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 Hishiida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishiida@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)

Function, Event, or Ceremonial Role Information

Title: A's Baseball
Face Value of Each Admission: $30

Date(s): 4.15.13

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name Address Information</th>
<th>Income</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanie Patterson</td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☐</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

Lee Ann Ferguson
Print Name
Ticket Administrator
Title

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

4-12-13 (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)
   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

   Amendment (Must provide explanation in Part 3.)
   □ Yes □ No
   Date of Original Filing: __________ (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title A's Baseball
   Face Value of Each Admission $ 30
   Date(s) 4.14.13
   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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Tickets</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Rudolph</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Yes □ No □)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Yes □ No □)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Yes □ No □)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Yes □ No □)</td>
<td></td>
</tr>
<tr>
<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 of Designee
   Lee Ann Ferguson
   Ticket Administrator
   4-12-13
   (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
Date Stamp

California Form 802
For Official Use Only

A. Function, Event, or Ceremonial Role Information

Title
A's Baseball

Face Value of Each Admission
$85.00

Description
KS Royals Suite

Date(s)
5/18/13

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

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>Recipient</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Health</td>
<td>1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>System Foundation</td>
<td>1</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
Lee Ann Fergusson
Print Name
Ticket Administrator

4-11-13
(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) 272-3862
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: Oakland A's Baseball
Face Value of Each Admission: $7.00
Date(s): 9/6/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ 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 of Recipient</th>
<th>Number of Admission(s)</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Valley Winegrowers</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3585 Greenville Rd</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Livermore CA 94550</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.

Lee Ann Ferguson
Signature of Agency Head or Designee
Print Name
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
   E-mail
   (510) 272-3862
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   Face Value of Each Admission $ 1,700
   Date(s)
   9.22.13
   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
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor Family Foundation</td>
<td>$20,000</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>SSSS Arroyo Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livermore, CA</td>
<td>$4,550</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 Ferguson
Ticket Administrator

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agencies 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) 272-3862
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: A's Baseball
   Face Value of Each Admission: $30
   Date(s): 4, 3, 12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ❏
   Name of Source: 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
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admissions</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paula Wells</td>
<td>2</td>
<td>☑</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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</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: [Signature]
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year): 4-6-13
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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
   Description
   A's vs Houston
   Baseball
   Face Value of Each Admission
   $300
   Date(s)
   4.17.13
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no:
   Name of Source
   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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ram</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<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
   Print Name
   Ticket Administrator
   Title
   Date
   Y-5-13
   (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 A's Baseball
Description

Face Value of Each Admission $ 3000
Date(s) 6/1/13 6/30/13
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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name and Affiliation</th>
<th>Number of Tickets Issued</th>
<th>Expiration Date</th>
<th>Agency's Name and Address</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore/Granada Boosters</td>
<td>6</td>
<td>☐</td>
<td>☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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
4-3-12 (month, day, year)

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

plus 7/31/13 game 3 total games
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
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2. Function, Event, or Ceremonial Role Information
Title: A's Baseball
Face Value of Each Admission: $300
Date(s): 4/2/13
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
If no: [Signature] 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: BRIAN RITTMAN</th>
<th>Amount: 2</th>
<th>Income: No [X] Yes [ ]</th>
</tr>
</thead>
</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

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 Pop the Dream DJ Concert
Description Face Value of Each Admission $175.50
Date(s) 4.6.13
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 of Recipient</th>
<th>Number of Admission(s)</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Robles</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary 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.

Lee Ann Ferguson Ticket Administrator 4.3.13 (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

Cal ifornia 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
   A's vs. Mariners

   Face Value of Each Admission
   $ 30

   Description
   Baseball

   Date(s)
   4/4/13

   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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admissions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vic Argula</td>
<td>2</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 of Agency Head of Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   4-2-13
   (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: AS Baseball
   Face Value of Each Admission: $30.00
   Description: tickets
   Date(s): 4.27.13
   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 ☑ No ☐
   Official's Name (Last, First) and Title: Alameda County Supervisor Scott Haggerty, District 1
   The identity of recipient(s) and the explanation:
   HERB HASTINGS 2
   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
   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
   Print Name: Ticket Administrator
   Title: 4-2-13
   (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

**Date Stamp**

**California Form 802**
For Official Use Only

**Title**
Baseball

**Face Value of Each Admission**
$30.00

**Date(s)**
3/1/13
5/13/13

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

**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

Officer's Name (Last, First) and Title

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

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Number of Tickets</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Valley YMCA</td>
<td>4</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.

Lee Ann Ferguson
Signature of Agency Head or Designee
Print Name
Title

4/1/13

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 JEFF DUNHAM
   Description COMEDIAN
   Face Value of Each Admission $ 63.30
   Date(s) 3/22/13
   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</th>
<th>Number of Admissions</th>
<th>Spent/Refunded</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom &amp; Candice Wright</td>
<td>2</td>
<td>Yes ☑ 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>
</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
   Ticket Administrator
   4-1-13

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

   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
   JEFF DWNHAM
   Description
   COMEDIAN
   Face Value of Each Admission
   $ 63.30
   Date(s)
   3/22/13
   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</th>
<th>Number</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric &amp; Carrie</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td>Locastro</td>
<td>Yes ☑</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.

