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

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 150

   Description
   Oakland Raiders vs. Detroit Lions

   Date(s)
   12/18/11

   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: Supervisor Wilma Chan

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   Name
   (Last, First)
   or Organization
   (Name, Address, Description)

   Number of Admission(s)/Ticket(s)

   Agency Official
   [ ] 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.

   Gene Havrilenko
   4
   Yes [ ] No [ ]
   To promote attendance at an event held at a County facility in order to maximize potential

   Income

   Yes [ ] No [ ]
   County revenue from sales.

   Income

   Yes [ ] No [ ]
   County revenue from sales.

   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

   Print Name

   Title

   Date
   11/28/2011

   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)
   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: Katy Perry concert
   Face Value of Each Admission: $52.50
   Date(s): 11/21/11
   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>Hazel Miranda</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</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
   Alexandra Boskovitch  Print Name  Ticket Administrator  11/21/2011
   (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)
   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 $ 52.50
   Description Katy Perry concert  Date(s) 11/21/11
   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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teresa So</td>
<td>2</td>
<td>Yes ☐ No ☑</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>
<td>County revenue from sales. 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>
<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

Alexandra Boskovitch  Ticket Administrator  11/21/2011

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
   1221 OAK STREET, SUITE 536
   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:** KATY PERRY
   **Description:** MUSIC
   **Face Value of Each Admission:** $ 52.50
   **Date(s):** 11 / 21 / 11
   **Ticket(s)/Admission(s) provided by agency?** Yes ☑ No ☐
   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes ☑ No ☐
   **Name of Source:**
   **Official’s Name (Last, First) and Title:** SUPERVISOR SCOTT HAGGERTY, DISTRICT 1

3. **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>SCOTT HAGGERTY</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **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: 10-17-11

   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)
   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
   Description Football Game
   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>Basco-Villarreal, Anissa</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
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<td></td>
<td>Yes ☐</td>
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<td>Income ☐</td>
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<td>Yes ☐</td>
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<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</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  Ticket Administrator
   Print Name  Title  11/11/11 (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
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title Katy Perry
Face Value of Each Admission $ 52.50
Description Concert
Date(s) 11/10/11
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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hickey, Neal</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Rodrigues, Angelina</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Gee, Terrence</td>
<td>11</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Keller, Tiffany</td>
<td>11</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</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
11/10/11
(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  Oakland Raiders
   Description  Football Game
   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>Olivares, Orlando</td>
<td>2</td>
<td>Yes ☐ No ☐ To promote attendance at an event held at a County facility to maximize potential revenue</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  Ticket Administrator
   Signature of Agency Head or Designee  Print Name  Title
   (month, day, year)

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

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
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Raiders vs Bears
   Description
   Football Game
   Face Value of Each Admission $ 61.00
   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: 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)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Garrett, Andrea</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held in a County facility in order to maximize potential sales</td>
</tr>
<tr>
<td>Garrett, Cameron</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td>County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Barnes, Karen</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td>County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Porter, Morgan</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Ma, Stella</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
   Operations Manager
   Print Name
   Title
   11/28/11
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation)
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Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders
Description Football Game
Face Value of Each Admission $ 150.00
Date(s) 11 / 6 / 11
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland Raiders
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes [x] No [ ] If yes: Lockyer, Nadia, Supervisor- District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
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<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>Estrada, Fernando</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
<td>To reward a community volunteer for his service to the public.</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
Ticket Administrator

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

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
   Description
   Football Game
   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>
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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Joel</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize revenue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
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<td>Income ☐</td>
</tr>
<tr>
<td></td>
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<td>Income ☐</td>
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<td>Income ☐</td>
</tr>
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   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.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
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   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@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) 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 (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, Dante</td>
<td>2</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 revenue.</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>
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<tr>
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<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)
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 Football
Description Raiders vs. Chicago Bears
Face Value of Each Admission $ 150.00
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: 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>Shrago, Amy</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage</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
11/30/11 (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 Oakland Raiders
   Description Football Game
   Face Value of Each Admission $150.00
   Date(s) 11/27/11
   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)
   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>Dunckel, Jennifer</td>
<td>1</td>
<td>Yes □ No □</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></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.)

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 __________________________________________
   Description Oakland Raiders vs. Detroit Lions
   Face Value of Each Admission $ __________
   Date(s) 12/18/11
   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: 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Taylor</td>
<td>2</td>
<td>Yes □ No □</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>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.

   Alexandra Boskovich
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name
   Title
   11/28/2011
   (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 E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Raiders vs Bears

Description Football Game

Face Value of Each Admission $61.00

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: 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma, Milton</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Saephan, Nai</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Vu, Binh</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Ishikata, Jared</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Mitsuno, Ray</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 Operations Manager
Print Name
Title
11/28/11 (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 ____________________________
Description Oakland Raiders vs. Detroit Lions
Face Value of Each Admission $ 150
Date(s) 12/18/11
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: Supervisor Wilma Chan
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>
<th>The identity of recipient(s) and the explanation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Cravalho</td>
<td>2</td>
<td>Yes ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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
Alexandra Boskovitch
Print Name
Ticket Administrator
11/28/2011 (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

---

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

**Title**
Raiders vs Bears

**Face Value of Each Admission** $61.00

**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 ☐

**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>
<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>Deputy Sheriff's Activities League</td>
<td>10</td>
<td>Yes ☐ No ☐</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>16378 E. 14th Street, Suite #100</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>San Leandro, CA 94578</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.

Anna Gee
Signature of Agency Head or Designee

Operations Manager
Print Name
Title
11/28/11
(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)
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 $ 150
   Description Oakland Raiders vs. Detroit Lions
   Date(s) 12/18/11
   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: Supervior 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>Honora Murphy</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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></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>County revenue from sales. Income ☐</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>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<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 Alex Boskovich
   Print Name
   Ticket Administrator
   Title
   Date 11/23/2011
   (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
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

2. Function, Event, or Ceremonial Role Information
Title
Oakland Raiders
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: 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>Ysit, Ario</td>
<td>2</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td>To reward a community volunteer for his service to the public</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

Date
11/22/11
(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)  
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 Lions  
Face Value of Each Admission: $61.00  
Date(s): 12/18/11  
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: 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>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters Eden Area</td>
<td>4</td>
<td>Yes ☐ No ☑</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>PO Box 2234</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
<td>County facility in order to maximize potential county revenue from parking and concession sales</td>
</tr>
<tr>
<td>Castro Valley, CA 94546</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
<td>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.  

Anna Gee  
Operations Manager  
11/28/11  

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): 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: 
Description: Oakland Raiders vs. Detroit Lions
Face Value of Each Admission: $150
Date(s): 12/18/11
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x]
If no: Oakland Raiders
Name of Source: 
Was the distribution to persons identified below made at the behest of an agency official?
Yes [x] 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daren Chan</td>
<td>2</td>
<td>Yes [x]</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</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.

Alexandra Boskovitch
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
11/28/2011
(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)
   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

2. Function, Event, or Ceremonial Role Information
   Title
   Katy Perry Concert
   Description
   Concert
   Face Value of Each Admission
   $52.50
   Date(s)
   11/21/11
   Ticket(s)/Admission(s) provided by agency?
   Yes [ ] No [X] 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:
   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>Steele, Allison</td>
<td>4</td>
<td>Yes [X] 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>
</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
   Print Name
   Ticket Administrator
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)