Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland A’s vs. Texas Rangers
Face Value of Each Admission $ 38.00
Description Baseball Game
Date(s) 10 / 01 / 12
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?
Yes ☐ No ☑
If yes: Carson, Keith Supervisor
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Health Services 818 Webster St. Oakland CA</td>
<td>2</td>
<td>Yes ☑</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name
Ticket Administrator
Title
Date 10/30/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland A’s vs. Texas Rangers
Face Value of Each Admission $ 38.00
Description Baseball Game
Date(s) 10 / 02 / 12
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?
Yes [ ] No [ ] If yes: Carson, Keith Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeCarlo, Katie</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
10/30/12
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Texas Rangers
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 10/03/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [X] No [ ] If yes: Carson, Keith Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

   Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Income
   ---------------------------------------------------------------|-------------------------------|----------------|--------
   Spencer, Scott                                                  | 2                             | Yes [ ] No [X] | To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
   Yes [X] No [ ]                                                 |                               |                |
   Yes [ ] No [ ]                                                 |                               |                |
   Yes [X] No [ ]                                                 |                               |                |
   Yes [ ] No [ ]                                                 |                               |                |
   Yes [X] No [ ]                                                 |                               |                |

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

   Signature of Agency Head or Designee
   Amy Sh ago
   Print Name
   Ticket Administrator
   Title
   10/30/12
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number  E-mail
(510) 272-3882  crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title  Oakland A's vs. Detroit Tigers
Description  Baseball Game - loge suite
Face Value of Each Admission $ 1,822
Date(s)  10 / 10 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑ If yes: Carson, Keith Supervisor
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee:  Amy Shrago
Print Name: Ticket Administrator
Title: 10/30/12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Detroit Tigers
   Description Baseball Game - loge suite
   Face Value of Each Admission $ 1.822
   Date(s) 10 11 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator: 10/30/12
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders vs. Jacksonville Jaguars
Description Football Game
Face Value of Each Admission $ 222
Date(s) 10 / 21 / 12
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?
Yes ☐ No ☑
If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Agency Official Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐</td>
<td>To obtain oversight of facilities or events that have received County funding or support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Amy Shrago
Print Name Ticket Administrator
Title
10/30/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number       E-mail
(510) 272-3882       crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title         Oakland Raiders vs. Tampa Bay Rays
Description    Football Game
Face Value of Each Admission $222
Date(s)        11/04/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Oakland A's
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator:
Title:
Date: 10/30/12
(month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders vs. Cleveland Browns
Description Football Game
Face Value of Each Admission $ 222
Date(s) 12/02/12
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?
Yes ☐ No ☑ If yes: Carson, Keith Supervisor

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator: 10/30/12
Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors

   Area Code/Phone Number  E-mail
   (510) 272-3882  crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title  Kevin Hart
   Description  Comedian
   Face Value of Each Admission $ 92.60
   Date(s)  10/05/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐  No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐  No ☐
   If yes: Carson, Keith Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee  Amy Shrago  Ticket Administrator
   Print Name  Title
   10/30/12
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - County of Alameda
   - Board of Supervisors
   - Crystal Hishida Graff, Clerk, Board of Supervisors
   - (510) 272-3882
crystal.hishida@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Justin Bieber BELIEVE Tour
   - **Description**: Concert
   - **Face Value of Each Admission**: $103.85
   - **Date(s)**: 10/06/12
   - **Ticket(s)/Admission(s) provided by agency?** Yes □ No ☐
   - **If no**: Golden State Warriors
   - **Name of Source**
   - **Was the distribution to persons identified below made at the behest of an agency official?**
     - Yes □ No ☐
     - **If yes**: Carson, Keith Alameda County Supervisor
     - **Official's Name (Last, First) and Title**

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

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis, Tamika</td>
<td>4</td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   [Signature of Agency Head or Designee]

   [Print Name]

   [Title]

   [Date]: 10/30/12
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name

<table>
<thead>
<tr>
<th>County of Alameda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
</tbody>
</table>

Date Stamp

California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Disney on Ice Celebrates 100 Years of Magic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Admission</td>
<td>$56.85</td>
</tr>
<tr>
<td>Date(s)</td>
<td>10/21/12</td>
</tr>
</tbody>
</table>

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors

Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐ If yes: Carson, Keith Alameda County Supervisor

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osorio-Zeino, Vickie</td>
<td>4</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Amy Shrago
Ticket Administrator: 10/30/12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

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
(510) 272-3882
E-mail
crystal.hishida@acgov.org

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title
Family Bridges, Inc. Presents Alan Tam & Teresa Carr
Face Value of Each Admission
$138.00
Description
Concert
Date(s)
11/03/12
Ticket(s)/Admission(s) provided by agency?
Yes ☐ No ☐
If no: Golden State Warriors
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Carson, Keith Alameda County Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Anna</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
10/30/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Texas Rangers
   Description Baseball Game
   Face Value of Each Admission $1568.00
   Date(s) 10 / 02 / 12
   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?
   Yes □ No □ If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Deputy Sheriff's Activities League</td>
<td>20</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>16378 E. 14th St., #100 San Leandro, CA 94578</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide recreational and leadership activities for youth throughout county</td>
<td>Yes □ No □</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Provide recreational and leadership activities for youth throughout county</td>
<td>Yes □ No □</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Provide recreational and leadership activities for youth throughout county</td>
<td>Yes □ No □</td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   MICHELE DIANDA
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Includes 4 parking passes
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number  E-mail
   (510) 272-3882  crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title  Oakland A's ALDS Game 1
   Description  Baseball
   Face Value of Each Admission $ 1822.00
   Date(s)  10 / 09 / 12
   Ticket(s)/Admission(s) provided by agency?  Yes [ ] No [ ]
   If no: [ ]