   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
   4/1/13
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Tickets Behest from Supervisor Miley

   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: JEFF DUNHAM
Face Value of Each Admission: $ 63.30
Date(s): 3/22/13

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 of Recipient(s)</th>
<th>Number of Admissions/Tickts.</th>
<th>Ticket(s) Provided by Agency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernard &amp; Cybil Randolph</td>
<td>2</td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Print Name
Ticket Administrator

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

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
   JEFF DUNHAM  
   Description
   COMEDIAN  
   Face Value of Each Admission $63.30  
   Date(s)
   3-22-13
   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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Tickets</th>
<th>Activity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian &amp; Shelly Costa</td>
<td>2</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>

   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  
   Signature of Agency Head or Designee  
   Print Name  
   Title
   Ticket Administrator
   4-1-13  
   (month, day, year)

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

Tickets Behest from Supervisor Miley

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 $ 30.00
   Date(s) 5.15.13 5.17.13
   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
   The identity of recipient(s) and the explanation:

   | School/Glen Community Club | 4 | Yes ☐ No ☐ |
   | To reward a school or nonprofit organization For its contributions to the community |

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
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   4-17-13
   (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
   Warriors
   Face Value of Each Admission $95.00
   Description
   Basketball
   Date(s) 4/15/13
   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:
   Name of Recipient
   Rich Matthers
   Yes ☑ No ☐ To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Income
   Yes ☑ No ☐
   Yes ☑ No ☐
   Yes ☑ No ☐
   Yes ☑ 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
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   4-16-13
   (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 3)
Date of Original Filing:
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title
As
Description
Baseball
Face Value of Each Admission $ 3000
Date(s) 4.12.13 4.13.12

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

The identity of recipient(s) and the explanation:

Activity

Income

Yes ☑ No ☐

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/Designee
Lee Ann Fergerson
Ticket Administrator
Print Name
Title
4-15-13 (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: A's Baseball
   Face Value of Each Admission: $30
   Date(s): 4-16-13
   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
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloria Halman</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>No ☐</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.

   Lee Ann Ferguson
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   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 Hotline: 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, 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
A's vs. Orioles
Face Value of Each Admission $ 30.00
Description
Baseball
Date(s) 4/25/13
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

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>Matthew Parker</td>
<td>2</td>
<td>Yes □ No □</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 Forgerson
Ticket Administrator

Print Name
Title

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

Date (month, day, year)
4-25-13

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
   - 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:** A's Game
   - **Description:** Baseball
   - **Face Value of Each Admission:** $3000
   - **Date(s):** 4/26/13
   - **Ticket(s)/Admission(s) provided by agency?** No
   - **Name of Source:** OAKLAND ATHLETICS
   - **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:**
   - Chester Hall: Yes

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

3. **Verification**
   - **Signature:** Lee Ann Fergerson
   - **Print Name:** Lee Ann Fergerson
   - **Title:** Ticket Administrator
   - **Date:** 4-23-13

   **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: 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 Baseball
Description: Yankees!
Face Value of Each Admission: $30
Date(s): 6-12-13

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 of Recipient</th>
<th>Description</th>
<th>Consent Code</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Scott Haggerty</td>
<td>4</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>
<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 Fergerson
Print Name: Ticket Administrator: 4-23-13 (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

1. Agency Name

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Denver Nuggets
Face Value of Each Admission $ 625.00
Description Playoff Basketball Game
Date(s) 04 / 28 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Goodwin, Mark</td>
<td>2</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>
</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

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 Oakland A's vs. San Francisco Giants
Face Value of Each Admission $ 85.00
Description Baseball Game
Date(s) 03 / 30 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
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>Bustamante, Marisa</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 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.

MICHELLE DIANDA  Ticket Administrator  3/29/13
Signature of Agency Head or Designee  Print Name  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

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. San Francisco Giants
   Description Baseball Game
   Face Value of Each Admission $22.00
   Date(s) 03/30/13
   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: 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>Armin-Hollis, Rose (510) 272-3882 2</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>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: MICHELLE DIANDA
   Print Name: Print Name
   Title: Ticket Administrator
   Date (month, day, year): 3/29/13

   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 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

Golden State Warriors vs. New Orleans Hornets

Face Value of Each Admission $ 200.00

Date(s) 04 / 03 / 13

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

Name of Source

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

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

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<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>Laws, Jerl</td>
<td>4</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>To promote attendance at an event held at a County facility in order to maximize potential revenue from 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.

