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

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

2. Function, Event, or Ceremonial Role Information
Title Raiders
Description Football
Face Value of Each Admission $ 150.
Date(s) 10 / 16 / 11
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 Scott Haggerty, District 1
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alisa Ann Ruch Burn Foundation</td>
<td>2</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head of Entitlement: Lee Ann Fergerson
Print Name: Ticket Administrator: 09-23-11
Title: (month, day, year)

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

FPSC Form 802 (2/11)
FPSC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Alameda
   Division, Department, or Region (If applicable)
   Board of Supervisors

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

2. Function, Event, or Ceremonial Role Information
   Title FOO FIGHTERS
   Description CONCERT
   Face Value of Each Admission $75.10
   Date(s) 10/19/11
   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 SOTT HAGGERTY, DISTRICT ONE
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIRSTIN SILVA</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO REWARD A COMMUNITY VOLUNTEER FOR HER SERVICE TO THE PUBLIC</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   LEE ANN FERGERSON
   Signature of Agency Head or Designee
   Print Name
   Title
   Ticket Administrator
   09-23-11 (month, day, year)

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

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
1221 Oak Street, Suite 555, Oakland, CAS 94612  

Street Address  
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office  

Designated Agency Contact (Name, Title)  

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

Date Stamp  
California Form 802  
For Official Use Only  

 Amendment (Must provide explanation in Part 3.)  
Date of Original Filing:  

(month, day, year)  

2. Function, Event, or Ceremonial Role Information  
Title  

Face Value of Each Admission $ 38  

Description Oakland Athletics game  

Date(s) 9/16/11  

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

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

Official’s Name (Last, First) and Title  

The identity of recipient(s) and the explanation:  

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

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

 Александра Боскович  
Signature of Agency Head or Designee  

Alexandra Boskovitch  
Supervisor's Assistant  
Print Name  

Title  

9/14/11  
(month, day, year)  

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

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

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

Date Stamp California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title How Sweet the Sound
Description Concert
Face Value of Each Admission $ 23.55
Date(s) __/04/11

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: Lockyer, Nadia, Supervisor- District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee: [Signature]
Print Name: MICHELLE DIANDA
Title: [Title]
Date: 9/28/11 (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

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

Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 12 / 11
   Description of Event: Oakland A’s game
   Face Value of Ticket: $43.75
   Agency Event Yes ☐ No ☒ (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
   Name of Individual or Organization: Dale Reed
   Number of Tickets: 20
   Description of Organization: 
   Address of Organization: 
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   [Signature]
   Print Name
   Alexandra Boskovich
   Supervisor’s Assistant
   [Signature]
   Title
   9/1/11
   (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
1221 Oak Street, Suite 536
Street Address
Oakland, CA 94612
Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager
Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

Date Stamp California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information

Title How Sweet the Sound
Face Value of Each Admission $ 23.55

Description Concert
Date(s) 11 / 27 / 11

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

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>The reason for providing admission(s) and the explanation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth UpRising</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a non profit for its contribution to Income ☐</td>
</tr>
<tr>
<td>8711 MacArthur Blvd</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>To reward a non profit for its contribution to Income ☐</td>
</tr>
<tr>
<td>Oakland, CA 94605</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>To reward a non profit for its contribution to Income ☐</td>
</tr>
</tbody>
</table>

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

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

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

1. Agency Name
   County of Alameda
   1221 Oak Street, Suite 536
   Street Address
   Oakland, CA 94612
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   E-mail
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Raiders vs. Chicago Bears
   Face Value of Each Admission $ 150.00
   Description: Football Game
   Date(s): 11/27/11
   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: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary's Center</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>925 Brockhurst Street</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Oakland, CA 94608</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Operations Manager
Print Name
Title
9/22/11
(month, day, year)

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

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

A Public Document

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   1221 Oak Street, Suite 536
   Street Address
   Oakland, CA 94612
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Raiders vs. New York Jets
   Face Value of Each Admission $150.00
   Description: Football Game
   Date(s): 09/25/11
   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: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Jaimie</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held in ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature: Anna Gee
Print Name: Operations Manager
Title: (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #536
Street Address
OAKLAND, CA 94612
Area Code/Phone Number
(510) 272-6694
E-mail
anna.gee@acgov.org
Agency Contact (name and title)
Anna Gee, Operations Manager

