

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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.)	
Cheryl Perkins, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100/\$20 parking

Description Warriors vs. Grizzlies Date(s) 1 / 9 / 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Atkin, Catherine	4 + 1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the cities of Alameda and Oakland.	<input type="checkbox"/>
	pass	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: _____ Print Name: Alexandra Boskovich Ticket Administrator: _____ Title: _____
 Date: 12/21/2012 (month, day, year)

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

**Agency Report of:
Ceremonial Role Events and
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Board of Supervisors			
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1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Cheryl Perkins, Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100/\$20 parking

Description Warriors vs. Trail Blazers Date(s) 1 / 11 / 13

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

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

Yes No If yes: 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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Waring, Janet	4 + 1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the cities of Alameda and Oakland.	<input type="checkbox"/>
	pass	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.

 Alexandra Boskovich Ticket Administrator 12/20/2012
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:
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Ticket/Admission Distributions**

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100
 Description Warriors vs. 76ers Date(s) 12 / 28 / 12

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

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

Yes No If yes: 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"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Wright, Anthony	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

_____ Alexandra Boskovich _____ Ticket Administrator _____ 12/13/2012
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.)*

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100

Description Warriors vs. 76ers Date(s) 12 / 28 / 12

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

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

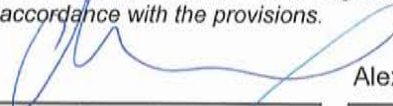
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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

 _____ Alexandra Boskovich _____ Ticket Administrator _____ 12/12/2012 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Cheryl Perkins, Interim Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

Yes No If yes: Supervisor 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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Tell, Monica	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

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

 _____ Alexandra Boskovich _____ Ticket Administrator _____ 12/4/2012 _____
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.)

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Cheryl Perkins, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100/\$20 parking

Description Warriors vs. Bobcats Date(s) 12 / 21 / 12

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

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

Yes No If yes: Supervisor 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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Sweetwine, Patricia	2 + 1 parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
	pass	Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

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

 _____ Alexandra Boskovich _____ Ticket Administrator _____ 12/12/2012
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Cheryl Perkins, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100

Description Warriors vs. Bobcats Date(s) 12 / 21 / 12

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

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

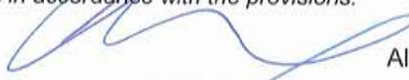
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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

 Alexandra Boskovich Ticket Administrator 12/12/2012
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$72.25

Description Not So Silent Night concert Date(s) 12 / 7 / 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"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Boone, Phoebe	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a County employee for his service to the public and encourage staff development. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Alexandra Boskovich
Ticket Administrator
12/7/2012

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

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

Yes No If yes: Supervisor 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	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Soto, Armando	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


 Alexandra Boskovich Ticket Administrator 12/6/2012
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222/\$20 park
 Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

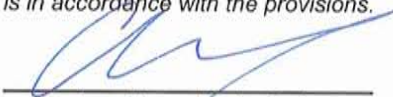
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Francis, Caroline	3 + parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		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 Ticket Administrator 12/5/2012
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		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222/\$20 park

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

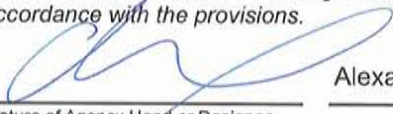
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Chou, Katie	2 + parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

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

 Alexandra Boskovich Ticket Administrator 12/5/2012
Signature of Agency Head or Designee Print Name Title (month, day, year)

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(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

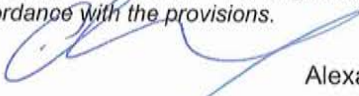
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Chan, Carl	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 Ticket Administrator 12/5/2012

 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

1. Agency Name		Date Stamp	California Form 802 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.)	
Cheryl Perkins, Interim Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222/\$20 park

