

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Yankees Date(s) 5 / 25 / 12

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

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


Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Hoock, Robyn	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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	05/25/2012
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Yankees Date(s) 5 / 26 / 12

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

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

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

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Canada, John	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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 Signature of Agency Head or Designee	Alexandra Boskovich Print Name	Ticket Administrator Title	05/25/2012 <small>(month, day, year)</small>
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Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Padres Date(s) 6 / 16 / 12

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

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

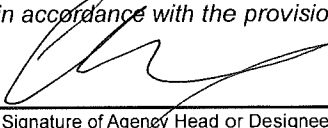
Yes  No  If yes: Supervisor Wilma Chan  
*Official's Name (Last, First) and Title*

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Wade, Laura	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
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**3. Verification**

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 Signature of Agency Head or Designee
 Alexandra Boskovich
 Print Name
 Ticket Administrator
 Title
 05/31/2012
 (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 crystal.hishida@acgov.org		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$167.35

Description Van Halen concert Date(s) 6 / 3 / 12 \_\_\_\_\_

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

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


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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Wydler, Art	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 Print Name
 Ticket Administrator
 Title
 5/31/2012
 (month, day, year)

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$167.35

Description Van Halen concert Date(s) 6 / 3 / 12

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

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


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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Cravahlo, Brian	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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 Signature of Agency Head or Designee

Alexandra Boskovich  
 Print Name

Ticket Administrator  
 Title

5/30/2012  
 (month, day, year)

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Giants Date(s) 6 / 24 / 12

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

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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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Chan, Daren	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
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Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Giants Date(s) 6 / 23 / 12

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

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

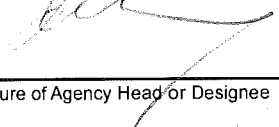
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Chan, Daren	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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	Alexandra Boskovich	Ticket Administrator	05/302012
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Tigers Date(s) 5 / 12 / 12

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

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

Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Sparks, Brandon	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 Alexandra Boskovich      Ticket Administrator      05/10/2012  
 Signature of Agency Head or Designee      Print Name      Title      *(month, day, year)*

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$75/\$17-park

Description A's vs. Tigers Date(s) 5 / 13 / 12 \_\_\_\_\_

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

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

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McCormick, Melanie	20+4 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
	passes	Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 \_\_\_\_\_  
Signature of Agency Head or Designee

Alexandra Boskovich \_\_\_\_\_  
Print Name

Ticket Administrator \_\_\_\_\_  
Title

05/10/2012 \_\_\_\_\_  
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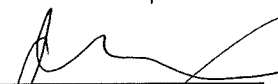
Yes  No  If yes: Supervisor Wilma Chan  
*Official's Name (Last, First) and Title*

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Chen, Robert	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

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1221 Oak Street, Suite 536		
Designated Agency Contact (Name, Title)	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors	Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail	
(510) 272-3882	crystal.hishida@acgov.org	

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Tigers Date(s) 5 / 10 / 12 \_\_\_\_\_

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

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

Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Silva, Ron	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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
05/10/2012  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact <i>(Name, Title)</i>			
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 \_\_\_\_\_ Face Value of Each Admission \$ \$75/\$17-park

Description A's vs. Orioles Date(s) 9 / 16 / 12 \_\_\_\_\_

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

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


Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Miller, Adam	4+1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
	pass	Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**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
 

 5/9/2012  
 (month, day, year)

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

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

**A Public Document**

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$75/\$17-park

Description A's vs. Angels Date(s) 5 / 22 / 12

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

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

Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Hamilton, John	4+1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote health, motivate and provide expanded opportunities to vulnerable	Income <input type="checkbox"/>
	pass	Yes <input type="checkbox"/> No <input type="checkbox"/>	populations in the County such as underprivileged youth.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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	<u>Alexandra Boskovich</u> Print Name	<u>Ticket Administrator</u> Title	<u>05/09/2012</u> (month, day, year)
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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**

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$60.75

Description The Black Keys concert Date(s) 5 / 4 / 12 \_\_\_\_\_

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

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

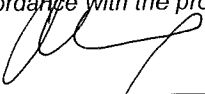
Yes  No  If yes: Supervisor Wilma Chan  
*Official's Name (Last, First) and Title*

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Jacob, Mike	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**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	5/4/2012
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