Date Stamp: [Blank]
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08 / 19 / 11
Description of Event: Baseball Game
Face Value of Ticket: $38.00
Agency Event: [ ] Yes [ ] No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 2
Ticket(s) Provided to Agency: [ ] Gratuitously [ ] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Women on the Way to Recovery
Number of Tickets: 2
Description of Organization: Re-entry program for women
Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: ANNA GEE
Print Name: OPERATIONS MANAGER
Title: 09/01/11
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title): Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number: (510) 272-3882
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: TREASURE TROVE
Description: DISNEY ON ICE
Face Value of Each Admission: $32.15
Date(s): 10/15/11
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: ALAMEDA COUNTY SUPERVISOR SCOTT NAUGERTY, DISTRICT 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA FOUNDATION</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR ITS CONTRIBUTIONS</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [Signature]
Print Name: LEE ANN FERGЕRSON
Title: Ticket Administrator
Date of Original Filing: [Date]

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

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

2. **Function, Event, or Ceremonial Role Information**
   
   **Title**
   DISNEY ON ICE
   
   **Face Value of Each Admission**
   $20.40
   
   **Date(s)**
   10 / 12 / 11

   **Ticket(s)/Admission(s) provided by agency?**
   Yes [x] No [ ]
   
   **If no: GOLDEN STATE WARRIORS**
   **Name of Source**
   
   **Was the distribution to persons identified below made at the behest of an agency official?**
   
   Yes [x] No [ ]
   
   **If yes:**
   ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
   **Official's Name (Last, First) and Title**

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLY SPIRIT SCHOOL</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR ITS CONTRIBUTIONS</td>
</tr>
</tbody>
</table>

3. **Verification**

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

   **Signature of Agency Head or Designee**
   LEE ANN FERGERTON
   **Print Name**
   **Ticket Administrator**
   **Title**
   9/23/11
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Ringling Brothers Circus
   Face Value of Each Admission $ 35.20
   Description Circus Show
   Date(s) 09/08/11
   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 ☐

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, Marta</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for exemplary service</td>
</tr>
</tbody>
</table>
   |                                                               |                               | Yes ☐ No ☐      | (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.)
   |                                                               |                               | Yes ☐ No ☐      | the public |
   |                                                               |                               | Yes ☐ No ☐      | Income     |
   |                                                               |                               | Yes ☐ No ☐      | Income     |
   |                                                               |                               | Yes ☐ No ☐      | Income     |
   |                                                               |                               | Yes ☐ No ☐      | Income     |

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Raiders
Description Football
Face Value of Each Admission $ 150.
Date(s) 109 / 25 / 11
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 Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Lee Ann Fergerson  Ticket Administrator
Signature of Agency Head or Designee  Print Name  Title
09-23-11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 25 / 11
   Description of Event: Luxury Suite Raider's Game
   Face Value of Ticket: $ 150.00

   Agency Event Yes □ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency:

   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Supervisor Scott Haggerty, District One

   Name of Individual or Organization: Fred Thompson
   Number of Tickets: 4

   Description of Organization:

   Address of Organization:

   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County sponsored event to maximize potential county revenue by parking and concession.

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee: LEEANN FERGERSON
   Print Name: TICKET ADMINISTRATOR
   Title: 9/1/11
   (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (If applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@ac.gov.org
   Agency Contact (name and title) Anna Gee - operations manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/20/11 Description of Event: KMEL Summer Jam
   Face Value of Ticket: $145.35
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4 Ticket(s) Provided to Agency: No Gratuitously Yes Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
<td>Last, First</td>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: United Seniors of Oakland & Alameda County
   Number of Tickets: 4
   Description of Organization: senior advocacy
   Address of Organization: 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605
   Number and Street: 7200 Bancroft Ave
   City: Oakland
   State: CA
   Zip Code: 94605
   Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee Anna Gee
   Print Name Anna Gee
   Operations Manager
   Title
   Date 09/01/11 (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   (Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA. 94612
   Area Code/Phone Number: (510) 272-6694
   E-mail: anna.gee@acgov.org
   Agency Contact (name and title): Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/12/11
   Description of Event: Baseball Game
   Face Value of Ticket: $38.00
   Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2  Ticket(s) Provided to Agency: ☑ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Women on the Way to Recovery  Number of Tickets: 2
   Description of Organization: Re-entry program for women
   Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: [Signature]
   Title: OPERATIONS MANAGER
   Print Name: ANNA GEE
   Date: 09/01/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales
**Tickets Provided by**  
**Agency Report**  
**A Public Document**

1. **Agency Name**  
COUNTY OF ALAMEDA  
1221 OAK STREET, #536

**Division, Department, or Region (if applicable)**

**Street Address**  
OAKLAND, CA 94612

**Area Code/Phone Number**  
(510) 272-6694

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

**Agency Contact (name and title)**  
Anna Gee - operations manager

2. **Event For Which Tickets Were Distributed**

   **Date(s) of Event:** 06/24/11  
   **Description of Event:** Sesame Street  
   **Face Value of Ticket:** $23.15

**Agency Event**

   - [ ] Yes  
   - [x] No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Golden State Warriors

**Number of Tickets Received:** 4

**Ticket(s) Provided to Agency:**  
- [ ] Gratuitously  
- [x] Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**

   **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4

   **Name of Individual or Organization:** United Seniors of Oakland & Alameda County  
   **Number of Tickets:** 4

   **Description of Organization:** Senior Advocacy

   **Address of Organization:**
   
   - **Number and Street**
   - **City**
   - **State**
   - **Zip Code**

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

   To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales.