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

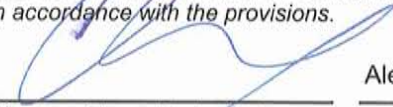
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Taylor, Deborah	2 + parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<input type="checkbox"/>
		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

12/5/2012 _____
(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

1. Agency Name		Date Stamp	California Form 802 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.)	
Cheryl Perkins, Interim Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$222

Description Raiders vs. Broncos Date(s) 12 / 6 / 12

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

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

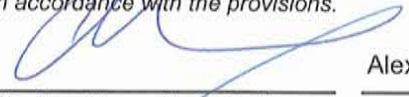
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Brekke-Miesner, Lukas	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 Ticket Administrator 12/4/2012
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

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County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
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 POP NYE Face Value of Each Admission \$ 84

Description Concert Date(s) 12 / 31 / 12

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

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

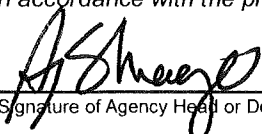
Yes No If yes: Carson, Keith Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/17/12
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)			
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 WARRIORS Face Value of Each Admission \$ 9500

Description BASKETBALL Date(s) 3, 4, 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	•• Check the income box if the agency official claims admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. •• If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Merrill Gardens @ Fremont & Fremont Senior Center	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
(Helping with Seniors Services & Programs) & housing		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 Signature of Agency Head or Designee
Lee Ann Ferguson Print Name
Ticket Administrator Title
12-18-12 (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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: _____ (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 WARRIORS Face Value of Each Admission \$ 1,900.00

Description BASKETBALL Date(s) 12, 22, 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Pleasanton Junior Football League	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
7113 Corte Balboa Circle		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Pleasanton, CA 94566		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
12/18/12 (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 Warriors Face Value of Each Admission \$ 95⁰⁰

Description Basketball Date(s) 3/8/13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>DeDe Davis</u>	<u>4</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>779 Grace Ct</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Livermore CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>94550</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 12-13-12
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

1. Agency Name		Date Stamp	California Form 802 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: _____ (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 Not-So-Silent Night Face Value of Each Admission \$ 72.25

Description Concert Date(s) 12 / 07 / 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Rodriquez, Angelina	2	Yes <input 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.	<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.


 _____ MICHELLE DIANDA _____ Ticket Administrator _____
 Signature of Agency Head or Designee Print Name Title (month, day, year) 12/3/12

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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: _____ (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 Not-So-Silent Night Face Value of Each Admission \$ 72.25

Description Concert Date(s) 12 / 07 / 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Chu, Isa	2	Yes <input 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 _____ 12/3/12
 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: _____ (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 Not-So-Silent Night Face Value of Each Admission \$ 75.25

Description Concert Date(s) 12 / 08 / 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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Zou, Jessica	2	Yes <input 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
12/3/12
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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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: _____ (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 Not-So-Silent Night Face Value of Each Admission \$ 75.25

Description Concert Date(s) 12 / 08 / 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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Rodriquez, Angelina	2	Yes <input 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.	<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
 2/3/12
 (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
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"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Philadelphia 76ers Face Value of Each Admission \$ 100

Description Basketball Game Date(s) 12 / 28 / 12

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 MICHELLE DIANDA Ticket Administrator 12/4/12
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.)

Includes 1 parking pass at the value of \$20

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Portland Trailblazers Face Value of Each Admission \$ 100

Description Basketball Game Date(s) 01 / 11 / 13

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

_____ MICHELLE DIANDA Ticket Administrator 12/19/12
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.)*

Includes 1 parking pass at the value of \$20.

