

**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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Game Date(s) 6, 30, 12

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

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

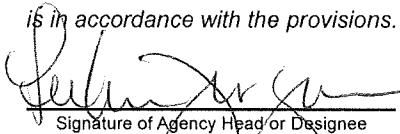
Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 1  
Official's Name (Last, First) and Title

**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
American Cancer Society 2264 Oakland Ave Pleasanton, CA 94588	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 10 non-profit	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Relay for Life		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.

 Lee Ann Ferguson Ticket Administrator 7-16-12  
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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Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Date(s) 6, 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: Alameda County Supervisor Scott Haggerty - Dist. 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>
Rudy Cato 11446 Rampart Drive Dublin CA	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 8 (community volunteer) 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.

 Lee Ann Ferguson Ticket Administrator 7-18-12  
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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(510) 272-3882	crystal.hishida@acgov.org		

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

Title A's Game Face Value of Each Admission \$ 38.00  
 Description Baseball Date(s) 6, 24, 12  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

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


Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist 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>
Scott Thompson 2426 Rees Circle Livermore CA 94550	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# (Community Volunteer) 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.

 Lee Ann Ferguson Ticket Administrator 7-18-12  
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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(510) 272-3882	crystal.hishida@acgov.org		

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

Title ~~#~~ BASEBALL Face Value of Each Admission \$ 38.00  
 Description A's Date(s) 6, 7, 12 6, 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: Alameda County Supervisor Scott Haggett, Dist. 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	Income
Charles Santana 537 St. George Rd. Danville CA 94526	2	Yes <input type="checkbox"/> No <input checked="" 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"/>
		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.

Lee Ann Ferguson Lee Ann Ferguson Ticket Administrator 7-16-12  
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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Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Date(s) 6/7/12

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: Alameda County Supervisor Scott Haggerty, Dist 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>
Sunol Glen School 11601 Main St., Sunol CA 94586	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/> (# 10 Reward School)
		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.


 Lee Ann Ferguson Ticket Administrator 7-15-12  
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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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 Summer Jam Face Value of Each Admission \$ 50.80

Description Concert Date(s) 6, 10, 12

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

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

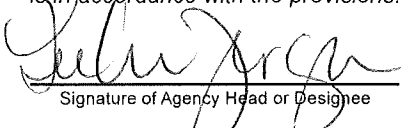
Yes  No  If yes: Supervisor Scott Haggerty - Dist. 1  
Official's Name (Last, First) and Title

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>
Albert & Barbara Teixeira	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#8 Income <input type="checkbox"/>
26026 Regal Ave Hayward CA 94544		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.

 Lee Ann Ferguson Ticket Administrator 7-16-12  
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 As Face Value of Each Admission \$ \$38.00

Description Baseball game Date(s) 9, 29, 12 10, 1, 12

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

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

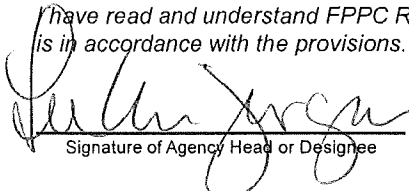
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**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 Swim Academy	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or non profit for its contributions to the community. Income <input checked="" type="checkbox"/>
6500 Dublin Bl.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Ste 101, Dublin, CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
91568		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

Lee Ann Ferguson
 Ticket Administrator
7-16-12  
 Print Name
 Title
(month, day, year)

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

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

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

Title A's game tickets Face Value of Each Admission \$ \$1,500

Description BASEBALL Date(s) \_\_\_\_\_

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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>
FANON MIDDLE SCHOOL	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#11 Reward School non-profit <input type="checkbox"/> Income
3601 Kohlen Way		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Dublin, CA 94568		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Mustang Round up		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.

Lee Ann Ferguson Signature of Agency Head or Designee    
 Lee Ann Ferguson Print Name    
 \_\_\_\_\_ Ticket Administrator    
 \_\_\_\_\_ Title    
 7-16-12 (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	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

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

Title A's Luxury Suite Face Value of Each Admission \$ 1,500

Description BASEBALL GAME Date(s) \_\_\_\_\_

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
<u>Meals on Wheels</u>	<u>20</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u># 11 non-profit</u> Income <input type="checkbox"/>
<u>P.O. Box 14002</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Oakland CA 94614</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>5 Star Night</u>		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] Lee Ann Ferguson Ticket Administrator 7-16-12  
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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(510) 272-3882	crystal.hishida@acgov.org		

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

Title A's Baseball Luxury Suite Face Value of Each Admission \$ 1,500

Description Skybox Date(s) \_\_\_\_\_

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
Wells Middle School	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#11 Reward School <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]      Lee Ann Bergerson      Ticket Administrator      7-16-12  
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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Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Game Date(s) 06 / 05 / 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
Badarello, Jason	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	<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
 6/5/12
 (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: _____ (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 \$ 75.00