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ]
   If yes: [ ]

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Bernardino</td>
<td>3</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

   [Signature of Agency Head or Designee]  [Print Name]  [Title]

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors

   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title Oakland A's vs. Detroit Tigers
   Description Baseball Game

   Face Value of Each Admission $ 1822.00
   Date(s) 10/10/12

   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?
   Yes □ No □ If yes: Valle, Richard - Supervisor District 2

   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archuleta, Justin</td>
<td>3</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

   Income □

3. Verification

   I have read and understand FPPC Regulations 18044.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee

   Ruben Briones
   Print Name
   Chief of Staff

   Title

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   E-mail
   (510) 272-3882
crystal.hishida@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice
   Description
   Concert
   Face Value of Each Admission
   $ 56.85
   Date(s)
   10/19/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ] If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baruelos, Edda</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  - 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.
  - If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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

Signature of Agency Head or Designee

MICHELLE DIANDA
Print Name

Ticket Administrator

Title

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Date Stamp
   California Form 802
   For Official Use Only
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Detroit Tigers
   Description Baseball Game
   Face Value of Each Admission $ 1822.00
   Date(s) 10 / 11 / 12
   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?
   Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chu, Isa</td>
<td>3</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: MICHELLE DIANDI
   Print Name
   Title Ticket Administrator
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes parking pass at a value of
### 1. Agency Name

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:  
(510) 272-3882  

E-mail:  
crystal.hishida@acgov.org

### 2. Function, Event, or Ceremonial Role Information

**Title:** Golden State Warriors Preseason Game  

**Face Value of Each Admission:** $100.00  

**Date(s):** 10/11/12  

Ticket(s)/Admission(s) provided by agency?  
Yes ☐ No ☑  
If no: Golden State Warriors  

Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☑ No ☐  
If yes: Valle, Richard- Supervisor District 2  

Official's Name (Last, First) and Title:  

The identity of recipient(s) and the explanation:  

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.  
If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. | Income |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Earp, Laurie</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

### 3. Verification

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

Signature of Agency Head or Designee:  

MICHELLE DIANDA  

Print Name:  

Ticket Administrator:  

 Title:  

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

FPPC Form 802 (2/11)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice
Description Concert
Face Value of Each Admission $56.85
Date(s) 10 / 17 / 12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Child Center- Kinship Services</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>1149 A Street, Hayward CA 94541</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides support and kinship services to foster care caregivers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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.
- If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

Income

3. Verification

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

Signature of Agency Head or Designee
Michele Dianda
Print Name
Ticket Administrator

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title: Disney on Ice
   Description: Concert
   Face Value of Each Admission $56.85
   Date(s): 10/18/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Child Center- Kinship Services</td>
<td>4</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>1149 A Street, Hayward CA 94541</td>
<td>2</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Provides support and kinship services to foster care caregivers</td>
<td>2</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   MICHELLE DIANDA
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   10/16/12
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number  E-mail
   (510) 272-3882   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Golden State Warriors Game
   Description  Basketball Game
   Face Value of Each Admission $150.00
   Date(s)  11 / 14 / 12
   Ticket(s)/Admission(s) provided by agency?  Yes ☐ No ☐
   If no: Golden State Warriors

Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard  Supervisor District 2
   Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>To reward a nonprofit organization for its contributions to the community</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36120 Ruschin Dr., Newark CA 94560</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps the needs of youth, senior citizens and the needy</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  MICHELLE DIANDA
   Print Name  
   Title  
   Date of Original Filing: (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors Game
   Description Basketball Game
   Face Value of Each Admission $ 100
   Date(s) 11 / 07 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Arts Council</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Supports art programs and galleries in Hayward</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>22394 Foothill Ave. Hayward, CA 94541</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year) 03/18/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $20
1. Agency Name
   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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland Raiders vs. Jaguars
   Description
   Football Game
   Face Value of Each Admission $
   222.00
   Date(s)
   10 / 21 / 12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no: Oakland Raiders
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ] If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucci, Mike</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public. Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors vs. Denver Nuggets
Description Basketball Game
Face Value of Each Admission $ 100.00
Date(s) 11 / 10 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruggieri Senior Center</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>33997 Alvarado-Niles Rd, Union City, CA 94587</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide services and activities for seniors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>County of Alameda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Street Address</td>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-3882</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
</tbody>
</table>

#### 2. Function, Event, or Ceremonial Role Information

- **Title**: Disney on Ice
- **Face Value of Each Admission**: $56.85
- **Date(s)**: 10/20/12

**Ticket(s)/Admission(s) provided by agency?** Yes [x] No [ ] If no: Golden State Warriors

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

Yes [x] No [ ] If yes: Valle, Richard - Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, John</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
</tr>
</tbody>
</table>

- To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

**Verification**

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date of Filing**: 3/19/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Agency Report of:
## Ceremonial Role Events and Ticket/Admission Distributions

**Agency Name**

County of Alameda  
Division, Department, or Region *(if applicable)*
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact *(Name, Title)*
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number  
E-mail
(510) 272-3882  
crystal.hishida@acgov.org

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amendment</th>
<th>(Must provide explanation in Part 3.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Original Filing:</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

## 2. Function, Event, or Ceremonial Role Information

**Title** Disney on Ice  
Face Value of Each Admission $ 56.85

**Description** Concert

Date(s) 10/21/12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐

If no: Golden State Warriors  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐

If yes: Valle, Richard- Supervisor District 2  
Official’s Name (Last, First) and Title

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

<table>
<thead>
<tr>
<th>Name <em>(Last, First)</em> or Organization <em>(Name, Address, Description)</em></th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguyen, Cindy</td>
<td>4</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

