Must pi	rovide explanation in I	Part 3.)
Anna Gee, Operations Chief					·	,
Area Code/Phone Number E-mail				Date of Original Filing: .	(month, day, year	<del>)</del>
	ee@acgov.org			and the state of t	and the first of the second	
. Function, Event, or Ceremonia	l Role Informat	tion				
Title Alicia Keys			Face V	alue of Each Admiss	-: ¢ 85.00	
Title			race v	alue of Each Admiss	sion \$	
Description Concert			Date(s	03 / 10 / 13	1	1
			2415(2	,		
Ticket(s)/Admission(s) provided b	v agencv? Yes	∏ No F	I If no: Warri	ors		
(-),	,g,			Name of	Source	
	4181 1	4 41-	- la ala a 4 a 5			
Was the distribution to persons id	entified below r	nade at th	e benest of	an agency οπιciai?		
Yes ☑ No ☐ If yes: Nate	Miley, Alameda Co	unty Superv	isor, District 4			
103 M 110 M 11 yes.	Miley, Alameda Co Official's	Name (Last, i	First) and Title			
The identity of recipient(s) and	the explanation	on.				
Name	une expranaus		A Check the	income box if the agency of	fficial claims admiss	ion as
(Last, First)	Number of	Agency	taxable in	come. If the agency official		
or Organization	Admission(s)/	Official		ide a description. ome, describe the public purp	pose, including	
(Name, Address, Description)	Ticket(s)		ceremoni organizat	al roles, performed by an age lon.	ency official, individ	ual, or
Miley, Sarah		Yes 🗖	To promote atten	dance at an event held at a Cour		Income
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	No 🗹	maximize potenti	al County revenue from parking a	and concession sales.	
		Yes 🗖			,	Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗆				
		Yes 🗖				Income
		No 🗖				
. Verification						
I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I h	ave verified ti	hat the distribution of ad	missions, set fon	th above,
is in accordance with the provisions.						
1 4	nna Gee		Opera	ations Chief	3/29/13	3
Signature of Agency Head or Designee	Print Na	me		Title		, day, year)
Signature of Agency, pead of Designee	rint Na	IIIG		IMC	(month	, uay, year <i>j</i>
Comment: Use this space or an attachme	nt for any additional i	nformation in	cluding amendr	ment explanation.)		

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Agency Name				A		
9 ,				Date Stamp	California	$\Omega \cap G$
County of Alameda					Form	
Division, Department, or Region (if applic	able)				For Official U	lse Only
Board of Supervisors						
Street Address					:	
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)						
				Amendment (Mus	st provide explanation in	Part 3.)
Anna Gee, Operations Chief  Area Code/Phone Number   E-mail				Date of Original Filin	<b>~</b> 1	
				Date of Original Film	g:(month, day, year	)
510-891-5585 anna.gee	e@acgov.org	· I result in the control				
Function, Event, or Ceremonial F	Role Informat	tion				
Warriara ya Naw Orlaana					. 200 00	
Title Warriors vs New Orleans			Face \	/alue of Each Adm	ission \$	
Description Basketball game			Date(s	04 / 03 / 13		
Ticket(s)/Admission(s) provided by	agency? Yes	∏ No □	I If no: Warr	iors		
	J	<b></b> • •	,	Name	of Source	
Was the distribution to persons iden	itified below n	nade at the	e benest of	an agency official	17	
Yes ☑ No ☐ If yes: Nate M	iley, Alameda Co	unty Superv	isor, District 4			
Yes ☑ No ☐ If yes: Nate M	iley, Alameda Co Official's i	unty Superv Name (Last, F	isor, District 4  First) and Title			
			isor, District 4  First) and Title	·		
The identity of recipient(s) and the					y official claims admiss	ilon as
Yes ☑ No ☐ If yes: Nate M  The identity of recipient(s) and the Name (Last, First)	ne explanatio		Check th taxable is	e income box if the agenc ncome. If the agency offic	The second control of	
The identity of recipient(s) and the Name (Last, First) or	Number of Admission(s)/	on:	Check th     taxable in     also prov	e income box if the agenc ncome. If the agency offic vide a description.	ial performed a ceremo	
The identity of recipient(s) and the Name (Last, First) or Organization	ne explanatio	Agency	Check the taxable in also prov     If not ince	e income box if the agenc ncome. If the agency offic	ial performed a ceremo	nial role,
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check th taxable ii also prov If not inc ceremon organiza	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion.	ial performed a ceremo purpose, including agency official, individ	nial role, ual, or
Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda	Number of Admission(s)/ Ticket(s)	Agency Official	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an	elal performed a ceremon purpose, including agency official, individ County facility in order to	ual, or
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The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County	Number of Admission(s)/ Ticket(s)	Agency Official	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a (	elal performed a ceremon purpose, including agency official, individ County facility in order to	ual, or
Name (Last, First) or Organization (Name, Address, Description) United Seniors of Oakland & Alameda	Number of Admission(s)/ Ticket(s)	Agency Official Yes No	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a (	elal performed a ceremon purpose, including agency official, individ County facility in order to	ual, or
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605	Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a (	elal performed a ceremon purpose, including agency official, individ County facility in order to	ual, or Incom
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a (	elal performed a ceremon purpose, including agency official, individ County facility in order to	ual, or Incom
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a 0	elal performed a ceremon purpose, including agency official, individ County facility in order to	Income
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605 senior advocacy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a 0	elal performed a ceremon purpose, including agency official, individ County facility in order to	Income
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a 0	elal performed a ceremon purpose, including agency official, individ County facility in order to	Income
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605 senior advocacy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a 0	elal performed a ceremon purpose, including agency official, individ County facility in order to	Income
Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605 senior advocacy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable in also prov     If not inc ceremon organiza To promote atter	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. ndance at an event held at a 0	elal performed a ceremon purpose, including agency official, individ County facility in order to	Income
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The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605  senior advocacy  Verification I have read and understand FPPC Regulation	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizar To promote atter maximize potent	e income box if the agency ncome. If the agency office vide a description. ome, describe the public pial roles, performed by an atton. Indance at an event held at a County revenue from parking	cial performed a ceremon purpose, including agency official, individe County facility in order to ing and concession sales	Income
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605  senior advocacy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizar To promote atter maximize potent	e income box if the agency ncome. If the agency office vide a description. ome, describe the public pial roles, performed by an atton. Indance at an event held at a County revenue from parking	cial performed a ceremon purpose, including agency official, individe County facility in order to ing and concession sales	Income
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605  senior advocacy  Verification I have read and understand FPPC Regulatis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  4	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizar. To promote attermaximize potent.	e income box if the agency office a description.  ome, describe the public plat roles, performed by an atton.  Indiance at an event held at a County revenue from parking the public plat of the public plat of the public plat of the public plat roles, performed by an atton.  Indiance at an event held at a County revenue from parking the public plat of the	cial performed a ceremon purpose, including agency official, individual county facility in order to fing and concession sales admissions, set for admissions, set for	Income
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  United Seniors of Oakland & Alameda County  7200 Bancroft Avenue, Suite 251-Oakland 94605  senior advocacy  Verification I have read and understand FPPC Regulatis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizar. To promote attermaximize potent.	e income box if the agency ncome. If the agency office vide a description. ome, describe the public pial roles, performed by an atton. Indance at an event held at a County revenue from parking	cial performed a ceremon purpose, including agency official, individe County facility in order to ing and concession sales	Income

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1. Agency Name		<del></del>		Date Stamp	California OOG
County of Alameda				·	Form 8U2
Division, Department, or Region (if ap	oplicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Ti	itle)			☐ Amendment (Musi	t provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board					
Area Code/Phone Number E-mail				Date of Original Filing	(month, day, year)
	al.hishida@acgov.				
. Function, Event, or Ceremonia	al Role Informat	tion			
Title Warriors vs. Lakers			Face \	Value of Each Admi	ssion \$ 500
Description Basketball			Date(s	s) <u>03</u> <u>25</u> <u>13</u>	
Ticket(s)/Admission(s) provided	by agency? Yes	□ No ☑	If no: Gold	len State Warriors	
				Name	of Source
Was the distribution to persons i	dentified helow n	nade at th	ne hehest of	f an agency official	2
True the distribution to persons is	adminida bolow i	naao at ti	io bollost o	i un agonoy omolai	•
Yes ☑ No ☐ If yes: Car	rson, Keith, Alameda	County Sup	pervisor Fifth L	District	
Yes ☑ No ☐ If yes: Car	rson, Keith, Alameda Official's	County Sup Name (Last,	First) and Title	District	
Yes ☑ No ☐ If yes: Car  The identity of recipient(s) and			pervisor Fifth L First) and Title	District	
The identity of recipient(s) and			Check th	ne income box if the agency	r official claims admission as
The identity of recipient(s) and	d the explanatio	On:	Check the taxable i	ne income box if the agency	r official claims admission as al performed a ceremonial role,
The identity of recipient(s) and  Name (Last, First) or Organization	d the explanation	on:	Check the taxable is also profile.  If not income.	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p	al performed a ceremonial role, urpose, including
The identity of recipient(s) and  Name (Last, First) or	Number of Admission(s)/	Agency Official	Check th taxable i also pro     If not inc ceremon organiza	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a	al performed a ceremonial role, urpose, including agency official, individual, or
The identity of recipient(s) and  Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p lial roles, performed by an a	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a tion. unty employee for his or her ex	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a tion. unty employee for his or her ex	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a tion. unty employee for his or her ex	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income
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The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a tion. unty employee for his or her ex	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Jenkins, Kevin	Number of Admission(s)/	Agency Official  Yes	Check th taxable i also pro     If not inc ceremon organiza  To reward a Core	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a tion. unty employee for his or her ex	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Jenkins, Kevin	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable i also pro If not inc ceremon organiza To reward a Cou public or to enco	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a stion. unty employee for his or her ex- purage staff development	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)  Jenkins, Kevin	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable i also pro If not inc ceremon organiza To reward a Cou public or to enco	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a stion. unty employee for his or her ex- purage staff development	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Jenkins, Kevin  S. Verification I have read and understand FPPC Reg is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  1	Agency Official  Yes	Check the taxable is also prove the first incompanization or to encountry the first incompanization of	the income box if the agency officivide a description.  come, describe the public politic roles, performed by an action.  unty employee for his or her expurage staff development	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income In
Name (Last, First) or Organization (Name, Address, Description)  Jenkins, Kevin  Verification I have read and understand FPPC Reg is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also prove the first incompanization or to encountry the first incompanization of	ne income box if the agency ncome. If the agency offici vide a description. come, describe the public p nial roles, performed by an a stion. unty employee for his or her ex- purage staff development	al performed a ceremonial role, urpose, including agency official, individual, or emplary service to the Income Income Income