Description Baseball Game Date(s) 06 / 05 / 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
Gill, Lauren	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	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
 6/5/12
 (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: _____ (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 KMEL Summer Jam Face Value of Each Admission \$ 50.80

Description Concert Date(s) 06 / 10 / 12

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

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

Yes  No  If yes: 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
Irvin, Armon	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to promote maximum potential revenue	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)

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 \$ 26.00

Description Baseball Game Date(s) 07 / 03 / 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>	
Basoco-Villarreal, Anissa	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County	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 10/7/12  
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 Game Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 08 / 03 / 12

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

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

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

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

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>
Resurrection Greek Orthodox Church	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a nonprofit organization for its contributions to the community Income <input type="checkbox"/>
20104 Center Street, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Hosting fundraiser to support local charities		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 of Designee Print Name Title 11/13/12  
(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**

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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 \$ 26.00

Description Baseball Game Date(s) 06 / 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: Valle, Richard- Supervisor District 2  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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
Briones, Joel	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance 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.


 MICHELLE DIANDA Ticket Administrator  
 Signature of Agency Head or Designee Print Name Title  
 6/14/12  
 (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**

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

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

Title X Factor \_\_\_\_\_ Face Value of Each Admission \$ 0.00

Description TV Audition Date(s) 06 / 16 / 12

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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>
Briones, Ruben	6	Yes <input checked="" type="checkbox"/> No <input 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 \_\_\_\_\_ U/15/12  
 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: _____ <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 \$ 26.00

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

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

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

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

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

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>	
Moreno, Mike	2	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  
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> Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number   E-mail (510) 272-3882   crystal.hishida@acgov.org	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> </table>	<b>California Form 802</b> For Official Use Only
<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 Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 06 / 17 / 12

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

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

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

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

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>
Rodrigues, Robert	2	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
4/15/12  
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  
Ticket/Admission Distributions**

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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)		<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 \$ 26.00

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

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

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

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

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

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>	
Gonzalez, Yesenia	2	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 6/18/12  
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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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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Game Date(s) 6, 30, 12

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
American Cancer Society 2264 Oakland Ave Pleasanton, CA 94588	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 10 non-profit <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Relay for Life		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.

Lee Ann Ferguson Ticket Administrator 7-16-12  
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

Title As Game Face Value of Each Admission \$ 38.00

Description Baseball Date(s) 6, 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: Alameda County Supervisor Scott Haggerty - Dist. 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>
Rudy Cato 11446 Rampart Drive Dublin CA	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 8 (community volunteer) 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.

 Lee Ann Ferguson Ticket Administrator 7-18-12  
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"/> Amendment (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 A's Game Face Value of Each Admission \$ 38.00  
 Description Baseball Date(s) 6, 24, 12  
 Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

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


Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist 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>
Scott Thompson 2426 Rees Circle Livermore CA 94550	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# (Community Volunteer) 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.

 Lee Ann Ferguson Ticket Administrator 7-18-12  
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 (510) 272-3882			
E-mail crystal.hishida@acgov.org		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

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

Title ~~#~~ BASEBALL Face Value of Each Admission \$ 38.00  
 Description A's Date(s) 6, 7, 12 6, 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: Alameda County Supervisor Scott Haggett, Dist. 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	Income
Charles Santana 537 St. George Rd. Danville CA 94526	2	Yes <input type="checkbox"/> No <input checked="" 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"/>
		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.

Lee Ann Ferguson Lee Ann Ferguson Ticket Administrator 7-16-12  
 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

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County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (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 Summer Jam Face Value of Each Admission \$ 50.80

Description Concert Date(s) 6, 10, 12

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

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

Yes  No  If yes: Supervisor Scott Haggerty - Dist. 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>
Albert & Barbara Teixeira	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#8 Income <input type="checkbox"/>
26026 Regal Ave Hayward CA 94544		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.

Lee Ann Ferguson Lee Ann Ferguson Ticket Administrator 7-16-12  
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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County of Alameda			
Division, Department, or Region (if applicable)			
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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

Title As Face Value of Each Admission \$ \$38.00

Description Baseball game Date(s) 9, 29, 12 10, 1, 12

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

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

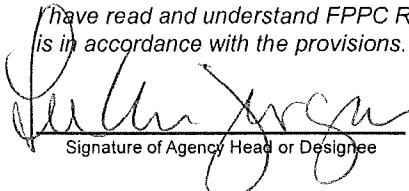
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**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 Swim Academy	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or non profit for its contributions to the community. Income <input checked="" type="checkbox"/>
6500 Dublin Bl.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Ste 101, Dublin, CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
91568		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.