---

Michelle Dianda  
Ticket Administrator

Signature of Agency Head or Designee  
Print Name

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   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
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

   Date Stamp

2. Function, Event, or Ceremonial Role Information

   Title Spookfest

   Description Concert

   Face Value of Each Admission $60.00

   Date(s) 10 / 26 / 12

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors

   Name of Source

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

   Yes ☑ No ☐ If yes: Valle, Richard- Supervisor District 2

   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leocaro, Brenda</td>
<td>4</td>
<td>Yes ☐ No ☑ To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee

   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - County of Alameda
   - Board of Supervisors

   **Street Address**
   - 1221 Oak Street, Suite 536

   **Designated Agency Contact** (Name, Title)
   - Anna Gee, Operations Manager

   **Area Code/Phone Number**
   - 510-891-5585

   **E-mail**
   - anna.gee@acgov.org

2. **Function, Event, or Ceremonial Role Information**

   **Title**
   - Athletics vs. Orioles

   **Description**
   - Baseball Game

   **Face Value of Each Admission**
   - $38.00

   **Date(s)**
   - 09/15/12 09/16/12

3. **Ticket(s)/Admission(s) provided by agency?**
   - Yes [ ] No [x]

   If no: **Oakland Athletics**

   **Name of Source**

4. **Was the distribution to persons identified below made at the behest of an agency official?**
   - Yes [ ] No [x]

   If yes: **Miley, Nate - Alameda County Supervisor**

   **Official's Name (Last, First) and Title**

5. **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>senior advocacy</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>Jim Zolinsky</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
<td>o promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
</tbody>
</table>

3. **Verification**

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

   **Signature of Agency Head or Designee**
   - Anna Gee

   **Print Name**
   - Operations Manager

   **Title**
   - 10/01/2012

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation)
### Agency Name
County of Alameda

### Division, Department, or Region (if applicable)
Board of Supervisors

### Street Address
1221 Oak Street, Suite 536

### Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager

### Area Code/Phone Number
510-891-5585

### E-mail
anna.gee@acgov.org

---

### Function, Event, or Ceremonial Role Information

**Title**  Athletics vs. Mariners

**Description**  Baseball Game

**Face Value of Each Admission**  $38.00

**Date(s)**  09/28/12, 09/29/12

**Ticket(s)/Admission(s) provided by agency?**  Yes ☐ No ☒

**If no:**  Oakland Athletics

**Name of Source**

---

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

Yes ☐ No ☒

**If yes:**  Miley, Nate - Alameda County Supervisor

**Official's Name (Last, First) and Title**

---

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Senior advocacy</td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

---

**Verification**

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

Signature of Agency Head or Designee: [Signature]

Print Name: Anna Gee

Title: Operations Manager

Date: 10/01/2012

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

2 tickets to each game
Agency Report of:  
Ceremonial Role Events and 
Ticket/Admission Distributions

1. Agency Name  
County of Alameda  

Division, Department, or Region (if applicable)  
Board of Supervisors

Street Address  
1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)  
Anna Gee, Operations Manager

Area Code/Phone Number  
510-891-5585

Date Stamp

California Form 802  
For Official Use Only

Amendment (Must provide explanation in Part 3)

Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title  
Athletics vs. Rangers

Description  
Baseball Game

Face Value of Each Admission $38.00

Date(s)  
10/01/12  10/02/12

Ticket(s)/Admission(s) provided by agency?  
Yes [ ]  No [X]  If no: Oaklands Athletics

Was the distribution to persons identified below made at the behest of an agency official?  
Yes [ ]  No [X]  If yes: Miley, Nate - Alameda County Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaplan, Seth</td>
<td>1</td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td>Bazar, Chris</td>
<td>1</td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>1</td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td>Polk, Adam</td>
<td>1</td>
<td>Yes [X]</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee  
Anna Gee

Print Name  
Operations Manager

Title  
10/01/2012 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
Seth/Chris had Oct 1st game
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Anna Gee, Operations Manager
   Area Code/Phone Number: 510-891-5585
   E-mail: anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Division Game #1
   Description: Baseball Game
   Face Value of Each Admission: $1,822
   Date(s): 10/09/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland Athletics

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

   Signature of Agency Head/Designee: [Signature]
   Print Name: Anna Gee
   Operations Manager: [Name]
   Title: [Title]
   Date: 10/01/2012
   (month, day, year)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Division Game #2 & #3
   Description
   Baseball Game
   Face Value of Each Admission
   $ 1,822
   Date(s)
   10/10/12
   10/11/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Milley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hickey, Neal</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Scalise, Sierra</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   Print Name
   Operations Manager
   10/01/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Neal Hickey received 10/10/12
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Kevin Hart
   Description  Concert
   Face Value of Each Admission $ 92.62
   Date(s)  10/05/12
   Ticket(s)/Admission(s) provided by agency?  Yes  No
   If no, Golden State Warrior's Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes  No
   If yes:  Miley, Nate, Alameda County Board of Supervisors, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>2</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

   • 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.
   • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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

   Signature of Agency Head or Designee  Anna Gee
   Print Name  Operations Manager
   Title
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Anna Gee, Operations Chief
Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
Title Justin Bieber
Description Concert
Face Value of Each Admission $ 103.85
Date(s) 10 / 6 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Miley, Nate, Alameda County Board of Supervisors, District 4
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Grady, Kathy</td>
<td>4</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Operations Manager
Print Name
10/1/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Anna Gee, Operations Chief
Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Disney on Ice
Face Value of Each Admission $ 56.85
Description Concert
Date(s) 10/17/12 10/20/12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Miley, Nate, Alameda County Board of Supervisors, District 4
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>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.</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVE - 1900 Mowry Ave. Suite 204, Fremont, CA 94538</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a non profit organization for the service to the community</td>
<td>☐</td>
</tr>
<tr>
<td>supports people that experience violence</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Kintz, David</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Operations Manager
Title
10/1/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number  E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Family Bridges
   Description  Concert
   Face Value of Each Admission $ 138.00
   Date(s)  11/03/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no.  Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes:  Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mok, Jennifer</td>
<td>12</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee:  Anna Gee
   Print Name: Operations Manager: Title: Operations Manager: 10/01/2012
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number E-mail
   510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Disney on Ice
   Description Concert
   Face Value of Each Admission $56.85
   Date(s) 10/21/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x]
   If no. Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [x]
   If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanesi, Nelson</td>
<td>4</td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee Anna Gee Operations Manager 10/01/2012