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 Golden State Warriors vs. Los Angeles Clippers Face Value of Each Admission \$ 250.00

Description Basketball Game Date(s) 01 / 02 / 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Briones, Mario	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales	<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
12/19/12
(month, day, year)

Signature of Agency Head or Designee Print Name Title

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		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 Warriors vs New Orleans Face Value of Each Admission \$ 150.00

Description Basketball game Date(s) 12 / 18 / 12

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

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

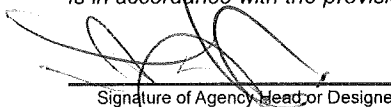
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title _____

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Castro Valley High School Athletic Boosters	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 County revenue from parking and concession sales	Income <input type="checkbox"/>
19400 Santa Maria Ave, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>	T	Income <input type="checkbox"/>
supports athletics programs at Castro Valley High		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 Chief _____ 12/20/12
 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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Philadelphia Face Value of Each Admission \$ 100.00

Description Basketball game Date(s) 12 / 28 / 12

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

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

Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Pete, Geoffrey	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 County revenue from parking and concession sales	<input type="checkbox"/>
League of Women Voters - Eden Area	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 County revenue from parking and	<input type="checkbox"/>
P.O. Box 2234 Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
promotes transparency in government and keeps citizens politically aware		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 Chief
12/20/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs LA Clippers Face Value of Each Admission \$ 250.00

Description Basketball game Date(s) 01 / 02 / 13

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

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

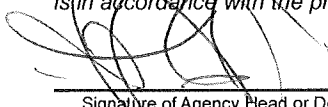
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Graham, Christine	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	<input type="checkbox"/>
Miley, Sarah	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 County revenue from parking and	<input type="checkbox"/>
Miley, Nate	1	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 County revenue from parking and	<input type="checkbox"/>
Scalise, Sierra	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	<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 Chief
12/20/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Indiana Face Value of Each Admission \$ 100.00

Description Basketball game Date(s) 12 / 01 / 12

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

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

Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Muhammad, Ansar El	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 County revenue from parking and concession sales	<input type="checkbox"/>
Gums, Angelica	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 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"/>
		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 Chief
12/20/12
 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

1. Agency Name		Date Stamp	California Form 802 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)			
Anna Gee, Operations Chief			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Orlando Face Value of Each Admission \$ 150.00

Description Basketball game Date(s) 12 / 03 / 12

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

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

Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Dunlap, Kamika	1	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 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 at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	<input type="checkbox"/>
Alexander, Noli	1	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 County revenue from parking and concession sales	<input type="checkbox"/>
Saunders, Rosie	1	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 County revenue from parking and concession sales	<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 Chief
12/20/12
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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		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 Warriors vs New Orleans Face Value of Each Admission \$ 150.00

Description Basketball game Date(s) 12 / 18 / 12

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

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

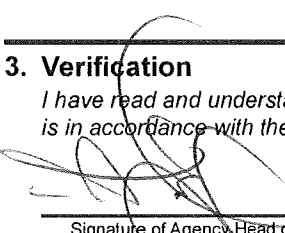
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Castro Valley High School Athletic Boosters	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 County revenue from parking and concession sales	Income <input type="checkbox"/>
19400 Santa Maria Ave, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
support of athletics programs at Castro Valley High		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 Chief
12/20/12

 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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Charlotte Face Value of Each Admission \$ 100.00

Description Basketball game Date(s) 12 / 21 / 12

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

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

Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Ramierz, Socorro	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 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 Chief
12/20/12
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)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		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 Warriors vs Memphis Face Value of Each Admission \$ 150.00

Description Basketball game Date(s) 01 / 09 / 13

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

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

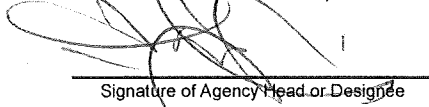
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Love Temple Missionary Baptist Church	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 County revenue from parking and concession sales	Income <input type="checkbox"/>
8401 Birch Street, Oakland, CA 94621		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Christmas toy/clothing drive for needy families		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	T	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 Chief
12/20/12
 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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		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 Warriors vs Portland Face Value of Each Admission \$ 100.00