MICHELLE DIANADA

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

Includes 1 parking pass at $20
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
   Oakland A’s vs. Detroit Tigers
   Description
   Baseball Game
   Face Value of Each Admission
   $22.00
   Date(s)
   04 / 12 / 13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A’s
   Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
   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>YMCA Newark/Fremont</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>41811 Blacow Road, Fremont CA 94538</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Childcare and youth programs to fulfill needs for a healthy lifestyle</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<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:
   Date: 4/1/13 (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. Detroit Tigers
   Description Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 04 / 13 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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.
   YMCA Newark/Fremont | 2 | Yes ☑ No ☐ |
   | | | To reward a non-profit organization for its contributions to the community
   41811 Blacow Road, Fremont CA 94538 | Yes ☑ No ☐ |
   Childcare and youth programs to fulfill needs for a healthy lifestyle | Yes ☑ No ☐ |
   | Yes ☑ No ☐ |
   | Yes ☑ 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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (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
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   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

   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 $ ____________
   Date(s) ____________
   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>YMCA Newark/Fremont</td>
<td>2</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td>41811 Blacow Road, Fremont CA 94538</td>
<td>3</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Childcare and youth programs to fulfill needs for a healthy lifestyle</td>
<td>5</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
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 Oakland A's vs. Seattle Mariners
   Description Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 04 / 04 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>
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<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>Farro, Paul</td>
<td>2</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>
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<td></td>
<td></td>
<td>No ☐</td>
<td>☑</td>
</tr>
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<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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (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 A's vs. Chicago White Sox
   Description Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 05/31/13 06/01/13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A’s
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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 Animal Shelter</td>
<td>4</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>16 Barnes Court, Hayward CA 94544</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides shelter of homeless animals and low cost veterinarian programs</td>
<td>Yes □ No □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee  MICHELLE DIANDA  Ticket Administrator
Print Name
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
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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 Oakland A’s vs. Seattle Mariners
Face Value of Each Admission $ 85.00
Description Baseball Game
Date(s) 06 / 14 / 13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Oakland A’s
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
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>
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<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>Hayward Area Historical Society</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>22380 Foothill Blvd. Hayward CA 94541</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Support the preservation of historic sites &amp; legacy of the Hayward area.</td>
<td>Yes ☐</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: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 4/5/13 (month, day, year)

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

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 A's vs. Chicago Cubs
   Face Value of Each Admission $ 85.00
   Description Baseball Game
   Date(s) 07 / 03 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>Sunol Glen Community Club</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community.</td>
<td></td>
</tr>
<tr>
<td>11601 Main Street, Sunol CA 94586</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Provides additional funding to the schools to help support extra-curricular activities</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</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: MICHELLE DIANDA
   Print Name: Ticket Administrator: Title: 4/15/13
   (month, day, year)

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

### Face Value of Each Admission
$250.00

### Date(s)
04/11/13

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Mejia, Manuel</td>
<td>5</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.

### Income

- Yes [ ] No [ ]
- Yes [ ] No [ ]
- Yes [ ] No [ ]
- Yes [ ] No [ ]
- Yes [ ] No [ ]

To promote attendance at an event held at a County facility in order to maximize potential revenue from 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:***

**Print Name:***

**Title:***

**Date:*** 04/08/13

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

Includes 1 parking pass at the value of $20.
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
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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 Samp 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 Golden State Warriors vs. Oklahoma City Thunder
Face Value of Each Admission $ 250.00
Description Basketball Game
Date(s) 04 / 11 / 13

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

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

The identity of recipient(s) and the explanation:

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<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>Pomroy, Kathryn</td>
<td>5</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>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
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</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 the value of $20.
1. Agency Name
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   Street Address  
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   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 vs. Oklahoma City Thunder  
   Face Value of Each Admission $ 250.00
   Date(s)  
   04 / 11 / 13
   Ticket(s)/Admission(s) provided by agency?  
   Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?  
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
   Name
   (Last, First)
   Organization
   (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official  
   5
   Yes ☐ No ☐
   To promote attendance at an event held at a County facility in order to maximize potential 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  
   MICHELLE DIANDA
   Ticket Administrator
   Date  
   4/18/13
   Print Name  
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the value of $20.
### 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**: Golden State Warriors vs. Oklahoma City Thunder
- **Face Value of Each Admission**: $250.00
- **Date(s)**: 04/11/13
- **Ticket(s)/Admission(s) provided by agency?**: Yes [ ] No [ ]
- **If no**: Golden State Warriors
- **Name of Source**

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

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

<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>Briones, Tomas</td>
<td>5</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>
</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 Agent, Head or Designee**: 
**Print Name**: MICHELLE DIANDA
**Title**: Ticket Administrator

**Comment**: (Use this space or an attachment for any additional information including amendment explanation.) Includes 1 parking pass at the value of $20.
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. San Antonio Spurs
   Description: Basketball Game
   Face Value of Each Admission $200.00
   Date(s): 04/15/13
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ]
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<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>Decena, Eduardo</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>
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<td></td>
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<td>Yes [ ]</td>
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<td>No [ ]</td>
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<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] MICHELLE DIANDA 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
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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 Oakland A's vs. Houston Astros
Description Baseball Game
Face Value of Each Admission $ 30.00
Date(s) 04 / 16 / 13 /
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: 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>4</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>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

2. Function, Event, or Ceremonial Role Information 
Title Oakland A's vs. Houston Astros 
Description Baseball Game 
Face Value of Each Admission $ 22.00 
Date(s) 04/17/13 
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ 
If no: Oakland A's 
Name of Source 
Was the distribution to persons identified below made at the behest of an agency official? 
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>Badarello, Jason</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 revenue from 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. 