A Public Documen	٩Р	ubl	ic	Do	Cl	ım	en	1
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1.	Agency Name					Date Stamp	California	802
	County of Alameda						Form	
	Division, Department, or Region (if applica	ble)					For Official Us	e Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536						<u></u>	
	Designated Agency Contact (Name, Title)					☐ Amendment (Must pro	vide explanation in Pa	art 3.)
	Crystal Hishida Graff, Clerk, Board of S  Area Code/Phone Number   E-mail	Supervisors				Date of Original Filings		
						Date of Original Filing:	(month, day, year)	-
_		shida@acgov.						
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Title Oakland A's vs. Cincinnati Reds			-	Face \	Value of Each Admissi	ion \$ <u>375</u>	
	Description Baseball Game - loge suit	е		-	Date(s	s) <u>06 _ 25 _ 13</u>		_/
	·				•	•		
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No		f no: <sup>Oakl</sup>	and A's		
						Name of S	Source	
	Was the distribution to persons iden	tified below n	nade at	t the b	ehest of	f an agency official?		
	Yes ☑ No ☐ If yes: Carson,	Keith Superviso	r					
	Yes ✓ No ☐ If yes: Carson,	Official's	Name (La	ast, Firs	t) and Title			
	The identity of recipient(s) and th	e explanatio	n:					
	Name			1	Check th	e income box if the agency offi	cial claims admissio	on as
	(Last, First)	Number of	Agen			ncome. If the agency official povide a description.	erformed a ceremon	ial role,
	or Organization	Admission(s)/ Ticket(s)	Offici	al   •	If not inc	ome, describe the public purpo		
	(Name, Address, Description)	``			organiza			al, or
	Center for Early Intervention on Deafness		Yes		reward a sch mmunity;	ool or nonprofit organization for its	contributions to the	Income
	1035 Grayson Street, Berkeley, CA 94710	4	No	<b>☑</b> ઁ	minumey,			
			Yes	_				Income
			·	╚┤				Income
			No I	ᆜᆛ				Ц
								Income
			Yes	_ 1				Income
_	N. 151 41		No					
3.	<b>Verification</b> I have read and understand FPPC Regulations in accordance with the provisions.	ons 18944.1 and	d 18942	. I have	e verified t	that the distribution of adm	nissions, set forth	above,
1	Hand Lo Han	nah Greene			Ticke	et Administrator	03/17/20	)13
	Signature of Agency Head or Designee	Print Nar	ne			Title	(month, c	day, year)
	Comment: (Use this space or an attachment for	or any additional ii	nformatio	n includ	ling amendi	ment explanation.)		

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				41116-171

					A Public Documen
1. Agency Name				Date Stamp	California DOS
County of Alameda  Division, Department, or Region (if ap	H 6 I - 5				Form OU
	pplicable)				For Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Tit	io!				
				Amendment (Must	provide explanation in Parl 3.)
Crystal Hishida Graff, Clerk, Board  Area Code/Phone Number   E-mail	of Supervisors				
•	l.hishida@acgo			Date of Original Filing	(month, day, year)
E. Function, Event, or Ceremonia					
ALC IC CA	1 neus	ation			
Title 1711 171 171			Face V	alue of Each Admis	ssion \$ 1500
Description <u>BaSeba</u>		· · · · · · · · · · · · · · · · · · ·	Date(s	, <u>10,30 13</u>	3
Ticket(s)/Admission(s) provided b	y agency? Ye	s` ⊡̃`No □	If no:	<del>SSW</del>	
				Name o	
Was the distribution to persons id	entified below	made at the	e behest of	an agency official?	
	neda County Su				
il yes.		s Name (Last, F			<b>\</b>
The identity of recipient(s) and					
Namo - Para - Pa				AND AND DESCRIPTION OF THE PARTY OF THE PART	THAN Estat and
(Veistiveel)) :	ให้แกะเอาเฮโ	Agency	ROSEGRAY SYNTHERING	Come will the rapency of the late	mciai claimsiadmissionias (2). 19 normad aice igmoniauroje (2).
Ongantzanon	Admission(s)	(Eligia)	D Il not linea	io a (Cosoniallonia) ma collecto (di Collecto), (m	DOSE including
(Name, Addiess, Description)).			reremonia Morganizatio	on cose to do poblecim To cose to do poblecim India, pationnal by subject	ncyofficial vindividual for
Las Positas	Suite	Yes 🔲 No 🔀	To reward	a community volunteer for	or his or her service to the
College	122	Yes	, , , , , , , , , , , , , , , , , , , ,		
conege	120	No 🗆			
		Yes 🗆			I
	·	No 🗆			Income
		Yes 🗆			
		No 🗆			Income
		Yes 🔲			Income
		No 🔲			
Verification					
have read and understand FPPC Regula s in accordance with the provisions.	tions 18944.1 an	d 18942. I hav	e verified tha	t the distribution of adm	nissions, set forth above,
Kulla Gram	Lee Ann F	ergerson	Ticket A	Administrator	3-15-12
Signature of Agency Head of Designes	Print Nan	ne	-	Title	(month, day, year)
Comment: (Use this space or an attachment)	for any additional in	oformation inclus	iina amaad— -	ot oveleneties	
	. ,amonura		ту втепите	и ехріапаціоп.)	

A Public Document	Α	P	ub	lic	Doc	um	An	4
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Hoketh tailiissjon bishiputit	7113				A Public Documer
I. Agency Name				Date Stamp	California DDS
County of Alameda					Form ちしと
Division, Department, or Region (if ap,	plicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Titl	e)			☐ Amendment (44	
Crystal Hishida Graff, Clerk, Board o	of Supervisors			Amendment (Must	provide explanation in Parl 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	(month dis
	.hishida@acgo				(month, day, year)
. Function, Event, or Ceremonia	Role Inform	ation			
Title Auga Keys  Description Concert					STAA
Title			Face V	alue of Each Admis	sion \$ <u>25,09</u>
Description Concert				210 12	
Description			Date(s)	)	
Description Concert  Ticket(s)/Admission(s) provided by	u nannun V-	_\	(-	35W	
ricket(s)/Admission(s) provided by	y agency? Ye	s An No L	] If no:	Name of	f Source
Miles Alexander at A. March		•			
Was the distribution to persons ide					
Yes No 🔲 If yes:	neda County Sup	pervisor Scot	tt Haggerty, D	istrict 1	
<b>—</b> , os. —	Official's	s Name (Last, I	First) and Title		
The identity of recipient(s) and	the explanati	on:			
Name			Charles	The same of the sa	Table I Selection and the second
(Lasy Fig.)	TRUMBURE	Agency	taxableinc	luoonia boxili dha agoncy o accas Il dha agancy io idali	mcialiciaimsiadmissionias (2014) panomedia ceremonamole cersora de ceremonamole
organisation	Admission(s)/ Indian(s)	Diffeial		SOURCES CHIPTION AND AND AND AND AND AND AND AND AND AN	
(Name, Address, Description) = 31			ceremonia Augroanizatio	modeleri (de problema) Traler, relationado y en legi Traler (de pomodeleri en legistro)	previonicial findividual voi
Kamika Dunlap		Yes 🗖		l a county employee	for his or
Rumika Mulap	14	No 120		plary service to the p	
-		Yes 🗆			Income
		No 🗆			П
		Yes 🗆			Income
		No 🗆			
		Yes 🔲			Income
		No 🗆			П
		Yes 🔲			Income
		No 🗆			
Verification					
have read and understand FPPC Regulat s in accordance with the provisions.	ions 18944.1 and	d 18942. I ha	ve verified that	t the distribution of adm	issions, set forth above,
Kullin Gran	Lee Ann F	ergerson	Ticket A	Administrator	2-25-13
Signature of Agency Head of Designee	Print Nam	ne		Title	(month, day, year)
comment: (Use this space or an attachment fo	or any additional in	oformation inclu	Idina amendmer	nt evaluation 1	,
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7 A					A Public Docume
1. Agency Name				Date Stamp	California 802
County of Alameda					Form 8U2
Division, Department, or Region (if app	licable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title				□ A======	
Crystal Hishida Graff, Clerk, Board of	Supervisors			Amendment (Mu	est provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filin	g:
(510) 272-3882 crystal.h	nishida@acgo	v.org			(month, day, year)
. Function, Event, or Ceremonial	Role Inform	ation			
Title Az Basebau &  Description VS An	ruite		Face V	alue of Each Adm	ission \$ 70000
uc h	- 10				
Description V 7 PM	9012		Date(s)	1271	3 , ,
				~ ~ 1	
Ticket(s)/Admission(s) provided by	agency? Ye	No [	☐ If no:	25 W	
				Name	of Source
Was the distribution to persons idea	ntified below	made at th	ne behest of a	an agency official	9
Alame					ſ
Yes No 🔲 If yes:	Officially Sup	pervisor Sco	tt Haggerty, Di	strict 1	
			First) and Title		
The identity of recipient(s) and the		on:			
Name (Last) (Fig.()) (Organization (Name) Address, Description); (Name)	Number of Admission(s) Holor(s)	Oneil):	regue adexa)  bed adexa)  by verd ealer  proper dealer  lavorrege  lavorrege  lavorrege  lavorrege	asimo los filho diplo) pro- Il (In agency bridh o la (Cisaristan) o, cace los (Inpublicion rales, performed by an ric	ofticial olaima admissionias Ippdomind areanomatro o 1995 - Indidding 1995 violitein andividual voi
1.10	19271177211	Yes 🗆	To reward a	chool or popper	
Villen High School	20	No 🗆	contributions	school or nonprofit orga to the community	anization for its
)		Yes 🗆		10- march Orenand variety	
		No 🗆			
		Yes 🗆			
		No 🗆			Income
		Yes 🗆		-	
		No 🗆			Income
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erification					
nave read and understand FPPC Regulation in accordance with the provisions.	ns 18944.1 and	18942   ha	ve verified that	the distribution of a	D.
in accordance with the provisions.			re vermee man	The distribution of agri	nissions, set forth above,
Julia Diran	Lee Ann F	ergerson	Ticket Ac	Iministrator	3-13-13
Signature of Agency Head of Designee	Print Nam	e	-	Title	
omment. (Use this server					(month, day, year)
mment: (Use this space or an attachment for	any additional int	ormation inclu	ding amendment	explanation.)	
h Annual Golf tournament &	Dinner tur	chon to	provide finan	cial Support to.	Althlehes
			2.	A CONTRACTOR OF THE PARTY OF TH	

