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

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

2. Function, Event, or Ceremonial Role Information

Title HIGH SCHOOL FOOTBALL

Face Value of Each Admission $ __.00

Date(s) 12 / 10 / 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
Officer'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>KENETH M. MCRAE</td>
<td>4</td>
<td>Yes □ No ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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

Lee Ann Fergerson
Print Name

Ticket Administrator
Title

12/8/11 (month, day, year)

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

#### 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:** SOCCER CLUB AMERICA v. 
- **Description:** SOCCER
- **Face Value of Each Admission:** $119.00
- **Date(s):** 12/29/11

**Ticket(s)/Admission(s) provided by agency?**
- **Yes [x] No [ ] If no:** Name of Source

**Was the distribution to persons identified below made at the behest of an agency official?**
- **Yes [x] 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>MEL LUNA</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></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:** Lee Ann Fergerson

**Ticket Administrator:**
- **Print Name:**
- **Title:**
- **Date:** 12/12/11

**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)
   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 Soccer Club America v Monarc
   Description Soccer Game
   Face Value of Each Admission $119.00
   Date(s) 12/29/11
   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>United Seniors of Oakland and</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Alameda County</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Oakland, CA 94605</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee
Print Name Operations Manager
Title 12/21/11 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title  
   Bob Seger  
   Face Value of Each Admission $ 153.00  
   Date(s)  
   12/21/11  
   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: 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>Miley, Nate</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Prett, Linda</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Kaplan, Seth</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Kaplan, Lily</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  
   12/21/11  
   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 (866/276-3772)
1. **Agency Name**
   - County of Alameda

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

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

   **Designated Agency Contact (Name, Title)**
   - 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:** Not So Silent Night
   - **Face Value of Each Admission:** $70.00
   - **Date(s):** 11/10/11

3. **Ticket(s)/Admission(s) provided by agency?**
   - Yes ☐ No ☐

   **Name of Source**
   - Golden State Warriors

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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Terrence</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at</td>
</tr>
<tr>
<td>Chopra, Priya</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td>Fukui, Samantha</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>County revenues from parking and concession</td>
</tr>
<tr>
<td>Keller, Tiffany</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>Sales</td>
</tr>
</tbody>
</table>

   **Total:** 1 Yes ☐ No ☐

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

   **Date:** 12/21/11
   **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)
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 Warrior's vs. Clippers
Face Value of Each Admission $ 95.00
Description Basketball Game
Date(s) 12 / 25 / 11
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no, Oakland 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
Official's Name
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>Miley, Nate</td>
<td>1</td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td>Pratt, Linda</td>
<td>1</td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td>Mitchell, Jocelyn</td>
<td>1</td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td>Mitchell, Vincent</td>
<td>1</td>
<td>Yes □</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 12/21/11
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
   510-891-5585
   E-mail
   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
   Raiders vs. Chargers
   Face Value of Each Admission
   $150.00
   Description
   Football Game
   Date(s)
   01/01/12
   Ticket(s)/Admission(s) provided by agency?
   Yes □ No □
   If no: Oakland Raiders
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: Alameda County Supervisor Lorie 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>United Seniors of Oakland and</td>
<td>8</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Alameda County</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>7200 Bancroft Avenue, Suite 251</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Oakland, CA 94605</td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

   Income
   To promote attendance at an event held in 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
   Operations Manager
   12/12/11
   (month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager
Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Warrior's vs. Bulls
Description Basketball Game
Face Value of Each Admission $ 95.00
Date(s) 12/26/11

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Alameda County Supervisor 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>Friedman, Mark</td>
<td>1</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>Said, Carolyn</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td>Friedman, Prahlad</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from parking and concession</td>
</tr>
<tr>
<td>Friedman, Dee</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sales</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Operations Manager
Title
12/21/11 (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 ____________________________
   Description Warriors vs. LA Clippers
   Face Value of Each Admission $ 95
   Date(s) 12/25/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source __________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor 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>Rivera, Marcos</td>
<td>4</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>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.
   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   12/22/2011
   (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