MICHELLE DIANDA  
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
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   1221 Oak Street, Suite 536
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   Area Code/Phone Number
   (510) 272-3882
   E-mail
   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
   Oakland A's vs. Houston Astros
   Description
   Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 04 / 16 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>
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<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>Raffo, Steve</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
<td>☐</td>
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<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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (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 The Rolling Stones
   Description Concert
   Face Value of Each Admission $ 600.00
   Date(s) 05/05/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source

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

The identity of recipient(s) and the explanation:

<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>Aro-Valle, Barbara</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>
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<td>No ☐</td>
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<td></td>
<td>Yes ☐</td>
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<td>No ☐</td>
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<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                        Print Name
   MICHELLE DIANDA                                             Ticket Administrator
   (month, day, year)                                          4/16/13
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. Baltimore Orioles
Description Baseball Game
Face Value of Each Admission $ 22.00
Date(s) 04 / 26 / 13
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: Valle, Richard- Supervisor District 2
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>Inamdar, Syeda Fareeda</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
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<td>Yes ☐ No ☑</td>
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</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Baltimore Orioles
Description Baseball Game
Face Value of Each Admission $22.00
Date(s) 04 / 27 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
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>Favela, Mary</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement.</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>
<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.

MICHELLE DIANDA
Signature of Agency Head or Designee

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Texas Rangers
Description Baseball Game
Face Value of Each Admission $ 1,768.00
Date(s) 09 / 04 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
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>St. Rose Hospital Foundation</td>
<td>20</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>27200 Calaroga Avenue, Hayward, CA 94545</td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td>Provides community support and assistance to enable the hospital to serve those in need</td>
<td>Yes □ No □</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 [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
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   (510) 272-3882
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's vs. Los Angeles Angels
   Description: Baseball Game
   Face Value of Each Admission: $1768.00
   Date(s): 04/30/13
   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: 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 | | Income |
   |---------------------------------------------------------------|---------------------------------|-----------------|--------|
   | Newark Unified School District                                | 20                              | Yes ☐ No ☑      | To reward a school for its contributions to the community. |
   | 5715 Musick Ave. Newark CA 94560                              | Yes ☐ No ☐                      | Income          |
   | Providing educational system to the City of Newark            | Yes ☐ No ☐                      | Income          |
   |                                                               | Yes ☐ No ☐                      | Income          |
   |                                                               | Yes ☐ No ☐                      | Income          |

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: Ticket Administrator: 4/24/13
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
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   Board of Supervisors
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   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 $ 22.00
   Date(s)  05/14/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hildreth, Jaken</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 revenue from sales</td>
</tr>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee  MICHELLE DIANDA  Ticket Administrator
   Print Name  Title
   Date  4/24/13

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: Golden State Warriors vs. Denver Nuggets
Face Value of Each Admission: $625.00
Date(s): 04/26/13
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official? Yes [ ] No [ ] If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<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>Briones, Mario</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 revenue from 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 of Agency Head or Designee: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 4/25/13

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** The Rolling Stones  
**Description** Concert

**Face Value of Each Admission $** 600.00  
**Date(s)** 05 / 05 / 13

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

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

Yes ☐ No ☑  
If yes: Valle, Richard- Supervisor District 2  
**Official's Name (Last, First) and Title**

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

<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>Briones, Bernardino</td>
<td>2</td>
<td>Yes ☑</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>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**

MICHELLE DIANDA  
**Ticket Administrator**

Print Name  
**Title**

4/25/13  
**(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
   Golden State Warriors vs. Denver Nuggets
   Face Value of Each Admission $ 625.00
   Description
   Playoff Basketball Game
   Date(s)
   04/28/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<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>Dianda, George</td>
<td>2</td>
<td>Yes ☐</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>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</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: [Signature]
Print Name: Ruben Briones
Title: Chief of Staff
Date: 4/25/13

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $20
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 A's vs. Cincinnat Reds  
Face Value of Each Admission $22.00  
Description: Baseball Game  
Date(s): 06/25/13  

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 [ ] No [X]  
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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters-Fremont/Newark/Union City</td>
<td>2</td>
<td>Yes [X] No [ ]</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>3375 Country Drive, Fremont, CA 94536</td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td>Encourages informed and active participation in government through advocacy</td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</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.  
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 Oakland A's vs. Cincinnat Reds
   Description Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 06 / 26 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Valle, Richard- Supervisor District 2
   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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   County of Alameda
   Board of Supervisors