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1 Aconov No.				Į.	A Public Documer
1. Agency Name				Date Stamp	California DOS
County of Alameda  Division, Department, or Region (ii	annicable)				Form 502
•	аррисавте)				For Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name,	Titlo			·	
,				Amendment (Must pri	Ovide evolunation in Dad 9
Crystal Hishida Graff, Clerk, Boar Area Code/Phone Number   E-ma		· · · · · · · · · · · · · · · · · · ·			
			Da	te of Original Filing: _	(month, day, year)
	al.hishida@acg				(Memir, day, year)
Function, Event, or Ceremon	-				
Title A'S Basebal		ک	Face Value	e of Each Admiss	ion s _1,7 @
Description V& Red S	30X			- 1- 1-	,
Description			Date(s)/	1,13,13	
Ticket(s)/Admission(s) provided	h	1 -0	( (	. \	_
Ticket(s)/Admission(s) provided	by agency? Y	es TNo [	If no: (5)	Name of S	
W4: P / P /		`			ource
Was the distribution to persons i	dentified belov	v made at th	e behest of an a	gency official?	
Yes 🗖 No 🔲 If yes:	ameda County Su	pervisor Scot	tt Haggerty, Distric	:t 1	
110 2 117 (55).	Official	l's Name (Last, i	tt Haggerty, Distric First) and Title	<del></del>	
The identity of recipient(s) and					
Namp		TE PERSONAL PRES	The state of the s	785 75 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(LESS, PRES)	Numberei	Agency	· Caxable income	io box il ilihe ago nevionid Il iliho ago nevionidal nem regiona	lalic laimstadmissionias (1913)
Organization (Name, Address, Desertation)	Admirelonie Tidža(e)	(M. Official)	The state of the s	こうさいしょうこうととは変化さればからまます	& \$2.440 C.C.C.C.L.S.C.C.C.C.C.C.C.C.C.C.C.C.C.C.
(Mama Addiese Deserption);			:: Peremonial notes	eogrica Kirjeth od ma greek ne ye hameisen	eyincluding Voticial sindividual for the
Wolf Middle Gol of		Yes 🗆			
Wells Middle School	20	No 🔲	contributions to	chool or nonprofit organ the community	nization for its
		Yes 🔲			
		No 🗆			
•		Yes 🔲			
		No 🔲			Income
		Yes 🔲			
		No 🗆			Income
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erification					and the second
nave read and understand FPPC Regulation accordance with the provisions.	ations 18944.1 an	d 18942. I hav	e verified that the c	listribution of admissi	ions, set forth above,
Miller Dathon	Lee Ann F	ergerson	Ticket Admin	istrator	_
Signature of Agency Head on Designee	Print Nan		TOKEL AUTITI	0	3-25-13
				Title	(month, day, year)
omment: (Use this space or an attachment	for any additional in	oformation includ	ding a <b>m</b> endment expla	∍nation.)	
Vonite to School	torother	1 ans		al-feed ~	

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A TOROLA CHINGS TO IT DISTINGUE	OHS				A Public Documer
I. Agency Name				Date Stamp	California DOS
County of Alameda  Division, Department, or Region (if a)					Form OU_
	pplicable)		···		For Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Ti	illo				_
1				Amendment (Musi	provide explanation in Part 3.)
Crystal Hishida Graff, Clerk, Board Area Code/Phone Number   E-mail			···		
·				Date of Original Filing	(month, day, year)
	ıl.hishida@acgo				
Function, Event, or Ceremonia	al Role Inform	ation			
Title AS Surfa	e - baseba	eU	Face \	alue of Each Admis	ssion \$ 1700
Description	nnati Re	ds	Date(s	16,2613	<u> </u>
Ticket(s)/Admission(s) provided b	oy agency? Ye	s No 🗆	If no: _E	SW)	
				Name o	f Source
Was the distribution to persons ic	lentified below	made at the	hehest of	an agency officials	
Δla	mada Cauntu C				
Yes No 🗆 If yes:	meda County Su	s Name (Last, Fir.		District 1	
The tale of the first of the second			st) and Title		
The identity of recipient(s) and	the explanati	on:			
Olamo "S (Lags) (Pitch)"			Chrestin	income boxilithelage icy o	fficialiciaims admissionias (***
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i Oligani zalion "- (Name Addiess, Deseription):- 's	Tilleker(s)		earli de alla Arcomenes	nic ellectred eddesse en Edge eddesmelier eddy T	pose including 1
		Vac T	Morganizatii	THE RESERVE OF THE PARTY OF THE	A CONTRACT OF THE CONTRACT OF
People to People	120	Yes 🔲			Income
Tand ton		Yes 🗍			
tounda 1001		No 🗆			Income
DL		Yes 🗆			
Pleasanton		No 🗆			Income
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		No 🗆			Income
		Yes 🔲			
,		No 🗆			income
/erification					
have read and understand FPPC Regula in accordance with the provisions.	ations 18944.1 an	d 18942. I have	verified tha	t the distribution of adm	nissions, set forth above
The decordance with the provisions.					,
Signature of Agency Head on Destignee	Lee Ann F		Ticket A	Administrator	
Olgonidate of Agenty Tread of Pesignee	Print Nan	ne		Title	(month, day, year)
omment: (Use this space or an attachment	for any additional in	nformation includir	ng amendme	nt explanation.)	
Supports Orphanage	10 Ban	1	India	a for AIDS	InConted
nfants & rodalers	,	7			FPPC Form 802 (2/11)
yams a roundle	<b>)</b>		FPF	PC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-3772)

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Toker tallings on Distribution	115				A Public Documer
1. Agency Name				Date Stamp	California DO
County of Alameda					California 802
Division, Department, or Region (if app	licable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536			.7		
Designated Agency Contact (Name, Title				☐ Amendment (Must	provide explanation in Parl 3.)
Crystal Hishida Graff, Clerk, Board o	f Supervisors			Amendment (Mast)	provide explanation in Parl 3.)
Area Code/Phone Number   E-mail				Date of Original Filing:	(month, day, year)
	hishida@acgo				(monas, day, year)
. Function, Event, or Ceremonial	Role Inform	ation			
Title A'S Luxury Su	ite		Face V	alue of Each Admis	sion \$ 1700
Description Baseball			Date(s)	6,1,13	
Ticket(s)/Admission(s) provided by	agency? Ye	s No [	] If no:	GSW	
		(		Name of	Source
Was the distribution to persons ide	ntified below	made at th	e behest of a	an agency official?	
Yes No 🔲 If yes:	eda County Sur Official's	s Name (Last, F	First and Title	ISTRICT 1	
The identity of recipient(s) and t			nst, and The		
Namo (Last) (First) or Organization	Numberet Admission(s)		ISSUED ROLL OF THE PROPERTY OF	ngòme box iffthd agencyon ome. Iffthe agency officially e a description,	OFFICE PROPERTY OF THE PROPERT
(Name, Address, Description).	fillekët(s)		Beromonial	no, desarbolthoreubliciourn roles, performed by an lage n	oso including nov official andividual for
104		Yes	To reward		MCADERIC STREET
Meals on wheels	Suite	No Ø	contribution	a school or nonprofit organs to the community	anization for its
( alameda County)		Yes 🗖			
( marriada celonia)		No 🗆			
0		Yes 🗆			Income
		No 🗆			Income
		Yes 🗆			
		No 🗆			Income
		Yes 🗆			
		No 🗆			Income
Verification					
have read and understand FPPC Regulations in accordance with the provisions.	ons 18944.1 and	d 18942. I hav	ve verified that	the distribution of adm.	issions, set forth above,
Kullu Gran	Lee Ann F	ergerson	Ticket A	dministrator	3-70-12
Signature of Agency Head on Designee	Print Nan	ne		Title	(month, day, year)
comment: (Use this space or an attachment to	r anv additional in	formation incl.	dina amazzi		A CONTRACTOR AND A
Frudraising for the	elderly	L Comment	oing amenamen	t explanation.)	
The same of the	et we we	Ufre	ul		