<table>
<thead>
<tr>
<th>Title</th>
<th>Raiders vs Lions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Football Game</td>
</tr>
<tr>
<td>Face Value of Each Admission</td>
<td>$61.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>12/18/11</td>
</tr>
</tbody>
</table>

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: 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>East Oakland Youth Development Center</td>
<td>43</td>
<td>Yes No</td>
<td>To promote attendance at an event held in</td>
</tr>
<tr>
<td>Center</td>
<td></td>
<td></td>
<td>a county facility in order to maximize potential</td>
</tr>
<tr>
<td>8200 International Blvd</td>
<td></td>
<td></td>
<td>County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Oakland, CA 94621</td>
<td>Yes No</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
Anna Gee
Operations Manager
Date of Original Filing: (month, day, year)
12/12/11
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 Not so Silent Night

Face Value of Each Admission $ 70.00

Description MUSIC

Date(s) 12 / 09 / 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: ____________________________

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>Duane Liggins</td>
<td>5</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification

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

Lee Ann Fergerson

Ticket Administrator

Print Name

Title

Date (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title): Anna Gee, Operations Manager
Area Code/Phone Number: 510-891-5585
E-mail: anna.gee@acgov.org

Function, Event, or Ceremonial Role Information
Title: Raiders vs. Chargers
Description: Football Game
Face Value of Each Admission: $150.00
Date(s): 01/01/12
Ticket(s)/Admission(s) provided by agency? Yes No
If no: Oakland Raiders
Name of Source: Official's Name (Last, First) and Title: Alameda County Supervisor Nate Miley, District 4

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>Dunlap, Kamika</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Brooks, Patricia</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sanftner, Paul</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sanftner, Jim</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Warrior's vs. Kings - Pre Season
   Description  Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s)  12/17/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland 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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>1</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

   - To promote attendance at an event held in a County facility in order to maximize potential Income
   - County revenue 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
   Operations Manager
   Print Name
   Operations Manager
   Title
   12/21/11
   (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 Bob Seger concert 
Face Value of Each Admission $5153 
Date(s) 12/21/11 
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>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Housman</td>
<td>5</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>
</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: 12/19/2011 
Title: (month, day, year) 

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

1. Agency Name
   County of Alameda
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   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 ___________________________ 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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edwin Kawamoto</td>
<td>2</td>
<td>Yes ☑ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</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
   Print Name
   Title
   12/16/2011 (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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title ________________________________________________ Face Value of Each Admission $ 119
Description Club America v. Monarcas
Date(s) 12 / 29 / 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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medina, Jessica</td>
<td>3</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to San Lorenzo.</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 Boskovich
Ticket Administrator
12/22/2011

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
   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 Lions
   Description Football Game
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Lafley, Patrick</td>
<td>1</td>
<td>Yes □ No □</td>
<td>☐</td>
</tr>
<tr>
<td>Laffey, Jamie</td>
<td>1</td>
<td>Yes □ No □</td>
<td>☐</td>
</tr>
<tr>
<td>East Bay Innovations</td>
<td>2</td>
<td>Yes □ No □</td>
<td>☐</td>
</tr>
<tr>
<td>303 W. Joaquin Avenue #10</td>
<td></td>
<td>Yes □ No □</td>
<td>☐</td>
</tr>
<tr>
<td>San Leandro, CA 94577</td>
<td></td>
<td>Yes □ No □</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee Operations Manager 12/12/11 (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)
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
   Date Stamp
   E-mail
   crystal.hishida@acgov.org
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: _______ (month, day, year)
   California Form 802
   For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   Face Value of Each Admission $95
   Date(s) 12/26/11
   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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Wilma</td>
<td>4</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities that have received County support.</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>No □</td>
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<tr>
<td></td>
<td></td>
<td>Income □</td>
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<td></td>
<td>Yes □</td>
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<td>Income □</td>
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<td></td>
<td>No □</td>
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<td></td>
<td>Income □</td>
</tr>
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</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   12/22/2011 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)