2. **Designated Agency Contact**
   Crystal Hishida Graff, Clerk, Board of Supervisors
   (510) 272-3882
crystal.hishida@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   **Title**: Golden State Warriors vs. Denver Nuggets
   **Description**: Playoff Game
   **Face Value of Each Admission**: $625.00
   **Date(s)**: 04/26/13

3. **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**: Valley, 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>Cox, Lori</td>
<td>2</td>
<td>Yes [X]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
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<td>Yes [ ]</td>
<td>No [ ]</td>
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<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **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**: MICHELLE DIANDA
   **Title**: Ticket Administrator
   **Date**: 04/25/13

   **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 A's vs. Angels
   Face Value of Each Admission $ 30
   Date(s) 4 / 30 / 13
   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 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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>So, Teresa</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from 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>
</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
   4/30/2013
   (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 A's vs. Royals
   Face Value of Each Admission $ 30
   Date(s) 5/18/13
   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 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>Crenshaw, Josh</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a San Lorenzo student for his volunteerism.</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 Boskovitch
   Print Name: Ticket Administrator
   Title: 4/29/2013
   (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
A's vs. Rangers
Face Value of Each Admission $ 85/$17-park
Date(s) 5/13/13
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 Wilma Chan
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.
Lyons, Marva 2+1 parking Yes ☑ No ☐ To promote attendance at an event held at a County facility in order to maximize potential Income ☐
pass Yes ☑ No ☐ County revenue from sales. Income ☐
Yes ☐ No ☐ Income ☐
Yes ☐ No ☐ Income ☐
Yes ☐ No ☐ Income ☐

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

Signature of Agency Head or Designee
Alexandra Boskovitch
Ticket Administrator
4/29/2013
Print Name
(Official)
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)
  - 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
  - A's vs. Rangers
- Face Value of Each Admission
  - $85/$17-park
- Date(s)
  - 5/13/13
- 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 [X] 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>Castleberry, Diann</td>
<td>2+1 parking</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>pass</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
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<td>Income</td>
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<td>Income</td>
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<td>Income</td>
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<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: [Signature]

Ticket Administrator: 

Print Name: 

Title: 

Date: 4/29/2013 (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
1221 Oak Street, Suite 536
Cheryl Perkins, Interim Clerk, Board of Supervisors
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ________________________________
Description A's vs. Rangers
Face Value of Each Admission $ 85/17-park
Date(s) 5/13/13
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 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>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barfield, Keiko</td>
<td>2+1 parking</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>pass</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>
<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
Ticket Administrator 4/29/2013
Print Name
(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 A's vs. Rangers
   Face Value of Each Admission $ ________________
   Date(s) __________ / __________ / __________
   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 ____________________________
   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>Huitzilopochtli, Salvador</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from 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>
</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.
   ____________________________  ____________________________  4/29/2013 (month, day, year)
   Signature of Agency Head or Designee Print Name 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)
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

2. Function, Event, or Ceremonial Role Information
Title ___________________________ Face Value of Each Admission $ 625/$20 parking
Description Warriors vs. Nuggets-Playoffs
Date(s) 4/26/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Melsner, Lukas</td>
<td>2 + parking</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>
<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 Boskovich
Ticket Administrator
4/26/2013 (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

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1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
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Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@ac.gov

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 $ 625

Description Warriors vs. Nuggets-Playoffs

Date(s) 4/26/13

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

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

The identity of recipient(s) and the explanation:

<table>
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<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>Vanderpol, Meaghan</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>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
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<td></td>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
Print Name
Title
4/26/2013 (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

   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 $ 625

   Description Warriors vs. Nuggets-Playoffs

   Date(s) 4/26/13

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

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

   The identity of recipient(s) and the explanation:

<table>
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<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>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
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<td></td>
<td>Income ☐</td>
</tr>
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3. Verification

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

Signature of Agency Head or Designee

Alexandra Boskovich
Ticket Administrator
4/26/2013 (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
E-mail
cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 625
Description Warriors vs. Nuggets-Playoffs
Date(s) 4/26/13
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
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>Chan, Daren</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 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:

Alexandra Boskovich
Ticket Administrator
4/26/2013

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**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
   - Date of Original Filing: (month, day, year)

2. **Function, Event, or Ceremonial Role Information**
   - **Title:**
   - **Description:** Rolling Stones concert
   - **Face Value of Each Admission:** $600
   - **Date(s):** 5/5/13
   - **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 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>Schaff, Bill</td>
<td>2</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a volunteer for his contributions to the Alameda students and families.</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

   4/24/2013 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Function, Event, or Ceremonial Role Information

Title A's vs. Orioles

Face Value of Each Admission $30

Date(s) 4/26/13

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

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

Yes ☑ No ☐

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>Sabados, Joseph</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his contribution to Oakland public schools.</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
Print Name: Ticket Administrator: 4/24/2013
Title: 
(month, day, year)

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

FPPC Form 802 (2/21)
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

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 $ 30
Description A's vs. Angels
Date(s) 4/29/13
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>Cutter, Scott</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>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.