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gency Name				Date Stamp	California 802
county of Alameda					For Official Use Only
ivision, Department, or Region (if applicable	9)		i		
Board of Supervisors					
treet Address					
221 Oak Street, Suite 536 esignated Agency Contact (Name, Title)				Amendment (Must p	myide evaluation in Parl 3.)
crystal Hishida Graff, Clerk, Board of Su	nervisors	•		Muleuqueur (wast b	rovida explanation in Fan 3.7
rea Code/Phone Number   E-mail	po: 1:50:0			Date of Original Filing:	(month, day, year)
510) 272-3882 crystal.hish	ida@acgov.o	rg		,	, , , , , ,
unction, Event, or Ceremonial Ro					
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itle			Face \	Value of Each Admis	sion \$
escription BASEBALL			Date(s	s) <u> </u>	
•				G. /	
icket(s)/Admission(s) provided by ag	ency? Yes	No 🗆	If no:	アンW Name o	Soume
		1		ivaille 0	Source
vas the distribution to persons identi	fied below m	ade at the	behest o	f an agency official?	
Alameds	a County Super				
Yes No 🔲 If yes:		lame (Last, Fi			
<b>/</b> \		•	diy dirio i ilic		
he identity of recipient(s) and the	explanation	n:			
DETO:	Nine-sta-stall	Alexadia	Tradico	ni i monta esca I Tibe I figorito) nacione II discognito I filiali nacione di Stato I filiali di Stato nacione di Stato I filiali di Stato I filiali Il filico di Stato I filiali di Stato Il filico di Stato I filiali di Stato I filiali di Stato I filiali di Stato Il filiali di Stato I filiali di St	indelle la mara de la companya de l La companya de la co
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density (see the contract	市农利纳		3000	iquap athan a sa	na. 1,000 per kalifalikisti juga
The state of the s		Yes □	To pro	omote attendance at a	County enemotied
Kasie Hildenbrand	2	No X	event	in order to maximize p	otential county
		Yes 🗖	- reven	ue for concession and	parking sales.
		No 🗆			L1
		Yes 🗆			Income
	ļ	No 🗆			
		Yes 🔲			Income
		No 🗆			
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		No 🔲			
erification				· · · · · · · · · · · · · · · · · · ·	
nave read and understand FPPC Regulation in accordance with the provisions.	ns 18944.1 and	l 18942. I ha	ve verified	that the distribution of ac	lmissions, set forth above
Probabana da Maria	Lee Ann F	ergerson	Ticke	et Administrator	3-18-12
Signature of Agency Head on Designee	Print Nam	е		Title	(month, day, year)
omment: (Use this space or an attachment for					
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					A Public Documen
1. Agency Name				Date Stamp	California OOC
County of Alameda  Division, Department, or Region (if a					Form 5U2
	pplicable)				For Official Use Only
Board of Supervisors Street Address					
1221 Oak Street, Suite 536 Designated Agency Contact (Name, Ti	(Ia)				
,				☐ Amendment (Mus	st provide explanation in Parl 3.)
Crystal Hishida Graff, Clerk, Board  Area Code/Phone Number   E-mail					
				Date of Original Filing	g:(month, day, year)
2. Function, Event, or Ceremonia	l.hishida@acgc				
Title A'S Game Description Basebal	vs. Ur	ioles	Face V	alue of Each Admi	ssion \$ 1,5000
Basehal	l				
Description			Date(s	4 726,13	<b>)</b> <b>2</b> //
				, .	
Ticket(s)/Admission(s) provided b	y agency? Ye	s 🗌 No 🛚	] If no:		
					of Source
Was the distribution to persons id	entified below	made at th	e behest of	an agency official?	)
	neda County Suj				
Yes No 🔲 If yes:	Official'	s Name (Last,	First) and Title		y.
The identity of recipient(s) and			•		
	The same of the sa				
Nemo (Lab), (Alba)	Number of	Adoney	Exclusion	oro II do agoneyo data	ifficial claims admission as the state of th
(Organitziifon	To reduced. ((a) reduced. (a) reduced.	( Diich)	— ∃lio firovic □ Frio livor	o i desentation. Di consideration	
(Name, Address, Description)			2 Beremontal	पुरातः एवं ध्यानकात्वरः व्यक्ति	priodelic lelms Edmissionies iponomiad aconomoniatiole poss, including shovorderat including
Sandynict	Sinda	Yes 🗖			1
Sorophmist International	Stute	No 🔀	To reward public	a community volunteer f	for his or her service to the
) Hernational	20	Yes 🔲	•		
		No 🗆	_		
Dublin/Pleasanton		Yes 🔲			Income
7. 200000		No 🗆			
		Yes 🗆			Income
		Yes 🔲			Income
/erification					
have read and understand FPPC Regulate in accordance with the provisions.	ions 18944.1 and	d 18942. I hav	ve verified that	the distribution of adm	nissions, set forth above,
Culla Grass	Lee Ann F	ergerson	Ticket Ad	dministrator	3-15-12
Signature of Agency Head of Designee	Print Nam	ne		Title	(month, day, year)
omment: (Use this space or an attachment fo	or any additional in:	formation includ	ding amendment	explanation.)	

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Agency Name				Date Stamp	California	802
County of Alameda					Form	0.000.000
Division, Department, or Region (if appl	licable)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)			Amendment (Musi	t provide explanation i	n Part 3.)
Cheryl Perkins, Clerk, Board of Supe	ervisors				, provide explanation i	, , , , , ,
Area Code/Phone Number E-mail	(5)			Date of Original Filing	g:(month, day, ye	ar)
(510) 272-3882 cheryl.p	oerkins@acgov.o	org			***************************************	
Function, Event, or Ceremonial	Role Information	tion		,		
10 H					0100	
Title			Face \	Value of Each Admi	ission \$ _ <del>\$100</del>	
Description Warriors vs. Trailblazers	s		D-4-4	s) 3 / 30 / 13		45
Description			Date(s	3)/		
	2.00		Gold	Ion State Warriors		
Ticket(s)/Admission(s) provided by	y agency? Yes	□ No ☑	If no: Gold	Name	of Source	
		Name (Last,	First) and Title			
The identity of recipient(s) and Name (Last, First) or	the explanation  Number of Admission(s)/	Name (Last,	Check th taxable in also prov	ne income box if the agency ncome. If the agency offici vide a description.	al performed a ceren	
The identity of recipient(s) and Name (Last, First)	the explanation	Name (Last,  On:  Agency	Check th taxable is also prov If not inc	ne income box if the agency ncome. If the agency offici- vide a description. come, describe the public p ital roles, performed by an a	al performed a ceren urpose, including	nonial role,
The identity of recipient(s) and  Name (Last, First) or Organization	the explanation  Number of Admission(s)/	Name (Last,  On:  Agency	Check th taxable is also prove if not incongramizate.  To promot	ne income box if the agency ncome. If the agency offici- vide a description. come, describe the public p ital roles, performed by an a	al performed a ceren urpose, including agency official, indivi	nonial role, dual, or
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check th taxable is also prove if not inc ceremon organizate.  To promot County face.	ne income box if the agency ncome. If the agency offici- vide a description. come, describe the public po- ial roles, performed by an a tion.	al performed a ceren urpose, including agency official, indivi	dual, or
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promot County face.	ne income box if the agency ncome. If the agency offici- vide a description. come, describe the public p ial roles, performed by an a tion. te attendance at an e cility in order to maxis	al performed a ceren urpose, including agency official, indivi	dual, or Income
The identity of recipient(s) and  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizate.  To promot County face.	ne income box if the agency ncome. If the agency offici- vide a description. come, describe the public p ial roles, performed by an a tion. te attendance at an e cility in order to maxis	al performed a ceren urpose, including agency official, indivi	Income
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Name (Last, First) or Organization (Name, Address, Description)  Harris, Bill  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)  4  ations 18944.1 and	Agency Official  Yes	Check the taxable is also prove the first income ceremon organizal.  To promote County factory factor	that the distribution of a	al performed a ceren urpose, including agency official, indivi event held at a mize potential	Income In
Name (Last, First) or Organization (Name, Address, Description)  Harris, Bill  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also prove the first income ceremon organizal.  To promote County factory factor	ne income box if the agency officion of the agency of t	al performed a ceren urpose, including agency official, indivi event held at a mize potential	Income Income Income Income Income Income Income