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice
   Description
   concert
   Face Value of Each Admission $ 56.85
   Date(s) 10 / 18 / 12 10 / 19 / 12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [x]
   If yes: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>8</td>
<td>Yes [x] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, Ca 94605</td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee
   Signature of Agency Head or Designee
   10/01/2012
   Operations Manager
   Print Name
   Title
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
4 tickets to each show
1. **Agency Name**
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   anna.gee@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   Title: Katt Williams
   Face Value of Each Admission: $58.00
   Date(s): 11/16/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Miley, Nate, Alameda County Board of Supervisors, District 4
   Official’s Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

3. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Print Name
   Operations Manager
   Title
   Date: 10/1/12 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title
   Description
   Family Bridges

   Face Value of Each Admission
   $138

   Date(s)
   11/3/12

   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no:
   Golden State Warriors

   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes:
   Supervisor Wilma Chan

   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Gonzales</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

   To promote attendance at an event held at a County facility in order to maximize potential Income

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
|                                               |                                 | Income
| County revenue from sales.                   |                                 | Income
|                                               |                                 | Income
|                                               |                                 | Income

3. Verification

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

Alexandra Boskovich  
Signature of Agency Head or Designee

Ticket Administrator  
Print Name

10/30/2012  
(month, day, year)

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

County of Alameda
Division, Department, or Region (If applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number: (510) 272-3882
Email: crystal.nishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title ___________________________________________  Face Value of Each Admission $100+$20-park
Description Warriors vs. Phoenix Suns  Date(s) 10/23/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐ If yes: Supervisor Wiama Chan

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Byrd, Zelma</td>
<td>4 tickets + 1 parking pass</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification

I have read and understand FPPC Regulations 10554 and 10942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Alexandra Roskovich  Ticket Administrator  10/23/2012
Signature of Agency Head or Designee  Print Name  Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title ____________________________ Face Value of Each Admission $ $100
Description Warriors vs. Grizzlies Date(s) 11 / 2 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors Name of Source

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

Yes ☐ No ☐ If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorsteinson, Chelfey</td>
<td>2 tickets</td>
<td>Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee
Alexandra Boskovitch
Ticket Administrator
10/23/2012

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

### 1. Agency Name
County of Alameda

**Division, Department, or Region (if applicable)**
Board of Supervisors

**Street Address**
1221 Oak Street, Suite 536

**Designated Agency Contact (Name, Title)**
Cheryl Perkins, Interim Clerk, Board of Supervisors

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
cheryl.perkins@acgov.org

### California Form 802

- **Date Stamp**
- **Form** 802
- **For Official Use Only**

### Amendment
(Must provide explanation in Part 3.)

- **Date of Original Filing:** (month, day, year)

### 2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raiders vs. Jaguars</td>
<td>$222</td>
</tr>
</tbody>
</table>

**Date(s)** 10/21/12

**Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐

*If no:*

- **Name of Source:** Oakland Raiders

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

*Yes ☐ No ☐*

*If yes:*

- **Official’s Name (Last, First) and Title:** Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor, Debbie</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

### 3. Verification

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

**Signature of Agency Head or Designee:** Alexandra Boskovitch

**Print Name:**

**Title:** Ticket Administrator

**Date:** 10/15/2012

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

### 1. Agency Name
- County of Alameda
- Division, Department, or Region (if applicable): Board of Supervisors
- Street Address: 1221 Oak Street, Suite 536
- Designated Agency Contact (Name, Title): Cheryl Perkins, Interim Clerk, Board of Supervisors
- Area Code/Phone Number: (510) 272-3882
- E-mail: cheryl.perkins@acgov.org

#### Date Stamp
- California Form 802
- For Official Use Only
- Amendment (Must provide explanation in Part 3.)
- Date of Original Filing:
- (month, day, year)

### 2. Function, Event, or Ceremonial Role Information
- **Title:**
- **Face Value of Each Admission:** $1822
- **Date(s):** 10, 11, 12
- **Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [x] If no: Oakland Athletics
- **Was the distribution to persons identified below made at the behest of an agency official?** Yes [ ] No [x] If yes: Supervisor Wianna Chan
- **Official’s Name (Last, First) and Title:**

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boskovitchi, Alexandra</td>
<td>1</td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

### 3. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
- Signature of Agency Head or Designee: Jeanette Dong
- Print Name: Ticket Administrator
- Title: 10/11/2012
- (month, day, year)
- Comment: (Use this space or an attachment for any additional information, including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number: (510) 272-3862
E-mail: cheryl.perkins@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ___________
(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title ____________________________

Face Value of Each Admission $ 1822

Description A’s vs. Tigers-ALDS Game 3

Date(s) 10/9/12

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

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

Yes ☐ No ☐
If yes: Supervisor Wianna Clair
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dong, Jeanette</td>
<td>1</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

To reward a County employee for her service to the public and encourage staff development.