5. **Verification**

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   **Signature of Agency Head or Designee:** Anna Gee  
   **Print Name:** Anna Gee  
   **Operations Manager:**  
   **Title:** Operations Manager  
   **Date:** 07/01/11

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

   parking and concession sales

**FPPC Form 802 (Feb/09)**  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #536
Street Address
OAKLAND, CA 94612
Area Code/Phone Number
(510) 272-6694
E-mail
anna.gee@acgov.org
Agency Contact (name and title)
Anna Gee - Operations Manager

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/20/11
Description of Event: Baseball Game
Face Value of Ticket: $43.75
Agency Event
☐ Yes  ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency:
Oakland Athletics
Number of Tickets Received: 2
Ticket(s) Provided to Agency:
☐ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official:
Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization:
Patrick Laffey & Paul Sanftner, II
Number of Tickets: 2

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee
ANNA GEE
Print Name
OPERATIONS MANAGER
Title
08/1/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #536
Street Address
OAKLAND, CA 94612
Area Code/Phone Number
(510) 272-6694
E-mail
anna.gee@acgov.org
Agency Contact (name and title)
Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/13/11
Description of Event: Baseball Game
Face Value of Ticket: $36.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 2
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Women on the Way to Recovery

Number of Tickets: 2
Description of Organization: Re-entry program for women
Address of Organization: 20424 Haviland Ave - Hayward, CA 94541

Number and Street: 20424 Haviland Ave
City: Hayward
State: CA
Zip Code: 94541

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee

ANNA GEE
OPERATIONS MANAGER
09/01/11

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

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   BOARD OF SUPERVISORS
   Street Address
   1221 OAK STREET, SUITE 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number      E-mail
   (510) 272-3882    crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title DISNEY ON ICE
   Description TREASURE TROVE
   Face Value of Each Admission $32.15
   Date(s) 10/13/11
   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 SCOTT HAGGERTY, DISTRICT ONE
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRI CITY ELDERS COALITION</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
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<td>to reward a nonprofit org. for its contributions Income ☐</td>
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<td>Yes ☐ No ☑</td>
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<tr>
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<td>Yes ☑ No ☐</td>
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<tr>
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<td>Yes ☑ No ☑</td>
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</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee  Lee Ann Fergerson  Ticket Administrator  09-23-11
   Print Name  Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/14/11 Description of Event: Baseball Game

Face Value of Ticket: $38.00

Agency Event □ Yes □ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 2 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Women on the Way to Recovery

Number of Tickets: 2

Description of Organization: Re-entry program for women

Address of Organization: 20424 Haviland Ave - Hayward, CA 94541

City: Hayward | State: CA | Zip Code: 94541

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: Anna Gee

Print Name: Anna Gee

Title: Operations Manager

Date: 09/01/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 08/15/11
Description of Event: Baseball Game
Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)

Face Value of Ticket: $38.00

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 2
Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Women on the Way to Recovery
Number of Tickets: 2
Description of Organization: Re-entry program for women
Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: ANNA GEE
Print Name: OPERATIONS MANAGER
Title: 09/01/11
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   DOI Treasure Trove
   Face Value of Each Admission
   $ 32.15
   Description
   Show
   Date(s)
   10 / 14 / 11
   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:
   Mirey, Nate, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Oriented Policing &amp;</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held in a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>1530 167th Ave</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>San Leandro, CA 94578</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

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

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

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

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 10/04/11
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Detroit Tigers
Face Value of Each Admission $ 38.00
Description Baseball
Date(s) 09/21/11
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sakamoto, Heather</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a County sponsored event or event held at a County facility</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head/Designee

Amy Shrago
First Name
Ticket Administrator
Title
10/04/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

2. **Street Address**
   1221 OAK STREET, #536, OAKLAND, CA 94612

3. **Area Code/Phone Number**
   (510) 272-6692
   E-mail
   District2@acgov.org

4. **Agency Contact (name and title)**
   Michelle Dianda, Ticket Administrator, BOS

5. **Event For Which Tickets Were Distributed**
   Date(s) of Event: 09 / 23 / 11
   Description of Event: Marc Anthony Concert
   Face Value of Ticket: $72.05

   Agency Event
   - Yes
   - No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:
   - Gratuitously
   - Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)**
   (use a continuation sheet for additional names)

4. **Individual or Organization Receiving Ticket(s)**
   (Provided at the behest of an agency official.)