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**

<b>1. Agency Name</b> County of Alameda Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number      E-mail (510) 272-3882                      crystal.hishida@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="margin-left: 150px;"><i>(month, day, year)</i></span>		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$75/\$17-park

Description A's vs. Orioles Date(s) 9 / 16 / 12

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

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

Yes  No  If yes: Supervisor 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	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Tolentino, Edgar	4+1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
	pass	Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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	5/7/2012 (month, day, year)
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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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Tigers Date(s) 5 / 11 / 12 \_\_\_\_\_

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

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

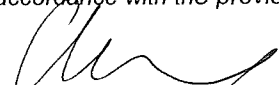
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Campos, Janette	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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	05/03/2012 <small>(month, day, year)</small>
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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**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 1568.00

Description Baseball Game Date(s) 05 / 23 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Hayward Senior Center	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote health, motivate and provide opportunities to vulnerable populations in the County, such as seniors	<input type="checkbox"/>
22325 N. Third St., Hayward, CA		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Providing programs and events for all 60 and over		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**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 \_\_\_\_\_ 5/21/12  
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**

**A Public Document**

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

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

Title The Black Keys Face Value of Each Admission \$ 60.75

Description Concert Date(s) 05 / 04 / 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: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Hickey, Neal	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**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 5/9/12  
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**

**A Public Document**

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

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

Title Oakland A's Game Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 05 / 08 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Leonardo, Nick	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a student for outstanding scholastic achievement.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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 5/8/12  
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**

**A Public Document**

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

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

Title Oakland A's Game Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 05 / 10 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Cornelius, Ian	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a student for outstanding scholastic achievement.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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  
Signature of Agency Head or Designee Print Name Title  
5/10/12  
(month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Game Face Value of Each Admission \$ 1568.00

Description Baseball Game Date(s) 08 / 08 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
St. Rose Hospital Foundation	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a nonprofit organization for its contributions to the community	Income <input type="checkbox"/>
27200 Calaroga Avenue, Hayward, CA 94545		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Provides community support and assistance to enable the hospital to serve those in need		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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
5/11/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 09 / 14 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor, District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Lundholm, Dean	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his service to the public.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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 \_\_\_\_\_ 5/14/12  
 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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 Game Face Value of Each Admission \$ 1568.00

Description Baseball Game Date(s) 09 / 30 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Blalock, Gail	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the public.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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 \_\_\_\_\_  
 Signature of Agency Head or Designee Print Name Title (month, day, year) 05/14/12

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

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

**A Public Document**

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

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

Title Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 05 / 21 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor, District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Leonardo, Tom	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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 5/21/12  
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**

**A Public Document**

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

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

Title Oakland A's Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 05 / 25 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor, District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Olivares, Orlando	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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  
5/21/12 (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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	

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

Title Van Halen Face Value of Each Admission \$ 167.35

Description Concert Date(s) 06 / 03 / 12

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

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

Yes  No  If yes: Haggerty, Scott- Supervisor District 1  
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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Patterson, Patti	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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  
5/24/12 (month, day year)

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

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

**A Public Document**

<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

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

Title Brothers of the Sun Face Value of Each Admission \$ 125.50

Description Concert Date(s) 07 / 15 / 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: Haggerty, Scott- Supervisor District 1  
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.
Steele, Allison	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**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
5/24/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Face Value of Each Admission \$ 38.00  
 Description Baseball Game, Date(s) 05 / 08 / 12 05 / 10 / 12

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

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

Yes  No  If yes: 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	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Socially Responsible Network 360 Grand Ave. #57 Oakland, CA 94612	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.

Amy Shrago Amy Shrago Ticket Administrator 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 09 / 12 05 / 23 / 12

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

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

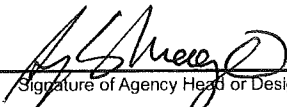
Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Spencer, Scott	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.

 <small>Signature of Agency Head or Designee</small>	<u>Amy Shrago</u> <small>Print Name</small>	<u>Ticket Administrator</u> <small>Title</small>	<u>05/31/12</u> <small>(month, day, year)</small>
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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**

<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)

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

Title Oakland A's Face Value of Each Admission \$ 38.00  
 Description Baseball Game, Date(s) 05 / 11 / 12 05 / 12 / 12

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

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

Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

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.
Socially Responsible Network 360 Grand Ave. #57 Oakland, CA 94612	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**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.