Income ☐

Income ☐

Income ☐

Income ☐

3. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
10/9/2012
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins Interim Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Face Value of Each Admission $ 1822
   Description A's vs. Tigers-ALDS Game 5
   Date(s) 10/11/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wiitra Chan:
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amgott-Kwan, Jared</td>
<td>1</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

   • Check this income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   10/11/2012
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information, including amendment explanation.)
**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

**1. Agency Name**
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins Interim Clerk, Board of Supervisors
Area Code/Phone Number  (510) 272-3882
E-mail cheryl.perkins@acgov.org

---

**2. Function, Event, or Ceremonial Role Information**

Title ________________
Description ________________
Face Value of Each Admission $ ________________
Date(s) ________________ / ________________ / ________________
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: ________________
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☑

---

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

<table>
<thead>
<tr>
<th>Name and Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silva, Ron</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**3. Verification**

I have read and understand FPPC Regulations 1994.1 and 1994.2. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: __________________________
Alexandra Boskovich
Ticket Administrator

Print Name: __________________________
Title: __________________________

(month, day, year) 10/10/2012

Comment: (Use this space or an attachment for any additional information, including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins Interim Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3862 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title __________________________ Face Value of Each Admission $ 1822
   Description A's vs. Tigers—ALDS Game 4
   Date(s) 10 / 10 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source __________________________

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wiirra Chan
   Official's Name (Last, First) and Title __________________________

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chen, Robert</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: Alexandra Boskovich
   Ticket Administrator: Print Name
   Title: 10/10/2012
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins Interim Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________________________________________________
Face Value of Each Admission $ 1822
Description A's vs. Tigers-ALDS Game 5
Date(s) 10, 11, 12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
Name of Source ____________________________
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Supervisor Wierna Chan
Official's Name (Last, First) and Title ____________________________
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kieu, Julie</td>
<td>1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Ticket Administrator
Title: 10/11/2012
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title __________________________ Face Value of Each Admission $ $100+$16-park

Description Warriors vs. Utah Jazz
Date(s) 10/8/12

Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source __________________________

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Supervisor Wierna Chan
Official’s Name (Last, First) and Title __________________________

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacon, Colin</td>
<td>4 tickets + 1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td>parking pass</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ 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.
□ If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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

Signature of Agency Head or Designee __________________________ Ticket Administrator __________________________ Ticket 10/8/2012
Print Name
(title)
(month, day, year)

Comment: (Use this space or an attachment for any additional information, including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and 
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ____________________________________________________________________________
   Description Disney on Ice-100 Years of Magic
   Face Value of Each Admission $ 56.85
   Date(s) 10/17/2012 21/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Name of Source Golden State Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Char.
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorenzo Manor Elementary</td>
<td>18</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school for its contributions to the San Lorenzo community.</td>
</tr>
<tr>
<td>18250 Bengal Avenue</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Hayward, CA 94541</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>The identity of recipient(s) and the explanation:</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   10/10/2012 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Admission Distributions**

1. **Agency Name**
   County of Alameda

   **Division, Department, or Region (if applicable):**
   Board of Supervisors

   **Street Address**
   1221 Oak Street, Suite 536

   **Designated Agency Contact (Name, Title):**
   Cheryl Perkins, Interim Clerk, Board of Supervisors

   **Area Code/Phone Number**
   (510) 272-3882

   **E-mail**
   crystal.hishida@acgov.org

   **Date Stamp**
   [California Form 802]

   **Amendment** (Must provide explanation in Part 3.)

   **Date of Original Filing:** [month, day, year]

2. **Function, Event, or Ceremonial Role Information**

   **Title**
   [Blank]

   **Face Value of Each Admission**
   $100+$16-park

   **Description**
   Warriors vs. Maccabi Haifa

   **Date(s)**
   10/11/12

   **Ticket(s)/Admission(s) provided by agency?**
   Yes [x] No [ ]
   If no: Golden State Warriors

   **Name of Source**
   [Blank]

   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes [x] No [ ]
   If yes: Supervisor Wilma Chan

   **Official’s Name (Last, First) and Title**
   [Blank]

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohen, Dan</td>
<td>4 tickets + 1 parking pass</td>
<td>Yes [ ] No [x]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
</tbody>
</table>

3. **Verification**

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

   **Signature of Agency Head or Designee**
   [Blank]

   **Alexandra Boskovich**
   **Ticket Administrator**
   **Print Name**
   **Title**
   **10/11/2012**

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

   [Blank]
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 56.85
Description Disney on Ice-100 Years of Magic
Date(s) 10/21/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
If yes: Supervisor Wiuma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Jennifer</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Alexandra Boskovich
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
10/9/2012 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

<table>
<thead>
<tr>
<th><strong>1. Agency Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Cheryl Perkins Interim Clerk, Board of Supervisors</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Function, Event, or Ceremonial Role Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics</td>
</tr>
<tr>
<td>Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □ If yes: Supervisor Wiura Chan</td>
</tr>
</tbody>
</table>

**Official's Name (Last, First) and Title**

<table>
<thead>
<tr>
<th><strong>Name (Last, First) or Organization (Name, Address, Description)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Galvan, Gordon</td>
</tr>
<tr>
<td>Number of Admission(s)/Ticket(s)</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**3. Verification**

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

Signature of Agency Head or Designee: Alexandra Boskovich

Ticket Administrator: 10/9/2012

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________
Face Value of Each Admission $ 1822
Description A’s vs. Tigers-ALDS Game 3
Date(s) 10 / 9 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Supervisor Wilma Chan, Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Zoe</td>
<td>1</td>
<td>Yes ☐, No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Ticket Administrator: 10/9/2012
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
Title ___________________________________________ Face Value of Each Admission $ 222
Description Raiders vs. Browns __________________________ Date(s) 12 / 2 / 12 ___________
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Raiders ___________
Name of Source ______________________________________

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

Yes ☑ No ☐ If yes: Supervisor Wiima Chari ________________________
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharma, Devender</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential Income ☐
County revenue from sales. Income ☐