Description Basketball game Date(s) 01 / 11 / 13

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

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

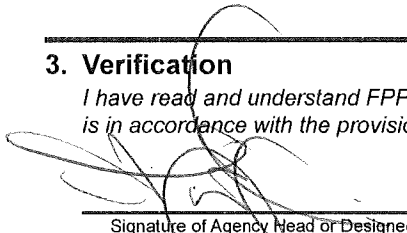
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
United Seniors of Oakland & Alameda County	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 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"/>
Senior advocacy		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 Chief

12/20/12

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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		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 Warriors vs Miami Face Value of Each Admission \$ 500.00

Description Basketball game Date(s) 01 / 16 / 13

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

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


Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Miley, Sarah	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 County revenue from parking and concession 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.


Anna Gee
Operations Chief
12/20/12
 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)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Chief			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Not So Silent Night Face Value of Each Admission \$ 72.25

Description Concert Date(s) 12 / 07 / 12 12 / 08 / 12

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

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

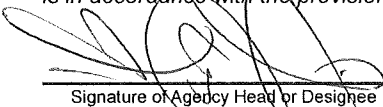
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Kokotaylo, Kristopher	1	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 County revenue from parking and concession sales	<input type="checkbox"/>
Carrion, Ashley	1	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 County revenue from parking and	<input type="checkbox"/>
Miley, Sarah	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 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 Chief
12/20/12
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

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

2. Function, Event, or Ceremonial Role Information

Title WARRIORS Face Value of Each Admission \$ 9500

Description Basket ball Date(s) 3, 11, 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>CLINTON CONRAD</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
<u>6134 Bella Oak Ct.</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Livermore, CA 94550</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"/>
		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 12-20-12
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

1. Agency Name		Date Stamp	California Form 802 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		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Warriors vs. 76ers Face Value of Each Admission \$ 150

Description Basketball Date(s) 01 / 09 / 13

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

_____ Amy Shrago _____ Ticket Administrator _____ 12/10/12
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

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
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 Warriors vs. Hornets Face Value of Each Admission \$ \$150

Description Basketball Date(s) 12 / 18 / 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Asian Community Collaborative Coordinate API serving CBOs	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

 <small>Signature of Agency Head or Designee</small>	<u>Amy Shrago</u> <small>Print Name</small>	<u>Ticket Administrator</u> <small>Title</small>	<u>12/10/12</u> <small>(month, day, year)</small>
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Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Hornets Face Value of Each Admission \$ \$150

Description Basketball Date(s) 01 / 31 / 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Asian Community Collaborative Coordinate API serving CBOs	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community. <input type="checkbox"/>
		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.

A Shrago Amy Shrago Ticket Administrator 12/10/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Bruce Springsteen Face Value of Each Admission \$ 103.00
 Description Concert Date(s) 11/30/12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
<u>Donna Garrison</u>	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>2323 Ruby Hill Drive</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Pleasanton, CA 94566</u>		Yes <input type="checkbox"/> No <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 12-7-12
Signature of Agency Head of 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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
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 Bruce Springsteen Face Value of Each Admission \$ 103.00

Description Concert Date(s) 11, 30, 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Debra Nappo	<u>\$2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
5586 Corte Sonora Pleasanton CA 94566		Yes <input type="checkbox"/> No <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 Signature of Agency Head or Designee Lee Ann Ferguson Print Name Ticket Administrator Title 12-7-12 (month, day, year)

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors Face Value of Each Admission \$ 9500

Description Basketball Date(s) 1, 9, 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>Jeri Laws</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>6214 Antioch St # e</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Oakland, CA 95611</u>		Yes <input type="checkbox"/> No <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 12-7-12
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

1. Agency Name		Date Stamp	California Form 802 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		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	
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 Not So Silent Night Face Value of Each Admission \$ 72.25, \$75.25