Alexandra Boskovich
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
4/23/2013 (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

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 $ 30

Description A's vs. Orioles
Date(s) 4/28/13

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 Wilma Chan
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>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>Diolazo, Devyn</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 Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales. 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>
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<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
Print Name
Title
4/23/2013 (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
   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 $ 30
   Description A's vs. Giants
   Date(s) 5/28/13
   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 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>Yungert, Matt</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his contribution to Alameda and Oakland schools. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<td></td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   4/22/2013 (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 A's vs. Angels
Face Value of Each Admission $ 30
Description
Date(s) 5 / 1 / 13
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 Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broden, Tom</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>
</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
Ticket Administrator
4/22/2013
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
   - Board of Supervisors

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** A's vs. Astros
   - **Face Value of Each Admission:** $30
   - **Date(s):** 4/17/13
   - **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 [ ]
     - **Official's Name:** Supervisor Wilma Chan

3. **The identity of recipient(s) and the explanation:**
   - **Name (Last, First) or Organization (Name, Address, Description):**
   - **Number of Admission(s)/Ticket(s):** 2
   - **Agency Official:** Yes [ ] No [ ]
     - **To promote attendance at an event held at a County facility in order to maximize potential Income**

4. **Verification**
   - **Signature of Agency Head or Designee:** Alexandra Boskovich
   - **Print Name:** Ticket Administrator
   - **Title:** 4/12/2013
   - **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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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

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 $ 30

Description A's vs. Orioles

Date(s) 4 / 25 / 13

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 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></th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaço, Ed</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 County revenue from sales.</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.

Alexandra Boskovich Signature of Agency Head or Designee

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

Ticket Administrator 4/12/2013

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   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. Astros
   Face Value of Each Admission $30
   Date(s) 4 / 15 / 13
   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 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>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>Cai, Wendy</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></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
   Alexandra Boskovich
   Ticket Administrator
   Print Name
   Title
   4/12/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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   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 A's vs. Tigers
   Face Value of Each Admission $ 30
   Date(s) 4/12/13
   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:
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<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.</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory, Dale</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>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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   Alexandra Boskovich
   Print Name
   Ticket Administrator
   4/12/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Date Stamp
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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 $ 30
Description A's vs. Tigers
Date(s) 4/13/13

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 Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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</thead>
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<tr>
<td>Best, Alex</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from 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>
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<tr>
<td></td>
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Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Ticket Administrator
Title: 4/8/2013 (month, day, year)

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

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   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 $__
   Description A's vs. Tigers
   Date(s) 4/14/13
   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:
   | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | The income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   |-------------------------------------------------------------------|---------------------------------|-----------------|-----------------------------------------------------------------------------------
   | Wagner, Jenn                                                     | 20+4 parking passes             | Yes ☐ No ☒       | To promote attendance at an event held at County facility in order to maximize potential income ☐ |

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   Signature of Agency Head or Designee
   Print Name
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   (510) 272-3882  cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description  Warriors vs. Timberwolves
   Face Value of Each Admission $100
   Date(s) 4/9/13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: 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>Robinson, Fred</td>
<td>2 + parking</td>
<td>Yes □ 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>
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<td></td>
<td>No □</td>
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<tr>
<td></td>
<td></td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
</tbody>
</table>

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   Alexandra Boskovich
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name
   Title
   4/8/2013 (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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description Warriors vs. Timberwolves
   Face Value of Each Admission $ $100
   Date(s) 4/9/13
   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: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toscano, Chel</td>
<td>2</td>
<td>Yes [ ] No [x]</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>
</tbody>
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   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   4/8/2013
   (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

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2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 100/$20 parking
Description Warriors vs. Spurs
Date(s) 4/15/13
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
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ong, Jennifer</td>
<td>2 + parking</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>
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</tr>
<tr>
<td></td>
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<td>Yes ☑ No ☐</td>
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<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
Ticket Administrator
4/8/2013
(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

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: A's vs. Tigers
   - **Face Value of Each Admission $**: $30
   - **Date(s)**: 4/14/13

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

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

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>Harris, Bill</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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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</tr>
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3. **Verification**

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

   **Signature of Agency Head or Designee**: Alexandra Boskovich
   **Print Name**: Alexandra Boskovich
   **Ticket Administrator**: 4/8/2013
   **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
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   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description Warriors vs. Spurs
   Face Value of Each Admission $ 100
   Date(s) 4/5/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Medina, Sam</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 attendance</td>
</tr>
<tr>
<td></td>
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<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
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<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>
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Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Ticket Administrator: 4/8/2013
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
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   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
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   Area Code/Phone Number  E-mail
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Date Stamp
California Form
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2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description A's vs. Twins
   Face Value of Each Admission $85/$17-park
   Date(s) 9/21/13
   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 Wilma Chan
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<tbody>
<tr>
<td>Wright, Carrie</td>
<td>20 + 4</td>
<td>Yes [☐] No [☐]</td>
</tr>
<tr>
<td></td>
<td>parking</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>
<tr>
<td></td>
<td></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.