 Lee Ann Ferguson Ticket Administrator 7-16-12  
 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)			
Board of Supervisors			
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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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

Title A's game tickets Face Value of Each Admission \$ \$1,500

Description BASEBALL Date(s) \_\_\_\_\_

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

Was the distribution to persons identified below made at the behest of an agency official?  
 Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
FANON MIDDLE SCHOOL	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#11 Reward School non-profit <input type="checkbox"/>
3601 Kohlen Way		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Dublin, CA 94568		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Mustang Round up		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] Lee Ann Ferguson Ticket Administrator 7-16-12  
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**

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

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

Title A's Luxury Suite Face Value of Each Admission \$ 1,500

Description BASEBALL GAME Date(s) \_\_\_\_\_

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
<u>Meals on Wheels</u>	<u>20</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u># 11 non-profit</u> Income <input type="checkbox"/>
<u>P.O. Box 14002</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Oakland CA 94614</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>5 Star Night</u>		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] Lee Ann Ferguson Ticket Administrator 7-16-12  
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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<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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

Title A's Baseball Luxury Suite Face Value of Each Admission \$ 1,500

Description Skybox Date(s) \_\_\_\_\_

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

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

Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 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	Income
Wells Middle School	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#11 Reward School <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]      Lee Ann Bergerson      Ticket Administrator      7-16-12  
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"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Game Date(s) 06 / 05 / 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
Badarello, Jason	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	<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 6/5/12  
 (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: _____ (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 \$ 75.00

Description Baseball Game Date(s) 06 / 05 / 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>	
Gill, Lauren	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	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
 6/5/12
 (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: _____ (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 KMEL Summer Jam Face Value of Each Admission \$ 50.80

Description Concert Date(s) 06 / 10 / 12

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

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

Yes  No  If yes: 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
Irvin, Armon	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to promote maximum potential revenue	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)

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"/> <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 \$ 26.00

Description Baseball Game Date(s) 07 / 03 / 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>	
Basoco-Villarreal, Anissa	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County	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 \_\_\_\_\_ 10/7/12  
 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
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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.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball Game Date(s) 08 / 03 / 12

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

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

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

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

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>
Resurrection Greek Orthodox Church	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a nonprofit organization for its contributions to the community Income <input type="checkbox"/>
20104 Center Street, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Hosting fundraiser to support local charities		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 of Designee Print Name Title 11/13/12  
 (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)		<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 \$ 26.00

Description Baseball Game Date(s) 06 / 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: Valle, Richard- Supervisor District 2  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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>
Briones, Joel	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance 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  
 Signature of Agency Head or Designee Print Name Title  
 6/14/12  
 (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) Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Street Address 1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		

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

Title X Factor \_\_\_\_\_ Face Value of Each Admission \$ 0.00

Description TV Audition Date(s) 06 / 16 / 12

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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>
Briones, Ruben	6	Yes <input checked="" type="checkbox"/> No <input 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 \_\_\_\_\_ U/15/12  
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 \$ 26.00

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

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

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

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

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

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
Moreno, Mike	2	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 \_\_\_\_\_  
 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			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \$ 26.00

Description Baseball Game Date(s) 06 / 17 / 12

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

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

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

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

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>
Rodrigues, Robert	2	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
4/15/12  
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 Face Value of Each Admission \$ 26.00

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

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

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

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

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

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>	
Gonzalez, Yesenia	2	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 6/18/12  
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 <i>(if applicable)</i>			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
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. Red Sox Date(s) 9 / 2 / 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?

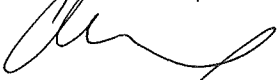
Yes  No  If yes: Supervisor Wilma Chan  
*Official's Name (Last, First) and Title*

**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
Falcon, Ernesto	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"/>

**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
 06/25/2012
 (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>		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. Blue Jays Date(s) 8 / 2 / 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>	
Marino, Pat	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
 

 06/25/2012  
 (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>		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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(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. Angels Date(s) 8 / 7 / 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
Morgan, Esther	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	Income <input type="checkbox"/>
	passes	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 of Designee      Alexandra Boskovich      Ticket Administrator      06/22/2012  
 Print Name      Title      (month, day, year)

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

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

**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>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ \$41.35

Description Sesame Street Live Date(s) 6 / 22 / 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>	
Caldwell, Lori	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to Henry Haight Elementary School	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: Alexandra Boskovich      Ticket Administrator: \_\_\_\_\_      6/21/2012  
 Print Name: \_\_\_\_\_      Title: \_\_\_\_\_      *(month, day, year)*

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

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

**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: _____ <i>(month, day, year)</i>		

**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>	
Oddie, Jim	8+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	6/19/2012 <i>(month, day, year)</i>
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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>
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: _____ (month, day, year)	
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 \$ 92.50