<table>
<thead>
<tr>
<th>Name of Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td>Number of Tickets</td>
</tr>
<tr>
<td>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</td>
</tr>
</tbody>
</table>

   Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Elizabeth Briones
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution:
   (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue.

5. **Verification**
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name
   Title: TICKET ADMINISTRATOR
   Date of Filing: 09 / 8 / 11
   (month, day, year)

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

A Public Document

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title
   DOI Treasure Trove
   Face Value of Each Admission $ 32.15
   Description
   Show
   Date(s) 10 / 15 / 11
   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: Mike N. Nee, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese Christian Schools</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>1801 North Loop Road</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Alameda, CA 94502</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>education</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Operations Manager
Print Name
Title 9/22/11
(month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title DOI Treasure Trove
   Face Value of Each Admission $32.15
   Description Show
   Date(s) 10/13/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Miley, Nate, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   Title
   1/28/11 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title How Sweet the Sound
   Description Concert
   Face Value of Each Admission $ 23.55
   Date(s) 10 / 04 / 11
   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: ____________________________ 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 |
   |___________________________________________________________________|_______________________________|__________________|
   | Carson, Keith                                                       | 4                             | Yes ☐ No ☐       |
   |                                                                  |                               | To promote attendance at a County sponsored event or event held at a County facility |
   |                                                                  |                               | Income ☐         |
   |                                                                  |                               | Income ☐         |
   |                                                                  |                               | Income ☐         |
   |                                                                  |                               | Income ☐         |
   |                                                                  |                               | Income ☐         |

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

   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Ticket Administrator
   10/04/11 (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   (510) 272-3882

2. Function, Event, or Ceremonial Role Information
   Title: Disney on Ice: Treasure Trove
   Description: Event
   Face Value of Each Admission $32.15
   Date(s): 10/15/11
   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 Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton, Sheila</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Yes ☐</td>
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<td></td>
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<td></td>
<td></td>
<td>Yes ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   | To promote attendance at a County sponsored event or event held at a County facility Income ☐

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

   Amy Shrego ☑
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   10/04/11 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-6692
   District2@acgov.org
   Agency Contact (name and title)
   Michelle Dianada, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 20 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 43.75
   Agency Event: ☑ Yes
   ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: ☑ Gratuitously
   ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   __________________________________________ |__________________|____________________________________________________
   __________________________________________ |__________________|____________________________________________________
   __________________________________________ |__________________|____________________________________________________

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Michael Phelps
   Number of Tickets: 3
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his service to the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   Title: 9 / 12 / 11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**

**Agency Report**

**A Public Document**

1. **Agency Name**
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

2. **Street Address**
   1221 OAK STREET, #536, OAKLAND, CA 94612

3. **Area Code/Phone Number**
   (510) 272-6692

4. **E-mail**
   District2@acgov.org

5. **Agency Contact (name and title)**
   Ruben Briones, Deputy Chief of Staff, BOS

6. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 09/25/11
   **Description of Event:** Oakland Raiders
   **Face Value of Ticket:** $150.00

7. **Agency Event**
   - ☑ Yes
   - ❌ No (Identify source of tickets below.)

8. **Name of Outside Source of Ticket(s) Provided to Agency:**
   Oakland Raiders

9. **Number of Tickets Received:** 1
   **Ticket(s) Provided to Agency:**
   - ☑ Gratuitously
   - ❌ Pursuant to Contract

10. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianda, Michelle</td>
<td>1</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales</td>
</tr>
</tbody>
</table>

11. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

   **Name of Behesting Agency Official:** Supervisor Nadia Lockyer, District 2

   **Name of Individual or Organization:**
   **Number of Tickets:**

   **Description of Organization:**

   **Address of Organization:**
   Number and Street
   City
   State
   Zip Code

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

12. **Verification**

   *I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

   **Signature of Agency Head or Designee:**
   **Print Name:** Ruben Briones
   **Title:** Deputy Chief of Staff
   **Date:** 9/12/11

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number E-mail
   (510) 272-6692 District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/23/11
   Description of Event: Marc Anthony Concert

   Face Value of Ticket: $72.05

   Agency Event: □ Yes ☒ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

   Name of Individual or Organization: Shadia Merukeb

   Number of Tickets: 2

   Description of Organization:

   Address of Organization: Number and Street City State Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee: MICHELLE DIANDA

   Print Name: TICKET ADMINISTRATOR

   Title: 9/12/11 (month, day, year)

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders Game
Face Value of Each Admission $ 150.00
Description Football Game

Date(s) 11/06/11

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: Lockyer, Nadia, Supervisor, District2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Firefighters Local 1909 2</td>
<td>Yes ☐ No ☑</td>
<td>To reward a nonprofit organization for its contributions to the community.</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: TICKET ADMINISTRATOR
Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