   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
   Print Name
   Ticket Administrator
   Title
   4/4/2013
   (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
   - 1221 Oak Street, Suite 536
   - 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**: $100/$20 park
   - **Description**: Warriors vs. Hornets
   - **Date(s)**: 4/3/13
   - **Ticket(s)/Admission(s) provided by agency?** Yes [x] 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 [x] No [ ]
   - **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>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>Biagas, Sharice</td>
<td>4 + parking</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>
</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**: Print Name
   - **Ticket Administrator**: 
   - **Title**: 
   - **Date**: 4/3/2013 (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 A's vs. Cardinals
   Face Value of Each Admission $ 85/$17-park
   Date(s) 6/28/13
   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 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hirota, Sherry</td>
<td>4+1 parking</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>pass</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>
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<td>Income ☐</td>
</tr>
</tbody>
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   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   Title
   4/4/2013
   (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

   ☐ 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. Tigers
   Description Baseball Game, Field tickets
   Face Value of Each Admission $ 30
   Date(s) 04/12/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>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>Simpson, Sam</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To reward a community volunteer for his or her service to the public Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☛</td>
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<td>Yes ☐ No ☛</td>
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<td>Yes ☛ No ☛</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Yes ☛ No ☛</td>
<td></td>
</tr>
</tbody>
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   Signature of Agency Head or Designee
   Hannah Greene
   Print Name
   Ticket Administrator
   Title
   04/30/13 (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)
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   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. Tigers
   Description Baseball Game, Loge tickets
   Face Value of Each Admission $ 85
   Date(s) 04/13/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ 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 |
|---|---|---|---|
| Moore-Jordan, Sara Felicia | 4 | Yes ☑ No ☐ | Income ☐ |
| Yes ☑ No ☐ | Income ☐ |
| Yes ☑ No ☐ | Income ☐ |
| Yes ☑ No ☐ | Income ☐ |
| Yes ☑ No ☐ | Income ☐ |
| Yes ☑ No ☐ | Income ☐ |

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   Signature of Agency Head or Designee

   Hannah Greene

   Ticket Administrator

   Print Name

   Title

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

   04/30/13

   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)
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   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 A's vs. Tigers
   Face Value of Each Admission
   $85
   Date(s)
   04/13/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>Cain, Regina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public; 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>
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<td>Income ☐</td>
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<tr>
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<td></td>
<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<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.

Hannah Greene
Signature of Agency Head or Designee
Print Name
Ticket Administrator
04/30/13 (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  
Oakland A's vs. Tigers  
Face Value of Each Admission $ 85  
Date(s) 04/13/13  
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:

| 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 cermonial roles, performed by an agency official, individual, or organization. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell, Vince</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the public; 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>
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Signature of Agency Head or Designee  
Hannah Greene  
Ticket Administrator  
04/30/13  
(month, day, year)  
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
   Oakland A's vs. Tigers
   Description
   Baseball Game, Field tickets
   Face Value of Each Admission
   $ 30
   Date(s)
   04 / 13 / 13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ❑ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>Russell, Ed</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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>
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<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
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   Signature of Agency Head or Designee
   Hannah Greene
   Print Name
   Ticket Administrator
   Title
   04/30/13
   (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)
   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: Oakland A's vs. Tigers
   Face Value of Each Admission $ 85
   Date(s): 04/13/13

   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>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>5</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

Hannah Greene
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
04/30/13
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Function, Event, or Ceremonial Role Information

Title: Oakland A's vs. Tigers

Face Value of Each Admission: $85

Date(s): 04/13/13

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

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

Official’s Name (Last, First) and Title: Carson, Keith 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>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>3</td>
<td>Yes [ ] No [ ] 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>Income [ ]</td>
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</tr>
</tbody>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: [Signature]

Print Name: Hannah Greene

Title: Ticket Administrator

Date: 04/30/13 (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
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Street Address
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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. Tigers
Face Value of Each Admission $ 30
Description Baseball Game, Filed Tickets
Date(s) 04 / 14 / 13
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:

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<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</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; 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>
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<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 Hannah Greene Ticket Administrator 04/30/13 (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: 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 A's vs. Astros
   Description: Baseball Game, Filed Tickets
   Face Value of Each Admission: $30
   Date(s): 04/16/13
   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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
<td></td>
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<td></td>
<td>Yes ☐ No ☑</td>
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<td>Yes ☐ No ☑</td>
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<td>Yes ☐ No ☑</td>
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</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: [Signature]
   Print Name: [Name]
   Title: [Title]
   Date: 04/30/13
   (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)
   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. Astros
   Description Baseball Game, Filed Tickets
   Face Value of Each Admission $ 30
   Date(s) 04/17/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>Coleman, Robert</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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.