Description Concert Date(s) 12 / 07 / 12 12 / 08 / 12

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

_____ Amy Shrago _____ Ticket Administrator _____ 12/04/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Katt Williams Face Value of Each Admission \$ 58.00

Description comedy Date(s) 11 / 16 / 12

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

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


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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (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 Raiders vs. Kansas City Chiefs Face Value of Each Admission \$ 222

Description Basketball Date(s) 12 / 16 / 12

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

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


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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Carson, Keith	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Sanchez, Mina	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Brooks, Rodney	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Brown, Aisha	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Shrago, Amy Greene, Hannah	2, 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

1. Agency Name		Date Stamp	California Form 802 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 Warriors vs. Jazz Face Value of Each Admission \$ 100

Description Basketball Date(s) 04 / 07 / 13

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

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

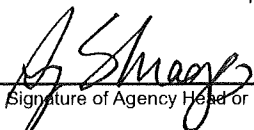
Yes No If yes: Carson, Keith Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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


 _____ Amy Shrago _____ Ticket Administrator _____ 12/04/12
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)			
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 Warriors vs. Spurs Face Value of Each Admission \$ 200

Description Basketball Date(s) 04 / 15 / 13

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

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


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

The identity of recipient(s) and the explanation:

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


 Signature of Agency Head or Designee
 Amy Shrago
 Print Name
 Ticket Administrator
 Title
 12/04/12
 (month, day, year)

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. ~~TRABLAZORS~~ Face Value of Each Admission \$ 100

Description Basketball Date(s) 03 / 30 / 13

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

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


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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Lakers Face Value of Each Admission \$ 500

Description Basketball Date(s) 03 / 21 / 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Carson, Keith	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Brooks, Rodney	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Sanchez, Mina	5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Brown, Aisha	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
Shrago, Amy Greene, Hannah	2, 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>

3. Verification

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

_____ Amy Shrago Ticket Administrator 12/04/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Bucks Face Value of Each Admission \$ 100

Description Basketball Date(s) 03 / 09 / 13

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

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


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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Trailblazers Face Value of Each Admission \$ 100

Description Basketball Date(s) 01 / 17 / 13

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

1. Agency Name		Date Stamp	California Form 802
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"/> Amendment (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Bobcats Face Value of Each Admission \$ 100

Description Basketball Date(s) 12 / 21 / 12

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

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


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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 Amy Shrago Ticket Administrator 12/04/12
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

1. Agency Name		Date Stamp	California Form 802 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		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Nuggets Face Value of Each Admission \$ 200

Description Basketball Date(s) 11 / 29 / 12

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

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

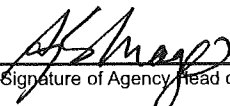
Yes No If yes: Carson, Keith Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Youth Alive 3300 Elm St, Oakland, CA 94609	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

 _____ Amy Shrago _____ Ticket Administrator _____ 12/04/12
 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 <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> Date of Original Filing: _____ <small><i>(month, day, year)</i></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 Warriors vs. Cavaliers Face Value of Each Admission \$ 200

Description Basketball Date(s) 11 / 07 / 12

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

_____ Amy Shrago _____ Ticket Administrator _____ 12/04/12
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

1. Agency Name		Date Stamp	California Form 802 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.) Date of Original Filing: _____ (month, day, year)	
Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Nets **Face Value of Each Admission \$** 100

Description Basketball **Date(s)** 11 / 21 / 12

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

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

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

The identity of recipient(s) and the explanation:

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

3. Verification

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

 _____ Amy Shrago _____ Ticket Administrator _____ 12/04/12
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

1. Agency Name		Date Stamp	California Form 802 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 Warriors vs. Timberwolves Face Value of Each Admission \$ 100

Description Basketball Date(s) 11 / 24 / 12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Carson, Keith	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To obtain oversight of facilities or events that have received County funding or support	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
 Amy Shrago
 Print Name
 Ticket Administrator
 Title
 12/04/12
 (month, day, year)

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