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. Agency Name				Date Stamp	California OO
County of Alameda				,	Form 802
Division, Department, or Region (if applica	able)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name, Title)					
Cheryl Perkins Interim Clerk, Board of	Supervisors			Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filing: _	
(510) 272-3882 cheryl.pe	rkins@acgov.c	ora			(month, day, year)
Function, Event, or Ceremonial R					
Title			Face \	/alue of Each Admiss	sion \$ <u>\$85/\$17-park</u>
Description A's vs. Angels				7 , 25 , 13	
Description 75 vs. Aligois			Date(s	3)	
			Oakl	and Athlatica	
Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	I If no: Oaki	Name of	Source
Yes ☑ No ☐ If yes: Supervi			rusty and Title		
Name	TO DEST	100	Check the	e income box if the agency of	ficial claims admission as
(Last, First) or	Number of	Agency	(FINE) - 070 / A 1 1 1 1 1 1 1 1 1 1	ncome. If the agency official pride a description.	performed a ceremonial role,
Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purp	ose, including
(Name, Address, Description)			ceremon	ial roles, performed by an age tion.	ncy official, individual, or
292 3 2 10		Yes 🗖		e attendance at an eve	
Vidano, John	20+4 parking	No ☑	County fac	ility in order to maximi	ze potential
8		Yes 🗖	County rev	venue from sales.	Income
	passes	No 🗖	,		
		Yes 🗖			Income
		No 🗖			
Was Sin		Yes 🗖			Income
a some the gold many		No 🗖			
		Yes 🗖			Income
		No 🗖			
Verification					
I have read and understand FPPC Regulation	ons 18944.1 and	d 18942. I h	ave verified t	hat the distribution of adr	nissions, set forth above,
is in accordance with the provisions.					
Alex	andra Boskov	ich	Ticke	t Administrator	2/20/2042
Signature of Agency Head of Designee	Print Nan			Title	3/28/2013
- g. inter or / goriof riedd or Designee	rint ivan	HG.		LITTE	
Company of the state of the sta				1110	(month, day, year)

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						Journey
1. Agency Name				Date Stamp	California	000
County of Alameda				(0	Form	802
Division, Department, or Region (if ap	plicable)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Ti	lle)			A SANTORERANDO SANTO A SANTO		1.0000-0400000
Cheryl Perkins, Clerk, Board of Sur	pervisors			Amendment (Must	provide explanation i	n Part 3.)
Area Code/Phone Number   E-mail	761 V13013			Date of Original Filing	:	
(510) 272-3882 chery	.perkins@acgov.o	ora			(month, day, ye	ar)
2. Function, Event, or Ceremonia	**************************************					
I dilotton, Event, or ocienionia	ii itole illioillia	LIOII				
Title			Face \	Value of Each Admi	ssion \$ <u>\$100</u>	
500 TO 5000 E						
Description Warriors vs. Wizards			Date(s	s) 3 / 23 / 13		
Ticket(s)/Admission(s) provided	ov agency? Yes	П № Г	I If no: Gold	den State Warriors		
				Name	of Source	
The identity of recipient(s) and			First) and Title			
Name			e Check th	ne income box if the agency	official claims admir	reion se
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official		
or Organization	Admission(s)/	Official		vide a description. come, describe the public pu	urnose, including	
(Name, Address, Description)	Ticket(s)		ceremon	ilal roles, performed by an a	gency official, indivi	dual, or
		Yes 🗖		te attendance at an e	vent held at a	Income
Shubitowski, Sarah	2	No 🗹		cility in order to maxir		
		Yes 🗆	County			Income
		No 🗆	County re	venue from sales.		
		Yes 🗆				Income
		No 🗆				
		Yes 🗆				
		No 🗆				Income
		Yes 🗆				
		No 🗆				Income
. Verification		🗖				
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I have read and understand FPPC Regi is in accordance with the provisions.	nadons 10944.1 am	u 10942.111	ave vermed t	mat the distribution of a	iumssions, set fo	rın above,
	Alexandra Boskov	rich	Ticke	et Administrator	3/21/2	013
Signature of Agency Head or Designee	Print Nar	me		Title	(mon	h, day, year)
Comment: (Use this sames or an attention	ant for our contribution of					
Comment: (Use this space or an attachme	ını tor any additional ii	nrormation in	ciuding amend	ment explanation.)		

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icket/Admission distribut	.10115				A Public Do	
. Agency Name				Date Stamp	California Form	201
County of Alameda						
Division, Department, or Region (if	applicable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name,	Title)					
Cheryl Perkins, Interim Clerk, Boa	ard of Supervisors			Amendment (Mus	st provide explanation ii	Part 3.)
Area Code/Phone Number   E-ma				Date of Original Filin	g:	
(510) 272-3882 cher	yl.perkins@acgov.o	ora		TO THE STATE OF TH	(month, day, ye	ar)
Function, Event, or Ceremon	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME					
r another, Event, or obtained	nai reolo ilifornia					
Title			Face \	Value of Each Adm	ission \$ \$30	
Description A's vs. Orioles			Date(s	s) <u>4</u> <u>/ 27</u> <u>/ 13</u>		/
Yes ☑ No ☐ If yes: Si	upervisor wilma Chan					
The identity of recipient(s) ar  Name (Last, First) or Organization		Name (Last, i	taxable in also prov	e income box if the agenc ncome. If the agency offic vide a description. come, describe the public p	cial performed a ceren purpose, including	onial role,
The identity of recipient(s) ar  Name (Last, First) or	Official's  nd the explanation  Number of Admission(s)/	Name (Last, ) On: Agency Official	Check th taxable ii also prov If not inc ceremon organiza	e income box if the agenc ncome. If the agency offic vide a description. come, describe the public p ial roles, performed by an tion.	cial performed a cerem purpose, including agency official, indivi	onial role,
The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check th taxable is also prov If not inc ceremon organizat  To promot	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. e attendance at an	cial performed a cerem purpose, including agency official, indivi event held at a	dual, or
The identity of recipient(s) ar  Name (Last, First) or Organization	Official's  nd the explanation  Number of Admission(s)/	Agency Official  Yes  No  V	Check th taxable is also prov If not inc ceremon organizat  To promot	e income box if the agenc ncome. If the agency offic vide a description. come, describe the public p ial roles, performed by an tion.	cial performed a cerem purpose, including agency official, indivi event held at a	dual, or
The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable is also prove if not inc ceremon organizal To promot County face	e income box if the agenc ncome. If the agency offic vide a description. ome, describe the public p ial roles, performed by an tion. e attendance at an	cial performed a cerem purpose, including agency official, indivi event held at a	dual, or Incom Incom
The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  V	Check th taxable is also prove if not inc ceremon organizal To promot County face	ne income box if the agency office income. If the agency office vide a description. It is a describe the public point of the public	cial performed a cerem purpose, including agency official, indivi event held at a	dual, or Incom
The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  Yes  Yes	Check th taxable is also prove if not inc ceremon organizal To promot County face	ne income box if the agency office income. If the agency office vide a description. It is a describe the public point of the public	cial performed a cerem purpose, including agency official, indivi event held at a	dual, or Incom
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The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizal To promot County face	ne income box if the agency office income. If the agency office vide a description. It is a describe the public point of the public	cial performed a cerem purpose, including agency official, indivi event held at a	Incom
The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  Official	Check th taxable is also prove if not inc ceremon organizal To promot County face	ne income box if the agency office income. If the agency office vide a description. It is a describe the public point of the public	cial performed a cerem purpose, including agency official, indivi event held at a	Incom
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The identity of recipient(s) are  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes	Check th taxable is also prove if not inc ceremon organizal To promot County face	ne income box if the agency office income. If the agency office vide a description. It is a describe the public point of the public	cial performed a cerem purpose, including agency official, indivi event held at a	Incom Incom Incom Incom Incom Incom Incom
The identity of recipient(s) ar  Name (Last, First) or Organization (Name, Address, Description)  Griffin, Roy	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check th taxable is also prove the first incommon organization.  To promot County factory factory revenues the first incommon organization.  County revenues the first incommon organization organization.	te income box if the agency office ncome. If the agency office vide a description.  Tome, describe the public pial roles, performed by an atton.  The attendance at an cility in order to max ovenue from sales.	etal performed a cerent purpose, including agency official, indivi event held at a imize potential	Incom
Name (Last, First) or Organization (Name, Address, Description)  Griffin, Roy	Number of Admission(s)/ Ticket(s)  2  gulations 18944.1 and	Agency Official  Yes	Check th taxable is also prove the first incommon organization.  To promot County factory factory revenues the first incommon organization.  County revenues the first incommon organization organization.	te income box if the agence income. If the agency office vide a description. It is a cless, performed by an agency	etal performed a ceremon purpose, including agency official, indivievent held at a imize potential admissions, set for 3/18/2	Income