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

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 05 / 11
   Description of Event: Oakland A’s game
   Face Value of Ticket: $38
   Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
   Name of Individual or Organization: Lionela Rivera
   Number of Tickets: 2
   Description of Organization:
   Address of Organization: ________________________________
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head of Designee

   ALEXANDRA BOSKOVICH
   Print Name
   SUPERVISOR’S ASSISTANT
   Title
   9/20/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number  E-mail
   (510) 272-3882  crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office
   Date Stamp
   California Form 802
   For Official Use Only
   □ Amendment  (Must explain in Part 5.)
   Date of Original Filing: ________/______/______ (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/16/11
   Description of Event: A’s Game
   Face Value of Ticket: $ 43.75
   Agency Event  □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletic’s
   Number of Tickets Received: 4  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Ralph Gonzales
   Number of Tickets: 4
   Description of Organization: 
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   LEE ANN FERGERSON  Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title ____________________________
Face Value of Each Admission $ 23.55
Description How Sweet the Sound
Date(s) 10/4/11
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Alexandra Boskovich
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
10/3/2011 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: _______/_____/______ (month, day, year)

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/16/11 Description of Event: Oakland A's

Face Value of Ticket: $ 43.75

Agency Event: ☑ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Gary Wallner Number of Tickets: 4

Description of Organization: ________________________________________________________________

Address of Organization:
Number and Street __________________________ City _______ State _______ Zip Code ________

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

MICHELLE DIANDA
Signature of Agency Head or Designee
PRINT NAME
TICKET ADMINISTRATOR
TITLE

9/12/11 (month, day, year)

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS
Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

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

2. Function, Event, or Ceremonial Role Information
Title Disney on Ice- Treasure Trove
Face Value of Each Admission $ 32.15
Date(s) 10 / 15 / 11
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: Lockyer, Nadia, Supervisor District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
MICHELLE DIANDA
Print Name
TICKET ADMINISTRATOR
Title
9/22/11 (month, day, year)

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

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Street Address  
1221 Oak Street, Suite 536  
Designated Agency Contact (Name, Title)  
Crysta Hishida Graff, Clerk, Board of Supervisors  
Area Code/Phone Number  
(510) 272-3822  
E-mail  
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information  
Title  
Face Value of Each Admission $  
$32.15  
Description  Disney on Ice Treasure Trove  
Date(s)  
10 / 12 / 11  
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐  
If no: Golden State Warriors  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title  

The identity of recipient(s) and the explanation:  

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

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

Alexandra Boskovich  
Ticket Administrator  
10/3/2011  
(month, day, year)  

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianza, Ticket Administrator, BOS

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Lord of the Rings in Concert

Face Value of Each Admission $ 67.70

Description Concert

Date(s) 10 / 22 / 11

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

If no: Golden State Warriors

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

Yes ☐ No ☐
If yes: Lockyer, Nadia, Supervisor District 2

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ginny DeMartini</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for her service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
MICHELLE DIANDA

Print Name
TICKET ADMINISTRATOR

Date (month, day, year)
9/22/11

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612
Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS
Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Date Stamp
California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title Lord of the Rings in Concert
Description Concert
Face Value of Each Admission $ 67.70
Date(s) 10 / 22 / 11

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: Lockyer, Nadia, Supervisor District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Sun Gallery</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>1015 E Street, Hayward</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Non-profit to benefit art programs</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

[Signature] MICHELLE DIANDA
Signature of Agency Head or Designee

[Print Name] TICKET ADMINISTRATOR
Print Name

Title

(9/22/11)
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   1221 Oak Street, Suite 536
   Street Address
   Oakland, CA 94612
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Athletics vs. Angels
   Face Value of Each Admission $ 38.00
   Description
   Baseball Game
   Date(s) 09 / 13 / 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   Title
   09/30/2011 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 12 / 11
   Description of Event: A's Game
   09 / 15 / 11
   Face Value of Ticket: $38.00

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerly, District 1
   Name of Individual or Organization: Clark Luethy
   Number of Tickets: 4

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: LEE ANN FERGEBSON
   Print Name: TICKET ADMINISTRATOR
   Title: Date: 04/06/11

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

2. Function, Event, or Ceremonial Role Information
Title OAKLAND A'S
Description BASEBALL
Face Value of Each Admission $ 38.00
Date(s) 09 / 16 / 11

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH LOPES</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at a county facility to maximize potential county revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Ticket Administrator
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact (name and title) Anna Gee - Operations Manager

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 17 / 11
   Description of Event: Baseball Game
   ___ / ___ / ___
   Face Value of Ticket: $___ 1,500
   Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 24
   Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Bartell Learning Center
   Description of Organization: summer program to low income children in east Oakland
   Number of Tickets: 24