Description New Edition concert Date(s) 6 / 23 / 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>	
Jackson, Bob	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	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
6/13/2012  
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 (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 \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Padres Date(s) 6 / 17 / 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
Harris, Bill	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 06/13/2012 (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>	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: _____ <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. Mariners Date(s) 7 / 8 / 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>	
Lyons, Warren	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	6/8/2012 <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**

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$50.80

Description 106 KMEL Summer Jam concert Date(s) 6 / 10 / 12 \_\_\_\_\_

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

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

Yes  No  If yes: 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
Lankford, Raymond	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	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
 6/8/2012
 (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>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
<b>Street Address</b>			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <small>(month, day, year)</small>	
<b>Designated Agency Contact</b> <i>(Name, Title)</i>			
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 \_\_\_\_\_ Face Value of Each Admission \$ \$75.25

Description LMFAO concert Date(s) 6 / 8 / 12 \_\_\_\_\_

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

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

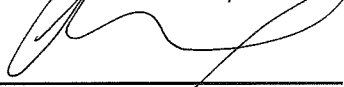
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

**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	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	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	6/72012 <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**

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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. Giants Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 06 / 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?

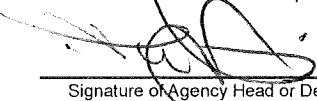
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

**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>	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.	<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 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
06/29/12  
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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<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>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>	
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. Giants Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 06 / 24 / 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>
Miley, Christopher	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, 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"/>
Gee, Anna	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"/>
Ng, Eileen	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"/>
Miley, Nate	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"/>

**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	06/29/12
<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)			
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. Giants Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 06 / 24 / 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	<input type="checkbox"/>
Rodrigues, Angelina	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	<input type="checkbox"/>
Hickey, Neal	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	<input type="checkbox"/>
Gee, Terrence	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	<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 \_\_\_\_\_ 06/29/12  
 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"/> <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. Red Sox Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 07 / 02 / 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?

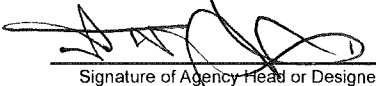
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

**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
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.	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"/>

**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
 06/29/12
 (month, day, year)

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

3 parking pass

**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)			
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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. Red Sox Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 07 / 03 / 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
Garcia, Al	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"/>
		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.


Anna Gee
Operations Manager
06/29/12  
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.)

3 parking pass

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

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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)			
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. Red Sox Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 07 / 03 / 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?

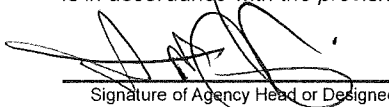
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

**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>	
Ortiz, Ignacio	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"/>
		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
06/29/12  
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"/> <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. Mariners Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 07 / 06 / 12 07 / 07 / 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
Carroll, Ellen	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"/>
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	<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	<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

06/29/12

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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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.)	
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. Mariners Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 07 / 08 / 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 - 7200 Bancroft Ave, Ste 536, Oakland, CA 94605	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"/>
Gums, Angelica	3	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	<input type="checkbox"/>
Tangren, Linda	3	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	<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
 Anna Gee
 Print Name
 Operations Manager
 Title
 06/29/12
 (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**

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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.)	
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. Rangers Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 07 / 17 / 12 07 / 18 / 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?

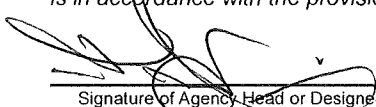
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

**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 - 7200 Bancroft Ave, Ste 536, Oakland, CA 94605	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"/>
<u>Oakland, CA 94605</u>		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 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**

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 Signature of Agency Head or Designee
 Anna Gee
 Print Name
 Operations Manager
 Title
 06/29/12
 (month, day, year)

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

2 tickets to each game

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

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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.)	
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Manager		Date of Original Filing: _____ <small>(month, day, year)</small>	
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) 07 / 19 / 12 07 / 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>
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, 94605 Oakland, CA 94605	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"/>
<u>Oakland, CA 94605</u>		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 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"/>

**3. Verification**

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 Anna Gee Operations Manager 06/29/12  
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.)

2 tickets to each game

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

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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. Yankees Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 07 / 21 / 12 07 / 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?

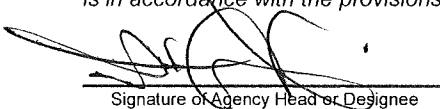
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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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 - 7200 Bancroft Ave, Ste 536, Oakland, CA 94605	25 / 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"/>
Oakland, CA 94605		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	<input type="checkbox"/>
		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	<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
 Anna Gee
 Print Name
 Operations Manager
 Title
 06/29/12
 (month, day, year)

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

2 tickets to each game