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. Agency Name					The state of the s	
				Date Stamp	California Form	803
County of Alameda						
Division, Department, or Regio	n (if applicable)			1	For Official	Use Only
Board of Supervisors						
Street Address	y = ====			1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Na	ame, Title)			- C 2 (00000-000000000000000000000000000000	CANCEL VALUE OF THE ASSESSMENT OF	228 - 0165 37
Cheryl Perkins Interim Clerk, I	Board of Supervisors			☐ Amendment (Must	provide explanation in	Part 3.)
	E-mail			Date of Original Filing		
		PARAL			(month, day, yea	ar)
(510) 272-3882 Crunction, Event, or Ceren	cheryl.perkins@acgov.c	Star				
runction, Event, or Ceren	nomai Role informa	lion				
Title			Face \	Value of Each Admi	ssion \$ _\$85/\$1	7-park
Description A's vs. Mariners			Date(s	s) 6 / 16 / 13		/
			C 8000 1040 0 000 1040 1040 10			
Ticket(e)/Admission(e) prov	ided by agency2. Vee	E No E	J If no. Oak	land Athletics		
Ticket(s)/Admission(s) prov	ided by agency? Yes	П ио Г	If no:	Name (	of Source	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Was the distribution to your	and the matricular transmission					
Was the distribution to pers	ons identified below n	nade at tr	ie benest o	t an agency official	,	
THE STATE OF THE S	Supervisor Wilms Chan					
Yes 🗹 No 🔲 If yes	S: Supervisor Wilma Chan	Nama // ast	First) and Title			
	Officiars	ivame (Last,	rirst) and Title			
The identity of recipient(s	A and the evalenctic					
	and the explanation	n:				
200	and the explanation	n:	Check the	ne income box if the agency	official claims admis	sion as
Name (Last, First)	Number of	Agency	taxable i	ne income box if the agency income. If the agency officia		
Name (Last, First) or	Number of Admission(s)/	LENO?	taxable i also pro	ncome. If the agency official vide a description.	al performed a cerem	
Name (Last, First) or Organization	Number of Admission(s)/	Agency	taxable i also pro-	ncome. If the agency officia	al performed a cerem	onial role,
Name (Last, First) or	Number of Admission(s)/	Agency Official	taxable i also pro e If not ind ceremon organiza	ncome. If the agency officiently officiently of the come, describe the public p	al performed a cerem urpose, including gency official, individ	onial role, dual, or
Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	onial role, dual, or
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official Yes  No  2	taxable i also pro lf not ind ceremon organiza	ncome. If the agency officiently officiently of the come, describe the public p	al performed a cerem urpose, including gency official, individ	onial role, dual, or
Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	onial role, dual, or Income
Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official Yes  No  2	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	dual, or Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda 401 Pacific Avenue	Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Yes   No   No	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	dual, or Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda 401 Pacific Avenue	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
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Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501  Middle school for grades 6-8	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable i also pro lf not ind ceremon organiza	ncome. If the agency official vide a description. come, describe the public pub	al performed a cerem urpose, including gency official, individ	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501  Middle school for grades 6-8	Number of Admission(s)/ Ticket(s)  20+4 parking passes	Agency Official  Yes	taxable i also pro e If not inc ceremon organiza To reward Alameda y	ncome. If the agency official vide a description. come, describe the public pular roles, performed by an aution.  a school for its contryouth and families.	al performed a cerem irpose, including gency official, individ ibutions to the	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501	Number of Admission(s)/ Ticket(s)  20+4 parking passes  C Regulations 18944.1 and	Agency Official  Yes	taxable i also pro e If not inc ceremon organiza To reward Alameda y	ncome. If the agency official vide a description. come, describe the public pular roles, performed by an aution.  a school for its contryouth and families.	al performed a cerem irpose, including gency official, individ ibutions to the	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501  Middle school for grades 6-8  Verification I have read and understand FPP0	Number of Admission(s)/ Ticket(s)  20+4 parking passes  C Regulations 18944.1 and ns.	Agency Official  Yes	taxable i also pro e if not inc ceremon organiza To reward Alameda y	that the distribution of a	al performed a cerem irpose, including gency official, individ ibutions to the	Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501  Middle school for grades 6-8  Verification I have read and understand FPP0	Number of Admission(s)/ Ticket(s)  20+4 parking passes  C Regulations 18944.1 and	Agency Official  Yes	taxable i also pro e if not inc ceremon organiza To reward Alameda y	ncome. If the agency official vide a description. come, describe the public pular roles, performed by an aution.  a school for its contryouth and families.	al performed a cerem irpose, including gency official, individ ibutions to the	Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description Academy of Alameda  401 Pacific Avenue  Alameda, CA 94501  Middle school for grades 6-8  Verification I have read and understand FPP0	Number of Admission(s)/ Ticket(s)  20+4 parking passes  C Regulations 18944.1 and ns.  Alexandra Boskov	Agency Official  Yes	taxable i also pro e if not inc ceremon organiza To reward Alameda y	that the distribution of a	al performed a cereming performed a cereming gency official, individually individua	Income

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Agency Name County of Alameda				Data Stamp	California	
County of Alameda				Date Stamp	Form	802
Division, Department, or Region (if applic	cable)			-	For Official	Use Only
Board of Supervisors	,43,67					
Street Address						
1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)						
	f Cumanda ana			Amendment (Must pr	rovide explanation i	n Part 3.)
Cheryl Perkins, Clerk, Interim Board of Area Code/Phone Number   IE-mail	Supervisors			Date of Original Filing: _		
		00000			(month, day, ye	ar)
(510) 272-3882 cheryl.pe	erkins@acgov.c					
runction, Event, or Geremoniar	Note informat	LIOII				
Title			Face \	alue of Each Admiss	sion \$ <u>\$30</u>	
6.8				7 00 40		
Description A's vs. Angels			Date(s	s) 7 <u>/ 26 / 13</u>	/_	/
Ticket(s)/Admission(s) provided by	agency? Yes	□ No □	I If no. Oakl	and Athletics		
(c) provided by	agonoy. 100	L 140 E		Name of	Source	
The identity of recipient(s) and the Name	he explanatio	on:	Check th	e income box if the agency of	ficial claims admis	ssion as
Name (Last, First)	Number of	Agency		ncome. If the agency official p		
or Organization	Admission(s)/	Official	C. C	vide a description. ome, describe the public purp		
(Name, Address, Description)	Ticket(s)	4	ceremon	ial roles, performed by an age	oose, including ency official, indivi	dual, or
		Yes 🗖	To promot	e attendance at an eve	ent held at a	Income
Nelson, Gina	2	No 🗹		cility in order to maximi		
		Yes 🗆				No. 1412
		No 🗆	County rev	venue from sales.		Income
		Yes 🗆				
	2	No 🗆				Income
		Yes 🗆				
		No 🗆				
						Income
		10.01000				Income
		Yes 🗆				Income
Varification		10.01000				Income
Verification I have read and understand FPPC Regulation is in accordance with the provisions.	tions 18944.1 and	Yes  No	ave verified t	hat the distribution of adr	nissions, set fo	Income
I have read and understand FPPC Regulatis in accordance with the provisions.	tions 18944.1 and	Yes		hat the distribution of adr	missions, set fo 3/20/2	Income Income
I have read and understand FPPC Regulatis in accordance with the provisions.		Yes			3/20/2	Income Income