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee ANNA GEE OPERATIONS MANAGER
   Print Name
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   3 parking passes
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
A Public Document

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

2. Function, Event, or Ceremonial Role Information
   Title
   Ringling Brothers Circus
   Description
   Circus Show
   Face Value of Each Admission $35.20
   Date(s)
   09/11/11
   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: Alameda County Supervisor Nate Miley, District 4
   Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   09/30/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
A Public Document

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

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

2. Function, Event, or Ceremonial Role Information
Title Ringling Brothers Circus
Description Circus Show
Face Value of Each Admission $35.20
Date(s) 09/09/11
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: Alameda County Supervisor Nate Miley, District 4
Official’s Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leocario, Brenda</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Rogers-Rumph, Valorie</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Anna Gee Operations Manager 09/30/11
Print Name
Title
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Ringling Brothers Circus
   Description: Circus Show
   Face Value of Each Admission $35.20
   Date(s): 09/09/11
   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: Alameda County Supervisor Nate Miley, District 4
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caballero, Rose</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for exemplary to Income ☐</td>
</tr>
<tr>
<td>Riray, Nerissa</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the public Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee Anna Gee Print Name Operations Manager Title 09/30/11 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 75.10
Description Lord of the Rings in concert
Date(s) 10 / 22 / 11
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No ☑ If yes: Supervisor Wilma Chan
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan Cravalho</td>
<td>4</td>
<td>Yes ☑ No □ To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
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</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
9/26/2011 (month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
1221 Oak Street, Suite 555, Oakland, CAS 94612
Street Address
Crystal Hishida Graff, Principal Analyst, County Administrator's Office
Designated Agency Contact (Name, Title)

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

2. Function, Event, or Ceremonial Role Information
Title ____________________________ Face Value of Each Admission $ 43.75
Description Oakland Athletics game
Date(s) 9/15/11
Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Chan, Wilma, Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie DeHerrera</td>
<td>20</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee

Supervisor's Assistant

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

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

2. Function, Event, or Ceremonial Role Information
   Title LOVEvolution
   Description Concert
   Face Value of Each Admission $25.00
   Date(s) 09/24/11
   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: Lockyer, Nadia, Supervisor- District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Michelle Dianda
   Print Name
   Ticket Administrator
   9/23/11
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information  
Title  
Oakland Raiders  
Face Value of Each Admission $  
150.00  
Date(s)  
11/06/11  
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:  
Lockyer, Nadia, Supervisor- District 2  
Official’s Name (Last, First) and Title  

The identity of recipient(s) and the explanation:  

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDC of Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>P.O. Box 55604 Hayward, CA 94545</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To encourage people and volunteers</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>to get out and vote.</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda  
Signature of Agency Head or Designee  
Ticket Administrator  
Print Name  
Title  
9/12/11 (month, day, year)  

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

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

   Date Stamp  California Form 802
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ________/_____/______

2. Function, Event, or Ceremonial Role Information
   Title  DOI Treasure Trove
   Description  Show
   Face Value of Each Admission $ 20.40
   Date(s)  10/12/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Miley, Nate, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canine Companions for Independence</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>PO Box 446</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Santa Rosa, CA 95402</td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Provides guide dogs for the disabled</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

   Income ☐
   Income ☐
   Income ☐
   Income ☐

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee  Operations Manager
   Signature of Agency Head or Designee  Print Name  Title
   9/20/11
   (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6692

E-mail
District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/20/11
Description of Event: Oakland A's

Face Value of Ticket: $43.75

Agency Event
☑ Yes
☐ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:
Oakland A's

Number of Tickets Received: 3
Ticket(s) Provided to Agency:
☐ Gratuitously
☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Fred Sharples
Number of Tickets: 3

Description of Organization:

Address of Organization: Number and Street

City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee

Print Name

Title

Date of Filing: 09/12/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #530
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact Anna Gee - operations manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 30 / 11
   Description of Event: Rihanna
   Face Value of Ticket: $ 83.80
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☑️ Gratuitously ☐️ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: United Seniors of Oakland & Alameda County
   Number of Tickets: 2
   Description of Organization: senior advocacy
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee Anna Gee Operations Manager 07/01/11 (month, day, year)
   Print Name
   Title

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

FFPC Form 802 (Feb/09)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 30 / 11  Description of Event: Baseball Game

Agency Event  □ Yes  □ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 2  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: United Seniors of Oakland & Alameda County  Number of Tickets: 2

Description of Organization: senior advocacy

Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 94605

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a nonprofit organization for its contribution to the community

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Anna Gee  Operations Manager  07/01/11