Amy Shrago Ticket Administrator 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>	
County of Alameda			For Official Use Only	
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)		
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 Face Value of Each Admission \$ 43.75

Description Baseball Game, Loge Suite Date(s) 05 / 12 / 12

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

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


Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Center for Early Intervention on Deafness 1035 Grayson St. Berkeley CA 94710	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	<input type="checkbox"/>
North Berkeley Senior Center 1901 Hearst St. Berkeley CA 94709	8	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	<input type="checkbox"/>
North Oakland Senior Center 5714 Martin Luther King Jr. Way, Oakland CA	8	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**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.

 Amy Shrago Ticket Administrator 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 38.00

Description Baseball Game, Date(s) 05 / 13 / 12

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

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

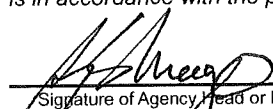
Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Socially Responsible Network 360 Grand Ave. #57	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.


 \_\_\_\_\_ Amy Shrago Ticket Administrator 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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			
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

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

Title Oakland A's Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 21 / 12 05 / 22 / 12

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

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

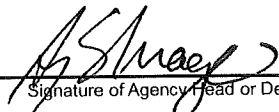
Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Leung, Chris	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**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.


 \_\_\_\_\_ Amy Shrago \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 05/31/12 \_\_\_\_\_  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
<b>Designated Agency Contact</b> (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 Face Value of Each Admission \$ 43.75

Description Baseball Game, Loge Suite Date(s) 05 / 25 / 12

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

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

Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Gillette, Kim	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his or her service to the public <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**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.*

\_\_\_\_\_ Amy Shrago Ticket Administrator 05/31/12  
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  
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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 25 / 12

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

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

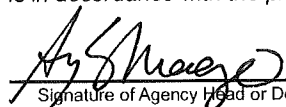

Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Brooks, Rodney	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.



 Ticket Administrator \_\_\_\_\_ 05/31/12  
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**

**A Public Document**

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

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

**Title** Oakland A's **Face Value of Each Admission \$** 43.75

**Description** Baseball Game, Loge Suite **Date(s)** 05 / 26 / 12

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

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

Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Brooks, Rodney	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
McWilson, Marlon	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his or her service to the public	Income <input type="checkbox"/>
Burton, Winston	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his or her service to the public	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.*

	Amy Shrago	Ticket Administrator	05/31/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 26 / 12

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

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



Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Shrago, Amy	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.



 Ticket Administrator 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 27 / 12

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

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

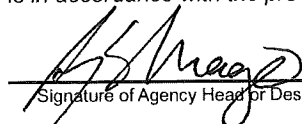

Yes  No  If yes: Carson, Keith Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Brooks, Rodney	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**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.



 Ticket Administrator \_\_\_\_\_ 05/31/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Blue Jays Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 08 / 12 05 / 09 / 12

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

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


Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
American Red Cross	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non profit organization for their service to the community Income <input type="checkbox"/>
85 Second St, 8th Fl-San Francisco, CA 94105		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Humanitarian services and programs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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


 Signature of Agency Head or Designee
 Anna Gee
 Print Name
 Operations Manager
 Title
 05/01/12
 (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Tigers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 10 / 12

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

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

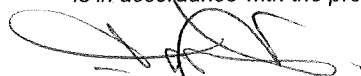
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
American Red Cross	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non profit organization for their service to the community	Income <input type="checkbox"/>
85 Second St, 8th Fl-San Francisco, CA 94105		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Humanitarian services and programs		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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


Anna Gee
Operations Manager
05/01/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Tigers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 11 / 12 05 / 12 / 12

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

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

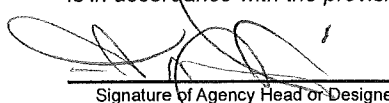
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Baptista, Michelle	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
Kelly, Correna	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
Benson, Andre	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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


Anna Gee
Operations Manager
05/01/12  
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**

**A Public Document**

<b>1. Agency Name</b> County of Alameda Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> Anna Gee, Operations Manager Area Code/Phone Number   E-mail 510-891-5585   anna.gee@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>		Date of Original Filing: _____ <i>(month, day, year)</i>

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

Title Athletics vs. Angels Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 21 / 12 05 / 23 / 12

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

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

Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
*Official's Name (Last, First) and Title*

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
United Seniors of Oakland & Alameda County	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. <span style="float: right;">Income <input type="checkbox"/></span>
7200 Bancroft Avenue, Suite 251 - Oakland, CA 94605		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