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Agency Name				Date Stamp	California Form	802
County of Alameda					700-0000	Office of a Column
Division, Department, or Region (if applic	able)			1	For Official	Use Only
Board of Supervisors						
Street Address				1		
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				☐ Amendment (Mus	st provide evolenation i	n Part 3 l
Cheryl Perkins, Interim Clerk, Board of	f Supervisors			Amendment (mas	st provide explanation i	realt 3.)
Area Code/Phone Number E-mail				Date of Original Filing	g:	95)
(510) 272-3882 cheryl.pe			(monor, day, ye	ui)		
Function, Event, or Ceremonial F						
Title			Face \	Value of Each Adm	ission \$ _\$85/\$*	17-park
N				5 12 12		
Description A's vs. Rangers			Date(s	s) <u>5</u> , 13 , 13		/
Ticket(s)/Admission(s) provided by	anancy2 Voc	III No I	J If no. Oakl	land Athletics		
ricket(s)/Admission(s) provided by	agency: res	II NO I	<u> </u>	Name	of Source	
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Was the distribution to pareons idea	stified below w	nada at ti		f	10	
Was the distribution to persons ider	itilied below i	nade at ti	ne benest of	r an agency official	7	
Supara	icor Wilma Chan					
Yes 🖸 No 🔲 If yes: Superv	isor Wilma Chan	Name /l art	First) and Title			
	Official's		First) and Title			
Yes ☑ No ☐ If yes: Superv	Official's		First) and Title			
	Official's			ne income box if the agenc	y official claims admi	ssion as
The identity of recipient(s) and the	Official's one explanation	Agency	Check the taxable in	ne income box if the agency ncome. If the agency offic	5 전 1 전경 전 전 1년 대통기를 통합하고 있다면 하는 사용하게 되었다.	
The identity of recipient(s) and the	Official's of Admission(s)/	on:	Check th taxable in also provi	ne income box if the agency ncome. If the agency offic vide a description.	ial performed a ceren	
The identity of recipient(s) and the Name (Last, First) or Organization	Official's one explanation	Agency	Check the taxable is also provided in the control of the cont	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p	ial performed a ceren	nonial role,
The identity of recipient(s) and the	Official's of Admission(s)/	Agency Official	Check th taxable it also prov If not inc ceremon organiza	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p alal roles, performed by an tion.	ial performed a ceren ourpose, including agency official, indivi	ionial role,
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable is also proved if not income ceremon organiza  To promot	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p plat roles, performed by an tion.	ial performed a ceren purpose, including agency official, indivi	dual, or
The identity of recipient(s) and the Name (Last, First) or Organization	Official's of Admission(s)/	Agency Official  Yes  No  V	Check the taxable is also proved if not income ceremon organiza  To promot	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p alal roles, performed by an tion.	ial performed a ceren purpose, including agency official, indivi	onial role,
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable is also proved if not inconstruction organizare.  To promot County factors	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p pial roles, performed by an tion. te attendance at an e cility in order to maxi	ial performed a ceren purpose, including agency official, indivi	dual, or
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official  Yes  No  V	Check the taxable is also proved if not inconstruction organizare.  To promot County factors	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p plat roles, performed by an tion.	ial performed a ceren purpose, including agency official, indivi	dual, or 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   No   Yes   No   No	Check the taxable is also proved if not inconstruction organizare.  To promot County factors	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p pial roles, performed by an tion. te attendance at an e cility in order to maxi	ial performed a ceren purpose, including agency official, indivi	dual, or Income
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The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  Robinson, Sally	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not incompanized.  To promot County face.	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p pial roles, performed by an tion. te attendance at an e cility in order to maxi	ial performed a ceren purpose, including agency official, indivi	Income
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  Robinson, Sally  Verification	Number of Admission(s)/ Ticket(s)  4+1 parking pass	Agency Official  Yes	Check the taxable is also proved in first incommon transfer to the control of the control of the county factors are county revenue.	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p plat roles, performed by an tion. te attendance at an e cility in order to maxi venue from sales.	ial performed a ceren purpose, including agency official, indivi event held at a imize potential	Income
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)  Robinson, Sally  Verification I have read and understand FPPC Regulation	Number of Admission(s)/ Ticket(s)  4+1 parking pass	Agency Official  Yes	Check the taxable is also proved in first incommon transfer to the control of the control of the county factors are county revenue.	ne income box if the agency ncome. If the agency offic vide a description. come, describe the public p plat roles, performed by an tion. te attendance at an e cility in order to maxi venue from sales.	ial performed a ceren purpose, including agency official, indivi event held at a imize potential	Income
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Division, Department, or Region (if a	pplicable)				1		For Official	Use Only
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Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact (Name, T	itle)					08 5 8	A 9 8 8	
Cheryl Perkins Interim Clerk, Board	25 - 93 V/V/(==================================				Amendment (	Must provid	de explanation it	Part 3.)
Area Code/Phone Number   E-mai			_		Date of Original F	ilina:		
FOR CONTROL OF STREET S	d nording@oogov						(month, day, ye.	ar)
- VA - 1/4	/l.perkins@acgov.c		_					
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rioket(a)/Admission(a) provided	by agency: 1es	יים	0 1	11110	Na	me of So	urce	
Was the distribution to persons	identified below r	nade	at th	e behest of	an agency office	ial?		
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Yes ☑ No ☐ If yes: Su	pervisor Wilma Chan	Name /	l act I	Eiret) and Title	**			
	Official's	Name (	Last, I	First) and Title				
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Agency Name  County of Alameda  Division, Department, or Region (if applicable)  Board of Supervisors  Street Address				Date Stamp	0 116	
Division, Department, or Region (if applicable) Board of Supervisors				Date Stamp	California	(9)
Board of Supervisors				COLUMN TO THE PROPERTY OF THE	Form	802
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Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)					TOTAL WICE OF EMPIREMENT DE	640 00000
Cheryl Perkins Interim Clerk, Board of Superv	/ieore			Amendment (Musi	t provide explanation in	n Part 3.)
Area Code/Phone Number   E-mail	13013			Date of Original Filing	ı:	
(510) 272-3882 cheryl.perkins@	Jacacy of	ra			(month, day, ye	ar)
Function, Event, or Ceremonial Role In						
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Ticket(s)/Admission(s) provided by agency	/? Yes	□ No ☑	If no: Gold	en state warnors	of Source	
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Name (Last, First) or Organization (Name, Address, Description)  Bonilla, Jannet  Verification	lanation ber of ssion(s)/ ket(s)	Agency Official  Yes	Check the taxable is also proved if not incomparized. To promot County factory factor	ncome. If the agency offici- vide a description.  ome, describe the public po- lal roles, performed by an a- stion.  e attendance at an e- cility in order to maxing  venue from sales.	al performed a cerem urpose, including ugency official, indivi event held at a mize potential	Incom
Name (Last, First) or Organization (Name, Address, Description)  Bonilla, Jannet  (Last, First) Or Organization (Name, Address, Description)  4	lanation ber of ssion(s)/ ket(s)	Agency Official  Yes	Check the taxable is also proved if not income ceremon organizate.  To promot County factory	ncome. If the agency offici- vide a description.  ome, describe the public po- lal roles, performed by an a- stion.  e attendance at an e- cility in order to maxing  venue from sales.	al performed a cerem urpose, including ugency official, indivi event held at a mize potential	Incom
Name (Last, First) or Organization (Name, Address, Description)  Bonilla, Jannet  Verification have read and understand FPPC Regulations 189 is in accordance with the provisions.	ber of sion(s)/ ket(s)	Agency Official  Yes	Check the taxable is also prove if not incongranizal.  To promote County factoring the county revenue.	ncome. If the agency offici- ride a description. ome, describe the public po- lal roles, performed by an a- tion. e attendance at an e- cillity in order to maxing venue from sales.	al performed a cerem urpose, including ugency official, indivi event held at a mize potential	Incom
Name (Last, First) or Organization (Name, Address, Description)  Bonilla, Jannet  Verification have read and understand FPPC Regulations 189	ber of sion(s)/ ket(s)	Agency Official  Yes	Check the taxable is also prove if not incongranizal.  To promote County factoring the county revenue.	ncome. If the agency offici- vide a description.  ome, describe the public po- lal roles, performed by an a- stion.  e attendance at an e- cility in order to maxing  venue from sales.	al performed a cerem urpose, including ugency official, indivi event held at a mize potential	Income

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Agency Name County of Alameda Division, Department, or Region (if app						
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Division, Department, or Region (if app					Form	002
	licable)				For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	p)			- Constitution at	2 20 2 20 20	2 20%
Cheryl Perkins, Clerk, Board of Supe	ervisors			Amendment (Mus	t provide explanation in	n Part 3.)
Area Code/Phone Number   E-mail	7110010			Date of Original Filing	j:	
(510) 272-3882 cheryl.	oerkins@acgov.o	ora			(month, day, yea	ar)
Function, Event, or Ceremonial	MANAGER TO SELECT	T FROM SALE				
223						
Title			Face \	/alue of Each Admi	ission \$ <u>\$100/</u> \$	20 park
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Description Warriors vs. Bulls			Date(s	3 , 15 , 13		
Ticket(s)/Admission(s) provided by	y agency? Yes	□ No ☑	If no: Gold	en State Warriors		
				Name	of Source	
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Cheryl Perkins, Clerk, Board of Su	nervisors			Amendment (Mu	ıst provide explanation i	n Part 3.)
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The ide	entity of recipient(  Name (Last, First) or Organization (Name, Address, Descrip	etion)  PC Regulationions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable is also prove the first income ceremon organizal.  To promot County factory factory factors are the first income ceremon organization.  County revenue the first income ceremon organization.  County revenue the first income ceremon organization.	ne income box if the agent ncome. If the agency offiction. If the agency offiction, and the public ital roles, performed by an attion. The attendance at an cility in order to man evenue from sales.	cial performed a purpose, includin agency official, event held a kimize potent	Income Income
Yes The ide  Silva, R	entity of recipient(  Name (Last, First) or Organization (Name, Address, Descrip	ption)  PC Regulation ions.	Number of Admission(s)/ Ticket(s)  2 and the admission and the adm	Agency official  Yes	Check the taxable is also prove the first income ceremon organizal.  To promot County factory factory factors are the first income ceremon organization.  County revenue the first income ceremon organization.  County revenue the first income ceremon organization.	the income box if the agency officione. If the agency officion is a description. It is a come, describe the public that the distribution of that the distribution of that the distribution of	cial performed a purpose, includin agency official, event held a kimize potent	Income

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Agency Name					-//	
J. 4571 M. C. C. C. T. T. (1914) M. C.				Date Stamp	California Form	900
County of Alameda					Form	002
Division, Department, or Region (if appli	icable)			1	For Official	Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536				6		
Designated Agency Contact (Name, Title)	)			П м	75 7 7 7	G
Cheryl Perkins, Clerk, Board of Supe	rvisors			Amendment (Must pro	vide explanation ii	Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filing: _	(month, day, yea	
(510) 272-3882 cheryl.p	erkins@acgov.d	ora			(month, day, yea	ar)
Function, Event, or Ceremonial	THE RESIDENCE OF THE PARTY OF T	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				
Title			Face \	/alue of Each Admiss	ion \$ <u>\$100/</u>	320 park
- Warriors vs. Distans				3 13 13		
Description Warriors vs. Pistons			Date(s	s) 3 / 13 / 13	/	/
			0-1-			
Ticket(s)/Admission(s) provided by	agency? Yes	☐ No	✓ If no: Gold	len State Warriors  Name of S	Pauma	
				ivame or s	source	
Was the distribution to persons ide	entified below n	nade at 1	he behest of	f an agency official?		
,				againe, cilician.		
Yes ☑ No ☐ If yes: Super	visor Wilma Chan					
	Official's	Name (Las	t, First) and Title			
The identity of recipient(s) and t	the explanation	n:				
Name			a Chack th	e income box if the agency off	iolal alalma admir	alan aa
(Last, First)	Number of	Agency	Annable to	ncome. If the agency official p		
or Organization	Admission(s)/	Official	also prov	vide a description.	1 1 1	
(Name, Address, Description)	Ticket(s)	72.54	ceremon	ome, describe the public purp ial roles, performed by an age		
			organiza			dual, or
Nishimoto, Ryan	2 + parking	Yes 🗖				
The initiate of the initiation	Z · parking			e attendance at an eve		Income
		No 🔽	County fac	e attendance at an eve cility in order to maximiz		
		Yes 🗖	County fac			Income Income
		Yes  No	County faction County rev	cility in order to maximiz		Income
		Yes 🗖	County faction County rev	cility in order to maximiz		Income Income
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Verification I have read and understand FPPC Regula is in accordance with the provisions.	ations 18944.1 and	Yes C No C Yes C No C Yes C No C	County factoring County reviews 1	cility in order to maximiz	ze potential	Income Income Income Income
have read and understand FPPC Regula is in accordance with the provisions.	ations 18944.1 and	Yes Days Days Days Days Days Days Days Day	County fact County rev County rev I I I I I I I I I I I I I I I I I I I	cility in order to maximiz	ze potential	Income Income Income Income Income
have read and understand FPPC Regula is in accordance with the provisions.		Yes D No D Yes D No D Yes D No D	County fact County rev County rev I I I I I I I I I I I I I I I I I I I	cility in order to maximize	nissions, set fo	Income Income Income Income Income