Signature of Agency Head or Designee  Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #530
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact (name and title)
   Anna Gee - operations manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 30 / 11
   Description of Event: Rihanna
   Face Value of Ticket: $ 83.80
   Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Geoffrey Pete
   Number of Tickets: 2
   Description of Organization:_________________________________________________________
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head/Designee Anna Gee
   Operations Manager
   07/01/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
### Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors

### Street Address
1221 Oak Street, Suite 536

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

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

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

### Function, Event, or Ceremonial Role Information

**Title**: DOI Treasure Trove

**Description**: Show

**Face Value of Each Admission**: $32.15

**Date(s)**: 10/16/11

**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 [ ]

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

Miley, Nate, Alameda County Supervisor, District 4

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp;</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Alameda County</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Oakland, CA 94605</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>senior advocacy</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

**To promote attendance at an event held in a County facility in order to maximize potential County revenue from parking and concession sales.**

**Income**

### Verification

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

Signature of Agency Head or Designee: Anna Gee

Print Name: Anna Gee

Operations Manager: Anna Gee

Title: Operations Manager

Date (month, day, year): 9/20/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report  
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA  94612
   Area Code/Phone Number  E-mail
   (510) 272-3882  crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 13 / 11  Description of Event: Oakland A's Skybox
   Face Value of Ticket: $1,500
   Agency Event  ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Number of Tickets Received: 20  Ticket(s) Provided to Agency:  ☑ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)  Number of Tickets  State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: ALAMEDA COUNTY FIRE DEPARTMENT  Number of Tickets: 20
   Description of Organization:
   Address of Organization:
   Number and Street  City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a county department for their exemplary service to the public and encourage staff development

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   LEE ANN FERGERSON  TICKET ADMINISTRATOR
   Signature of Agency Head or Designee  Print Name  Title
   (month, day, year)
   Comments: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**1. Agency Name**

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

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

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 9/21/11 Description of Event: A's seat tickets

Face Value of Ticket: $38.00

Agency Event

☐ Yes  ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: alameda county health care foundation Number of Tickets: 2

Description of Organization: 

Address of Organization:

Number and Street

City

State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

to reward a county department for his or her exemplary service to the public

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

LEE ANN FERGERSON  
Signature of Agency Head or Designee

TICKET ADMINISTRATOR

Print Name

Title

9/12/14  
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Admission Distributions**

#### 1. Agency Name
- County of Alameda

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

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

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

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

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

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

- **Title:** Oakland A's vs. Detroit Tigers
- **Face Value of Each Admission:** $38.00
- **Date(s):** 09/18/11
- **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:** Carson, Keith Supervisor

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watts, Alfred</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

- **To reward a community volunteer for his or her service to the public.**
- **Income [ ]**

#### 3. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:**

**Ticket Administrator:**

**Title:**

**Date:** 10/04/11

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

---

FPPC Form 802 (2/11)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
   1221 OAK STREET, #536

Street Address
   OAKLAND, CA 94612

Area Code/Phone Number   E-mail
   (510) 272-6694   anna.gee@acgov.org

Agency Contact (name and title)
   Anna Gee, Operations Manager

Date Stamp

California Form 802
For Official Use Only

□ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: __________ / __________ / __________
Description of Event: Baseball Game

Agency Event  □ Yes  □ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:
   Oakland Athletics

Number of Tickets Received: _____ 2 _____
Ticket(s) Provided to Agency:  □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official:  Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization:  Women on the Way to Recovery

Number of Tickets: 2

Description of Organization: Re-entry program for women

Address of Organization:  20424 Haviland Ave - Hayward, CA 94541

Number and Street: 20424 Haviland Ave
City: Hayward
State: CA
Zip Code: 94541

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee:  ANNA GEE
Print Name:  OPERATIONS MANAGER
Title:  09/01/11
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description Foo Fighters concert
   Face Value of Each Admission $ 75.10
   Date(s) 10 / 19 / 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   9/26/2011 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   
   COUNTY OF ALAMEDA
   
   Division, Department, or Region (if applicable)
   
   1221 OAK STREET, #555
   
   Street Address
   
   OAKLAND, CA 94612
   
   Area Code/Phone Number  
   (510) 272-3882
   
   E-mail  
   crystal.hishida@acgov.org

2. **Event For Which Tickets Were Distributed**
   
   Date(s) of Event: 09 / 20 / 11  
   Description of Event: A's Game
   
   Face Value of Ticket: $38.00

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   
   Name of Individual or Organization: Clark Luethy
   
   Number of Tickets: 2

   Description of Organization: 

   Address of Organization: 
   
   Number and Street  
   City  
   State  
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   
   To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. **Verification**
   
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   LEE ANN FERGERSON  
   Print Name  
   TICKET ADMINISTRATOR