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

Anna Gee
Operations Manager
05/01/12

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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Yankees Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 05 / 25 / 12

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

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

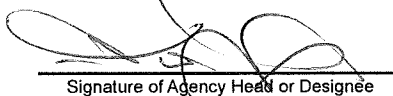
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Kennedy, Jim	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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Anna Gee
Operations Manager
05/01/12  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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**Agency Report of:  
Ceremonial Role Events and  
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County of Alameda			
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Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Yankees Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 05 / 25 / 12

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

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

Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Theobald, Andrew	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
Rodrigue, Cynthia	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	o promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Theobald, Madison	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	o promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Theobald, Jeremy	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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 Anna Gee Operations Manager 05/01/12  
 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.)

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Ceremonial Role Events and  
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Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Rangers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 04 / 12 06 / 05 / 12

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

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

Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Hayward Area Recreation & Park District	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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


Anna Gee
Operations Manager
05/01/12  
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  
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County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Rangers Face Value of Each Admission \$ 1,568

Description Baseball Game Date(s) 06 / 06 / 12

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

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

Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Alameda County Deputy Sheriff's Activities League	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
16378 E. 14th Street, Suite #100-San Leandro, CA 94578		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Parking Passes	4	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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


Anna Gee
Operations Manager
05/01/12  
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**

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Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Rangers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 06 / 12

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

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

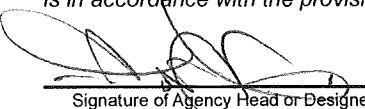
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Alameda County Deputy Sheriff's Activities League	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
16378 E. 14th Street, Suite #100-San Leandro, CA 94578		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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05/01/12  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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**Agency Report of:  
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1221 Oak Street, Suite 536			
<b>Designated Agency Contact (Name, Title)</b>		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
510-891-5585	anna.gee@acgov.org		

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

**Title** Athletics vs. Padres **Face Value of Each Admission \$** 75.00

**Description** Baseball Game **Date(s)** 06 / 15 / 12

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

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

Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Castro Valley Parent and Teacher Association	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

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Anna Gee Operations Manager 05/01/12  
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:  
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Ticket/Admission Distributions**

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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Padres Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 06 / 16 / 12

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

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

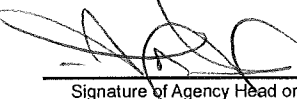
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Eggiman, Mary Lou	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Stewart, Darryl	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Stewart, Tyler	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Dobbins, Christopher	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Ponce, Sarai	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>

**3. Verification**

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Anna Gee
Operations Manager
05/01/12  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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**Agency Report of:  
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Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Dodgers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 19 / 12 06 / 20 / 12

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

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

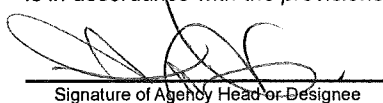
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
United Seniors of Oakland & Alameda County	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Dodgers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 19 / 12 06 / 20 / 12

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

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Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
United Seniors of Oakland & Alameda County	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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Anna Gee
Operations Manager
05/01/12  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Dodgers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 21 / 12

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

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

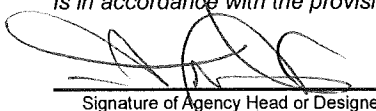
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
United Seniors of Oakland & Alameda County	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
7200 Bancroft Ave, Ste 251 - Oakland, CA 94605		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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


Anna Gee
Operations Manager
05/01/12  
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**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number   E-mail 510-891-5585   anna.gee@acgov.org			
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

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

Title Athletics vs. Dodgers Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 06 / 21 / 12

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

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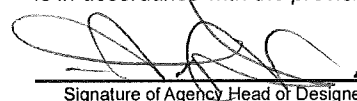
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Alameda County District Attorney's Office	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Human Exploitation and Human Trafficking Watch Unit		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
1225 Fallon St, Ste 900-Oakland, CA 94612		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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**Agency Report of:  
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Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Giants Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 22 / 12

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

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


Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Dunlap, Kamika	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
Fitzgerald, Amy	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 Anna Gee Operations Manager 05/01/12  
 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  
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Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Padres Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 06 / 15 / 12

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

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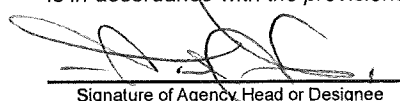
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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Castro Valley Elementary Parent and Teacher Association	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
20185 San Miguel Ave, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Support through resources to Castro Valley Elementary		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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