Hannah Greene Ticket Administrator 04/30/13
Signature of Agency Head or Designee Print Name Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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. Orioles
   Description  Baseball Game, Field Tickets

   Face Value of Each Admission $ 30
   Date(s)  04/25/13

   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

   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>Brown, Aisha</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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</tr>
<tr>
<td></td>
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<td>Yes ☐ No ☐</td>
<td></td>
</tr>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   [Signature]

   Print Name
   [Name]

   Ticket Administrator
   [Name]

   Title
   [Title]

   Date (month, day, year)
   04/30/13

   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. Orioles
   Description Baseball Game, Field Tickets
   Face Value of Each Admission $ 30
   Date(s) 04/26/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>
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<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>2</td>
<td>Yes ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></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>Income</td>
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<td>Yes ☚</td>
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<td>Income</td>
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<td>Yes ☚</td>
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<td>Yes ☚</td>
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<td></td>
<td>Income</td>
</tr>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Hannah Greene
Signature of Agency Head or Designee
Print Name
Ticket Administrator 04/30/13
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 3.)
Date of Original Filing:
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Nuggets
Description Basketball
Face Value of Each Admission $ 625
Date(s) 04/26/13

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>
</tr>
</thead>
<tbody>
<tr>
<td>Lee, Barbara</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or 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>
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<td></td>
<td>Income ☐</td>
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<td>Income ☐</td>
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<td></td>
<td>Income ☐</td>
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<td>Income ☐</td>
</tr>
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Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
04/30/13
(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 Warriors vs. Nuggets
   Description Basketball
   Face Value of Each Admission $ 625
   Date(s) 04 / 26 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☒ If yes: 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>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>Brown, Aisha</td>
<td>2</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></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
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<td>Yes ☐ No ☒</td>
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<td>Yes ☐ No ☒</td>
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<td>Yes ☐ No ☒</td>
<td></td>
</tr>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Date 04/30/13 (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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title Oakland A's vs. Orioles
   Face Value of Each Admission $ 85
   Date(s) 04/27/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? 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>Alzheimer's Association of Northern CA 251 Lafayette Circle, Suite 250, Lafayette, CA</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>To reward a school or nonprofit organization for its contributions to the community;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
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<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
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<tr>
<td>Income</td>
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<tr>
<td>Yes ☐ No ☐</td>
<td></td>
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<tr>
<td>Income</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Income</td>
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<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
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</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.

   Hannah Greene
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title 04/30/13
   (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
   Oakland A's vs. Orioles
   Description
   Baseball Game, Loge tickets
   Face Value of Each Admission
   $ 85
   Date(s)
   04/27/13
   Ticket(s)/Admission(s) provided by agency?
   Yes [X] 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 [X] 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>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>Mitchell, Kenneth</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td>To reward a community volunteer for his or her service to the public; Income [X]</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
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<td></td>
<td>Yes [X] No [ ]</td>
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<td>Yes [X] No [ ]</td>
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<td></td>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X] 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
   Hannah Greene

   Print Name
   Ticket Administrator
   04/30/13
   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)
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   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 A's vs. Orioles

   Description
   Baseball Game, Loge tickets

   Face Value of Each Admission $ 85

   Date(s) 04 / 27 / 13

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

   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>Castro, Pattie</td>
<td>6</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public; 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   Hannah Greene   Ticket Administrator
Print Name   Title
04/30/13 (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**
Oakland A's vs. Orioles
**Face Value of Each Admission**
$85
**Date(s)**
04/27/13
**Ticket(s)/Admission(s) provided by agency?** Yes □ No □
If no: Oakland A’s
**Name of Source**
Was the distribution to persons identified below made at the behest of an agency official?
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>Alternatives in Action 1900 3rd St Alameda, CA 94501</td>
<td>6</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

| Yes □ No □ | |

Income □

**3. Verification**

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

Hannah Greene
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title 04/30/13
(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
   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 A's vs. Orioles
   Description Baseball Game, Field Tickets
   Face Value of Each Admission $ 30
   Date(s) 04/27/13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Oakland A’s
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   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>Alternatives in Action 1900 3rd St. Alameda, CA 94501</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Print Name
   Title
   Date (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
   Warriors vs. Nuggets
   Description
   Basketball
   Face Value of Each Admission
   $ 625
   Date(s)
   04 / 28 / 13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☑
   If no:
   Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes:
   Carson, Keith
   Alameda County 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
   • 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.

   Sanchez, Mina
   4
   Yes ☑ No ☐
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   Income ☐

   Yes ☐ No ☐

   Yes ☐ No ☐

   Yes ☐ No ☐

   Yes ☐ No ☐

   Yes ☐ 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.

   Hannah Greene
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   04/30/13
   (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
   Oakland A's vs. Orioles
   Face Value of Each Admission
   $ 30
   Description
   Baseball Game, Field Tickets
   Date(s)
   04/28/13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
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<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>Russell, Ed</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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   Signature of Agency Head or Designee
   Hannah Greene
   Print Name
   Ticket Administrator
   04/30/13
   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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Angels
Description Baseball Game, Field Tickets
Face Value of Each Admission $30
Date(s) 04/29/13
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>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Community Collaborative 1221 Oak St., Ste 536, Oakland, CA</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

3. Verification

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

Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
Title
04/30/13 (month, day, year)

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