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

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #536
Street Address
OAKLAND, CA 94612
Area Code/Phone Number
(510) 272-6694
E-mail
anna.gee@acgov.org
Agency Contact (name and title)
Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/17/11 Description of Event: Baseball Game
Face Value of Ticket: $38.00
Agency Event
☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 2
Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Women on the Way to Recovery
Number of Tickets: 2
Description of Organization: Re-entry program for women
Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
Number and Street: 20424 Haviland Ave
City: Hayward
State: CA
Zip Code: 94541
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee
ANNA GEE
Print Name
OPERATIONS MANAGER
Title
(09/01/11)
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp

California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09/17/11
Description of Event: Oakland A’s game

Face Value of Ticket: $43.75

Agency Event
☐ Yes
☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 20
Ticket(s) Provided to Agency: ☐ Gratuiously
☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)

Number of Tickets

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

☐ ☑ ☐ ☐

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Tom McCormick
Number of Tickets: 20

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee
Alexandra Boskovich
Print Name
Superintendent's Assistant
Title
9/13/11
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Oakland Raiders

Description Football Game

Face Value of Each Admission $ 150.00

Date(s) 09/25/11

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: Lockyer, Nadia, Supervisor- District 2

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Richard</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

3. Verification

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

Michelle Dianda
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title

9/22/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #530

Division, Department, or Region (if applicable)

Street Address
   OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-6694

E-mail
   anna.gee@acgov.org

Agency Contact (name and title)
   Anna Gee, Operations Manager

Date Stamp

California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 20 / 11

Description of Event: Baseball Game

Face Value of Ticket: $ 38.00

Agency Event
   Yes ☐ No [ ] (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

Number of Tickets Received: 2

Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official:
   Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization:
   Kristopher Kokotaylo

Number of Tickets: 2

Description of Organization:
   Re-entry program for women

Address of Organization:
   20424 Haviland Ave - Hayward, CA 94541
   Number and Street City
   State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee

ANNA GEE OPERATIONS MANAGER

Print Name Title

09/01/11 (month, day, year)

Signature of Agency Head or Designee

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

and concession sales
Tickets Provided by
Agency Report

A Public Document

1. **Agency Name**
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact (name and title) Anna Gee - operations manager

2. **Event For Which Tickets Were Distributed**
   Date(s) of Event: 08 / 11 / 11
   Description of Event: Football game
   □ Yes □ No (Identify source of tickets below.)
   Agency Event
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 4
   □ Gratuitously □ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Joe & Malakai DeVries, Finn Capuro and Schol Brest Van Kempen
   Number of Tickets: 4

5. **Verification**
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.
   Signature of Agency Head or Designee Anna Gee Operations Manager 09/01/11
   Print Name
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - County of Alameda

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Athletics vs. Angels
   - **Face Value of Each Admission**: $38.00
   - **Date(s)**: 09/14/11

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

---

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS

Area Code/Phone Number  E-mail
(510) 272-6692  District2@acgov.org

Date Stamp
California Form 802
For Official Use Only

☐ Amendment  (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title  Oakland Raiders

Description  Football Game

Face Value of Each Admission $ 150.00

Date(s)  10 / 16 / 11

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:  Lockyer, Nadia, Supervisor- District 2  Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Fire Association Local 55</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

[Signature]
MICHELLE DIANDA
Print Name

TICKET ADMINISTRATOR
Title

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Designated Agency Contact (Name, Title)
Michelle Dianda, Ticket Administrator, BOS

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders

Face Value of Each Admission $ 150.00

Description Football Game

Date(s) 11 / 06 / 11

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: Lockyer, Nadia, Supervisor- District 2

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
</table>
| St. Rose Hospital Foundation                                  | 4                               | Yes ☐ No ☐      | To promote attendance at an event held at
| 27200 Calaroga Ave, Hayward                                    |                                 | Yes ☐ No ☐      | a County facility to maximize potential revenue
| Helps support healthcare services                              |                                 | Yes ☐ No ☐      |
|                                                               |                                 | Yes ☐ No ☐      | Income ☐
|                                                               |                                 | Yes ☐ No ☐      | Income ☐

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

Signature of Agency Head or Designee: MICHELLE DIANDA

Print Name: TICKET ADMINISTRATOR

Title: 9/11/11 (month, day, year)

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

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
1221 Oak Street, Suite 555, Oakland, CAS 94612  
Street Address  
Crystal Hishida Graff, Principal Analyst, County Administrator's Office  
Designated Agency Contact (Name, Title)

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

2. Function, Event, or Ceremonial Role Information

Title ____________________________  
Face Value of Each Admission $ 72.05

Description Mark Anthony

Date(s) 9/23/11

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

Alexandra Boskovich  
Signature of Agency Head or Designee

Supervisor's Assistant  
Print Name

9/22/11  
Date (month, day, year)

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