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

Signature of Agency Head or Designee: Alexandra Boskovich Ticket Administrator: 10/9/2012
Print Name: Print Title (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

1. Agency Name

County of Alameda  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Street Address  
1221 Oak Street, Suite 536  
Designated Agency Contact (Name, Title)  
Cheryl Perkins, Interim Clerk, Board of Supervisors  
Area Code/Phone Number E-mail  
(510) 272-3882  
cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

Title  
Face Value of Each Admission $ 92.60

Description Kevin Hart show  
Date(s) 10 / 5 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐  
If no: Golden State Warriors

Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
If yes: Supervisor Wilma Chan

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellis, Courtney</td>
<td>2</td>
<td>Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee  
Alexandra Boskovich  
Ticket Administrator  
10/5/2012

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors

   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title ____________________________
   Description Kevin Hart show
   Face Value of Each Admission $892.60
   Date(s) 10/5/12 ____________/__________/

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source ____________________________

   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title ____________________________

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntsman, Blake</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator
   Title: 10/4/2012
   (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   Email
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ________________________________  Face Value of Each Admission $ 103.85
   Description Justin Bieber concert
   Date(s) 10/6/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Supervisor Wiama Chang
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooper, Margani</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

   ☐ Check this income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   ☐ Check this income box if the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

   County facility in order to maximize potential Income ☐
   County revenue from sales. Income ☐
   Income ☐
   Income ☐

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

   Alexandra Bostovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   10/2/2012 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3862
   E-mail
   cheryl.perkins@acgov.org

   Date Stamp

   California Form
   802
   For Official Use Only

   Amendment (Must provide explanation in part 3.)

   Date of Original Filing:
   (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title _____________________________

   Description A's vs. Rangers

   Face Value of Each Admission $35

   Date(s) 10 / 3 / 12

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

   Name of Source

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

   Yes ☑ No ☐ If yes: Supervisor Wiara Hans
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson, Ron</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee

   Alexandra Boskovich
   Print Name

   Ticket Administrator
   Title

   10/2/2012
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region: Board of Supervisors
   Street Address: 1221 Oak Street, Suite 536
   Designated Agency Contact: Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number: (510) 272-3882
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Warriors Game
   Description: Basketball
   Face Value of Each Admission: $?
   Date(s): 11/2/12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Numeral of Admissions Distributed</th>
<th>Agency Official</th>
<th>Check this box if the agency official claims admission distributions to promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Viera</td>
<td>2</td>
<td>No</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>2057 Mars Road</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Livermore CA</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Fergerson  ☑ No ☐
   Printer Name: Ticket Administrator: 10/31/12
   Signature of Agency Head or Designee
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title WARRIORS
   Description BASKETBALL
   Face Value of Each Admission $ 95.00
   Date(s) 04, 07, 13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: 06/02
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents of HD</td>
<td>1</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Gymnastics</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>1452 N. Vasco Rd # 333</td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Livermore, CA</td>
<td>94551</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Income ☐  To reward a school or nonprofit organization for its contributions to the community
   Income ☐
   Income ☐
   Income ☐

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   Date 10-25-12 (month, day, year)

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

   FPPC Form 802 (2/11)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Admission Distributions**

#### 1. Agency Name
- **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:** (510) 272-3882
- **E-mail:** crystal.hishida@acgov.org

#### 2. Function, Event, or Ceremonial Role Information
- **Title:** Warriors Basketball
- **Face Value of Each Admission:** $95.00
- **Date(s):** 11/14/12
- **Ticket(s)/Admission(s) provided by agency?** Yes [x] No [ ]
- **If no:** GSW
- **Name of Source:**
- **Was the distribution to persons identified below made at the behest of an agency official?** Yes [x] No [ ]
- **Official’s Name (Last, First) and Title:** Alameda Co. Supervisor Scott Haggerty, Dist. 1

#### The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>American H.S. Athletic</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Boosters -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36-300 Fremont Bl. Fremont CA 94536</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Verification
- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** [Name]
- **Ticket Administrator:** [Name]
- **Date:** 10-25-12

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: 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: (510) 272-3882
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: Raiders
Description: Tampa Bay
Face Value of Each Admission: $150.00
Date(s): 11/4/12
Ticket(s)/Admission(s) provided by agency? Yes [X] No [ ]
If no: [ ]
Name of Source: [ ]

Was the distribution to persons identified below made at the behest of an agency official?
Yes [X] No [ ]
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title: [ ]

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admissions/Tickets</th>
<th>Agency Official (Name, Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara &amp; Moe Mendosa</td>
<td>2</td>
<td>Yes [X]</td>
</tr>
<tr>
<td>442 Lloyd Ave</td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td>San Leandro CA 94577</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>442 Lloyd Ave</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>442 Lloyd Ave</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>San Leandro CA 94577</td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [ ]
Lee Ann Ferguson
Print Name: [ ]
Ticket Administrator: [ ]
Title: [ ]
Date (month, day, year): 10/29/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
A Public Document

1. Agency Name
County of Alameda
Division, Department, or Region (If applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors
Description Basketball
Face Value of Each Admission $ 95.00
Date(s) 11.14.12 12.3 12.13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: GSW
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s) or Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admissions income.</th>
<th>Box if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Fay</td>
<td>12</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a county sponsored event in order come to maximize potential county revenue for concession and parking sales.</td>
<td>☐ Income</td>
</tr>
<tr>
<td>28 Monterey</td>
<td>945-623</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ Income</td>
</tr>
<tr>
<td>Otaida OA</td>
<td>945-623</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ Income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Ticket Administrator
Print Name
Title
10-29-12 (month, day, year)

