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 Disney on Ice
Face Value of Each Admission $ 32.15

Description Concert
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: 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>Harrison, Bill</td>
<td>4</td>
<td>Yes □ No □ To promote attendance at an event held at a County facility to maximize potential revenues</td>
<td></td>
</tr>
<tr>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □</td>
<td>Income</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 MICHELLE DIANDA Print Name
Ticket Administrator Title 10/5/11 (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: Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact: 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: Lord of the Rings
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

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Anna</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at</td>
<td></td>
</tr>
<tr>
<td>Vogel, Eric</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>County facility in order to maximize potential</td>
<td></td>
</tr>
<tr>
<td>Svetik, Joan</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenues from parking and concession</td>
<td></td>
</tr>
<tr>
<td>Woodland, Omar</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sales</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
Print Name: Operations Manager
Title: 10/25/11
(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 Lord of Rings
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: 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>Gee, Anna</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td>County facility in order to maximize potential sales</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td>County revenue from parking and concession sales</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td>Woodland, Omar</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee Anna Gee
Print Name Operations Manager
Title
Date 10/25/11
(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

**Date Stamp**
- California Form 802
- For Official Use Only

**Amendment** (Must provide explanation in Part 3.)
- Date of Original Filing: 09/09/11

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

- Title: Rodney Brooks
- Description: Raiders vs. New York Jets
- Face Value of Each Admission $150.00
- 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: 
  - 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>Brooks, Rodney</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>

- To reward a County employee for his or her exemplary service to the public or to encourage

**3. Verification**

I have read and 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
- 09/09/11
  - (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
   Face Value of Each Admission $150.00
   Description
   Raiders vs. Rams
   Date(s) 08/11
   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:
   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>Eddie Russell</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
| To promote attendance at an event held at a County facility in order to maximize potential 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
   Title
   08/08/2011
   (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)
   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
   Raiders vs Browns
   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:
   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
   Alameda County Supervisor Nate Miley, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Hunt, Clarence</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>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>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</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>Yes ☐ No ☒</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>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.

Anna Gee
Signature of Agency Head or Designee
Operations Manager
Print Name
Title
10/10/11
(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 LORD OF THE RINGS in concert
Description Symphony concert
Face Value of Each Admission $ 67.70
Date(s) 10 22 11

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

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>Fremont Symphony Orchestra</td>
<td>4</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>

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

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

Signature of Agency Head of Designee Lee Ann Fergerson
Print Name Ticket Administrator
Title 10/11/11 (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)
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 GOSPEL MUSIC

Face Value of Each Admission $ 23.55

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 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>FRIEDMAN, MARK</td>
<td>4</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

To promote attendance at a county sponsored event held at a county facility

3. Verification
I have read and 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  10/4/11
Signature of Agency Head or Designee  Print Name  Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Raiders vs. Cleveland Browns
   Face Value of Each Admission
   $150.00
   Description
   Oakland Raiders Football
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Ticket Administrator
   10/14/11
   (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

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 10/31/11
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title Raiders vs. Kansas City Chiefs
Face Value of Each Admission $ 150.00
Description Oakland Raiders Football
Date(s) 10 / 23 / 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: 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>BORP 3075 Adeline St, Suite 155 Berk</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

3. Verification
I have read and 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
10/31/11
(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 Raiders vs. Kansas City Chiefs
   Description Oakland Raiders Football
   Face Value of Each Admission $ 150.00
   Date(s) 10/23/11
   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: 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Amy Shrage
   Print Name
   Ticket Administrator
   10/31/11 (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 Disney on Ice
   Description Concert
   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 ☐
   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>Gasparac, Christine</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   MICHELLE DIANDA
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   10/5/11
   (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
   Date Stamp

2. Function, Event, or Ceremonial Role Information
   Title Disney on Ice
   Description Concert
   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: 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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loomis, Laura</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 to maximize potential revenue</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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator
   Title: 10/7/11 (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

Date Stamp
California Form 802
For Official Use Only

Date of Original Filing: 10/31/11
(month, day, year)

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

Date(s) 10/23/11

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: ____________________________
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>Carson, Keith</td>
<td>Yes ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue 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
Amy Shrago
Print Name
Ticket Administrator
Title
10/31/11
(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
   Raider's Game
   Description
   FOOTBALL
   Face Value of Each Admission
   $150.00
   Date(s)
   10/16/11
   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:
   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>STEPHANIE SARGENT</td>
<td>4</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>
<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
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   10-17-11
   (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