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I. Agency Name	ations			Data Stamp	California	3 8 8
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County of Alameda  Division, Department, or Region	(if annlicable)			-	For Official	
	(п аррпсаые)					
Board of Supervisors Street Address				4		
1221 Oak Street, Suite 536						
Designated Agency Contact (Nam	ne, Title)			☐ Amendment (Must )	provide explanation i	n Part 3.)
Cheryl Perkins, Clerk, Board of				NEW NEW SHOOT OF ADDITIONS		ne souver en
Area Code/Phone Number E-r	nail			Date of Original Filing:	(month, day, ye	ar)
(510) 272-3882 ch	eryl.perkins@acgov.o	org	•			
. Function, Event, or Ceremo	onial Role Informa	tion				
					<b>#</b> 100	
Title			Face	Value of Each Admis	sion \$ <u>\$100</u>	
- Warriors vs Bucks				s) 3 / 9 / 13		
Description Warriors vs. Bucks			Date(	s) <u> </u>	/-	/
Ticket(s)/Admission(s) provid	ed by agency? Yes	□ No ☑	I If no: Gold	den State Warriors	of Source	
Was the distribution to person	Supervisor Wilma Chan			· an agoney emolar.		
Yes 🔽 No 🔲 If yes:	Official's	Name (Last	First) and Title			
22 00 00 10 TO 50 00			r noty and Thic	£		
The identity of recipient(s)	and the explanation	on:				
Name		The same	AND	he income box if the agency of		
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Organization	Ticket(s)			come, describe the public pur		
(Name, Address, Description		and the same	organiza	nial roles, performed by an ag ation.	jency omciai, indivi	dual, or
4		Yes 🗖	To promo	te attendance at an ev	vent held at a	Income
Amgott-Kwan, Jared	2	No 🛮	County fa	cility in order to maxim	nize potential	
		Yes 🗖	County re	evenue from sales.		Income
		No 🗖	l county to	vondo mom dalos.		
		Yes 🗖				Income
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Verification						
	Pegulations 19044 1 on	d 10010 1 h	ana varified	that the distribution of		
I have read and understand FPPC I is in accordance with the provisions		u 10942. I N	ave verilled	ural trie distribution of ac	imissions, set fo	rtn above,
112						
	Alexandra Boskov	rich	Ticke	et Administrator	3/8/20	13
Signature of Agency Head or Designee	Print Nar	me		Title	(mon	th, day, year)
Comment: (Use this space or on otto	chment for any additional i	nformati !	alisalla as a second		01.07.538.50	rawaran 1844, Tana Mila
Comment: (Use this space or an attack	Junent for any additional li	mormation in	ciuaing amena	iment explanation.)		

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Agency Name						
County of Alexander				Date Stamp	California	802
County of Alameda					Form	002
Division, Department, or Region (if applic	able)				For Official	Use Only
Board of Supervisors					1	
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				· Caramar Santan (Santan Santan S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22 0: 320
Cheryl Perkins, Clerk, Board of Super-	visors			Amendment (Must	provide explanation in	n Part 3.)
Area Code/Phone Number   E-mail	V10010			Date of Original Filing	:	
(510) 272-3882 cheryl.pe	erkins@acgov.d	ora			(month, day, yea	ar)
Function, Event, or Ceremonial F	CONTRACTOR OF THE PARTY OF THE	Service				
. another, Event, or determinant	tolo illiorilla	cion				
Title			Face \	/alue of Each Admi	ssion \$ _\$100/9	20 park
Description Warriors vs. Kings			Date(s	3 , 27 , 13		
Yes 7 No 1 If yes: Superv	isor Wilma Chan Official's	Name (Last,	First) and Title			
The identity of recipient(s) and the	ne evnlanatio	n:	and the control of th			
The identity of recipient(s) and the Name (Last, First)	Number of	Agency	taxable in	e income box if the agency ncome. If the agency official		
Name		Last	taxable in also prov • If not inc ceremon	ncome. If the agency officient wide a description. ome, describe the public pu ial roles, performed by an a	al performed a cerem urpose, including	ionial role,
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	taxable in also prov If not inc ceremon organizat	ncome. If the agency officient oride a description. ome, describe the public pu ial roles, performed by an a tion.	al performed a cerem urpose, including gency official, indivi	onial role, dual, or
Name (Last, First) or Organization	Number of Admission(s)/	Agency	taxable in also prove If not inconstruction organization.	ncome. If the agency officient wide a description. ome, describe the public pu ial roles, performed by an a	al performed a cerem prose, including gency official, indivi	dual, or
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prove if not inc ceremon organizate. To promot County fac	ncome. If the agency officient vide a description. ome, describe the public pu ial roles, performed by an a tion. e attendance at an e	al performed a cerem prose, including gency official, indivi	dual, or Incom
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes   No   Yes   No   No	taxable in also prove if not inc ceremon organizate. To promot County fac	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion. e attendance at an e cility in order to maxin	al performed a cerem prose, including gency official, indivi	dual, or Incom
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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove if not inc ceremon organizate. To promot County fac	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion. e attendance at an e cility in order to maxin	al performed a cerem prose, including gency official, indivi	Incom
Name (Last, First) or Organization (Name, Address, Description)  Cheng-Funabiki, May	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove if not inc ceremon organizate. To promot County fac	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion. e attendance at an e cility in order to maxin	al performed a cerem prose, including gency official, indivi	Incom
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Name (Last, First) or Organization (Name, Address, Description)  Cheng-Funabiki, May  Verification I have read and understand FPPC Regulat is in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official  Yes	taxable in also prove if not inc ceremon organizate. To promote County factor and the county revenues to the county revenue to the cou	ncome. If the agency official vide a description.  ome, describe the public pub	al performed a cerem urpose, including gency official, indivi vent held at a mize potential	Incom

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. Agency Name County of Alameda						
County of Alameda				Date Stamp	California	802
					Form	002
Division, Department, or Region (if applied	cable)			1	For Official	Use Only
Board of Supervisors						
Street Address			3	1		
1221 Oak Street, Suite 536		10				
Designated Agency Contact (Name, Title)				[7] Amondment (14		
Cheryl Perkins, Clerk, Board of Super	visors			Amendment (Must prov		
Area Code/Phone Number   E-mail	,,,,,,,			Date of Original Filing: 2	/13/2013	
(510) 272-3882 cheryl.pe	erkins@acgov.o	ora		100	(month, day, yea	ar)
. Function, Event, or Ceremonial I						
Title			Face \	√alue of Each Admissi	on \$_\$100	
Description Warriors vs. Kings			Date(s	s) 3 / 6 / 13		/
Ticket(s)/Admission(s) provided by	agency? Vec	EL No. E	I If no. Gold	len State Warriors		
rioket(s)/Admission(s) provided by	agency: 1es	□ NO E	11110	Name of S	ource	
Yes ☑ No ☐ If yes: Superv	visor Wilma Chan Official's	Name (Last,	First) and Title			
The identity of recipient(s) and t						
Name			a Check th	e income box if the agency offic	cial claime admir	elen se
(Last, First)	Number of	Agency	taxable i	ncome. If the agency official pe		SIUII as
or Organization	Admission(s)/	Official	also prov	vide a description.		onial role,
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Friedman, Prahlad	2	Yes 🗖	If not inc ceremon organiza  To promot	ome, describe the public purpo ial roles, performed by an agen- tion. e attendance at an ever	se, including cy official, indivi	dual, or
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Friedman, Prahlad  Verification I have read and understand FPPC Regular		No	If not inconcerement organiza     To promot County fact     County re-	ome, describe the public purpo- ial roles, performed by an agen- tion.  e attendance at an ever- cility in order to maximiz- venue from sales.	se, including cy official, indivi nt held at a e potential	Income
Friedman, Prahlad  Verification		No	If not inconcerement organiza     To promot County fact     County re-	ome, describe the public purpo- ial roles, performed by an agen- tion.  e attendance at an ever- cility in order to maximiz- venue from sales.	se, including cy official, indivi nt held at a e potential	Income
Friedman, Prahlad  Verification I have read and understand FPPC Regular is in accordance with the provisions.		No	If not inc ceremon organiza     To promot County fact     County re-	ome, describe the public purpo- ial roles, performed by an agen- tion.  e attendance at an ever- cility in order to maximiz- venue from sales.	se, including cy official, indivi nt held at a e potential	Income Income Income Income Income
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