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

- **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:** (510) 272-3882
- **E-mail:** crystal.hishida@acgov.org

### 2. Function, Event, or Ceremonial Role Information

- **Title:** KATT WILLIAMS
- **Description:** COMEDIAN
- **Face Value of Each Admission:** $58.00
- **Date(s):** 11/16/12
- **Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [ ]
- **Name of Source:** GSW

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

- **Yes [x] No [ ]**
- **Official’s Name (Last, First) and Title:** Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanessa Johnson</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>110 Serra Way, San Pablo CA 94806</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Verification

- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** Lee Ann Fergerson
- **Title:** Ticket Administrator
- **Date:** 10/23/12

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Name**: 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**: (510) 272-3882

**E-mail**: crystal.hishida@acgov.org

**Date of Original Filing**: (month, day, year)

**Function, Event, or Ceremonial Role Information**

**Title**: Disney on Ice

**Face Value of Each Admission**: $52.85

**Description**: Ice Skating

**Date(s)**: 10.21.12

**Ticket(s)/Admission(s) provided by agency?**: Yes ☐ No ☐ If no: ____________

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

Yes ☑ No ☐

If yes: Alameda County Supervisor Scott Haggerty, District 1

**Official's Name (Last, First) and Title**

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAIG SMITH</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>5659 Bridgeport Circle</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Livermore CA 94551</td>
<td></td>
<td>Income ✔</td>
</tr>
</tbody>
</table>

3. **Verification**

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

**Signature of Agency Head or Designee**: ____________

**Print Name**: Lee Ann Ferguson

**Ticket Administrator**: ____________

**Title**: ____________

**Comment**: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: 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: (510) 272-3882
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: A's Game
Description: baseball
Face Value of Each Admission: $38.00
Date(s): 9/28/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
Name of Source:

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title:

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Baria, 2190 Somerset Ave</td>
<td>4</td>
<td>Yes □ No □</td>
<td>□</td>
</tr>
<tr>
<td>San Leandro CA 94578</td>
<td></td>
<td>Yes □ No □</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Ferguson, Ticket Administrator: 10-1-12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________ (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title
   Baseball
   Description
   Face Value of Each Admission $ 39.00
   Date(s) 10/3/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: OAKLAND ATHLETICS
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   10-11-11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title A's Baseball
   Face Value of Each Admission $39.00
   Date(s) 10/11/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
   Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Hitkif 843 Saturn Way Livermore CA 94551</td>
<td>2</td>
<td>Yes □ No □ #9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundee Edwards-Stewart 630 Cedar Drive Livermore CA 94551</td>
<td>2</td>
<td>Yes □ No □ #9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Lee Ann Fergerson Ticket Administrator 10-11-12
   Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (If applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment
   (Must provide explanation in Part 2.)
   Date of Original Filing:
   (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title
   A's Game

   Description
   Baseball

   Face Value of Each Admission
   $38.00

   Date(s)
   10/9/12

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If yes: Oakland Athletics
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haggerly, Scott</td>
<td>☑</td>
</tr>
<tr>
<td>222 9th Ave</td>
<td>☐</td>
</tr>
<tr>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Haggerty</td>
<td>☑</td>
</tr>
<tr>
<td>222 9th Ave</td>
<td>☐</td>
</tr>
<tr>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>3660 Silvera Ranch Dr. Dublin CA 94568</td>
<td>☑</td>
</tr>
<tr>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee

   Lee Ann Ferguson
   Ticket Administrator
   Print Name
   Title
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

1. Agency Name  
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  
(510) 272-3882  
E-mail  
crystal.hishida@acgov.org

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

☐ Amendment (Must provide explanation in Part 3.)  
Date of Original Filing: _/__/__

2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A's</td>
<td>39.00</td>
<td>10/10/12</td>
</tr>
</tbody>
</table>

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

Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☑ No ☐  
If yes: Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Yes ☐ No ☐</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Luna</td>
<td>1530 Padre Way, Dublin, CA 94568</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee  
Lee Ann Fergerson  
Ticket Administrator  
10-10-12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of: 
Ceremonial Role Events and 
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Date Stamp: 
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title RAUTERS
Face Value of Each Admission $ 1900
Description FOOTBALL
Date(s) 9, 10, 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: GSW
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>O’Brien, Shawn, Vincent, Anthony 7025 Arbor Way, Dublin, CA 94568</td>
<td>3 94568</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Lillard, Matt 429 Thrasher Ave, Livermore, CA 94550</td>
<td>2</td>
<td>Yes ☚ No ☐</td>
<td>☒</td>
</tr>
<tr>
<td>Hack Barth, Alissa 7444 Limerick Ave, Dublin, CA</td>
<td>1</td>
<td>Yes ☚ No ☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sanchez, Drew &amp; Leslie 7675 Fredericksen Ln, Dublin, CA</td>
<td>2</td>
<td>Yes ☚ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Harry, Jennifer 3190 Zuni Way, Pleasanton, CA</td>
<td>4</td>
<td>Yes ☚ No ☑</td>
<td>☒</td>
</tr>
</tbody>
</table>

To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number/E-mail
   (510) 272-3882/crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Raiders Football (continued)
   Face Value of Each Admission $ 1,900
   Date(s) 9/10/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: __________________________
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amador, Gilbert &amp; Robin 8799 Augusta Ct. Dublin CA 94568</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Haggerty, Scott, Rhonda, Sean 3680 SIlvera Ranch Dr. Dublin CA 94568</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: __________________________
   Print Name: Lee Ann Fergerson
   Title: Ticket Administrator
   Date of Original Filing: 10/10/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
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
(510) 272-3882
E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Raiders vs Jaguars
Description
Football
Face Value of Each Admission
$222.00
Date(s)
10/21/12
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no:

Was the distribution to persons identified below made at the behest of an agency official?
Yes [ ] No [ ] If yes:
Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name ((Last, First) or Organization Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francyne Dawkins, 405 Pine Hill Ln., Pleasanton, CA 94588</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

[Signature]
Lee Ann Ferguson
Ticket Administrator

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   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: (510) 272-3882
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: WARRIORS
   Description: BASKETBALL
   Face Value of Each Admission $95.00
   Date(s) 11/21/12 11/24/12
   11/29/12 GSW
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: ____________________________
   Name of Source: ____________________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

| Name of Recipient | Number of Admissions | Agency Official | Check the Income Box If the Agency Official/Lawful Recipient is a Nonprofit Organization
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin High School</td>
<td>12</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>8451 Village Parkway Dublin, CA 94568</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Yvonne Nickles</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Ticket Administrator
   Print Name
   Title
   Date (month, day, year) 10/22/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   E-mail
   (510) 272-3882
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Disney on Ice
   Face Value of Each Admission: $57.85
   Description: Ice Skating
   Date(s): 10/19/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVE Safe Attractions to Violent Environments</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>1400 Mowry Ave # 204 Fremont CA</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Q4536</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   10-2-12
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: A's Baseball
   - **Face Value of Each Admission**: $38.00
   - **Date(s)**: 10/2/12
   - **Ticket(s)/Admission(s) provided by agency?**: Yes ☐ No ☑
   - **If no**: Oakland Athletics
   - **Was the distribution to persons identified below made at the behest of an agency official?**: Yes ☐ No ☑
   - **If yes**: Alameda County Supervisor Scott Haggerty, District 1

3. **Identity of recipient(s) and the explanation:**
   - **Name**: Craig Smith
     - **Address**: 5659 Bridgeport Circle, Livermore CA 94557
     - **Number of Admission(s)/Ticket(s)**: 2
     - **Agency Official**: Yes ☐ No ☑
     - **Explanation**: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

3. **Verification**
   - **Signature of Agency Head or Designee**: [Signature]
   - **Lee Ann Fergerson**: Print Name
   - **Ticket Administrator**
   - **Title**: [Title]
   - **Date**: 10/2/12

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

Name Alameda County Supervisor Scott Haggerty, District 1

Event RAIDERS Date 12-6-12

Number of Tickets Requested / Received 2

Description of Public Purpose
(See attached public purpose included in Authority Policy)

IF TICKETS PROVIDED TO PERSON OR GROUP OTHER THAN SELF COMPLETE THE FOLLOWING

Name of Individual or Organization Marvin Lindstrom

Address of Individual or Organization 15678 Crestwood Dr. San Pablo CA 94806-5701

Purpose for Distribution To reward a community volunteer for his or her service to the public

(Describe the public purpose for distribution to the organization)

VERIFICATION

I HAVE DETERMINED THAT THE DISTRIBUTION OF TICKETS SET FORTH ABOVE IS IN ACCORDANCE WITH THE PROVISIONS OF FPPC REGULATION 18944.1

Signature of Official Lee Ann Ferguson, Ticket Administrator
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Justin Bieber
   Description
   Teen concert
   Face Value of Each Admission
   $103.85
   Date(s)
   10.6.12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: ___________________________
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: ___________________________
   Official’s Name (Last, First) and Title
   Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raquel Andrade</td>
<td>7</td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>Amy Torrico</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>5984 Bellhaven Ave</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>Newark CA</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Ferguson  
   Ticket Administrator
   Print Name
   Title
   Signature of Agency Head or Designee
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Agency Report of:
### Ceremonial Role Events and Ticket/Admission Distributions

**A Public Document**

### 1. Agency Name
- **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**
  - (510) 272-3882
- **E-mail**
  - crystal.hishida@acgov.org

### 2. Function, Event, or Ceremonial Role Information
- **Title**: Justin Bieber
- **Description**: Teen Concert
- **Face Value of Each Admission**: $103.85
- **Date(s)**: 10/6/12

### Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: GSW
- **Name of Source**: Alameda County Supervisor Scott Haggerty, District 1

**Was the distribution to persons identified below made at the behest of an agency official?**
- Yes [x] No [ ]

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Fayo</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td>28 Moraga Via</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Orinda CA 94563</td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

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

\[Signature of Agency Head or Designee\]

**Lee Ann Fergerson**

**Ticket Administrator**

**Print Name**

**Title**

\[10-1-12\] (month, day, year)

**Comment**: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Raiders
   Description
   Tampa Bay
   Face Value of Each Admission $ 150.00
   Date(s)
   11. 4. 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no:
   Name of Source
   GSW
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes:
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Admissions</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris &amp; Rita Doyle</td>
<td>2</td>
<td>No ☑ Yes ☐</td>
</tr>
<tr>
<td>11305 A-Laurel St</td>
<td></td>
<td>No ☑ Yes ☐</td>
</tr>
<tr>
<td>Dublin 945-68</td>
<td></td>
<td>No ☑ Yes ☐</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Ticket Administrator
   10-29-12
   (Month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: 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: (510) 272-3882  
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title: Warriors Basketball (Pistons)  
Face Value of Each Admission: $9.50  
Date(s): 3/13/13  
Ticket(s)/Admission(s) provided by agency: Yes  
Name of Source: GSW

Was the distribution to persons identified below made at the behest of an agency official? Yes  
Official's Name (Last, First) and Title: Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepherd's Gate</td>
<td>4</td>
<td>Yes</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Hailey Portola Ave</td>
<td>1</td>
<td>No</td>
<td>Income</td>
</tr>
<tr>
<td>Livermore CA</td>
<td>4</td>
<td>Yes</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>No</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Yes</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>No</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification

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

LeAnn Ferguson  
Ticket Administrator  
10-25-12

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