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders
Face Value of Each Admission $ 150.00
Description Football Game
Date(s) 10/16/11
Ticket(s)/Admission(s) provided by agency? Yes No
If no: Oakland Raiders
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>Dianda, Michelle</td>
<td>1</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>
<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
RUBEN BRIONES
Print Name
Deputy Chief of Staff
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)
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 Foo Fighters

Face Value of Each Admission $  

Description Concert

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: 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>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capurro-Durkee, Finn</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a county facility in order to maximize potential county revenues from parking and concession sales.</td>
</tr>
<tr>
<td>Capurro-Durkee, Ruby</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential sales.</td>
</tr>
<tr>
<td>Palmer, Oliver</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>County revenues from parking and concession sales.</td>
</tr>
<tr>
<td>Hickey, Conor</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee

Operations Manager
10/25/11

(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
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 Foo Fighters
Face Value of Each Admission $ __________
Description Concert
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: 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>DeVries, Frederick</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Bang, Tyrone</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>DeVries, Elijah</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>DeVries, Malachai</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Capurro, Sammy</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a

Income

County facility in order to maximize potential

Income

County revenues from parking and concession

Income

sales

Income

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

Signature of Agency Head or Designee Anna Gee
Print Name Operations Manager
Title 10/25/11 (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)
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: 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
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 Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton, Sheila</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

To promote attendance at a County sponsored event or event held at a County facility

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

Amy Shrago
Signature of Agency Head/Designee

Ticket Administrator
Print Name
Title

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

1. Agency Name
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: 10/13/2011
(month, day, year)

2. Function, Event, or Ceremonial Role Information
Title Disney on Ice: Treasure Trove
Face Value of Each Admission $ 32.15
Description Event
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: Carson, Keith Alameda County Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lovitt, DeBora</td>
<td>4</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
Amy Shrago
Ticket Administrator
Print Name
Title
10/13/11
(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)
   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
   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:
   ___________________________
   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
   Alameda County Supervisor Nate Miley, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Economy, Michael</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>McCarthy, Colleen</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>McCullough, Mayanka</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>McCullough</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee:
   Anna Gee

   Print Name:
   Operations Manager

   Title:
   10/20/11
   (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

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 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:

<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>Carson, Keith</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at a County sponsored event or event held at a County facility</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>
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<tr>
<td></td>
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<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
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.)
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
Face Value of Each Admission $ 32.15
Description Concert
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: 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>Natarajan, Anu</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility to maximize potential revenue.</td>
</tr>
<tr>
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<tr>
<td></td>
<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.

MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title 10/11/11
(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)
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 Foo Fighters
Face Value of Each Admission $
Description Concert
Date(s) 10 / 19 / 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: 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma, Stella</td>
<td>1</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 parking and concessions.</td>
</tr>
<tr>
<td>Saephan, Nai</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>County revenue from parking and concession.</td>
</tr>
<tr>
<td>Carino, Irish</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>County facility in order to maximize potential sales.</td>
</tr>
<tr>
<td>Ouretu, Cairi</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Saephan, Farm</td>
<td>1</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
Print Name Operations Manager Title
10/20/11 (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)
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 TREASURE T
Face Value of Each Admission $32.15
Description DISNEY ICE SKATING
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: 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>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAPPO, DEBBIE</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at a county sponsored 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.
LEE ANN FERGERSON
Signature of Agency Head or Designee
TICKET ADMINISTRATOR
Print Name
Title
10/3/11 (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: Raiders vs. Kansas City Chiefs
Face Value of Each Admission $ 150.00
Description: Oakland Raiders Football
Date(s): 10 / 23 / 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: Carson, Keith Supervisor
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)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>ACMHS 310 8th Street, Suite 201 Oak</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Amy Shrugo
Signature of Agency Head or Designee
Ticket Administrator

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

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

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

   Date Stamp
   California Form 802
   (Form for Official Use Only)
   Date of Original Filing: 10/31/11
   (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title Disney on Ice: Treasure Trove
   Face Value of Each Admission $ 32.15
   Description Event
   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: 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>Hutchings, Michael</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility</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.

   [Signature]
  Amy Shargo
   Print Name
   Ticket Administrator
   Title
   10/31/11 (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 Foo Fighters
   Description Concert
   Face Value of Each Admission $ 75.10
   Date(s) 10/19/2011
   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:

   Name (Last, First) or Organization (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official
   • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

   Urbano, Isabel
   4
   Yes ☐ No ☐
   To promote attendance at an event held at a County facility to maximize potential revenue
   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
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Disney on Ice
   Description Concert
   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 ☐ 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>Sharples, Fred</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility to maximize potential revenue. 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>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
</tr>
</tbody>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)